



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 13, 2018

Shelia Shang
246 Powell
Grand Rapids, MI 49506

RE: License #: AS410385361
Investigation #: 2018A0464058
Shedrice's AFC

Dear Shelia Shang:

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 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 (616) 356-0183.

Sincerely,

A handwritten signature in blue ink that reads "Megan Aukerman, MSW". The signature is written in a cursive style.

Megan Aukerman, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 438-3036

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410385361
Investigation #:	2018A0464058
Complaint Receipt Date:	08/24/2018
Investigation Initiation Date:	08/24/2018
Report Due Date:	10/23/2018
Licensee Name:	Shelia Shang
Licensee Address:	246 Powell Street, SE Grand Rapids, MI 49507
Licensee Telephone #:	(616) 375-6076
Administrator:	Shelia Shang
Licensee Designee:	Shelia Shang
Name of Facility:	Shedrice's AFC
Facility Address:	246 Powell Street, SE Grand Rapids, MI 49507
Facility Telephone #:	(616) 248-1720
Original Issuance Date:	04/17/2017
License Status:	REGULAR
Effective Date:	10/17/2017
Expiration Date:	10/16/2019
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Shelia Shang (licensee) does not routinely change Residents A and B's adult diapers. She will only change them when the are soaked with urine.	No
Shelia Shang has been seen shoving the residents, snatching them by their shirt collars, dragging them up the stairs and forcing food into their mouths.	No
Shelia Shang forces Residents A and B to stay in their bedrooms, unless it is meal time.	Yes
Sheila Shang is allowing untrained staff to administer resident medications. The staff or Ms. Shang forge Ms. Shang's initials on the Medication Administration Record (MAR).	Yes
Residents A and B are supposed to have toys to play with to work on their sensory skills. The licensee refuses to allow Resident A or B to play with any toys are do other activities in the facility.	No

III. METHODOLOGY

08/24/2018	Special Investigation Intake 2018A0464058
08/24/2018	APS Referral
08/24/2018	Special Investigation Initiated - Telephone Bob Patterson, ORR
08/24/2018	Contact-Telephone call made Zach Blevins, Kent County APS Worker
08/29/2018	Inspection Completed On-site Zach Blevins (APS), Bob Patterson (ORR), Shelia Shang (Licensee), Residents A & B
08/30/2018	Contact-Face to face Bob Patterson, ORR Ella McFall, Staff
08/30/2018	Contact-Face to face Resident C
08/30/2018	Contact-Telephone call made Diane Fryling, Previous Staff Person
08/30/2018	Contact-Telephone call made

	David Jones, Maintenance Worker
08/31/2018	Contact-Telephone call made Zach Blevins, Kent County APS
09/04/2018	Contact-Telephone call made Jamie Luttrell, Thresholds Case Manager
09/07/2018	Inspection Completed On-Site Bob Patterson (ORR), Shelia Shang (Licensee), Residents A & B
09/07/2018	Contact-Face to Face Bob Patterson (ORR) and Resident D
09/12/2018	Exit Conference Shelia Shang, Licensee

ALLEGATION: Shelia Shang (licensee) does not routinely change Residents A and B's adult diapers. She will only change them when they are soaked with urine.

INVESTIGATION: On 08/24/2018, I received a complaint alleging several concerns regarding the care provided at Shedrice's AFC. The complaint alleged licensee, Shelia Shang was allowing untrained staff to administer medications. Ms. Shang would then have the staff forge her initials on the Medication Administration Record (MAR). The complaint also alleged Ms. Shang is abusive and rough with Residents A and B. She will shove them, grab them by the shirt collar and shove food in their mouths. Ms. Shang has paid staff person, Ella McFall lie for her when Ms. Shang is being investigated. The complaint also alleged Residents A and B are confined to their bedrooms, except during meal times. They are not allowed to play with any toys in the facility. The complaint was received from Kent County Office of Recipient Rights and Adult Protective Services.

On 08/24/2018, I spoke to Kent County Office of Recipient Rights (ORR) worker, Bob Patterson to coordinate the investigation.

On 08/24/2018, I spoke to Kent County APS worker, Zach Blevins to coordinate the investigation. Mr. Blevins stated he made face-to-face contact with Residents A and B at the facility on 08/24/2018. Mr. Blevins stated he did not observe any marks or bruises. Mr. Blevins stated he informed Ms. Shang he would come back to the facility early next week with the ORR worker and licensing.

