



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 16, 2020

Shirley Marsh
7142 N Bray Road
Mt Morris, MI 48458

RE: License #:	AF250365608
Investigation #:	2020A0872015
	Genesis AFC

Dear Ms. Marsh:

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,

A handwritten signature in cursive script that reads "Susan Hutchinson, MA, LRC".

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF250365608
Investigation #:	2020A0872015
Complaint Receipt Date:	12/16/2019
Investigation Initiation Date:	12/17/2019
Report Due Date:	02/14/2020
Licensee Name:	Shirley Marsh
Licensee Address:	7142 N Bray Road Mt Morris, MI 48458
Licensee Telephone #:	(810) 686-7514
Administrator:	Melissa Busha
Licensee Designee:	N/A
Name of Facility:	Genesis AFC
Facility Address:	7142 N Bray Road Mt Morris, MI 48458
Facility Telephone #:	(810) 686-7514
Original Issuance Date:	03/02/2016
License Status:	REGULAR
Effective Date:	09/02/2018
Expiration Date:	09/01/2020
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
On 12/14/19, residents were transported to a home down the street and were made to stay there all day.	No
Additional Findings	Yes

III. METHODOLOGY

12/16/2019	Special Investigation Intake 2020A0872015
12/17/2019	Special Investigation Initiated - On Site Unannounced
12/20/2019	APS Referral I made an APS complaint via email
01/16/2020	Exit Conference I conducted an exit conference with the administrator, Melissa Lawler, via telephone
01/16/2020	Inspection Completed-BCAL Sub. Compliance

ALLEGATION:

On 12/14/19, residents were transported to a home down the street and were made to stay there all day.

INVESTIGATION:

On 12/17/19, I conducted an unannounced onsite inspection of Genesis Adult Foster Care facility. I interviewed the administrator, Melissa Lawler and Residents A-D. I also examined AFC paperwork related to all the residents.

Ms. Lawler confirmed that on 12/14/19, she took the residents over to her sister's house (Latangela Williams) so she and the licensee, Shirley Marsh could go shopping for the residents' Christmas presents. She said that all the residents are familiar with Ms. Williams and they have been over to her house on other occasions to visit. Ms. Lawler said that the residents were not "made" to stay at Ms. Williams' house and they understood why they were there. Ms. Lawler said that Ms. Williams provides care and supervision to the residents on occasion and Ms. Williams is familiar with the residents and their needs.

Residents A and B confirmed that on 12/14/19, all four of them went to Ms. Williams' house while Ms. Lawler and Ms. Marsh went Christmas shopping. Resident A said that they got there just after lunch, they ate dinner there and went back home sometime after dinner. Residents A and B said that Tim Busha was also at the home while they were there and said that he was in charge of them. Resident A said that Mr. Busha is their maintenance man and he helps out on occasion. Residents A and B said that they were comfortable being at Ms. Williams' house and confirmed that she "watches us" on occasion.

Ms. Lawler confirmed that Mr. Busha was at Ms. Williams' home on 12/14/19 and said that he does do maintenance work on the facility. She said that Mr. Busha does have contact with the residents, and they are familiar with him, but he is not left in charge of them.

According to Resident A's Health Care Appraisal dated 11/03/17, she is diagnosed with hypothyroidism, hypertension, anxiety, and bipolar disorder. Her Assessment Plan states that she is allowed to move independently in the community.

According to Resident B's Health Care Appraisal dated 8/29/18, she is diagnosed with mental retardation. Her Assessment Plan states that she is allowed to move independently in the community.

According to Resident C's Health Care Appraisal dated 8/29/18, she is diagnosed with mental retardation and osteoarthritis. Her Assessment Plan states that she requires supervision in the community.

According to Resident D's Health Care Appraisal dated 11/03/17, she is diagnosed with osteoporosis, hypertension, type 2 diabetes, anxiety, mental retardation, and hyperlipidemia. Her Assessment Plan states she requires supervision in the community.

APPLICABLE RULE	
R 400.1409	Resident rights; licensee responsibility.
	(1) Upon a resident's admission to the home, the licensee shall inform and explain to the resident or the resident's designated representative all of the following resident rights: (j) The right of reasonable access to and use of his or her personal clothing and belongings.
ANALYSIS:	According to Ms. Lawler and Residents A and B, on 12/14/19, all four residents went to Ms. Lawler's sister's house, Latangela Williams. Residents A and B said that they got to Ms. Williams' house just after lunch, they ate dinner there, and went home sometime thereafter.

	<p>Ms. Lawler said that the residents were not “made” to stay there, and they are familiar with Ms. Williams.</p> <p>Residents A and B confirmed that they are familiar with Ms. Williams and they are comfortable with her.</p> <p>I conclude that there is insufficient evidence to substantiate this rule violation at this time.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

During my onsite inspection on 12/17/19, I asked Ms. Lawler if Latangela Williams and Tim Busha have had their fingerprinting, criminal history checks, medical clearances and tb tests since they are at times considered responsible for the residents. Ms. Lawler said that Ms. Williams and Mr. Busha have not had these requirements completed.

APPLICABLE RULE	
R 400.1404	Licensee, responsible person, and member of the household; qualifications.
	<p>(3) A licensee or responsible person shall possess all of the following qualifications:</p> <p>(a) Be of good moral character to provide for the care and welfare of the residents.</p>
ANALYSIS:	<p>Ms. Lawler stated that Latangela Williams and Tim Busha have not had their criminal history checks and fingerprinting completed although they are sometimes responsible for the residents.</p> <p>I conclude that there is sufficient evidence to substantiate this rule violation at this time.</p>
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.1405	Health of a licensee, responsible person, and member of the household.
	<p>Health of a licensee, responsible person, and member of the household.</p> <p>(1) A licensee, responsible person, and a member of the household shall be in such physical and mental health so</p>

	<p>as not to negatively affect either the health of the resident or the quality of his or her care.</p> <p>(2) A licensee shall have on file with the department a statement signed by a licensed physician or his or her designee with regard to his or her knowledge of the physical health of the licensee and each responsible person. The statement shall be signed within 6 months before the issuance of a license and at any other time requested by the department.</p> <p>(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.</p>
ANALYSIS:	<p>Ms. Lawler said that Latangela Williams and Tim Busha have not had their medical clearances and tb tests completed although they are sometimes responsible for the residents.</p> <p>I conclude that there is sufficient evidence to substantiate this rule violation at this time.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon the receipt of an acceptable corrective action plan, I recommend no change in the license status.

Susan Hutchinson, MA, LRC

January 16, 2020

Susan Hutchinson Licensing Consultant	Date
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Approved By:

Mary Holton

January 16, 2020

Mary E Holton Area Manager	Date
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