



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 25, 2019

Wycliffe Opiyo
Mercy Homes Assisted Living LLC
2901 Asbury St.
Kalamazoo, MI 49048

RE: License #: AS390380979
Investigation #: **2019A1024003**
Mercy Homes Assisted Living

Dear Mr. Opiyo:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

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 cursive script, appearing to read "Ondrea Dillard", followed by a long horizontal line.

Ondrea Dillard, Licensing Consultant
MDHHS\Division of Child Welfare Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001

enclosure

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

I. IDENTIFYING INFORMATION

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| License #: | AS390380979 |
| Investigation #: | 2019A1024003 |
| Complaint Receipt Date: | 01/29/2019 |
| Investigation Initiation Date: | 01/29/2019 |
| Report Due Date: | 03/30/2019 |
| Licensee Name: | Mercy Homes Assisted Living LLC |
| Licensee Address: | 2901 Asbury St. Kalamazoo, MI 49048 |
| Licensee Telephone #: | (817) 781-6512 |
| Administrator: | Wycliffe Opiyo |
| Licensee Designee: | Wycliffe Opiyo |
| Name of Facility: | Mercy Homes Assisted Living |
| Facility Address: | 2901 Asbury St. Kalamazoo, MI 49048 |
| Facility Telephone #: | (817) 781-6512 |
| Original Issuance Date: | 09/26/2016 |
| License Status: | REGULAR |
| Effective Date: | 03/24/2017 |
| Expiration Date: | 03/23/2019 |
| Capacity: | 6 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL AGED |

II. ALLEGATION(S)

| | Violation Established? |
|--|-----------------------------------|
| Resident A does not get assistance with bathing and wound care. | No |
| Resident A has missed doctor appointments due to lack of transportation. | No |
| Resident A is laughed at and denied blankets by direct care staff. | No |
| There is lack of food in the home. | No |

III. METHODOLOGY

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| 01/29/2019 | Special Investigation Intake 2019A1024003 |
| 01/29/2019 | Special Investigation Initiated – Telephone interview with APS specialist, Shannon Wagoner |
| 02/04/2019 | Contact – Telephone interview with licensee designee, Wycliffe Opiyo. |
| 02/04/2019 | Contact - Email from Adult Protective Services worker, Shannon Wagoner |
| 02/04/2019 | Inspection Completed On-site. Interviews with Residents A, B and staff member, Moses Omia. |
| 02/05/2019 | Exit Conference- Face-to-face contact with licensee designee, Wycliffe Opiyo. |

ALLEGATION:

Resident A does not get assistance with bathing and wound care.

INVESTIGATION:

On 1/29/19, I received this complaint through the Bureau of Community and Health Systems (BCHS) online complaint system. The complaint alleged that direct care staff members at the home are not attending to Resident's A bathing needs which has caused Resident A to appear dirty and have an odor. The complaint alleged Resident A has sores on her 'backside' that direct care staff will not assist her with.

On 1/29/19, I contacted Shannon Wagoner, Adult Protective Service (APS) Specialist via telephone who confirmed that she has an open APS investigation regarding Resident A and Mercy Homes Assisted Living. Ms. Wagoner stated she will update me when she gets additional information after she goes out to the facility.

On 2/4/19, I conducted an unannounced on-site investigation at the facility and interviewed direct care staff member Moses Omia regarding the allegations. Mr. Omia stated the residents in the home are responsible for their own personal care while living in the facility and this had been established upon admission. Mr. Omia advised me to speak further with licensee designee Wycliffe Opiyo for additional information.

While at the facility, I interviewed Resident A regarding the allegations. Resident A stated she does not have a legal guardian and handles her own personal affairs. Resident A stated she currently needs hands-on assistance with bathing however she was able to take care of her own personal care needs independently when she initially moved into the facility. Resident A stated she recently became ill which caused her to become weaker and need more assistance with bathing. Resident A stated she is more comfortable giving herself sponge baths. I observed Resident A to be clean and did not smell any odor. Resident A stated she currently has home help services in place to assist with her bathing needs through Bronson Home Help which also includes wound care and physical therapy. Resident A stated she has always experienced getting sores on her back and she is usually able to manage them on her own. Resident A stated having the sores requires no medication and does not believe it is a "big deal." Resident A stated Mr. Opiyo is helping her with applying for Medicaid insurance so she can receive more specialized care services.

