GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 14, 2025

Bianca Wilson
Umbrellex Behavioral Health Services, LLC
1064
335 Haggerty
Walled Lake, MI 48390

RE: License #: AS780404958
Investigation #: 2025A0584002
Umbrellex 2

Dear Ms. Wilson:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9727.

Sincerely,

Candace Coburn, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AS780404958
Investigation #:	2025A0584002
Complaint Receipt Date:	11/21/2024
Investigation Initiation Date:	11/21/2024
Report Due Date:	01/20/2025
Licensee Name:	Umbrellex Behavioral Health Services, LLC
Licensee Address:	Suite 255 13854 Lakeside Circle Sterling Heights, MI 48313
Licensee Telephone #:	(586) 765-4342
Administrator:	Bianca Wilson
Licensee Designee:	Bianca Wilson
Name of Facility:	Umbrellex 2
Facility Address:	805 E King St Owosso, MI 48867
Facility Telephone #:	(586) 765-4342
Original Issuance Date:	08/21/2020
License Status:	REGULAR
Effective Date:	02/21/2023
Expiration Date:	02/20/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
The facility was not staffed on 11/11/2024 and 11/19/2024 to adequately carry out Resident A's Community Mental Health Personal Care Plan.	Yes

III. METHODOLOGY

11/21/2024	Special Investigation Intake - 2025A0584002.
11/21/2024	Special Investigation Initiated - Email sent to complainant.
11/21/2024	Contact – Email to Ardis Bates, Recipient Rights case manager at Shiawassee Health and Wellness.
11/22/2024	Contact – Email from Ardis Bates of interviews scheduled Dec 5, 9am to 11am at her office.
12/05/2024	Contact - Face to Face interviews with Ardis Bates, staff Anastasia Foster, Linda Podolan, Danielle Gatewood, Amadeaus Foster, Kaya Bates, Jesse Sanders, Toni Teverbaugh, Judy Sailor, Cheryl Scott, Corrin Mason, Dionna Gilmore, Jamonet Rogers, Justin Irvin, Justin Lawrence.
12/26/2024	Contact - Telephone message left for home manager, Linda Podolan.
12/27/2024	Contact - Email sent to licensee designee Bianca Wilson to arrange an exit conference via telephone.
01/03/2025	Contact – Telephone message left for Linda Podolan to call back.
01/07/2025	Contact – Telephone call to Anastasia Foster.
01/09/2025	Contact – Unannounced onsite investigation.
01/08/2025	Exit conference – Bianca Wilson, licensee designee.

ALLEGATION:

The facility was not staffed on 11/11/2024 and 11/19/2024 to adequately carry out Resident A's Community Mental Health Personal Care Plan.

INVESTIGATION:

On 11/21/2024, the Bureau of Community and Health Systems (BCHS) received the above allegation via the BCHS online Complaint System. The written complaint indicated that Resident A's Community Mental Health Person Centered Plan (PCP) required Resident A to have "one-to-one enhanced staffing". However, on 11/11/2024 and 11/19/2024, only one direct care staff member worked in the facility during the day. Subsequently, one direct care staff member would not be able to provide "one-to-one enhanced staffing" to Resident A while caring for the rest of the residents in the facility.

On 12/5/2024, I conducted face to face interviews with Ardis Bates of Shiawassee County Health and Wellness and Umbrellex homes care staff Anastasia Foster, Linda Podolan, Danielle Gatewood, Amadeaus Foster, Kaya Bates, Jesse Sanders, Toni Teverbaugh, Judy Sailor, Cheryl Scott, Corrin Mason, Dionna Gilmore, Jamonet Rogers, Justin Irvin, and Justin Lawrence.

Ms. Foster confirmed the allegation. According to Ms. Foster, on the morning shift of 11/11/2024 and both the morning and afternoon shifts of 11/19/2024, only one scheduled direct care staff member reported to work when two staff members were scheduled to work. Ms. Foster stated that no substitutes were available, and all home managers were already allocated to fill in at other facilities, leaving only one direct care staff member to work the morning shifts on 11/11/2024 and 11/19/2024 and the afternoon shift on 11/19/2024.

Ms. Podolan, Ms. Gatewood, Mr. Foster, Ms. Sanders, Ms. Teverbaugh, Ms. Scott, Ms. Mason, Ms. Gilmore, Ms. Rogers, Mr. Irvin, and Mr. Lawrence all stated they were the only direct care staff members working at the facility the last couple of months but could not provide exact dates.

I reviewed Resident A's PCP, which confirmed that during waking hours, he was to have "one-to-one enhanced staffing" assigned. I also confirmed there were other residents residing in the facility. I reviewed a work schedule from 10/01/2024 through 11/20/2024 with corresponding shifts, confirming that only one direct care staff member worked in the facility

On 1/9/2025, I conducted an unannounced onsite investigation and conducted face to face interviews with Residents B and C, who both stated they had no concerns about staff or the facility.

I was unable to interview Resident A, as he no longer resided at the facility

I observed the home to be very clean and in good repair.

APPLICABLE RULE	
R 330.1806	**Staffing levels and qualifications.**
	(1) Staffing levels shall be sufficient to implement the individual plans of service and plans of service shall be implemented for individuals residing in the facility.
ANALYSIS:	Based upon my investigation, which consisted of a review of documentation and interviews with multiple staff members, there is enough evidence to substantiate the allegation that the facility was not staffed on 11/11/2024 and 11/19/2024 to adequately carry out Resident A's Community Mental Health PCP.
CONCLUSION:	**VIOLATION ESTABLISHED**

On 1/9/2024, I conducted an exit conference by sending an email to Bianca Wilson, licensee designee and notifying her of the findings of this investigation.

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend no changes in the status of the license.

1/9/2025

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Candace Coburn Date
Licensing Consultant

Approved By:

1/14/2025

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Michele Streeter Date
Area Manager