



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 30, 2021

Kimberly Rocca-Riffle  
Creative Lifestyles, Inc.  
Suite 400  
52188 Van Dyke  
Shelby Township, MI 48316

RE: License #: AS500015853  
Investigation #: 2021A0617012  
Washington Manor  
**AMENDED REPORT**  
**Original Report date July 22, 2021**

Dear Ms. Rocca-Riffle:

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 (248) 975-5053.

Sincerely,

A handwritten signature in grey ink, appearing to be the initials 'EJ'.

Eric Johnson, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500015853
<b>Investigation #:</b>	2021A0617012
<b>Complaint Receipt Date:</b>	06/01/2021
<b>Investigation Initiation Date:</b>	06/03/2021
<b>Report Due Date:</b>	07/31/2021
<b>Licensee Name:</b>	Creative Lifestyles, Inc.
<b>Licensee Address:</b>	Suite 400 52188 Van Dyke Shelby Township, MI 48316
<b>Licensee Telephone #:</b>	(586) 997-9401
<b>Administrator:</b>	Kimberly Rocca-Riffle
<b>Licensee Designee:</b>	Kimberly Rocca-Riffle
<b>Name of Facility:</b>	Washington Manor
<b>Facility Address:</b>	5734 Elmer Warren, MI 48092
<b>Facility Telephone #:</b>	(586) 751-4597
<b>Original Issuance Date:</b>	11/07/1994
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	05/07/2021
<b>Expiration Date:</b>	05/06/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Upon moving Resident A from the facility, it was discovered that she had a bridge card that was not authorized by the guardian.	Yes

**III. METHODOLOGY**

06/01/2021	Special Investigation Intake 2021A0617012
06/03/2021	Special Investigation Initiated - Letter Email sent to Licensee Designee Kimberly Riffle.
06/03/2021	Contact - Document Received Email received from Ms. Riffle. I received and reviewed Resident A's Resident ID form, AFC agreement, Assessment Plan, Funds Part 1, Funds part II (cash), Funds Part II (cost of care), Inventory of valuables, copies of cash receipts for 2021, and facility monthly food stamp report. I reviewed the Funds Part II forms for the months of October 2020 to June 2021.
07/13/2021	Inspection Completed On-site I conducted an unannounced onsite investigation at the Washington Manor facility. I interviewed home manager Kiesa Waller.
07/14/2021	Contact - Document Sent Email sent to Ms. Riffle
07/14/2021	Contact - Document Received Email received from Ms. Riffle
07/16/2021	Contact - Telephone call made I interviewed Resident A's guardian.
07/19/2021	Contact - Document Sent Email sent to Ms. Riffle.
07/19/2021	Contact - Document Received Email Received from Ms. Riffle

07/20/2021	Exit Conference I held an exit conference with licensee designee Kimberly Riffle informing her of the findings of the investigation.
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**ALLEGATION:**

**Upon moving Resident A from the facility, it was discovered that she had a bridge card that was not authorized by the guardian.**

**INVESTIGATION:**

I received a complaint regarding Washington Manor facility on 06/01/21. The complaint indicated that Resident A was residing at the facility since 2017. Upon moving her belongings out due to her relocating, it was discovered she had a bridge card. Guardian did not authorize a bridge card or assist with her obtaining one. Guardian does not know the caseworker assigned or gave permission for her to have a bridge card. Guardian definitely did not give permission for the home to utilize a bridge card. The assigned guardian would not approve.

On 06/03/21, I received and reviewed Resident A’s Resident ID form, AFC agreement, Assessment Plan, Funds Part 1, Funds part II (cash), Funds Part II (cost of care), Inventory of valuables, copies of cash receipts for 2021, and facility monthly food stamp report. I reviewed the Funds Part II forms for the months of October 2020 to June 2021.

According to Resident A’s Funds Part II form (cost of care), she received \$200 a month in food assistance benefits/bridge card. The forms show monthly deposits and withdraws in the amount of \$200 for “bridge card”. Resident A received food assistance benefits from October 7, 2020 to March 10, 2021. The Funds Part II forms were not signed by Resident A or her designated representative from 10/7/20 to 6/14/21. According to Resident A’s AFC agreement, the basic fee includes personal care, 24-hour care, transportation, and protection. Also, the AFC agreement indicates that Resident A’s guardian agreed to additional services such as per diem, copays, and food stamps. The AFC agreement was signed by Resident A’s guardian on 01/02/21.

On 07/13/21, I conducted an unannounced onsite investigation at the Washington Manor facility. I interviewed home manager Kiesa Waller. Ms. Waller stated that all residents in the home have a bridge card. According to Ms. Waller, when Resident A was a member of the household, she had a bridge card as well. Resident A’s bridge card was given to her brother/guardian when she moved out of the facility. Ms. Waller does all the admissions and annual renewal of required forms for the residents in the home. If a resident does not have government assistance benefits when they move in, Ms. Waller will work with the residents and their guardians to file for the appropriate government assistance benefits. Ms. Waller stated that she completes the required documents to obtain the government assistance by signing as an authorized representative. According to Ms. Waller, she will notify the guardians of any benefits

that she has applied for. However, she does not track or log any documentation for verification of notification. Ms. Waller stated that when a resident moves in, this information is gone over with the guardian and the guardians are required to sign stating if they agree or disagree (AFC agreement form).

