GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 11, 2025

Laura Hatfield-Smith
ResCare Premier, Inc.
Suite 1A
6185 Tittabawassee
Saginaw, MI 48603

RE: License #: AS250284763
Investigation #: 2025A0779041
ResCare Premier Riverview

Dear Laura Hatfield-Smith:

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) 643-7960.

Sincerely,

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 899-5659

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250284763
Investigation #:	2025A0779041
Complaint Receipt Date:	06/24/2025
Investigation Initiation Date:	06/25/2025
Report Due Date:	08/23/2025
Licensee Name:	ResCare Premier, Inc.
Licensee Address:	9901 Linn Station Road, Louisville, KY 40223
Licensee Telephone #:	(989) 791-7883
Administrator:	Laura Hatfield-Smith
Licensee Designee:	Laura Hatfield-Smith
Name of Facility:	ResCare Premier Riverview
Facility Address:	1467 Flushing Rd., Flushing, MI 48433
Facility Telephone #:	(810) 659-6444
Original Issuance Date:	11/13/2006
License **Status:**	REGULAR
Effective Date:	04/17/2025
Expiration Date:	04/16/2027
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
The home was understaffed on June 22, 2025, between 3pm-11pm.	Yes

III. METHODOLOGY

06/24/2025	Special Investigation Intake 2025A0779041
06/25/2025	Special Investigation Initiated - Telephone Spoke to staff person, Jamiya Jackson.
06/27/2025	Inspection Completed On-site
07/02/2025	Contact - Telephone call made Spoke to staff person, Carlos Richardson.
07/29/2025	Exit Conference Held with licensee designee, Laura Hatfield-Smith.
08/11/2025	APS Referral Complaint was referred to APS centralized intake.

ALLEGATION:

The home was understaffed on 6/22/2025 between 3pm-11pm.

INVESTIGATION:

On 6/25/2025, a phone interview took place with staff person, Jamiya Jackson, who confirmed that she worked 2nd shift at this home on 6/22/2025. Staff Jackson stated that there were two staff on the schedule for that night, which is normal, but that the other staff person did not come in and she provided all the care to five residents. Staff Jackson stated that she contacted the on-call manager to say that she was uncomfortable working alone and the manager said she would find someone, but no other staff person showed up. Staff Jackson reported that there were no significant problems during that shift, but that it was a lot for one person to handle. Staff Jackson stated that while she was passing medications, another resident needed help with toileting. When asked about the care needs of the residents, Staff Jackson stated that three of the residents are in wheelchairs, two of them require help with transfers and one of them is over 300 pounds. Staff Jackson reported that other staff have had to work alone recently.

On 6/27/2025, an on-site inspection was conducted. Multiple residents were observed to be clean, well groomed, and appeared to be doing well. One resident confirmed that there have been a few times recently where only one staff member was working.

On 6/27/2025, staff person, Jennifer McAfee, stated that multiple staff had called in over the past weekend and that she had to work alone on both 6/19 and 6/22/2025. Staff McAfee stated that management was aware of this issue on 6/19/2025. Staff McAfee stated that she provided all the care for five residents during 1st shift on both days. Staff McAfee confirmed that two of the residents require assistance with transfers and need help with toileting and bathing. Staff McAfee stated that she was okay with the care but stated that having to get all five residents out of the home if there was an emergency, would have been an issue.

On 6/27/2025, home manager, Danielle Williams, stated that she was on vacation during the time when three separate staff called into work and that another manager was on-call to handle those situations. HM Willaims stated that there are always two staff per shift on the schedule and that the policy is that if a staff person cannot be found to come in, either the home manager or the program coordinator would do it. HM Williams reported that she was not aware of any issues during the times when only one staff person worked but stated that two of the residents are 1-person transfers and require assistance with all activities of daily living (ADL's). HM Williams stated that none of the residents require any enhanced supervision, but that Resident A has been known to get out of the house and go out into the street. HM Williams does not believe that one staff person could safely evacuate the five residents in a safe amount of time. HM Stated that one of the staff that had to work alone, Carlos Richardson, is a male staff and is not allowed to change, toilet or bath three of the five residents.

On 7/2/2025, a phone interview was conducted with staff person, Carlos Richardson, who confirmed that he had to work alone during 3rd shift on 6/21/2025. Staff Richardson stated that he always works with a second staff member, but that staff called in to work that night. Staff Richardson stated that he believes that management was aware of the situation, but that he did not hear from anyone in management about a replacement staff coming in and that no one ever showed up. Staff Richardson confirmed that he is not allowed to change or assist the residents with toileting, but that he got lucky when the two residents who require assistance stayed asleep the entire shift.

The home's fire drill logs for 2025 were reviewed. The drills appeared to go well but were all conducted with at least two staff being present.

All five residents' *Assessment Plans for AFC Residents* were reviewed. Three of the residents utilize a wheelchair and the other two residents utilize a walker. Two of the residents are 1-person transfers and require assistance with all ADLs. One of the residents who use a walker is a fall risk and requires stand-by assistance for walking and transfers.

All the residents' *Resident Care Agreement* forms were reviewed. All the residents of this home are female. Three of the resident's agreements indicated that they were not in agreement with receiving assistance with bathing, dressing, or personal hygiene by a staff member of the opposite sex.

On 7/29/2025, an exit conference was held with licensee designee, Laura Hatfield-Smith. LD Hatfield-Smith was informed of the outcome of this investigation and that a corrective action plan is required. LD Hatfield-Smith stated that the on-call manager who was working at the time of the multiple staff call-ins was disciplined for not handling those situations appropriately. LD Hatfield-Smith reported that none of the staff who had to work alone got an appropriate response from the on-call manager and did not contact upper management regarding this issue. LD Hatfield-Smith stated that if upper management had known about the call-ins, proper arrangements would have been made.

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:	It was confirmed that on three separate days/shifts, one staff person was forced to work alone and provide care for five residents. All five residents have some form of mobility issues and utilize either a walker or wheelchair. Two the residents require 1-person transfers and assistance with all ADLs. All five residents of this home are female and three of them do not agree to receive services from a staff person of the opposite sex. Male staff, Carlos Richardson, worked 3rd shift on 6/19/2025 by himself. There was a preponderance of evidence found to support the allegations that sufficient staff were not provided to meet the supervision, personal care and protection of the residents.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Upon receipt of an approved written corrective action plan, it is recommended that the status of this home's license remain unchanged.

8/11/2025

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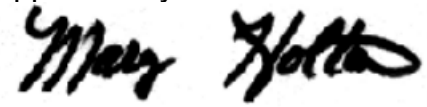
Christopher Holvey Date
Licensing Consultant

Approved By:



8/11/2025

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Mary E. Holton Date
Area Manager