On 08/29/2018, Mr. Patterson, Mr. Blevins and I completed an onsite inspection at the facility. We interviewed Ms. Shang. Ms. Shang stated Residents A and B are the only two residents who wear adult diapers and they are changed frequently. Ms. Shang stated if she does not change them frequently, then Resident A will try to play

with her feces. Ms. Shang stated she has an ample supply of adult briefs and wipes. There are also extra supplies in the basement of the facility. Ms. Shang then opened the medicine closet, and ample adult briefs and wipes were observed. Ms. Shang also showed us the large supply of diapers and wipes in the basement of the facility.

Mr. Blevins, Mr. Patterson and I then went upstairs of the facility to meet with Residents A and B. Both were unable to be interviewed as they are nonverbal. Both residents were observed laying on their bed. The beds had appropriate linens as well as a pad on the sheet. Neither resident was observed to be soaked with urine. Resident A and B were clean and appropriately dressed.

On 08/30/2018, Mr. Patterson and I interviewed staff person, Ella McFall at the Office of Recipient Rights (ORR). Ms. McFall stated she last worked at the facility on 08/10/2018, as she has been on a family trip to California. Ms. McFall stated when she is scheduled to work a shift at the facility, she is the only staff person working. Ms. McFall stated the facility has an ample supply of adult briefs and wipes and she routinely changes Residents A and B.

On 08/30/2018, Mr. Patterson and I attempted to interview Resident C at Hope Network's work program. Mr. Patterson and I asked Resident C several questions regarding his care at the facility. Resident C would only respond, "yep" to the majority of our questions or he would change the subject and talk about how much he liked his work program. During the attempted interview, Resident C did state "Shelia" bought him new shoes. He stated he only liked living at the facility "a little bit" but could not elaborate.

On 08/30/2018, I interviewed Diane Fryling by telephone. Ms. Fryling reported she worked at the facility from June 2018 through the beginning of August 2018. Ms. Fryling stated she applied for a staff position through a website called Indeed. Ms. Fryling stated she has worked in Adult Foster Care (AFC) homes for over 12 years. Ms. Fryling stated she was licensee, Shelia Shang's live-in staff person. While working at the facility, Ms. Fryling observed several concerning practices by Ms. Shang and other staff. Ms. Fryling explained both Resident A and B wear Depends (adult briefs). Medicaid provides Resident A and B's supplies; however, Ms. Shang will use different adult diapers, that can hold more urine. Ms. Shang does this so that she has to change Resident A and B less frequently. Ms. Shang will wait until Resident A and B's briefs are soaked before she will change them. Ms. Fryling stated individuals who wear adult briefs should be on a two-hour check/changing schedule.

On 09/04/2018, I interviewed Threshold's case manager, Jamie Luttrell. Ms. Luttrell stated she is the case manager for both Resident A and B. Ms. Luttrell stated both residents wear adult diapers. She denied having any concerns regarding Resident A and B not being changed enough and left in urine-soaked briefs.

On 09/12/2018, I completed an exit conference with licensee, Shelia Shang. Ms. Shang was informed of the investigation findings and recommendations.

APPLICABLE RULE	
R 400.14305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	<p>Licensee, Shelia Shang and staff person, Ella McFall both reported that Resident A and B are changed regularly. They also stated there is an ample supply of adult diapers and wipes in the facility.</p> <p>Residents A and B were unable to be interviewed as they are nonverbal. Both residents appeared to be dry during the onsite inspection. An ample supply of diapers and wipes were observed.</p> <p>A previous staff member, Diane Fryling reported Ms. Shang does not change Resident A and B's adult brief until they are soaked with urine.</p> <p>Case manager, Jamie Luttrell denied having any concerns regarding Resident A and B being left in urine-soaked briefs.</p> <p>Based on the investigative findings, there is insufficient evidence to support a rule violation that Ms. Shang does not change the residents frequently.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Shelia Shang has been seen shoving the residents, snatching them by their shirt collars, dragging them up the stairs and forcing food into their mouths.

INVESTIGATION: On 08/29/2018, Mr. Patterson, Mr. Blevins and I completed an onsite inspection at the facility. We interviewed Ms. Shang. Ms. Shang stated all of the residents are able to feed themselves. She denied shoving food into residents' mouths, including Residents A and B. Ms. Shang denied being physically aggressive or abusive towards Residents A and B. Ms. Shang stated she did not know why someone would make those allegations. Ms. Shang stated both Resident A and B have history of self-inflicted injuries and have caused themselves bruising.

