



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 25, 2020

Sheena Porritt
PO Box 621
Big Rapids, MI 49307

RE: License #: AS540401184
Investigation #: 2020A0867033
Tender Care Manor II

Dear Sheena Porritt:

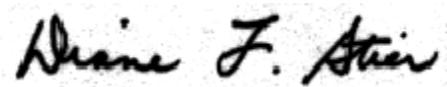
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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.

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 (231) 922-5309.

Sincerely,

A handwritten signature in black ink that reads "Diane L. Stier". The signature is written in a cursive style with a large initial 'D' and 'S'.

Diane L Stier, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0560

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS540401184
Investigation #:	2020A0867033
Complaint Receipt Date:	03/16/2020
Investigation Initiation Date:	03/18/2020
Report Due Date:	05/15/2020
Licensee Name:	Sheena Porritt
Licensee Address:	726 Sheridan Big Rapids, MI 49307
Licensee Telephone #:	(231) 580-4034
Administrator:	Rob Ellis
Licensee Designee:	N/A
Name of Facility:	Tender Care Manor II
Facility Address:	726 Sheridan St. Big Rapids, MI 49307
Facility Telephone #:	(231) 598-9077
Original Issuance Date:	08/23/2019
License Status:	TEMPORARY
Effective Date:	08/23/2019
Expiration Date:	02/22/2020
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL; AGED; ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Staff are not fingerprinted and have no background checks before working. The owner allows people who use alcohol and/or drugs to work in the facility.	Yes
Staff are not adequately trained.	Yes
Only one staff person is available for two facilities.	Yes
Bathroom doorways are not wide enough to allow a wheelchair user to get into the bathroom.	No
Sexual predators are living in the AFC home and pose a risk to other residents.	No
Medications are prepared in advance, placed in cups labeled for each resident. Medications are not kept locked up.	Yes
Medication logs are not kept properly.	No
Medications for deceased residents or residents who have moved are still in the facility.	No
The water temperature in the home is not regulated properly and may burn residents.	No
Handrails throughout the home are loose and pull away from the wall. Bedrails are broken.	No
Toilets are constantly plugged up. One of the bathrooms is being renovated and is not usable.	No
Roofing material is used as flooring in one bathroom and smells.	No
The lights are not working properly in at least one resident bedroom. Some electrical sockets have something broken off in them, posing a hazard.	Yes
Additional Findings	Yes

III. METHODOLOGY

NOTE: Due to the restrictions in place to protect residents and staff from possible exposure to the COVID-19 virus, only one onsite inspection was able to be conducted (on 3/18/20).

03/16/2020	Special Investigation Intake 2020A0867033
03/18/2020	Special Investigation Initiated – Telephone to APS worker
03/18/2020	Inspection Completed On-site-By Bridget Vermeesch and Dawn Timm

04/16/2020	Contact - Telephone call received from Complainant
04/17/2020	Contact - Telephone call made to APS Mecosta County
04/28/2020	Contact - Document Received- Additional allegations from APS.
04/30/2020	Contact – Telephone call made to Complainant
05/13/2020	Contact – Telephone call made- Additional interviews of complainants and staff
05/14/2020	Exit conference- Email with Licensee Sheena Porritt
07/30/2020	Inspection Completed On-site- By Dawn Timm Interview with direct care staff member and residents
08/24/2020	Exit Conference with Licensee Sheena Porritt
08/25/2020	Contact- Documents received from Sheena Porritt

ALLEGATION: Staff are not fingerprinted and have no background checks before working. The owner allows people who use alcohol and/or drugs to work in the facility.

INVESTIGATION:

Complainant 1 reported to the department that the owner of the facility allows “alcoholics and drug users” to work in the facility and does not conduct background checks on employees or have them get fingerprinted.

