



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 5, 2025

Lisa Rice
Coventry Home, LLC
14901 Coventry
Southgate, MI 48195

RE: License #: AM820393308
Investigation #: 2025A0116020
Coventry Home

Dear Ms. Rice:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed by the licensee designee and dated.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan.

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.

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Pandrea Robinson". The signature is written in a cursive style with a large initial 'P'.

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 319-9682

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM820393308
Investigation #:	2025A0116020
Complaint Receipt Date:	03/18/2025
Investigation Initiation Date:	03/18/2025
Report Due Date:	05/17/2025
Licensee Name:	Coventry Home, LLC
Licensee Address:	14901 Coventry Southgate, MI 48195
Licensee Telephone #:	(248) 762-4668
Administrator:	Lisa Rice
Licensee Designee:	Lisa Rice
Name of Facility:	Coventry Home
Facility Address:	14901 Coventry Drive Southgate, MI 48195
Facility Telephone #:	(734) 250-8602
Original Issuance Date:	12/07/2018
License Status:	REGULAR
Effective Date:	06/07/2023
Expiration Date:	06/06/2025
Capacity:	11
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
<p>On 03/07/25 Bureau of Fire (BFS) inspector, Steven Martin conducted the annual fire and life safety inspection and issued a fire safety disapproval due to the following deficiencies.</p> <ul style="list-style-type: none"> • No proof of annual testing of sprinkler and standpipe systems available for review. • Motorized stair lift installed on stairs, that may not comply the minimum stair width requirement. 	Yes
<p>During the fire safety inspection, the two staff present admitted to Mr. Martin, that no fire drills had been conducted, and they were unaware of the requirement.</p>	Yes
<p>Mr. Martin observed residents with impaired mobility on the second floor.</p>	Yes
<p>Baby gates are being used to keep residents out of certain rooms and basement stairs impeding egress.</p>	Yes
<p>Deadbolt and hasp style locks are being used at the top of egress doors.</p>	Yes
<p>Additional Findings</p>	Yes

III. METHODOLOGY

03/18/2025	Special Investigation Intake 2025A0116020
03/18/2025	Special Investigation Initiated - Telephone Interviewed Bureau of Fire Services Inspector, Steven Martin.
03/24/2025	Inspection Completed On-site Interviewed Residents A, B D and E, staff, Jennifer Hensley and reviewed three of seven staff records. Consultant, Shatonla Daniel, interviewed home manager Deanna Prisza, and reviewed Residents A-E records. Ms. Daniel and I also requested a fire drill be conducted while onsite.

03/25/2025	APS Referral Made.
03/25/2025	Contact - Telephone call made Staff, Violet Teal.
03/26/2025	Contact - Telephone call made Licensee designee, Lisa Rice.
03/26/2025	Contact - Telephone call received Board member, Geoffrey Gane.
03/31/2025	Contact - Telephone call received Mr. Gane.
03/31/2025	Contact - Telephone call made Left a message for power of attorney (POA) A1 requesting a return call.
03/31/2025	Contact - Telephone call made Left a message for POA B1 requesting a return call.
03/31/2025	Contact - Telephone call made POA C1.
03/31/2025	Contact - Telephone call made POA D1.
03/31/2025	Contact - Telephone call made POA E1.
03/31/2025	Inspection Completed-BCAL Sub. Non-Compliance
04/01/2025	Exit Conference With licensee designee, Lisa Rice.

ALLEGATION:

On 03/07/25 Bureau of Fire (BFS) inspector, Steven Martin conducted the annual fire and life safety inspection and issued a fire safety disapproval due to the following deficiencies.

- **No proof of annual testing of sprinkler and standpipe systems available for review.**
- **Motorized stair lift installed on stairs, that may not comply the minimum stair width requirement.**

INVESTIGATION:

On 03/18/25, I interviewed Steven Martin, from Bureau of Fire Services (BFS). Mr. Martin conducted his annual fire inspection on 03/07/25 and had several concerns. The facility received a "D" rating which is a disapproval. The report was sent to licensee designee, Lisa Rice, and owner, Geoffrey Gane, for their review and correction of deficiencies cited. There were no records or verification that the sprinkler and standpipe system had been inspected, tested or maintained as required.