They do this by hitting themselves. Resident A bites her nails until they bleed. Ms. Shang reported their behaviors are listed in their Individual Plan of Service through Thresholds.

Mr. Patterson, Mr. Blevins and I then attempted to interview Residents A and B in their room. Both residents are nonverbal. Both residents were observed laying on their beds. Resident A stood up. She was not observed to have any marks or bruises. Resident B was observed to have small bruising on both of her shins. There were no other marks or bruises observed.

On 08/29/2018, I reviewed Resident A's Individual Plan of Service (IPOS), completed through Thresholds, by Jamie Luttrell on 1/11/2018. The IPOS stated Resident A has history of biting herself, resulting in injury. The IPOS also stated Resident A is able to feed herself but requires assistance with cutting her food.

On 08/29/2018, I reviewed Resident B's Individual Plan of Service (IPOS), through Thresholds completed on 1/29/2018 by Jamie Luttrell. The IPOS states Resident B engages in self injurious behaviors. Resident B will bang her head, scratch, bite and hit herself. These behaviors cause Resident B to receive bruises from the injuries. The IPOS also states Resident B is able to feed herself; however, she requires assistance with cutting her food.

On 08/30/2018, Mr. Patterson and I interviewed Ms. McFall at the ORR office. Ms. McFall denied witnessing Ms. Shang, or any other staff shove food into the residents' mouth. She denied observing Ms. Shang become physical or rough with the residents. Ms. McFall stated Ms. Shang takes good care of the residents. Ms. McFall stated Ms. Shang is naturally a "loud voice person", but she does not yell at the residents. If Ms. Shang has to leave the facility, she will always take Resident A and B with her while the other residents are at their scheduled programs.

On 08/30/2018, Mr. Patterson and I attempted to interview Resident C at Hope Network's work program. Resident C was unable to answer questions regarding his care at the facility. Resident C was observed to be clean and appropriately dressed. He did not have any marks or bruises on his face or arms.

On 08/30/2018, I interviewed Ms. Fryling by telephone. Ms. Fryling stated she has observed Ms. Shang interact with the residents. Ms. Fryling denied witnessing Ms. Shang physically abuse the residents. Ms. Fryling stated Ms. Shang would frequently yell to get a resident's attention. If it was meal time, Ms. Shang would stand at the bottom of the stairs and yell for the residents to come down. Ms. Fryling stated she has observed Ms. Shang shove food into Resident A and B's mouths. Both residents are able to feed themselves, however take a while to eat. Ms. Shang with force feed them to make meal time faster.

On 08/30/2018, I interviewed David Jones by telephone. Mr. Jones stated he previously completed all of the maintenance for the facility. Mr. Jones stated he no

longer works for Ms. Shang, because “he doesn’t want to get involved in the stuff she is doing”. Mr. Jones stated there were times where he would be at the facility working and he would watch Ms. Shang shove food down Residents A and B’s mouths. Mr. Jones stated neither of the residents can speak, so they did not say anything. Mr. Jones stated he feels Ms. Shang was too rough with Residents A and B. She would push them or grab them by their collar when she was trying to work with them. Mr. Jones stated he last worked at the facility one month ago.

On 08/31/2018, I spoke to Mr. Blevins by phone. Mr. Blevins stated he attempted contact with Resident A and B’s guardian to inquire about their feelings towards Resident A and B’s placement at the facility.

On 09/04/2018, I interviewed Ms. Luttrell by telephone. Ms. Luttrell denied observing Ms. Shang shove food into Resident A and B’s mouth. Ms. Luttrell stated both residents are able to feed themselves. Ms. Luttrell denied witnessing Ms. Shang shove or pull Resident A or B.

On 09/07/2018, Mr. Patterson and I made face-to-face contact with Resident D at the Department of Health and Human Services (DHHS). Resident D only speaks Spanish, so an interpreter was utilized. Resident D stated she enjoys residing at the facility but would like to move back home on her own. Resident D stated Ms. Shang treats her and the other residents well. She denied Ms. Shang has done anything to physically harm her or the other residents. Resident D was observed to have no marks or bruises.

On 09/12/2018, I completed an exit conference with Ms. Shang. She was informed of the investigation findings and recommendations.