Complainant 3 reported that she has been working at the facility for several weeks. Complainant 3 said that when she started working, licensee Sheena Porritt did not ask her to complete any application for a background check and she has not been fingerprinted. Complainant 3 said, “I keep waiting for that [fingerprinting]. I told them I didn’t have money to pay for it right now, and they said they would pay me. I shouldn’t have to pay for the fingerprinting, I don’t think.” Complainant 3 reported that the following people now work in the home: Sheena Porritt, Rob Ellis, Amy Hull [whom the complainant identified as Ms. Porritt’s sister-in-law], Jaalyn Roberts, Ms. Porritt’s brother [perhaps named Phil] and Marty Froman [an Adult Services Worker from Mecosta County DHHS]. When asked what Mr. Froman does at the facility, Complainant 3 said, “He sits at the table and sometimes he cooks.” Complainant 3 reported observing Ms. Porritt at the facility appearing to be under the influence of alcohol.

On 3/18/20, Area Manager (AM) Dawn Timm and AFC Consultant Bridget Vermeesch conducted an onsite investigation. According to AM Timm, the direct care worker

(DCW) on duty at the time of their inspection was Jaalyn Roberts. AM Timm noted that Ms. Roberts reported she had not been fingerprinted before or at the time of being hired.

Former DCW Pam Wright reported that to her knowledge, only she, Stacy Soules, Marlene Blosser and Regina Carpenter were fingerprinted for background checks, but also said that two other employees, Jojo Perkins and Elizabeth McPearson, may also have had a background check completed. Ms. Wright said that she is fairly certain that recent employees that worked at the Tender Care Manor facilities on Ms. Wright's days off were not fingerprinted. Ms. Wright reported that the only drug or alcohol issues with staff that she is aware of occurred when she was off for a weekend. Ms. Wright said, "When I got back, several of the guys told me that the fill-in staff, Jessica, had a party at the AFC home and two of the guys [later identified as Resident E and F] were smoking marijuana with Jessica and her friends." Ms. Wright said she reported this to licensee Sheena Porritt. Ms. Wright said, "Sheena told me to tell her [Jessica] to get out of the house immediately, to go through the house and look for any drugs, and to call the police if any drugs were found or if Jessica or any of her friends came back." Ms. Wright said, "Sheena handled it all properly, I think."

APPLICABLE RULE	
R 400.14204	Direct care staff; qualifications and training.
	<p>(2) Direct care staff shall possess all of the following qualifications:</p> <p>(a) Be suitable to meet the physical, emotional, intellectual, and social needs of each resident.</p>
ANALYSIS:	There is insufficient evidence to conclude that direct care staff retained by the licensee were not suitable. When informed of a possible situation of a staff person being unsuitable, the licensee took immediate action.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
400.734(b)	<p>This amended section is effective January 9, 2009 except Section 734b(1)(e)(iv) after the word "or" which will not be effective until October 31, 2010</p> <p>Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history</p>

	check; automated fingerprint identification system database; report to legislature; costs; definitions.
	(2) Except as otherwise provided in subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents after April 1, 2006 until the adult foster care facility conducts a criminal history check in compliance with subsections (4) and (5).
ANALYSIS:	The licensee did not conduct a criminal history check in compliance with Section 400.734(b)(4)& (5) as required, according to the complainant and staff who work at the facility.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Staff are not adequately trained.

INVESTIGATION:

Complainant 1 reported to the department that persons who work as staff in the facility are not properly trained. Complainant 1 said staff are not required to have CPR training, for example. Complainant 1 said that when she went to work at the facility, she was relieving another staff person for one day during the week and then on the weekend. Complainant 1 said, "She [licensee Sheen Porritt] had asked me for my driver's license and social security card." Complainant 1 said that she had worked in another AFC home four or five years ago. Complainant 1 said she was never asked to complete a paper for a background check. Complainant 1 said, "Sheena [Porritt, licensee] was hard up for workers so she asked me to come in."

Complainant 3 said she had worked in an AFC home prior to coming to work for Ms. Porritt. Complainant 3 said that she worked two days, about 5 hours, with another staff person before she was assigned to work alone. Complainant 3 said, "I didn't really know anything about the residents, about what kind of assistance each person needed." Complainant 3 said Ms. Porritt did not ask if she was trained in CPR and First Aid. Complainant 3 said she has had CPR training in the past.