Mr. Martin also reported that the motorized stairlift that is installed may not comply with the minimum stair width requirements. He will be reviewing the fire safety rules and making a determination as to whether or not the lift has to be removed.

On 03/24/25, I conducted an unscheduled on-site inspection and interviewed licensee designee, Lisa Rice. She is aware that the sprinkler system is required to be inspected annually and believed the annual inspection was not due until May. I provided technical assistance to Ms. Rice and recommended that she maintain the inspection reports in the home as a way to demonstrate compliance. She will get the inspection scheduled and once completed will send verification to Mr. Martin. She is aware of the other areas of non-compliance and is working to get them rectified.

Ms. Rice reported that the stairlift has been in the home since it opened in 2018 and did not understand why there is an issue is now. I informed Ms. Rice, that Mr. Martin is going to review the fire safety rules and determine whether or not it will need to be removed. I informed her that if the fire safety rules determine that the lift placement takes away too much width from the stairway, he will inform her of next steps to ensure compliance.

On 04/01/25, I conducted the exit conference with licensee designee, Lisa Rice, and informed her of the findings of the investigation. Ms. Rice reported an understanding and reported the annual sprinkler inspection was completed on 03/26/25 and found to be in good working condition. Ms. Rice reported that a copy of the report is at the home. She has not heard from Mr. Martin regarding the stairlift.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	<p>Based on the findings of the investigation, which included interviews of fire inspector, Steven Martin, and licensee designee, Lisa Rice, I am able to corroborate the allegation.</p> <p>Mr. Martin reported that one of the deficiencies that contributed to the fire safety disapproval was the lack of verification that the sprinkler and standpipe systems had not been tested and maintained annually as required.</p> <p>Ms. Rice reported her belief that the system was not due to be tested until May but failed to have the documentation required at the time of the annual inspection. As of 03/26/25, the system has been tested, and it the verification is at the facility.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

During the fire safety inspection, the two staff present admitted to Mr. Martin, that no fire drills had been conducted, and they were unaware of the requirement.

INVESTIGATION:

On 03/18/25, I interviewed fire inspector, Steve Martin, and he reported that during his annual on-site inspection on 03/07/25, he requested to review the emergency and evacuation drills. The two staff that were working told him that the home was not conducting fire drills, and they were unaware of this requirement. Mr. Martin did not get the names but reported they were both females. He asked one of the staff, how long did she think it would take to evacuate the six residents who live in the home, and she reported to him, about 15 minutes. He reported that amount of time is unacceptable and is very concerning.

On 03/24/25, I conducted an unscheduled on-site inspection and licensing consultant, Shatonla Daniel, accompanied me. Ms. Daniel interviewed staff, Jennifer Hensley and home manager, Deanna Prisza.

Ms. Hensley reported that she has worked in the home for about five months and has not participated in any sort of emergency or evacuation drill, nor has she seen one conducted. It is her belief that a nurse comes in and does the drills but maintains that she has not been present when one has been done.

Ms. Prisza reported that she has been working in the home for about five and half months and has conducted drills before. She and the staff have been trained in fire safety and know how to conduct drills.

I interviewed Residents A, B, D, E and visually observed Resident F. Resident C was leaving on an appointment with Power of Attorney (POA) C1 as I arrived at the home. Resident F is under the care of hospice and was asleep during the on-site inspection.

Residents A, B, D and E all reported that since their admissions into the home they have never participated in a fire drill or even heard the fire alarm go off. Resident A reported living in the home for about seven months, Resident B and E reported living in the home for almost a year, Resident D reported living in the home for about a month.

During the on-site inspection, licensee designee, Lisa Rice arrived and provided a binder with the fire drills records. Ms. Rice reported fire drills are being conducted, and the binder was in the home when Mr. Martin conducted his inspection. Jennifer Hensley and Violet Teal were not aware of the location of the binder.

I reviewed the staff schedule and confirmed that the two staff on shift when Mr. Martin conducted his inspection was Jennifer Hensley and Violet Teal.

I reviewed the drills and observed that no drills were conducted during the second quarter of 2023. The drills reviewed from the third quarter of 2023 through the second quarter of 2024, all contained residents and staff who are no longer living or working

at the home. The drills reviewed from the third quarter of 2024 through the first quarter of 2025, contain the names of the current residents living in the home. I asked Ms. Rice for the contact information of the staff who assisted in conducting these drills and she reported that they are no longer employed with the company.