While at the facility, I also interviewed Resident B who also stated she handles her own personal and financial affairs independently and does not have a legal guardian. Resident B stated she loves living in the facility and stated all the residents in the facility are supposed to be able to take care of their own personal care needs independently such as bathing. Resident B stated she was under the impression that Resident A was able to perform all her personal care needs on her own without assistance but believes Resident A likes to complain a lot and she is "never satisfied."

On 2/4/2019, I interviewed licensee designee Mr. Opiyo via telephone who confirmed that his home provides general care assistance to all of the residents which does not include assistance with bathing and wound care cleaning. Mr. Opiyo stated he has been working with APS to try to get Resident A additional services by assisting Resident A with applying for Medicaid and making a referral to the Medicaid Waiver Program. Mr. Opiyo stated since Resident A has no existing Medicaid insurance, she is not eligible for specialized care services which is what she now requires for her personal care needs. Mr. Opiyo stated Resident A will continue to live in his facility and her personal care needs will be met with assistance from home help services that she now has in place referred by the hospital. Mr. Opiyo stated his direct care

staff members encourage Resident A and all the other residents to shower and take care of their hygiene daily with gentle prompting but it is ultimately their choice if they perform this task.

On 2/4/2019, I received an email from Ms. Wagoner with an update on her APS investigation. Ms. Wagoner stated she will not be substantiating the APS allegations. Ms. Wagoner confirmed that the home is not required to provide specialized care services such as bathing and wound care cleaning and this was agreed upon at admission. Ms. Wagoner stated she is working on trying to relocate Resident A to a facility that provides specialized care services.

On 2/5/2019, I interviewed Mr. Opiyo at the Department of Health and Human Services (DHHS) office. Mr. Opiyo stated Resident A was fully aware upon her admission that bathing and personal care is expected to be done independently by the residents in the home.

I reviewed Resident's A's *Assessment Plan for AFC Residents*, dated on 1/1/2019, and was able to confirm that Resident A only required the use of prompting from staff for bathing and personal hygiene.

| APPLICABLE RULE | |
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| R 400.14303 | Resident care; licensee responsibilities. |
| | (2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan. |
| ANALYSIS: | Based on my investigation, which included interviews with Residents A and B, licensee designee, Wycliffe Opiyo, and APS specialist, Shannon Wagoner as well as a review of the Resident A's <i>Assessment Plan for AFC Residents</i> , dated 1/1/2019, there is not enough evidence to substantiate the allegation that Resident A does not get assistance with bathing and wound care. The facility direct care staff members used prompting to assist with bathing and hygiene which was agreed upon at admission by resident A and the licensee designee Mr. Opiyo. Resident A also receives home help services through a local hospital to assist with bathing and wound care needs. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

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| APPLICABLE RULE | |
| R 400.14314 | Resident hygiene. |
| | (1) A licensee shall afford a resident the opportunity, and instructions when necessary, for daily bathing and oral and personal hygiene. A licensee shall ensure that a resident bathes at least weekly and more often if necessary. |
| ANALYSIS: | Based upon my investigation, which included interviews with Residents A and B, licensee designee, Wycliffe Opiyo, and APS worker, Shannon Wagoner as well as a review of Resident's A <i>Assessment Plan for AFC Residents</i> , dated 1/1/2019, there is no evidence to substantiate the allegation that Resident A does not get assistance with bathing and wound care. The staff members used prompting to assist with bathing and hygiene which was agreed upon at admission by Resident A and the licensee designee Mr. Opiyo. Resident A also receives additional personal care services through home health services arranged through a local hospital. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ALLEGATION:

Resident A has missed doctor appointments due to lack of transportation.

INVESTIGATION:

The BCHS online complaint also alleged the AFC home is supposed to provide transportation, however, Resident A has missed several doctor appointments due to lack of transportation.

On 2/4/2019, I interviewed Mr. Opiyo regarding this allegation. Mr. Opiyo stated the residents in the AFC home, including Resident A, are responsible for their own transportation except for emergencies only. Mr. Opiyo stated despite this agreement that he has with Resident A established at admission, he has gone above and beyond his licensee responsibilities by providing transportation for non-medical appointments for Resident A.