DCW Pam Wright said that when a new staff person came to cover the weekends while she was off, she tried to show them what to do and left notes for them. Ms. Wright said, "I showed them what needed done, people that had to be watched." Ms. Wright said that she and other long-term employees [Marlene Blosser, Stacy Soules, Regina Carpenter] had First Aid and CPR training, but no one else. Ms. Wright said that her CPR and First Aid training had expired, and she asked Ms. Porritt about getting the training renewed, but Ms. Porritt just said she would take care of it. Ms. Wright said, "The CPR I was supposed to do, Sheena had gotten wind that you were coming out and Sheena told me she would take care of it. I didn't take a class to renew it. Sheena said she would do it." Ms. Wright said she was under the impression that Ms. Porritt was going to do an online training and certification under Ms. Wright's name.

On 3/18/20, Adult Foster Care (AFC) Licensing Consultant Bridget Vermeesch and Area Manager Dawn Timm conducted an onsite investigation at the facility. Ms. Timm reported that the Direct Care Worker (DCW) on duty at the time was Jaalyn Roberts. According to Ms. Timm, Ms. Roberts reported that she had started work the previous day, 3/17/20. Ms. Timm reported, "She [Ms. Roberts] said she had one day of Sheena [Porritt] showing her where things were located as her orientation [training]."

On 07/30/2020, Area Manager Dawn Timm conducted a second onsite investigation at the facility. Ms. Timm observed one DCW working at the time of the investigation covering both Tender Care Manor I and Tender Care Manor II. Ms. Perkins reported she works 24 hours per day for 3.5 days until the next DCW takes over for the next 3.5 days. Ms. Perkins stated the work schedule has been this way for the past five months or so. At this time of this investigation, there were six residents living in total for both licensed AFC facilities.

APPLICABLE RULE	
R 400.14204	Direct care staff; qualifications and training.
	<p>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</p> <ul style="list-style-type: none"> (a) Reporting requirements. (b) First aid. (c) Cardiopulmonary resuscitation. (d) Personal care, supervision, and protection. (e) Resident rights. (f) Safety and fire prevention. (g) Prevention and containment of communicable diseases.
ANALYSIS:	There is sufficient evidence from the statements of current and former staff and complainants to conclude that direct care staff have not received training and demonstrated competence in the areas required by this rule, including First Aid and CPR, before performing assigned tasks.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Bathroom doorways are not wide enough to allow a wheelchair user to get into the bathroom.

INVESTIGATION:

Complainant 1 alleged to the department that the bathroom in this facility was gutted for renovation and residents had to use the bathroom in Tender Care I. Complainant I said, "The residents in wheelchairs can barely get through the doorways and hallways. When they get into the bathroom, they can't shut the door because there isn't enough room with their wheelchair. Anyone walking by can see them going to the bathroom."

On 3/18/20, Adult Protective Services Worker (APSW) Jesica Kroes reported that she had been at the facility the previous week (3/9-3/13) to investigate allegations that APS had received. Ms. Kroes said, "The one resident in the wheelchair showed me that the wheelchair does fit through the doorway of the bathroom and all the other doors of the home." Ms. Kroes reported that they took the wheelchair through all the doorways in the home while she was there.

On 3/18/20, Adult Foster Care (AFC) Licensing Consultant Bridget Vermeesch and Area Manager Dawn Timm conducted an onsite investigation at the facility. Ms. Timm reported that the doorways were wide enough for a wheelchair to pass through.

DCW Pam Wright reported that when the bathroom Tender Care Manor II was being renovated, residents with bedrooms in that facility had to use the bathroom in Tender Care Manor I. Ms. Wright said that she had "taught" Resident E to use the grab bars in the bathroom to be able to stand and use the toilet but that when he had to use the toilet on the other side of the house, he was confused and had problems because the grab bar was on the opposite side from what he was accustomed to. Ms. Wright said there was no problem with the wheelchairs getting through doorways.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions: (b) The kinds of services, skills, and physical accommodations that are required of the home to meet the resident's needs are available in the home.
ANALYSIS:	There is insufficient evidence to conclude that the doorways of the home or other physical accommodations do not meet the needs of residents of the home.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Sexual predators are living in the AFC home and pose a risk to other residents.

INVESTIGATION:

Complainant 1 reported to the department that residents who are sexual predators live in the facility along with residents who are handicapped. Complainant 1 said, "I didn't know there were sex offenders there until Sheena [Porritt, licensee] told me and Pam [Wright, DCW] told me." Complainant 1 said, "Pam [Wright] told me (Resident A) is in a wheelchair because someone beat the crap out of him because he molested a woman."