On 03/25/25, I interviewed staff, Violet Teal, and she reported that she has worked at the facility under the previous owner, Jason Laing, since December of 2018, and continues her employment under the new owners who purchased the business in 2024. Ms. Teal has not conducted or participated in a fire drill since she has worked in the home. Ms. Teal is not saying drills aren't being done, but that she just has not observed or participated in any.

Ms. Teal admitted she told Mr. Martin, it would take at minimum 15 minutes to evacuate the residents, due to their mobility issues. Resident B, E and F are two persons assist, Resident C uses a walker, Resident D uses a cane and Resident A, although semi-independent, with the ability to bear weight and transfer herself from bed to wheelchair, still requires a standby assist at times.

During the on-site inspection, I requested that a fire drill be conducted. I informed Ms. Prizza that the drill would be timed. Licensing consultant, Shatonla Daniel, and I observed and timed the drill. It was evident that the staff and residents were not familiar with the process. Ms. Prizza did not sound the alarm and appeared unsure of what to do. Ms. Hensley was following Ms. Prizza around waiting on instruction from her on what to do. It took Ms. Prizza and Ms. Hensley 10 minutes and 32 seconds to get four residents to the kitchen. I asked them not to move Resident F (Hospice Resident) and not to evacuate them outside to the safe spot, as the residents were not appropriately dressed for the weather conditions.

On 04/01/25, I conducted the exit conference with licensee designee, Lisa Rice, and informed her of the findings of the investigation. Ms. Rice reported that fire drills are being conducted as required. I informed Ms. Rice, that although drills are documented as completed, the residents reported never participated in a drill. Staff Violet Teal and Jennifer Hensley both reported to Mr. Martin, that fire drills are not being conducted and were not aware of the requirement. I informed Ms. Rice that Ms. Hensley reported to Ms. Daniel, that in the five months she has been employed in the home that she has not participated or observed a fire drill. Staff, Violet Teal, denied ever participating or observing a fire drill and she has been a staff in the home since December of 2018. I informed Ms. Rice of my observation of the drill conducted by Ms. Prizza and Ms. Hensley, and based on my observation, it was evident that drills were not being conducted.

APPLICABLE RULE	
R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.

	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.
ANALYSIS:	<p>Based on the findings of the investigation, which included interviews of fire inspector, Steven Martin, staff, Jennifer Hensley and Violet Teal, Residents A, B, D, E, and my observation, I am able to corroborate the allegation.</p> <p>Mr. Martin reported during his fire safety inspection there were no records of fire drills available to review. Further, he reported that the two staff on shift at the time, Jennifer Hensley and Violet Teal told him that fire drills were not being conducted and that they were not aware that it was a requirement.</p> <p>Residents A, B, D and E all reported that they have not participated in a fire drill since they have lived in the home.</p> <p>I reviewed the fire drills and observed that there were no drills completed during the second quarter of 2023. I also requested and observed Ms. Hensley and Ms. Prizza conduct a drill with four of the five residents that were home at the time. The drill took 10 minutes and 32 seconds, and that was getting the four residents to the kitchen, and not outside to the identified safe spot. Based on review of the records and my observation, it was evident that fire drills are not being conducted as required by these rules nor is two staff sufficient to complete the drills safely and timely.</p>
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	(4) A licensee shall ensure that residents, all employees, volunteers under the direction of the licensee, and members of the household are familiar with emergency and evacuation procedures.

ANALYSIS:	<p>Based on the findings of the investigation, which included interviews of fire inspector, Steven Martin, staff, Jennifer Hensley and Violet Teal, Residents A, B, D, E, and my observation, I am able to corroborate the allegation.</p> <p>Mr. Martin reported that the two staff on shift at the time of his inspection, were not aware or familiar with emergency and evacuation procedures and reported to him that they had never participated or observed a fire drill being conducted.</p> <p>Ms. Hensley reported being unaware that emergency and evacuation procedures/drills were a requirement and believed that a nurse was coming to the facility to conduct them.</p> <p>Ms. Teal reported being unaware of emergency and evacuation procedures/drills and had never observed or participated in any.</p> <p>Residents A, B, D and E reported having no knowledge of emergency or evacuation procedures and reported that they had never participated in any such drills.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Mr. Martin observed residents with impaired mobility on the second floor.

