GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 10, 2019

Margarito Martinez, Jr.
5565 E. Peck Rd.
Croswell, MI 48422

RE: License #: AL760287996
Investigation #: 2019A0871028
Martinez Manor

Dear Mr. Martinez, Jr.:

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.
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- 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 (989) 732-8062.

Sincerely,

Kathryn A. Huber, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-3234

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL760287996
Investigation #:	2019A0871028
Complaint Receipt Date:	04/18/2019
Investigation Initiation Date:	04/22/2019
Report Due Date:	06/17/2019
Licensee Name:	Margarito Martinez, Jr.
Licensee Address:	5565 E. Peck Rd. Croswell, MI 48422
Licensee Telephone #:	(810) 633-9227
Administrator:	Margarito Martinez, Jr.
Licensee Designee:	
Name of Facility:	Martinez Manor
Facility Address:	5565 E. Peck Rd Croswell, MI 48422
Facility Telephone #:	(810) 679-0226
Original Issuance Date:	04/30/2008
License Status:	REGULAR
Effective Date:	12/03/2018
Expiration Date:	12/02/2020
Capacity:	15
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

	AGED

II. ALLEGATION(S)

	Violation Established?
Licensee Margarito Martinez, Jr. allows Resident A to go out into the community unsupervised. Resident A has dementia and needs constant supervision.	No
Resident A had medications in his dresser drawer.	Yes
Additional Findings	Yes

III. METHODOLOGY

04/18/2019	Special Investigation Intake 2019A0871028
04/22/2019	Special Investigation Initiated - Telephone Telephone call to Complainant 1
04/24/2019	Inspection Completed On-site Interviewed Licensee Margarito Martinez and Resident A
04/29/2019	APS Referral Through Central Intake to MDHHS
05/06/2019	Contact - Telephone call received
05/17/2019	Inspection Completed On-site Interviewed Licensee Margarito Martinez and Resident A
05/17/2019	Exit Conference Face to face with Licensee Margarito Martinez

ALLEGATION:

Licensee Margarito Martinez, Jr. allows Resident A to go out into the community unsupervised. Resident A has dementia and needs constant supervision.

INVESTIGATION:

On April 22, 2019, I telephoned Complainant 1. Complainant 1 said Licensee Margarito Martinez, Jr. told him that "[Resident A] is his own person" and that is why Resident A is allowed to go out in the community without supervision. Complainant 1 said all of the documentation is at the facility that Resident A is incompetent and should not be out in the community. Complainant 1 said Resident A has a Power of Attorney but not a Guardian.

On April 24, 2019, I conducted an unannounced onsite investigation and interviewed Licensee Margarito Martinez, Jr. Licensee Martinez indicated "[Resident A] is his own guardian." Licensee Martinez said Residents A has a Power of Attorney that makes decisions for resident A's medical and financial needs only. Licensee Martinez indicated that Resident A has the right to go into town and is able to make decisions. Licensee Martinez needs full guardianship papers before he can prevent Resident A from going into town. Licensee Martinez said he does not have assessments from two psychologist saying that resident A is incompetent. Licensee Martinez indicated Resident A "likes it here."

I also interviewed resident A at the unannounced onsite investigation. Resident A said he was "doing good here but not as good as home." resident A said he would rather be at home and then he could have his own privacy. Resident A said, "I can make my own decisions and can go places, do things." Resident A said his Power of Attorney "has different thoughts than me." Resident A said his Power of Attorney "wants to dominate me." Resident A said he has hired a GM attorney to look into the current Power of Attorney.

On April 24, 2019, I received a copy of Resident A's Determination of Competency to Participate in Medical Treatment Decisions. The determinations indicate "As the resident's attending physician I am making a medical determination that this resident is no longer capable of participating in medical treatment decision making process affecting their own health care." Under the Supporting/Psychological Statement it indicates "Based upon a request from this resident's attending physician, I have studied this resident's current status and have also determined that this resident is no longer capable of participating in the medical treatment decision making process effecting their own health." In the next section, it indicates "As the attending physician, I do not believe a medical determination of mental incompetence is required at this time. The resident is competent as of this date." This determination was completed on May 8, 2012. Licensee Martinez has no further documentation indicating that Resident A is incompetent.

On April 24, 2019, Licensee Martinez provided me a copy of Resident A's *Assessment Plan for AFC Residents* that was signed and dated on June 1, 2016. It indicates Resident A 'can move independently in the community.' I also received a copy of resident a's Power of Attorney. The Power of Attorney that was issued on March 16, 2012 indicates "I [Resident A] reserve the right to amend or revoke this Durable Power of Attorney at any time."

APPLICABLE RULE	
R 400.15303	**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:	Resident A's *Assessment Plan for AFC Resident* indicates Resident A is able to move independently in the community. Licensee Magarito Martinez, Jr. does not have documentation that indicates Resident A needs supervision in the community. There is no evidence to confirm violation of this rule.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Resident A had medications in his dresser drawer.

INVESTIGATION:

On April 23, 2019, Complainant 1 told me that Resident A said, "had some old medications in my drawer in my room." Complainant 1 said Licensee Martinez told him they were old prescriptions and gave them to Resident A. Licensee Martinez told Resident A to give them to Family Member 1. Complainant 1 said resident A had a bag with two prescriptions in it in his drawer in his bedroom.

On April 24, 2019 at the unannounced onsite investigation, Licensee Martinez told me he "gave the meds to [Resident A] to go on a doctor's appointment." Licensee Martinez said "he did have them and did not take any" of the pills.

APPLICABLE RULE	
R 400.15312	**Resident medications.**
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

ANALYSIS:	Resident A told Complainant 1 that he had medications in his drawer. Licensee Margarito Martinez, Jr. said he gave the medications to Resident A. I confirm violation of this rule
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

On April 24, 2019 when I observed Resident A' *Assessment Plan for AFC Resident,* the signature date was June 1, 2016. Licensee Martinez said, "this is the most current one."

I also received a copy of Resident A's *Health Care Appraisal* that was signed by a medical doctor on January 13, 2016. Licensee Martinez indicated this is the most current *Health Care Appraisal* that he has.

APPLICABLE RULE	
R 400.15301	**Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
ANALYSIS:	Licensee Margarito Martinez, Jr. said the *Assessment Plan for AFC Residents* that was completed on June 1, 2016 was the most current assessment plan. I confirm violation of this rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE

R 400.15301	**Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
ANALYSIS:	The most current *Health Care Appraisal* for Resident A was dated January 13, 2016. I confirm violation of this rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

On May 17, 2019, I conducted a face to face exit conference with Licensee Margarito Martinez, Jr. The findings of this investigation were discussed.

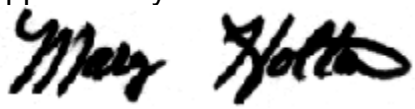
IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend the status of this license remain unchanged (capacity 1-15).

Kathryn Haber 06/10/2019

Kathryn A. Huber Date
Licensing Consultant

Approved By:



06/10/2019

Mary E Holton Date
Area Manager