On 3/18/20, Adult Protective Services (APS) worker Jesica Kroes, from Wexford County DHHS, reported that she went to the AFC home the previous week with her supervisor Patsy Clark to investigate, because they had received allegations of abuse and neglect. Ms. Kroes said that part of her investigation was regarding sexual predators. Ms. Kroes said, "There was none. I can't find any evidence that there is anyone listed on the offenders list. The home doesn't have any evidence that anyone should be on there [the Sex Offenders Registry]. I think that was a past employee's opinion. We couldn't find anything."

I consulted the Michigan Public Sex Offender Registry on 4/23/20 and found that no one registered as a sex offender resides at either 728 or 726 Sheridan in Big Rapids, MI. There is one registered offender within ½ mile, on Bridge Street.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	<p>(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions:</p> <p>(c) The resident appears to be compatible with other residents and members of the household.</p>
ANALYSIS:	If sexual predators were residents of the home, they could potentially pose a threat to the welfare of other residents. However, neither APS nor AFC Licensing was able to document the presence of any registered offenders in the home.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Only one staff person is available for two facilities.

INVESTIGATION:

Complainant 1 reported to the department that she worked at the facility by herself on the weekend of 3/6/20-2/8/20, covering both Tender Care Manor I [AS5540316555] and Tender Care Manor II [AS540401184]. Complainant 1 said, "The owner only has one staff person for both sides of the building."

Complainant 2 reported that she had been a longtime worker at the facility and said there was only one staff working for both facilities. Complainant 2 said, "Marty [Froman, APS Worker from Mecosta County DHHS] would find out you [AFC consultant Diane Stier] were coming out and tell Sheena [Porritt], and then she would send someone over to make it seem like there were two people there."

Complainant 3 reported that she worked at the facility at the time of our interview. Complainant 3 said that she worked alone and that there were seven residents altogether. Complainant 3 said that she always works alone but that when licensee Sheena Porritt is working, then generally Rob Ellis and Marty Froman are also working in the facility or are at least present.

DCW Pam Wright reported that she was the only staff person for both Tender Care Manor I and II. Ms. Wright said, "They [licensee Sheena Porritt and Manager Rob Ellis] told me that everyone [residents] was independent, but that wasn't true. At one point, there was just me and 10 residents, and that was too much. If I was helping one person, then I couldn't watch the others."

On 3/18/20, Adult Foster Care (AFC) Licensing Consultant Bridget Vermeesch and Area Manager Dawn Timm conducted an onsite investigation at the facility. Ms. Timm reported that Jaalyn Roberts was the only staff working to cover both Tender Care Manor I and Tender Care Manor II at the time of the unannounced onsite investigation. Ms. Roberts reported she worked seven days on, then had seven days off but during her seven days of direct care work she was the only direct care staff member working for both Tender Care Manor I and Tender Care Manor II.

On 07/30/2020, Area Manager Dawn Timm conducted a second onsite investigation at the facility. Ms. Timm observed one DCW working at the time of the investigation covering both Tender Care Manor I and Tender Care Manor II. Ms. Perkins reported she works 24 hours per day for 3.5 days until the next DCW takes over for the next 3.5 days. Ms. Perkins stated the work schedule has been this way for the past five months or so. At this time of this investigation, there were six residents living in total for both licensed AFC facilities.

APPLICABLE RULE	
R 400.14206	Staffing requirements.
	(1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 12 residents and children who are under the age of 12 years.
ANALYSIS:	As reported by multiple persons, only one staff is present to provide care to the residents of two separate facilities: Tender Care Manor I and Tender Care Manor II. At any particular point in time, one facility is not being staffed as required.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Medications are prepared in advance, placed in cups labeled for each resident. Medications are not kept locked up.

INVESTIGATION:

Complainant 1 reported that the owner of the facility does not lock up medications. Complainant 1 said, “The weekend I worked there [3/6-3/8/20], Pam [Wright] had instructions all written out what to do and had the meds in plastic cups with the patient’s name on it.”