INVESTIGATION:

On 3/18/25, I interviewed fire inspector, Steven Martin, and he reported that on 03/07/25, during his inspection, he observed residents with impaired mobility on the second floor in their bedrooms. He reported that the residents have to use the stairlift to get to the main level and back up to their rooms.

On 03/24/25, I conducted an unscheduled on-site inspection and interviewed Residents D-E and licensee designee, Lisa Rice. I observed Resident D lying in her bed on the second floor of the home. Resident D has lived in the home for about a month. She can walk and sometimes uses a cane for support. She cannot walk up or down the stairs and has to use the stairlift. She is uncomfortable and scared around the stairs and is fearful of falling due to having two hips replaced. Once she gets on the main level of the home, she can safely walk around.

I observed Resident E in her second-floor bedroom, in her bed. Resident E reported that she does not ambulate at all and requires 2 staff to help get her out of bed into

her wheelchair. She has not been on the main floor since she was admitted. She is not comfortable using the stairlift and staff aren't comfortable putting her in it. She spends all of her time in the bedroom and eats her meals there as well. She requires the regular use of a wheelchair.

I interviewed Ms. Rice, and she confirmed that Residents C-E all have bedrooms on the second floor. Ms. Rice confirmed that Resident C uses a walker to ambulate and is unable to walk up or down the stairs. Resident D can walk and uses a cane at times, however admitted that she uses the stairlift to go up and down the stairs as she is not comfortable walking up or down them. Resident E does not ambulate at all and has to use the stairlift if she needs to get to the main level of the home. Ms. Rice acknowledged recalling me telling her, in the past, that residents with impaired mobility were not able to be assigned bedrooms on the second floor of the home. Ms. Rice was aware of the rule.

On 03/24/25, Consultant, Shatonla Daniel, reviewed Residents C-E assessment plans and health care appraisals and observed that Resident C requires a walker to ambulate, Resident D uses a cane to ambulate, and Resident E is a two person assist who requires the regular use of a wheelchair.

On 03/26/25, I spoke with board member, Geoffrey Gane, as he was requesting clarity regarding the matter. I explained to Mr. Gane that the licensing and fire safety rules prohibit any resident with impaired mobility to be in a bedroom located above the street level. Mr. Gane admitted that he was not aware of the rule, and reported before purchasing the business in 2024, he had observed residents with impaired mobility in bedrooms on the second floor of the home. I informed Mr. Gane, that I was not doubting what he may have observed but informing him of what the rules require. I informed Mr. Gane that at my inspection in 2023, there were no residents with mobility impairments in bedrooms on the second floor of the home. Mr. Gane reported understanding the rule and communicated his willingness to come into compliance.

On 03/31/25, I interviewed POA C1 and he reported that Resident C does require the use of a walker and some days a wheelchair if she is unsteady. He was not aware that Resident C should not have been in a bedroom located on the second floor of the home but understands now why that presents a safety risk. He has begun looking for another licensed AFC home for Resident C.

On 03/31/25, I interviewed POA D1 and he reported that he was aware that Resident D was in a second-floor bedroom, however reported he was initially told that she was going to be on the main level. He voiced his concerns to the staff at the home about the need for Resident D to be on the main level as she was having some issues ambulating and he did not like the idea of her being upstairs. He has been looking for a more appropriate home for Resident D and hopes to have her moved out soon.

On 03/31/25, I interviewed POA E1 and she reported that she was aware that Resident E's bedroom was on the second floor of the home and was unaware that she should not have been. She has been in contact with Ms. Rice and knows that she will need to find a more appropriate placement for Resident E but is not happy about having to move her.

On 04/01/25, I conducted the exit conference with licensee designee, Lisa Rice, and informed her of the findings of the investigation. Ms. Rice reported an understanding and confirmed that she has issued 30-day notices to the families as she and the owners have had some discussions regarding renovations to the home.

APPLICABLE RULE	
R 400.14408	Bedrooms generally.
	(9) A resident who has impaired mobility shall not sleep in or be assigned a bedroom that is located above the street floor of the home.