APPLICABLE RULE	
R 400.14308	Resident behavior interventions prohibitions.
	(1) A licensee shall not mistreat a resident and shall not permit the administrator, direct care staff, employees, volunteers who are under the direction of the licensee, visitors, or other occupants of the home to mistreat a resident. Mistreatment includes any intentional action or omission which exposes a resident to a serious risk or physical or emotional harm or the deliberate infliction of pain by any means.
ANALYSIS:	Former employees, Diane Fryling and David Jones stated they have witnessed licensee, Shelia Shang force food into Resident A and B’s mouths on more than one occasion. They stated they have also witnessed Ms. Shang shove, grab and pull Resident A and B.

	<p>Ms. Shang denied the allegations and staff person, Ella McFall, who routinely works with Ms. Shang stated she has never witnessed Ms. Shang force food into Resident A or B's mouth or shove, grab and pull Resident A or B.</p> <p>Residents A and B were unable to be interviewed as they are nonverbal. Resident B was observed to have small bruising on both of her shins. No other marks or bruises were observed on either resident.</p> <p>Resident A and B's case manager, Jamie Luttrell denied having any concerns regarding Ms. Shang's care of the residents. She denied witnessing any inappropriate behaviors by Ms. Shang.</p> <p>Face to face contact was made with Resident C, he was observed to have no marks or bruises. Resident D was interviewed and denied witnessing Ms. Shang mistreat any of the residents. Resident D was observed to have no marks or bruises.</p> <p>Based on the investigative findings, there is insufficient evidence to support a rule violation that Ms. Shang is abusive towards the residents.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Shelia Shang forces Residents A and B to stay in their bedrooms, unless it is meal time.

INVESTIGATION: On 08/29/2018, Mr. Patterson, Mr. Blevins and I completed an onsite inspection at the facility. We interviewed Ms. Shang. Ms. Shang reported she takes Residents A and B everywhere with her. Ms. Shang denied the residents are forced to stay in their bedrooms when they are home.

Mr. Patterson, Mr. Blevins and I then made face-to-face contact with Residents A and B. The residents were not interviewed as they are nonverbal. Both residents were observed in their bedroom, with the door closed. They were each laying on their beds watching television.

On 08/30/2018, I interviewed Ms. Fryling by telephone. Ms. Fryling stated whenever she worked in the home with Ms. Shang, Ms. Shang would only allow Residents A and B to come downstairs for meals. As soon as meal time would finish, Ms. Shang would "snap" her fingers and point to the stairs. If Residents A and B did not go upstairs then, Ms. Shang would yell at them to go upstairs. Ms. Fryling stated the residents are never allowed to sit on any of the living room furniture, as it is Ms.

Shang's. They are only allowed at the dining room table, their bedrooms and the bathroom.

On 09/04/2018, I interviewed Ms. Luttrell by telephone. Ms. Luttrell stated she has always visited the home in the mornings. Resident A and B like to take naps after they eat breakfast, so she has always seen them in their bedroom. Ms. Luttrell stated Resident A and B appeared to be happy at the facility and enjoy being in their bedroom. Ms. Luttrell stated Resident A and B's guardian reported she has always seen them in their bedrooms.

On 09/07/2018, Mr. Patterson and I completed an onsite inspection at the facility. We interviewed Ms. Shang. Ms. Shang stated Resident A and B like to stay in their bedrooms and like to take naps. Mr. Patterson and I then went upstairs in the facility and observed Resident A and B in their bedrooms.

On 09/07/2018, Mr. Patterson and I interviewed Resident D, with the assistance of an interpreter. Resident D stated Ms. Shang wants them to stay in their bedrooms to watch TV when they are home. Resident D stated they are not allowed to sit in the living room of the facility.

On 09/12/2018, I completed an exit conference with Ms. Shang. She was informed of the investigation findings and recommendations. Ms. Shang stated she does not agree with the rule violation. Ms. Shang stated all of the residents are always busy with activities. When they are home, they do not have to stay in their rooms. They are allowed to be in other rooms of the facility. Ms. Shang stated the residents like to take naps and will take them in their bedroom. Ms. Shang stated she does not feel this should be a rule violation.

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: (d) Confine a resident in an area, such as a room, where egress is prevented, in a closet, or in a bed, box, or chair or restrict a resident in a similar manner.
ANALYSIS:	On-site inspections were completed the mornings of 08/29/2018 and 09/07/2018. Both Resident A and Resident B were observed to be in their bedrooms. They were unable to be interviewed as they are nonverbal.