On 4/17/20, DCW Pam Wright confirmed that she had prepared the resident medications for the weekend before she left on 3/6/20. Ms. Wright said, “I had the meds set up in cups with their [the residents’] names on them.” When asked why she would do that, Ms. Wright said, “Because that’s how Rob [Ellis] and Sheen [Porritt] have been doing it forever. Rob does it that way at Winter [another home licensed to Ms. Porritt].” Ms. Wright said that Manager Rob Ellis trained her on administering medications. Ms. Wright said, “On weekends off, I set the meds all up, put them in the cupboard in order of days. I would have Friday night on the bottom, all set up in order, with names on the cups.” Ms. Wright reported that she initialed the medication logs, even for the weekends when she was not working, “because I had set them up and knew they were right.”

Complainant 3 said, “Rob [Ellis] always sets up the medications. He puts the meds in cups with their [the residents’] names on them. He’ll have them in the cupboard for me to just take to the residents. It’ll say, ‘Noon meds.’ They’re not covered or anything, just sitting out but locked in the cupboard.” Complainant 3 said she had administered medications when she worked in other AFC homes and knows how to do it, but Mr. Ellis does all the medications at Tender Care Manor, “except he doesn’t actually give them to the people.”

On 3/18/20, Area Manager (AM) Dawn Timm observed and photographed a small cup with a hand-written label of “(Resident C) Sat. morning” which contained a dropper bottle of medication (prescribed eye drops) on top of the medication cart, which was parked near the kitchen in Tender Care Manor I. AM Timm also observed and photographed a bottle of Lactulose prescribed to Resident A, to be given once daily, which was on the counter near paper towels and a can of cooking spray.

APPLICABLE RULE	
R 400.14312	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:	As observed and documented by Area Manager Dawn Timm, resident medications are not kept secured. There was no evidence of medication being set up in advance.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Medication logs are not kept properly.

INVESTIGATION:

Complainant 1 reported that the weekend she worked at the facility (3/6/20-3/8/20) she did not complete any documentation. Complainant 1 said, “Check the med logs. They don’t fill them out at all. The weekend that I worked, I did not fill out a med log at all.”

Complainant 3 reported that she does not initial the medication logs when she gives residents their medications. Complainant 3 said, “Rob [Ellis] takes care of that.” Complainant 3 said, “How I confirm for myself that I’ve given them is I turn the med cup upside down in the cupboard.”

DCW Pam Wright reported that she initialed the medication logs, even for the weekends when she was not working, “because I had set them up and knew they were right.”

During the unannounced onsite investigations in March 2020 and July 2020, AM Timm reviewed medication administration records for residents and observed the records to be initialed by various direct care workers.

APPLICABLE RULE	
R 400.14312	Resident medications.
	<p>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <p>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p>
ANALYSIS:	There is not enough information to determine that someone other than the person passing medication is initialing the medication log.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Medications for deceased residents or residents who have moved are still in the facility.

INVESTIGATION:

Complainant 3 reported that she has been at the facility when medications were delivered. Complainant 3 said, “When I receive them when they’re delivered, Rob [Ellis] just tells me to check the count – he was telling me that in front of the people delivering it, a kid and his boss. So I do check the names – and there are names that don’t live at that house or the other house. One resident name, I thought he had passed away.” When asked what is done with the medications that do not belong to current residents of this home, Complainant 3 said, “Rob [Ellis] says to lock it in the cupboard and he’ll take care of them.”

DCW Pam Wright reported that she kept spare resident medications locked in her bedroom in the facility, including medications that were not currently needed by residents or for residents who were no longer in the facility. Ms. Wright said, “I kept all of the meds in my room, because my room had a lock on it. I had done that for three or four years. One day out of the blue, I was told that Rob [Ellis] was going to take them all to dispose of them in a bonfire at their house.” Ms. Wright said, “I thought that was strange – because what if I ran out for a person was there? The ones we had for people who weren’t there – they were locked in my bedroom, but Rob would take those. Then we didn’t have any meds except what was in the med cart.” Ms. Wright said that initially when she was told to move the spare medications from her bedroom she put them in the linen closet, “because that also had a lock on it.” Ms. Wright said, “Then they wanted them put into the safe. That’s when Rob [Ellis] took them.” Ms. Wright said there was not a general habit or practice of keeping medications that were no

longer needed. Ms. Wright said that Mr. Ellis would remove them from the facility, but she did not know what happened to them after that. Ms. Wright said, “He took the [extra] narcotics right away. One time, when I first started, there were some Ativan - a sheet of it [a full bubble-pack] – and he took only that. The cycle wasn’t even over yet.”