ANALYSIS:	<p>Based on the findings of the investigation, which included interviews of fire inspector, Steven Martin, Residents D and E, Ms. Rice, POA C1, POA, D1, POA E 1, and my observation, I am able to corroborate the allegation.</p> <p>Mr. Martin observed residents with impaired mobility on the second floor of the home during his fire safety inspection.</p> <p>I observed Residents D and E in their second-floor bedrooms. Resident D reported that she cannot use the stairs as she is uncomfortable and scared and uses a cane to ambulate. She reported that she has to use the stairlift to go up and down the stairs. Resident E reported that she cannot ambulate and requires the regular use of a wheelchair. She stays in her room and the only way she could go downstairs would be on the stairlift.</p> <p>Ms. Rice confirmed that Residents C, D and E all have impaired mobility, and have bedrooms on the second floor. Ms. Rice was aware that they should not have been assigned second floor bedrooms.</p> <p>POA C1, POA D1, and POA E 1 all reported being aware that the residents were in bedrooms on the second floor. POA D1 reported that he was initially told that Resident D would be in a room on the main floor. POA C1 and POA E1 were not aware of the rule that prohibits this.</p> <p>Consultant, Shatonla Daniel, reviewed the resident's records and confirmed that all three have impaired mobility and should not have been assigned a bedroom above the street level of the home.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Baby gates are being used to keep residents out of certain rooms and basement stairs impeding egress.

INVESTIGATION:

On 03/18/25, I interviewed fire inspector, Steven Martin, and he reported that he observed baby gates being used in areas that impede egress and that is a fire safety

concern. He observed baby gates installed in the front living room area, which obstructs egress out of the front door. The front door is one of two approved means of egress. Mr. Martin also observed a baby gate in front of the stairs leading to the basement.

On 03/24/25, I conducted an unscheduled on-site inspection and interviewed licensee designee, Lisa Rice. Ms. Rice reported that there is a step down that leads out of the living room that could present a fall risk for the residents. I informed Ms. Rice that the gate must be removed and that if there are concerns for residents falling, then other appropriate measures must be taken to ensure their safety. I informed Ms. Rice that these factors must be considered when admitting residents to ensure that the home can meet their needs.

I also observed a baby gate being used in the front living room area. The placement of the gate obstructs egress out of the front door, which is one of the two approved means of egress. She was not aware that the baby gate was an issue and used them to prevent residents from potentially falling.

On 04/01/25, I conducted the exit conference with licensee designee, Lisa Rice and informed her of the findings of the investigation. Ms. Rice reported an understanding and stated that the gates will be taken down as required.

APPLICABLE RULE	
R 400.14507	Means of egress generally.
	(2) A means of egress shall be arranged and maintained to provide free and unobstructed egress from all parts of a small group home.

ANALYSIS:	<p>Based on the findings of the investigation, which included interviews of fire inspector, Steven Martin, licensee designee, Lisa Rice and consultant observation, I am able to corroborate the allegation.</p> <p>Mr. Martin reported observing baby gates being used in the home that impede egress.</p> <p>I observed a baby gate being used in the front living room area close to one exit. The gate obstructs the path leading to direct egress out of the front door.</p> <p>Ms. Rice reported that the gate was being used to prevent residents from possibly falling as there is a step down that leads to the front door.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Deadbolts and hasp style locks are being used at the top of exit doors.

INVESTIGATION:

On 03/18/25, I interviewed fire inspector, Steven Martin, and he reported that during his fire safety inspection on 03/07/25, he observed hasp style and deadbolt locks on top of both required means of egress. During his 2024 inspection he observed the same locks, cited the violation, and during his follow up inspection the locks were taken down. The locks were put back on as observed on 03/07/25.

On 03/24/25, I conducted an unscheduled on-site inspection and interviewed licensee designee, Lisa Rice. Ms. Rice reported that the maintenance man removed the locks after the fire safety inspection.

I also observed that the locks had been removed, however, the holes from the nails and locks remained.

On 04/01/25, I conducted the exit conference with licensee designee, Lisa Rice and informed her of the findings of the investigation. Ms. Rice reported that the locks were put on the doors because Resident D was trying to elope. I informed Ms. Rice that is a staffing issue and when a resident is admitted who has a history of elopement, is it her responsibility to ensure that she has sufficient staff on shift to provide the necessary supervision of all residents.

