



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

January 11, 2017

Kimberly Nichols
Joyner Home LLC
PO Box 04030
Detroit, MI 48204

RE: License #: AS820290866
Investigation #: **2018A0782006**
Joyner Home II

Dear Ms. Nichols:

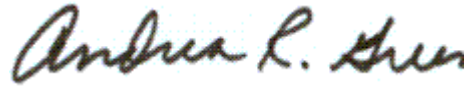
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (313) 456-0380.

Sincerely,

A handwritten signature in black ink that reads "Andrea L. Green". The signature is written in a cursive style with a large initial 'A'.

Andrea Green, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste. 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 236-0832

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820290866
Investigation #:	2018A0782006
Complaint Receipt Date:	11/01/2017
Investigation Initiation Date:	11/28/2017
Report Due Date:	12/31/2017
Licensee Name:	Joyner Home LLC
Licensee Address:	PO Box 04030 Detroit, MI 48204
Licensee Telephone #:	(313) 570-6006
Administrator:	Kimberly Nichols
Licensee Designee:	Kimberly Nichols
Name of Facility:	Joyner Home II
Facility Address:	7429 East Robinwood Street Detroit, MI 48234
Facility Telephone #:	(313) 891-6897
Original Issuance Date:	11/06/2007
License Status:	REGULAR
Effective Date:	06/02/2016
Expiration Date:	06/01/2018
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
Per an incident report, it was reported that during an outing staff, Carolyn Miller cursed at the residents in the vehicle.	Yes

III. METHODOLOGY

11/01/2017	Special Investigation Intake 2018A0782006
11/28/2017	Special Investigation Initiated - Telephone Telephone call to Mae Rodgers at ORR.
12/18/2017	Contact - Telephone call made Telephone call to licensee designee, Kimberly Nichols.
12/18/2017	Inspection Completed On-site Interviewed home manager, LaKeitha Spear.
12/18/2017	Inspection Completed-BCAL Sub. Compliance
12/18/2017	Exit Conference Exit conference call with licensee designee, Kimberly Nichols.

ALLEGATION:

Per an incident report it was reported that during an outing staff person, Carolyn Miller cursed at the residents in the vehicle.

INVESTIGATION:

I interviewed the licensee designee, Kimberly Nichols, by telephone regarding the allegation. She reported that the staff person involved had been having ongoing issues with her language around and toward the residents so she had been fired after the incident.

I conducted an on-site investigation at the home on 12/18/2017. During the on-site I interviewed the home manager, LaKeitha Spear. She also confirmed that the staff person had cursed at residents as well as the other staff. She also confirmed that due to this staff person's ongoing issues regarding this type of behavior she had been fired.

APPLICABLE RULE	
R 400.14308	Resident behavior interventions prohibitions.
	(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following: (f) Subject a resident to any of the following: (i) Mental or emotional cruelty.
ANALYSIS:	Based on my interview with the licensee designee and the home manager they have confirmed that staff person, Carolyn Miller did curse at the residents which could cause them to experience mental or emotional distress therefore violation of this rule is established.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend that the status of the license remains unchanged.

 12/19/2017

Andrea Green Date
Licensing Consultant

Approved By:
 01/11/2018

Ardra Hunter Date
Area Manager