APPLICABLE RULE	
R 400.14312	Resident medications.
	(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.
ANALYSIS:	While medications not needed by current residents of the home may have been received at the facility, both persons interviewed reported that Mr. Ellis removed these medications from the facility. There is insufficient evidence to conclude that medications were not disposed of properly.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: The water temperature in the home is not regulated properly and may burn residents.

INVESTIGATION:

Complainant 3 said, “There are two water heaters. There’s one that works fine, but the other one, it will get scalding hot out of nowhere.” Complainant 3 said that this water heater affects the shower and the sink in the bathroom in Tender Care Manor II. Complainant 3 said that as far as she knows, no one checks the water temperature in the AFC home.

DCW Pam Wright reported that she had not noticed the water being particularly hot. Ms. Wright said, “It could be, because with one person there, the residents have the run of the house. If it was too hot, it was probably in [Tender Care Manor II] and (Resident B) probably went down and turned it up.”

I reviewed incident reports from the facility and found no reports of residents or staff being injured by hot water.

APPLICABLE RULE	
R 400.14401	Environmental health.
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

ANALYSIS:	There is insufficient evidence to support the allegation that the water temperature in Tender Care Manor II is outside the specified range. The licensee, however, should assure that the temperature is maintained within the required range.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Handrails throughout the home are loose and pull away from the wall.

INVESTIGATION:

Complainant 3 reported that the handrails in the bathroom in Tender Care Manor II are “wobbly.” Complainant 3 said, “In the bathroom– one of the handicap things – it wobbles. I get scared of the residents using it. They [the homeowners] just put another one up. But they should have removed that first one.”

DCW Pam Wright reported that there were no loose handrails that she was aware of in the facilities. Ms. Wright reported that she had purchased and installed additional grab bars for the bathtub while she was there.

At the time of the unannounced onsite investigation, the handrail was observed to be secure.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	There is insufficient evidence to conclude that handrails in the bathrooms are loose and thus not safe.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Toilets are constantly plugged up.

INVESTIGATION:

Complainant 3 reported that the toilets in the facility “are constantly plugged up.” Complainant 3 said that when this was reported to Manager Rob Ellis, he tells staff, “Just plunge it.” Complainant 3 said. “I sent Rob pictures and he said just unclog it. Then someone will go use it with a bowel movement and then it’s just sitting there. That’s a biohazard. It doesn’t stay unclogged.”

DCW Pam Wright reported that the toilets in the home were “constantly” plugged up. Ms. Wright said, “I would call Rob [Ellis], and Rob would get upset because they [the residents] were putting stuff in the toilet. He didn’t have time to unplug them. Sheena [Porritt] would call and ask what we were doing to clog them up.” Ms. Wright said that the residents sometimes tried to flush blue [soaker] pads or their disposable briefs down the toilet. Ms. Wright said that she and Resident G and H would get the toilets unclogged, but then it would happen again. Ms. Wright said, “Rob never once unclogged the toilet.”

During the unannounced onsite investigation on March 18, 2020, one of the four resident toilets was plugged and unusable by residents. However, there were three other toilets available for resident use. Licensee Sheena Porritt stated toilets become plugged due to residents flushing too much toilet paper, pads or resident briefs down the toilet rather than being a sewage system issue.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.
ANALYSIS:	During the onsite investigation, one resident toilet was clogged but other resident toilets were available for use. Staff are able to unclog the toilets as needed. There is no evidence this is a system issue.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Roofing material is used as flooring in one bathroom and smells.

INVESTIGATION:

Complainant 3 reported, “They put water protectant on the floor – like it would keep the floor from warping. When urine gets on that, it makes a fummy smell. I put bleach in to clean the floor. The floor started peeling and fuming. I didn’t realize he had put stuff that goes on shingles on a bathroom floor.”