APPLICABLE RULE	
R 400.14507	Means of egress generally.
	(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.
ANALYSIS:	<p>Based on the findings of the investigation, which included interviews of fire inspector, Steven Martin, Lisa Rice and consultant observation, I am able to corroborate the allegation.</p> <p>Mr. Martin reported that he observed hasp style and dead bolts locks on the top of both means egress doors during his inspection on 03/07/25.</p> <p>Ms. Rice reported that the locks were put on due to Resident D attempts to elope.</p> <p>During my on-site inspection on 03/24/25, the locks had been removed, however, I was able to see the holes left on the top of the doors where the locks has been.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 03/24/25, I conducted an unscheduled on-site inspection. Consultant Shatonla Daniel accompanied me. We observed that there was only one staff present. Consultant, Shatonla Daniel, interviewed staff, Jennifer Hensley and she reported that there is one staff that works daily from 6:00 a.m. to 6:00 p.m., a second staff comes in from 8:00 a.m. to 8:00 p.m. and the midnight staff works from 8:00 p.m. to 6:00 a.m. Ms. Hensley reported that there is only one staff on shift each day from 6:00 a.m. to 8:00 a.m., from 6:00 p.m. to 8:00 p.m. and from 8:00 p.m. until the following morning at 6:00 a.m.

Ms. Daniel and I arrived at the home at about 10:05 a.m. and Ms. Hensley was the only staff on shift. The home manager, Deanna Prisza, had an appointment and would be arriving shortly.

Ms. Daniel reviewed the resident records including current assessment plans and observed that Resident B, E and F are two-persons assist.

I interviewed licensee designee, Lisa Rice, and she thought that it was okay to have one staff on shift at night because the residents were in bed. She was aware that she needed two staff during waking hours.

I reviewed the staff schedule and confirmed that the staffing ratio is consistent with what Ms. Hensley reported to Ms. Daniel.

On 04/01/25, I conducted the exit conference with licensee designee, Lisa Rice, and informed her of the findings of the investigation. Ms. Rice reported an understanding. I informed Ms. Rice that staff is based on the needs of the resident and that if any resident is two-persons assist, at minimum, there always has to be two staff working in the home.

APPLICABLE RULE	
R 400.14206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.

ANALYSIS:	<p>Based on the findings of the investigation, which included interviews of staff, Jennifer Hensley, licensee designee, Lisa Rice, my observation, review of Resident B, E and F's records and the staff schedule, this violation is established.</p> <p>Ms. Hensley reported that there is only one staff member on shift daily from 6:00 a.m. to 8:00 am., from 6:00 p. m. to 8:00 p. m. and from 8:00 p. m. to 6:00 a.m.</p> <p>I observed the staff schedule and confirmed the staffing pattern as reported by Ms. Hensley. I also observed on 03/18/25, during the on-site inspection, that Ms. Hensley was the only staff working, until the home manager arrived, which was four hours, after Ms. Hensley shift started.</p> <p>Licensee designee, Lisa Rice, confirmed the staffing pattern previously reported by Ms. Hensley. She was not aware that two staff were required to be working at all times when there are residents in the home who are two-persons assist.</p>
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 03/24/25, I conducted an unscheduled on-site inspection and reviewed three of seven employee records. Staff, Jennifer Hensley's record did not contain verification of education.

On 03/24/25, I interviewed licensee designee, Lisa Rice, and she reported she believed the verification was in the record. She will make sure to get the verification into the record.

On 04/01/25, I conducted the exit conference with licensee designee, Lisa Rice, and informed her of the findings of the investigation. Ms. Rice reported an understanding.

APPLICABLE RULE	
R 400.14208	Direct care staff and employee records.
	<p>(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:</p> <p>(e) Verification of experience, education, and training.</p>

ANALYSIS:	<p>Based on the findings of the investigation, which included an interview of licensee designee, Lisa Rice, and my observation, this violation is established.</p> <p>I reviewed staff, Jennifer Hensley's employee record and observed that it did not contain verification of education.</p> <p>Ms. Rice reported that she believed the verification was in the record. She reported that she would make sure to get the required information in the record.</p>
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 03/24/25, I conducted an unscheduled on-site inspection and reviewed three of seven employee records. Staff, Jennifer Hensley record did not contain verification of reference checks.