On 2/4/2019, I interviewed Resident A regarding this allegation. Resident A stated she understands the home is not required to provide transportation for her doctor appointments and she usually uses public transportation for her doctor appointments but has had difficulty calling public transit in advance to arrange for transportation for herself. Resident A stated Mr. Opiyo has been helping her get to her doctor appointments but admits that she has had to cancel a couple of times due to not being able to make transportation arrangements in a timely manner.

On 2/5/2019, I reviewed Resident A's *AFC-Resident Care Agreement*, dated 1/1/2019, and was able to confirm that the basic fee includes transportation for only emergency medical situations.

| APPLICABLE RULE | |
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| R 400.14301 | Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal. |
| | (6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following: (d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost. |
| ANALYSIS: | Based on my investigation, which included interviews with Resident A and licensee designee, Wycliffe Opiyo, as well as a review of Resident's A <i>Resident Care Agreement</i> , dated 1/1/2019, there is no evidence to substantiate the allegation that Resident A has missed doctor appointments due to lack of transportation by the licensee designee. The licensee designee and Resident A had a mutual agreement that non-emergency transportation medical services would not be included in Resident's A monthly fee. Resident A acknowledged that she has struggled to make timely transportation arrangements for physician appointments and had to cancel appointments. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ALLEGATION:

Resident A is laughed at and denied blankets by direct care staff.

INVESTIGATION:

This BCHS online complaint also alleged there have been times when Resident A has asked for a blanket and the direct care staff would laugh at her and tell her that she did not need a blanket. This complaint alleged that the direct care staff members in the home do not speak English primarily and it is believed they often do not understand Resident A when she has asked for things.

On 2/4/2019, I interviewed Residents A and B regarding this allegation while at the facility and they both stated that Resident A is the only resident that complains of being cold. They both stated that the staff are pleasant and helpful when needed. Resident A denied ever being laughed at by staff and has not been denied a blanket.

While at the facility, I observed two blankets in Resident A’s room on her chair. Resident A stated when she moved into the facility, she was provided with three blankets from Mr. Opiyo and APS specialist. Resident A stated that she keeps one blanket on her bed and the other two she has on her chair. Resident A stated she has been diagnosed with having low iron in her blood which causes her to be cold all the time. Resident A stated she is not prescribed any medication for this condition but is supposed to purchase over the counter medication for it which she admits she has not. Resident A stated she believes the facility has the home at a “normal” temperature but she wears extra clothing or blankets when she feels cold.

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| 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> <p>(2) A licensee shall respect and safeguard the resident's rights specified in subrule (1) of this rule</p> |
| ANALYSIS: | Based on my investigation, which included interviews with Resident A, Resident B as well as observation of Resident’s A blankets, there is no evidence to substantiate the allegation that Resident A is laughed at and denied blankets. Resident A denied this allegation and has an adequate number of blankets for herself that she uses. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ALLEGATION:

There is lack of food in the home.

INVESTIGATION:

This BCHS online complaint also alleged that Resident A stated that the food in the home is not “good enough to feed humans” and no further information was given.

On 2/4/2019, I interviewed direct care staff member Mr. Omia regarding this allegation. Mr. Omia stated the home provides three meals per day and the staff has to stick to a menu schedule that is always posted in the kitchen for residents to see. Mr. Omia stated Resident A complains about everything including the food but she tends to eat meals and snacks that are provided to her despite her complaints.

I observed the menu posted on the kitchen wall. I inspected the facility’s refrigerator, freezer and pantry as well as an additional deep freezer located in the facility’s dining room and observed the food to be current based on expiration dates and adequate.

While at the facility, I interviewed Resident A regarding this allegation. Resident A admits that she has been grumpy since she has been in the home and has complained about a lot of things including the food out of anger. Resident A stated she prefers certain types of food such as “white meat instead of dark meat” however she feels the food is fine and she eats what is offered to her.

While at the facility, I also interviewed Resident B regarding this allegation. Resident B stated the food is good and she has no complaints. Resident B stated Resident A complains about everything and she is never satisfied. Resident B stated Resident A eats all her food and appears to have no issues with the food when she is actually eating.

On 2/5/2019, I conducted an exit conference with licensee designee, Wycliffe Opiyo at the Kalamazoo DHHS office. I informed Mr. Opiyo of my findings and allowed him an opportunity to ask questions or make comments.

| APPLICABLE RULE | |
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| R 400.14313 | Resident nutrition. |
| | (1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal. |