DCW Pam Wright reported that a former resident’s bedroom floor had been urine-soaked. Ms. Wright said, “Urine got down in the floor. Someone told Rob [Ellis] and I that the only way you can get that urine out of the flooring is to tear that up and put some kind of tile or vinyl down. Instead, Rob put a sealer on the floor, and now when

you mop the floor it turns white. It's urine-soaked." Ms. Wright said she did not notice any fumes from the sealant. Ms. Wright said, "I kept the door shut. I called Rob over and he put down another coat, but it didn't help. He did the same thing in the bathroom and closed the bathroom down for the night. When that bathroom was closed down [in Tender Care Manor II], I stayed up and slept on the couch, because I didn't want anyone falling."

During the unannounced onsite investigation on March 18, 2020, there was no roofing tiles being observed as flooring in any resident bathroom.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(7) All water closet compartments, bathrooms, and kitchen floor surfaces shall be constructed and maintained so as to be reasonably impervious to water and to permit the floor to be easily kept in a clean condition.
ANALYSIS:	There is no evidence that the sealant used to make the bedroom and bathroom floors reasonably impervious to water was not effective or was the cause of fumes.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: The lights are not working properly in at least one resident bedroom. Some electrical sockets have something broken off in them, posing a hazard.

INVESTIGATION:

DCW Jaalyn Roberts reported, "In (Resident A's) bedroom – on the other side of the house [Tender Care Manor II] – the light has been broken for about two months that I've been there. If you turn it on and don't know, it will catch fire." Complainant 3 said, "I turned it on and the fan came on. Then smoke and sparks came from the light. I let Rob [Ellis] and Sheena [Porritt] know about the light, and they just said to use a flashlight in that room. The residents knew about it."

DCW Pam Wright was asked about the light in Resident A's bedroom. Ms. Wright said, "That's been like that since I've been there. That's why they always have a night light, they don't have an overhead. I gave them one of my lamps, because one of the guys went and bought a lamp but it wasn't big enough, so I gave them my tall black lamp." Ms. Wright said that those particular residents are no longer in the facility. Ms. Wright said, "Everyone knew not to use the overhead light. The light switch in the 726 side in the kitchen is the same way. I put tape over the switch so no one would use it."

APPLICABLE RULE	
R 400.14512	Electrical service.
	(1) The electrical service of a home shall be maintained in a safe condition.
ANALYSIS:	As reported by two staff persons from the home, at least one electrical fixture is not in a safe condition.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 3/18/20, Area Manager (AM) Dawn Timm and AFC Consultant Bridget Vermeesch conducted an onsite investigation. According to AM Timm, the direct care worker (DCW) on duty at the time of their inspection was Jaalyn Roberts. According to AM Timm's notations made at the time of the inspection, Ms. Roberts reported she had not provided the licensee with a physician's statement or TB test prior to beginning work and had not been asked to provide them. There was no employee record available to review to verify required documents had been completed.

DCW Pam Wright said that she knew her TB test was not current [within 3 years] when she was working at the facility. Ms. Wright said, "I was supposed to have one, and somehow it got goofed up and I missed it."

APPLICABLE RULE	
R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.
ANALYSIS:	DCW Jaalyn Roberts reported that she had not provided the licensee with a physician's statement at the time she was hired.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.
ANALYSIS:	DCW Jaalyn Roberts reported she did not provide the licensee with a TB test result prior to or at the time she was hired. DCW Pam Wright reported that she did not have a current TB test while she was working at the facility.
CONCLUSION:	VIOLATION ESTABLISHED

On 08/24/2020, AM Dawn Timm conducted a second exit conference with licensee Sheena Porritt. Ms. Porritt stated she had previously requested this facility's license be closed on 02/21/2020 because she was unable to maintain staffing in the facility. Ms. Porritt provided text message documentation to former AFC Licensing Consultant Diane Stier of this request. Consequently, at this time Ms. Porritt is requesting the license be closed as the corrective action plan to this special investigation report.

IV. RECOMMENDATION

An acceptable corrective action plan has been received; therefore I recommend that the small group home license for this facility be closed.

Diane L. Stier

Diane L. Stier
Licensing Consultant

May 14, 2020
Date

Approved By:

Dawn Timm

08/25/2020

Dawn N. Timm
Area Manager

Date