On 03/24/25, I interviewed licensee designee, Lisa Rice, and she reported she believed the reference checks were in the record. She will make sure to get the verification into the record.

On 04/01/25, I conducted the exit conference with licensee designee, Lisa Rice, and informed her of the findings of the investigation. Ms. Rice reported an understanding.

APPLICABLE RULE	
R 400.14208	Direct care staff and employee records.
	<p>(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:</p> <p>(f) Verification of reference checks.</p>

ANALYSIS:	<p>Based on the findings of the investigation, which included an interview of licensee designee, Lisa Rice, and my observation, this violation is established.</p> <p>I reviewed staff, Jennifer Hensley's employee record and observed that it did not contain verification of reference checks.</p> <p>Ms. Rice reported that she believed the verification was in the record. She reported that she would make sure to get the required information in the record.</p>
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 03/24/25, I conducted an unscheduled on-site inspection and reviewed three of seven employee records. Staff, Jennifer Hensley record did not contain verification of receipt of personnel policies and job descriptions.

On 03/24/25, I interviewed licensee designee, Lisa Rice, and she reported she believed the verification of receipt of personnel policies and job descriptions were in the record. She will make sure to get the verification into the record.

On 04/01/25, I conducted the exit conference with licensee designee, Lisa Rice, and informed her of the findings of the investigation. Ms. Rice reported an understanding.

APPLICABLE RULE	
R 400.14208	Direct care staff and employee records.
	<p>(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:</p> <p style="padding-left: 40px;">(i) Required verification of the receipt of personnel policies and job descriptions.</p>

ANALYSIS:	<p>Based on the findings of the investigation, which included an interview of licensee designee, Lisa Rice, and my observation, this violation is established.</p> <p>I reviewed staff, Jennifer Hensley's employee record and observed that it did not contain verification of receipt of personnel policies and job descriptions.</p> <p>Ms. Rice reported that she believed the verification of receipt was in the record. She will make sure to get the required information in the record.</p>
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 03/24/25, I conducted an unscheduled onsite inspection and reviewed the resident register, the register did not include discharge dates for residents no longer residing in the home.

On 04/01/25, I conducted the exit conference with licensee designee, Lisa Rice, and informed her of the findings of the investigation. Ms. Rice reported an understanding and reported that she would update the resident register to include discharge dates for residents no longer residing in the home.

APPLICABLE RULE	
R 400.14210	Resident register.
	<p>A licensee shall maintain a chronological register of residents who are admitted to the home. The register shall include all of the following information for each resident:</p> <p>(b) Date of discharge.</p>
ANALYSIS:	<p>Based on the findings of the investigation, which included my observation, this violation is established as the resident register did not include discharge dates for residents who no longer reside in the home.</p>
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 03/24/25, I conducted an unscheduled onsite inspection. Consultant, Shatonla Dainel accompanied me. Ms. Daniel reviewed the resident records and observed that they did not contain written assessments, prior to admission, documenting that the licensee designee had determined the home could provide the services, skills and physical accommodations required to meet the residents' needs. Ms. Daniel reviewed Resident A-F assessments plans and health care appraisals and observed that Residents A, B, E and F all require the regular use of a wheelchair, and the home does not have wheelchair ramps at the two approved means of egress, nor is the home currently licensed to accept the physically handicapped or residents who require the regular use of a wheelchair. Ms. Daniel also observed that Resident C requires the use of a walker, and there are several areas on the main level of the home that have step downs, that could present a fall risk for residents with impaired mobility.

During the on-site inspection, I observed one interior, and one exterior portable ramp installed. They appeared to be about two-feet long and are steep.

I interviewed Ms. Rice, and she reported her belief that residents could age in place. The portable ramps were installed for the residents who were in wheelchairs. I informed Ms. Rice that residents can age in place if the facility is licensed to provide the care they need as they age. I informed Ms. Rice that Resident A, E and F were admitted requiring the regular use of wheelchairs and should not have been. I informed her that when Resident B declined and no longer was able to ambulate, he should have been discharged, because the home was not licensed to care for the physically handicapped or for wheelchair accessibility.

