



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 27, 2019

Winifred Heighton  
118 E. Westwood Drive  
Kalamazoo, MI 49006

RE: License #: AF390297391  
Investigation #: 2019A0578039  
Comforts of Home

Dear Ms. Heighton:

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.
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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 (616) 356-0183

Sincerely,

A handwritten signature in black ink, appearing to read "Eli DeLeon". The signature is written in a cursive style with a large initial "E" and a long horizontal stroke at the end.

Eli DeLeon, Licensing Consultant  
Bureau of Community and Health Systems  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 251-4091

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF390297391
<b>Investigation #:</b>	2019A0578039
<b>Complaint Receipt Date:</b>	05/07/2019
<b>Investigation Initiation Date:</b>	05/07/2019
<b>Report Due Date:</b>	07/06/2019
<b>Licensee Name:</b>	Winifred Heighton
<b>Licensee Address:</b>	118 E. Westwood Drive Kalamazoo, MI 49006
<b>Licensee Telephone #:</b>	(269) 388-8863
<b>Administrator:</b>	N/A
<b>Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Comforts of Home
<b>Facility Address:</b>	118 E. Westwood Drive Kalamazoo, MI 49006
<b>Facility Telephone #:</b>	(269) 388-8863
<b>Original Issuance Date:</b>	01/30/2009
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	04/08/2018
<b>Expiration Date:</b>	04/07/2020
<b>Capacity:</b>	5
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

## II. ALLEGATION(S)

	Violation Established?
The licensee was hospitalized and unable to provide continuing care to the three residents in this facility.	Yes

## III. METHODOLOGY

05/07/2019	Special Investigation Intake 2019A0578039
05/07/2019	Special Investigation Initiated – Face to Face -With APS
05/08/2019	Special Investigation Completed On-site - With licensee, Ms. Winifred Heighton, unsuccessful.
05/09/2019	Special Investigation Completed On-site - With licensee, Ms. Winifred Heighton, unsuccessful.
05/14/2019	Special Investigation Completed On-site -With licensee, Ms. Winifred Heighton, unsuccessful.
05/16/2019	Special Investigation Completed On-site -With licensee, Ms. Winifred Heighton, unsuccessful.
05/20/2019	Special Investigation Completed On-site - With licensee, Ms. Winifred Heighton, unsuccessful
05/21/2019	Contact – Telephone call made -With licensee, Ms. Winifred Heighton, unsuccessful.
05/22/2019	Contact – Telephone call made -Interview With licensee, Ms. Winifred Heighton,
05/23/2019	Special Investigation Completed On-site - With licensee, Ms. Winifred Heighton. <i>Delivered Medical Clearance Request – Adult Foster Care and Homes For The Aged</i>
05/31/2019	Contact – Telephone call made -With licensee, Ms. Winifred Heighton
06/03/2019	Contact – Telephone call made -With licensee, Ms. Winifred Heighton,
06/14/2019	Contact – Telephone call made

	-With licensee, Winifred Heighton, Request for Corrective Action Plan.
06/20/2019	Contact-Document Received.
06/20/2019	Corrective Action Plan Disapproved.
06/23/2019	Exit Conference -With licensee, Ms. Winifred Heighton.

**ALLEGATION:**

**The licensee was recently hospitalized and unable to provide continuing care to the three residents in this facility.**

**INVESTIGATION:**

On 05/07/2019, I received a verbal report of the allegations from Complainant. Complainant stated the licensee, Ms. Winifred Heighton, was recently hospitalized due to medical concerns and was unable to provide care to the three residents that lived in the facility. Complainant stated that all three residents were moved out of this facility and were either staying with relatives or had moved to another facility. Complainant stated that it was unknown what Ms. Heighton's current medical condition was and if she would be able to continue providing adult foster care in a licensed setting.

On 05/07/2019, I reviewed the details of the allegations with adult protective services worker Nile Khabeiry. Mr. Khabeiry reported the licensee was not currently providing care or supervision in the facility as she was receiving in-patient care at Borgess Hospital. Mr. Khabeiry reported that Ms. Heighton was providing care to three residents and all three residents had been relocated with either other providers or relatives. Mr. Khabeiry denied any responsible person was able to provide care in Ms. Heighton's absence.

On 05/08/2019, 05/14/2019, 05/16/2019, and 05/20/2019, I completed an unannounced investigation on-site at this facility and was unsuccessful in addressing the allegations with the licensee.

On 05/22/2019, I received a discharge report from Ascension Borgess Hospital related to Ms. Winifred Heighton. This report states that Ms. Heighton was treated for hypertension and Acute Congestive Heart Failure. This report states that Ms. Heighton was discharged to Borgess Gardens for rehabilitative care on 05/11/2019.

On 05/22/2019, I interviewed the licensee, Ms. Winifred Heighton by telephone. Ms. Heighton acknowledged that she was admitted to Borgess Hospital for having an irregular heartbeat and feeling tired. Ms. Heighton stated that she was able to notify resident family members and acknowledged that she currently had no responsible

person identified for her facility. Ms. Heighton stated that she was provided rehabilitative care but was in the process of being discharged. Ms. Heighton stated that once she returned to her facility, she was prepared to admit residents and continue to provide adult foster care. Ms. Heighton agreed to obtain an updated *Medical Clearance Request – Adult Foster Care and Homes For The Aged* and develop a corrective action plan that would identify how she would continue to provide care in the event she required additional emergency medical care. Ms. Heighton agreed to complete this documentation before she admitted new residents.

On 06/10/2019, I received a *Medical Clearance Request – Adult Foster Care and Homes For The Aged* completed for Ms. Winifred Heighton by Bryon Boley, MD dated 06/23/2019. This report states that no physical/mental health condition or health problem exists that would limit the licensee’s ability to work with or around dependent adults.

On 06/20/2019, I reviewed the details of the corrective action plan provided by Ms. Heighton. Ms. Heighton’s corrective action plan identified that she would hire at least one to two people who had medical training and would be able to work any time. This corrective action plan however did not provide a time frame or how continued compliance would be maintained. On 06/25/2019, I provided Ms. Heighton with consultation regarding these requirements for the corrective action plan and requested that she resubmitted an updated corrective action plan.

<b>APPLICABLE RULE</b>	
<b>R 400.1404</b>	<b>Licensee, responsible person, and member of the household; qualifications.</b>
	<b>(8) A licensee shall have an arrangement with a responsible person who is available to provide care in an emergency situation for up to 72 hours.</b>

<b>ANALYSIS:</b>	On 05/08/2019, 05/14/2019, 05/16/2019, and 05/20/2019, attempts to complete an unannounced investigation on-site at this facility were unsuccessful. On 05/22/2019, I interviewed the licensee, Ms. Winifred Heighton, who acknowledged that she was unable to provide care on the premises while she was receiving emergency and rehabilitative care. Documentation received during this investigation indicates that Ms. Heighton was not discharged from the hospital to rehabilitative care until 05/11/2019 and did not return to her facility until 05/23/2019. All three residents were relocated with their family or other providers. As such, there is enough evidence to support that Ms. Winifred Heighton did not have an arrangement with a responsible person to provide care to residents in an emergency.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable written plan of correction, it is recommended that this license continues on regular status.



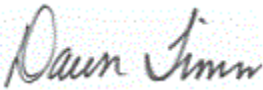
06/25/2019

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Eli DeLeon  
Licensing Consultant

Date

Approved By:



06/27/2019

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Dawn N. Timm  
Area Manager

Date