	<p>Former employee, Diane Fryling stated Ms. Shang does not allow the residents to use the living room furniture and makes Resident A and B stay in their bedroom.</p> <p>Case manager, Jamie Luttrell stated each time she has visited Resident A and B they were in their bedroom; however, they enjoy being in their bedroom.</p> <p>Resident D was interviewed, and stated Ms. Shang wants the residents to stay in their bedroom to watch TV and they are not allowed in the living room.</p> <p>Based on the investigative findings, there is sufficient evidence to support the rule violation that Ms. Shang requires the residents to stay in their bedrooms when they are home.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Sheila Shang is allowing untrained staff to administer resident medications. The staff or Ms. Shang forge Ms. Shang’s initials on the Medication Administration Record (MAR).

INVESTIGATION: On 08/24/2018, I spoke to Kent County Office of Recipient Rights (ORR) worker, Bob Patterson to coordinate the investigation. Mr. Patterson stated he was able to confirm staff person, Ella McFall did complete the required Medication Administration training. Mr. Patterson stated Tasia Smith and Jackie Burrell only completed the online portion of the training and have yet to complete the classroom training. Staff are not allowed to administer resident medication until all of the medication training has been completed.

On 08/29/2018, Mr. Patterson, Mr. Blevins and I completed an onsite inspection at the facility. We interviewed Ms. Shang. Ms. Shang stated she, Ms. McFall, Ms. Burrell and Ms. Fryling have all taken the medication administration training through Network 180. Ms. Shang stated Ms. Smith has taken the first section of the training but has yet to complete the in-class training. Ms. Shang admitted Tasia Smith has administered medication to residents one time.

On 08/29/2018, I reviewed the Medication Administration Record (MAR) for each resident. The MAR reflected residents are administered all of their medications. The MAR reflected Ms. Shang, Ms. Fryling and Ms. McFall administer the residents’ medications.

On 08/30/2018, Mr. Patterson and I interviewed Ms. McFall. Ms. McFall stated she has been fully trained in Medication Administration. She completed her courses through Network 180. Ms. McFall stated when she works a shift, she is the only staff

on, so she denied observing other staff administer medications. Ms. McFall denied having any knowledge of untrained staff passing resident medications, then forging Ms. Shang's signature on the MAR.

On 08/30/2018, I interviewed Ms. Fryling by telephone. Ms. Fryling stated she completed several trainings through Network 180, including medication administration. Ms. Fryling stated it has been several years since she took the medication training. Ms. Fryling stated she cannot attest to Ms. Burrell passing medications, as she came to work at the facility after Ms. Fryling left. Ms. Fryling stated there were several incidents when she observed Ms. Smith pass resident medication. Later in the day, Ms. Fryling observed Ms. Shang initial the MAR, even though Ms. Smith administered the medications.

On 08/30/2018, I interviewed Mr. Jones by telephone. Mr. Jones stated he was in the car with Ms. Shang when one of her staff called. Mr. Jones heard Ms. Shang talking about resident medication administration. Mr. Jones stated she overheard Ms. Shang tell the staff person just to forge her name on the record since Ms. Shang was not present. Mr. Jones stated he also has observed Ms. Smith pass resident medications when she told Mr. Jones she had not been fully trained. Mr. Jones stated he last observed these incidents one month ago.

On 09/07/2018, I spoke to Mr. Patterson. He stated he has attempted to contact Ms. Smith on several occasions, however she will not return his phone calls.

On 09/12/2018, I completed an exit conference with Ms. Shang. She was informed of the investigation findings and recommendations. Ms. Shang stated she understood the reason for the rule violation and would have Ms. Smith complete the medication administration training.

APPLICABLE RULE	
R 400.14312	Resident medications.
	<p>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <ul style="list-style-type: none"> (i) The medication. (ii) The dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given. (vi) A resident's refusal to accept prescribed medication or procedures.

ANALYSIS:	<p>Staff person Ella McFall and previous staff person, Diane Fryling both reported they are fully trained in medication administration.</p> <p>Shelia Shang acknowledged that Tasia Smith is not fully trained in medication administration training and has administered resident medications one time.</p> <p>Resident Medication Administration records (MAR) were reviewed and reflected all prescribed medications have been administered most by Ms. Shang, Ms. Fryling and Ms. McFall.</p> <p>Both previous employees, Diane Fryling and David Jones stated they observed staff, Tasia Smith pass medications on several occasions. Mr. Jones stated he over heard Ms. Shang tell staff to forge her name on the MAR. Ms. Fryling stated she has observed Ms. Shang initial the MAR for each resident at the end of the day.</p> <p>Based on the investigative findings, there is sufficient evidence to support the rule violation that Ms. Shang allowed untrained staff to administer resident medications.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Residents A and B are supposed to have toys to play with to work on their sensory skills. The licensee refuses to allow Resident A or B to play with any toys are do other activities in the facility.