On 03/26/25, I spoke with board member, Geoffrey Gane. Mr. Gane requested clarification on this matter. I informed Mr. Gane that a licensee designee/home cannot admit or provide care to residents' that they are not licensed for. I informed Mr. Gane of the process of requesting modifications to the license if at some point they desired to serve these populations. I informed Mr. Gane that the residents who required the regular use of a wheelchair needed to be given 30-day discharge notices, and that the residents with mobility impairments need to be moved to the main floor. Mr. Gane reported an understanding and briefly discussed making modifications to the home, so that in the future there would not be any issues.

On 03/31/25, I spoke with Mr. Gane, and he reported that 30-day discharge notices had been sent out to the families. He is considering doing some renovations to possibly include three additional bedrooms on the main floor of the home. He is also considering making the home wheelchair accessible. I informed him to make sure he contacts BFS as they will require review and approval of the plans.

On 04/01/25, I conducted the exit conference with licensee designee, Lisa Rice, and informed her of the findings of the investigation. Ms. Rice reported an understanding.

Moving forward she will ensure that only residents who they are licensed to care for will be admitted, additionally, assessments will be completed before admission to ensure that the home has the services, skills and physical accommodations to meet the needs of the residents.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions: (b) The kinds of services, skills, and physical accommodations that are required of the home to meet the resident's needs are available in the home.
ANALYSIS:	Based on the findings of the investigation, which included review of resident records, and an interview of licensee designee, Lisa Rice, this violation is established. Ms. Daniel reviewed resident records and observed that Residents A, B E and F are physically handicapped, and all require the regular use of wheelchairs. Their records did not contain written assessments prior to admission Ms. Rice did not complete written assessments prior to admitting residents to ensure the home had the kinds of services, skills and physical accommodations to meet the needs of the residents. Furthermore, Ms. Rice admitted residents' that the home was not licensed to provide care to.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 03/24/25, I conducted an unscheduled on-site inspection. Consultant, Shatonla Daniel accompanied me. We observed at least six video and/or audio recording devices. The video recording devices were in resident bedrooms which allowed for staff to see and hear residents while they were in other areas in the home. Ms.

Daniel informed me that while I was upstairs interviewing Residents D and E, she and the staff downstairs could hear the entire interview.

I interviewed licensee designee, Lisa Rice, and she reported being unaware that video/audio recordings cannot be placed in these areas by the licensee. I informed Ms. Rice, that video recordings are only allowed in common areas of the home due to each resident's right to privacy, with resident/guardian consent, or by the resident's designated representative.

On 04/01/25, I conducted the exit conference with licensee designee, Lisa Rice, and informed her of the findings of the investigation. Ms. Rice reported an understanding and will be removing the video/audio recordings out of resident's bedrooms and will only use them in common areas of the home with consent.

APPLICABLE RULE	
R 400.14304	Resident rights; licensee responsibilities.
	<p>(1) Upon a resident's admission to the home, a licensee shall inform a resident or the resident's designated representative of, explain to the resident or the resident's designated representative, and provide to the resident or the resident's designated representative, a copy of all of the following resident rights:</p> <p style="padding-left: 40px;">(o) The right to be treated with consideration and respect, with due recognition of personal dignity, individuality, and the need for privacy.</p>
ANALYSIS:	<p>Based on the findings of the investigation, which included observations by consultant, Shatonla Daniel, and me, this violation is established, as it violates the residents right to privacy.</p> <p>I observed at least 6 video/audio recorders in the home, in resident bedrooms. Ms. Daniel informed me during my interviews of Residents D and E upstairs, she and the staff who were on the main level, could hear the entire interview.</p> <p>Ms. Rice reported being unaware that having video and audio recordings in resident bedrooms infringed on their right to privacy.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, and pending fire safety approval, I recommend the license is modified to provisional. The corrective action plan must include how the licensee designee will ensure safety of the residents by implementing a fire/severe weather watch plan that ensures the safety of the residents up and until the time they have been discharged. Further, I recommend increased monitoring during the provisional licensing period, that may include observation of fire drills and review of the written and implemented fire/severe weather watch plans.



Pandrea Robinson
Licensing Consultant

4/23/2025
Date

Approved By:



5/5/2025

Ardra Hunter
Area Manager

Date