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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 22, 2019

Melissa Bentley
2099 W Wilson Rd
Clio, MI 48420

RE: License #: AM250014855
Investigation #: 2019A0569023
Bentley Manor #6

Dear Ms. Bentley:

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 (810) 787-7031.

Sincerely,

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 931-1092

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM250014855
Investigation #:	2019A0569023
Complaint Receipt Date:	03/27/2019
Investigation Initiation Date:	03/28/2019
Report Due Date:	05/26/2019
Licensee Name:	Melissa Bentley
Licensee Address:	2099 W Wilson Rd Clio, MI 48420
Licensee Telephone #:	(810) 691-5018
Administrator:	Melissa Bentley
Name of Facility:	Bentley Manor #6
Facility Address:	14356 Nichols Road Montrose, MI 48457
Facility Telephone #:	(810) 639-7585
Original Issuance Date:	05/25/1993
License **Status:**	REGULAR
Effective Date:	03/27/2018
Expiration Date:	03/26/2020
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
Gabrielle Gibson, staff person, hit Resident A on his arm on 3/23/19.	Yes

III. METHODOLOGY

03/27/2019	Special Investigation Intake 2019A0569023
03/27/2019	APS Referral Complaint received from APS.
03/28/2019	Special Investigation Initiated - Letter Email from Lloyd Washington, APS.
05/22/2019	Contact - Telephone call made Left voicemail for Kim Nguyen-Forbes, RRO.
05/22/2019	Contact - Telephone call made Left message for Lloyd Washington, APS.
05/22/2019	Inspection Completed On-site
05/22/2019	Contact - Telephone call made Contact with Tonia Jackson, case manager.
05/22/2019	Contact - Telephone call made Attempted contact with Gabrielle Gibson, staff.
05/22/2019	Contact - Telephone call made Left voicemail for Resident A's Guardian.
05/22/2019	Contact - Telephone call received Contact with Kim Nguyen-Forbes.
05/22/2019	Inspection Completed-BCAL Sub. Compliance
05/22/2019	Exit Conference Exit conference with Lori Thygesn, program manager.

ALLEGATION:

Gabrielle Gibson, staff person, hit Resident A on his arm on 3/23/19.

INVESTIGATION:

This complaint was received from the adult protective services central intake department. The complainant reported that Gabrielle Gibson, staff person, was observed on a video camera hitting Resident A on his arm when he approached her on 3/23/19. The complainant reported that Resident A was not injured.

An unannounced inspection of this facility was conducted on 5/22/19. Resident A is hearing impaired and developmentally disabled making him non-verbal. Resident A was observed to be appropriately dressed and groomed with no visible injuries. Resident A's file contains documentation signed by Resident A's guardian acknowledging that there is a camera located in the kitchen and dining room area of this facility. There were no other cameras observed in this facility when inspected on 5/22/19.

An attempted phone contact was made with Gabrielle Gibson, staff person. The phone number is no longer in service and no alternate phone number was made available.

Lloyd Washington, adult protective services worker, stated that he was able to interview Ms. Gibson. Mr. Washington stated that Ms. Gibson denied hitting Resident A's arm. Mr. Washington stated that he did not observe any injuries when he observed Resident A.

Kim Nguyen-Forbes, RRO, stated that a staff person observed this incident on the video camera and sent the video to Ms. Nguyen-Forbes using a cell phone video taken of the actual video to report this incident. Ms. Nguyen-Forbes stated that she has observed the video of this incident. Ms. Nguyen-Forbes stated that the video shows Ms. Gibson standing in the kitchen and Resident A approached her with his hand stretched out towards Ms. Gibson. Ms. Nguyen-Forbes stated that she observed Ms. Gibson turn towards Resident A and "slapped" Resident A's hand away from her like a parent would slap a child's hand to discipline them. Ms. Nguyen-Forbes stated that there were no other staff within view of this incident and no other residents witnessed the incident. Ms. Nguyen-Forbes stated that Resident A was not injured, but that she is substantiating a violation of Resident A's rights. Ms. Nguyen-Forbes stated that Ms. Gibson initially denied hitting Resident A's hand when she interviewed Ms. Gibson, but then stated that she did "push" Resident A's hand away from her. Ms. Nguyen-Forbes stated that Ms. Gibson has been terminated from employment at this facility.

Tonia Jackson, Resident A's case worker, stated that this incident was reported to her. Ms. Jackson stated that Resident A did not sustain any injuries from this incident. Ms. Jackson stated that she feels that Resident A is receiving appropriate care at this facility and that she does not have any additional concerns regarding Resident A's safety.

An exit conference was conducted with Lori Thygesn, program manager, on 5/22/19 to review the findings in this report. Ms. Thygesn stated that Ms. Gibson has been terminated from employment.

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:	The complainant reported that Ms. Gibson was observed hitting Resident A's arm on 3/23/19 on a video camera located in the kitchen and dining room area of this facility. A copy of this was sent via phone to Ms. Nguyen-Forbes by the staff person. Ms. Nguyen-Forbes stated that the video shows Resident A approaching Ms. Gibson in the kitchen with no other residents or staff within view, and Ms. Gibson slapped Resident A's hand that he was holding out to her. Resident A did not sustain any injuries from this incident. Based on the statements given and Ms. Nguyen-Forbes observation of the video, it is determined that there has been a violation of this rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

I recommend that the status of this license remain unchanged with the receipt of an acceptable corrective action plan.

5/22/19

Kent W Gieselman Date
Licensing Consultant

Approved By:

5/22/19

Mary E Holton Date
Area Manager