INVESTIGATION: On 08/30/2018, I interviewed Ms. Fryling by telephone. Ms. Fryling stated she read all of the residents' assessments through Community Mental Health when she started working at the facility. Both Residents A and B are supposed to have toys and participate in other activities for sensory stimulation. Ms. Fryling stated Resident A and B are not allowed to play with any toys. Their bedroom only has beds, dressers and a TV. Ms. Fryling stated she allowed Residents A and B to play with a box of toys. Ms. Shang and Ms. Smith were upset because then they had to clean up after the residents, therefore Ms. Shang stated Residents A and B were no longer allowed to play with the toys. Ms. Fryling stated when she worked she allowed Resident A to color with crayons. Resident A loved doing this and appeared to be very happy.

On 08/30/2018, I reviewed Resident A's IPOS, completed by Ms. Luttrell on 04/12/2018. The IPOS states Resident A would benefit from participation in sensory-based therapeutic activities 3-4 times daily. Recommended sensory based activities include but are not limited to finger painting, coloring, holding onto light toys, smelling scents or aromas, playing with a ball and rocking in a chair.

I then reviewed Resident B's IPOS, completed by Ms. Luttrell on 01/11/2018. Under guidelines for general exercise and physical activity, the IPOS states Resident B will participate in activities 2-3 times per day. Recommended exercise/physical activities include but are not limited to going for walks, participating in functional activities, giving high-fives, clapping to music and playing with a ball.

On 09/04/2018, I spoke to Ms. Luttrell by telephone. Ms. Luttrell stated she does not have any concerns regarding Ms. Shang not providing activities for Residents A and B. Ms. Luttrell stated Ms. Shang takes the residents everywhere with her. Resident A and B also have toys to play with in their bedroom.

On 09/07/2018, Mr. Patterson and I completed an onsite inspection at the facility. We interviewed Ms. Shang. Ms. Shang stated she takes Resident A and B on several different outings while the other residents are attending their day programs. Ms. Shang provided receipts from stores, movies and other activities she takes Resident A and B to. Ms. Shang stated both Resident A and B have toys to play with. The toys are located in a bin, within their bedroom closet. Resident A and B can pull them out when they want to play with them. Ms. Shang stated she washes the toys frequently.

Mr. Patterson and I then made face-to-face contact with Resident A and B privately. Resident A was observed in her bedroom holding a teddy bear. A large bin of toys was observed in their closet. Resident A and B were not interviewed as they are nonverbal.

On 09/12/2018, I completed an exit conference with Ms. Shang. She was informed of the investigation findings and recommendations.

APPLICABLE RULE	
R 400.14317	Resident recreation.
	(1) A licensee shall make reasonable provision for a varied supply of leisure and recreational equipment and activities that are appropriate to the number, care, needs, age, and interests of the residents.
ANALYSIS:	<p>Licensee, Sheila Shang stated both Resident A and B have toys to play with in the facility. Ms. Shang stated she also takes Resident A and B everywhere with her and on several different outings. Ms. Shang provided receipts from different things she has done with the residents.</p> <p>Residents A and B were unable to be interviewed as they are nonverbal. Toys were observed in their bedroom closet.</p>

	<p>Previous employee Dianne Fryling stated Ms. Shang never interacted with Residents A and B. She stated the residents are always sent to their bedrooms. Ms. Fryling stated the residents are not allowed to play with the toys and they are kept in a tote, located in the basement of the facility.</p> <p>Case manager, Jamie Luttrell stated both Residents A and B have toys in the facility. She also stated Ms. Shang takes them on outings.</p> <p>Based on the investigative findings, there is insufficient evidence to support the rule violation that Ms. Shang does not provide recreation activities for the residents.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend the license status remain unchanged.

Megan Aukerman, MSW

09/13/2018

Megan Aukerman
Licensing Consultant

Date

Approved By:

Jerry Hendrick

09/13/2018

Jerry Hendrick
Area Manager

Date