



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 30, 2021

Sami Al Jallad
Turning Leaf Res Rehab Services., Inc.
P.O. Box 23218
Lansing, MI 48909

RE: License #: AS530398194
Investigation #: 2021A0230024
White Pine Cottage

Dear Mr. Al Jallad:

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 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 (231) 922-5309.

Sincerely,

A handwritten signature in cursive script that reads "Rhonda Richards".

Rhonda Richards, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4942

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS530398194
Investigation #:	2021A0230024
Complaint Receipt Date:	06/14/2021
Investigation Initiation Date:	06/14/2021
Report Due Date:	08/13/2021
Licensee Name:	Turning Leaf Res Rehab Services., Inc.
Licensee Address:	621 E. Jolly Rd., Lansing, MI 48909
Licensee Telephone #:	(517) 393-5203
Administrator:	Mandy Horacek
Licensee Designee:	Sami Al Jallad
Name of Facility:	White Pine Cottage
Facility Address:	309 E. James Street, Scottville, MI 49454
Facility Telephone #:	(517) 393-5203
Original Issuance Date:	06/07/2019
License Status:	REGULAR
Effective Date:	12/07/2019
Expiration Date:	12/06/2021
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED, MENTALLY ILL, DEVELOPMENTALLY DISABLED, AGED TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
Staff walk Resident A out of the bathroom into his bedroom unclothed. Staff swear and curse in front of residents.	Yes
Staff are leaving medications out on the counter unattended.	No
Staff members do no change residents and leave them in urine-soaked briefs.	No

III. METHODOLOGY

06/14/2021	Special Investigation Intake 2021A0230024
06/15/2021	Inspection Completed On-site Interviews with Residents B and C and staff members Mark Bailey, Jessica Hagenbaugh, Gina Beck, Wendee Morris West Michigan Community Mental health Recipient Rights Officer (RRO) Karen Hobart conducted joint interviews.
06/17/2021	Contact - Telephone call made. Administrator Mandy Horacek
06/17/2021	Contact - Telephone call made. Karen Hobart-RRO
06/29/2021	Exit Conference- Telephone call made. Mandy Horacek

ALLEGATION: Staff walk Resident A out of the bathroom into his bedroom unclothed. Staff swear and curse in front of Residents.

INVESTIGATION: On 06/15/2021, I conducted an unannounced on-site investigation at the facility. Karen Hobart from West Michigan Community Mental Health Recipient Rights Office and I conducted joint interviews with staff members Gina Beck, Wendee Morris, Jessica Hagenbaugh, and Mark Bailey as well as Residents B and C.

Both Residents B and C stated that they sometimes hear staff swear. Resident B stated, "It hurts my feelings." When asked to clarify who staff may be swearing at. It was noted to be in general but not directed at residents. Resident B stated, "Mandy cusses a lot, when she's upset about things happening in her life."

Staff members Ms. Morris and Ms. Beck deny that they have used curse words or that they swear in front of residents. They both stated they were not aware of any other staff swearing.

Staff member Ms. Hagenbaugh stated that when staff are talking to one another “we may swear” She stated, “We try not to around residents.”

On 06/17/2021, I spoke with Administrator Mandy Horacek who acknowledged that sometimes staff swear, for example if she dropped something on the floor, she has used an expletive to express frustration. She stated she was aware of this and will discuss at the next staff meeting about more appropriate ways for staff to express themselves in front of the residents.

With regard to Resident A being walked to his room unclothed, it was stated by all staff and residents that he is generally dressed in his room directly across from the bathroom because he has a very hard time leaving his bath. According to Mr. Bailey who is generally the staff who bathes Resident A “He loves his bath, it’s very hard to get him out of the tub.” He stated he undresses him once he gets him in the bathroom and then when he gets him out of the tub, he quickly covers him in a large bath towel and gets him to his room. Mr. Bailey indicated at no time is he ever exposed. “All staff are good about resident privacy.” All staff and residents concurred with this statement. Resident A could not be interviewed due to cognitive limitations.

APPLICABLE RULE	
R 400.14305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	<p>There is no evidence to support the allegation that Resident A is being exposed while being walked to his room. He is covered completely with a large bath towel after his bath then taken to his room.</p> <p>There is evidence that staff are swearing and using curse words in front of the residents according to staff members Ms. Hagenbaugh and Ms. Horacek as well as Residents B and C. Residents were not treated with dignity at all times when this occurs.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Staff are leaving medications out on the counter unattended.

INVESTIGATION: While at the facility I observed all medications locked in the medication cabinet. During my interviews with staff and residents on 06/15/2021, they all stated at no time are medications ever left out unattended. Resident B stated, "Staff keep the cabinet locked and give meds one at a time."

Ms. Hobart stated that a case manager from Community Mental Health had reported to her that she had been at the facility the prior day and also noted medications were locked and not left unattended.

When speaking with Administrator Ms. Horacek on 06/17/2021, she stated that the facility has a very strict protocol regarding medications, and they are always locked up and never left unattended.

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:	Based on my observation as well as statements from residents and staff there is no evidence to support the allegation that medications are left on the counter unattended.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Staff members do no change residents and leave them in urine-soaked briefs.

INVESTIGATION: While at the facility I observed Residents A, B, C and D. I did not detect any odor of urine whatsoever. Residents B and C who are verbal, reported they were not aware of staff leaving residents in soaked briefs at all. They frequently see staff going in bedrooms to change residents.

All staff report residents are never left in saturated briefs. Ms. Beck stated it is protocol to check briefs every two hours unless it is obvious a resident may need a

change sooner. Ms. Horacek confirmed residents are not left in saturated briefs when I spoke with her on 06/17/2021.

On 06/29/2021, I conducted an exit conference with Administrator Mandy Horacek. She concurred with the findings and stated she would be submitting a corrective action plan.

APPLICABLE RULE	
R 400.14314	Resident hygiene.
	(6) A licensee shall afford a resident the opportunity to receive assistance in bathing, dressing, or personal hygiene from a member of the same sex, unless otherwise stated in the home's admission policy or written resident care agreement.
ANALYSIS:	There is no evidence to support the allegation that residents are left in urine saturated briefs based on my observation and interviews with staff and residents.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable plan of correction I recommend the status of this license remain unchanged.

Rhonda Richards

06/30/2021

Rhonda Richards
Licensing Consultant

Date

Approved By:

Jerry Hendrick

06/30/2021

Jerry Hendrick
Area Manager

Date