On 7/16/21, I interviewed Resident A's guardian. Resident A's guardian stated that when his sister moved into the facility in 2017, the facility asked him to allow them to apply for a bridge card on his sister's behalf. Resident A's guardian was against them doing so because the facility told him that the bridge card would be used for all the residents in the home and not just his sister. Resident A's guardian denied their request as he believed her cost of care payments should cover her food expenses. Resident A's guardian stated that he did sign the Resident Care Agreement on 01/2/21. He was unaware that he checked "in agreement" to additional services that included food benefits. He stated that he would receive the Required AFC documents in the mail, sign them and mail them back to the facility. Resident A's guardian also stated that he did not sign for Resident A's cost of care payments on the Funds Part II form.

On 07/20/21, I held an exit conference with licensee designee Kimberly Riffle informing her of the findings of the investigation.

<b>APPLICABLE RULE</b>	
<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	<p>(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:</p> <p>(a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.</p> <p>(b) A description of services to be provided and the fee for the service.</p> <p>(c) A description of additional costs in addition to the basic fee that is charged.</p>

<b>ANALYSIS:</b>	Based on the information gathered through my interviews and document reviews, there is insufficient information to conclude that the facility wrongfully applied for additional benefits on Resident A's behalf. According to Resident A's AFC agreement, the basic fee includes personal care, 24- hour care, transportation and protection. Also, the AFC agreement indicates that Resident A's guardian agreed to additional services such as per diem, copays, and food stamps. The AFC agreement was signed by Resident A's guardian on 01/02/21.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.14315</b>	<b>Handling of resident funds and valuables.</b>
	(8) All resident fund transactions shall require the signature of the resident or the resident's designated representative and the licensee or prior written approval from the resident or the resident's designated representative.
<b>ANALYSIS:</b>	I reviewed the Funds Part II forms for the months of October 2020 to June 2021. According to Resident A's Funds Part II form (cost of care), she received \$200 a month in food assistance benefits/bridge card. The forms show monthly deposits and withdraws in the amount of \$200 for "bridge card". Resident A received food assistance benefits from October 7, 2020, to March 10, 2021. The Funds Part II forms were not signed by Resident A or her designated representative from 10/7/20 to 6/14/21. Based on the information gathered through my interviews and document reviews, there is sufficient information to conclude that Resident A's Funds Part II forms were not signed by her or her designated representative.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon the receipt of an acceptable corrective action plan, I recommend no change to the status of the license.

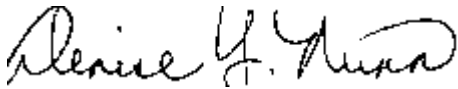


07/21/21

Eric Johnson  
Licensing Consultant

Date

Approved By:



07/22/2021

Denise Y. Nunn  
Area Manager

Date

**AMENDED REPORT  
SPECIAL INVESTIGATION #2021A0617012**

**PURPOSE**

The purpose of this amended report is to correct information contained in the special investigation report and to change the status of the findings to not substantiated.

**METHODOLOGY**

07/22/2021	Contact – Phone call Received TC with licensee designee Kimberly Riffle discussing the findings of the investigation.
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**DESCRIPTION OF FINDINGS AND CONCLUSION**

After the special investigation report was mailed to the licensee, additional information was received and it was determined that prior written approval from Resident A's designated representative was established in the Resident Care Agreement. Therefore,



Resident A's Funds Part II forms do not need to be signed by the resident's guardian or designated representative. The following allegation regarding R 400.14315(8) has been changed to violation not established as it is unrelated to this facility.

<b>APPLICABLE RULE</b>	
<b>R 400.14315</b>	<b>Handling of resident funds and valuables.</b>
	(8) All resident fund transactions shall require the signature of the resident or the resident's designated representative and the licensee or prior written approval from the resident or the resident's designated representative.
<b>ANALYSIS:</b>	I reviewed the Funds Part II forms for the months of October 2020 to June 2021. The AFC agreement indicates that Resident A's guardian agreed to have the licensee manage and account for financial transactions on the resident's behalf and the licensee accepts this responsibility as reflected in the Resident Care Agreement. The AFC agreement was signed by Resident A's guardian on 01/02/21.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**RECOMMENDATION**

I recommend no change to the status of the license and the special investigation be closed.

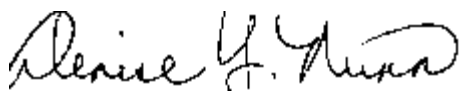


07/30/21

Eric Johnson  
Licensing Consultant

Date

Approved By:



07/30/2021

Denise Y. Nunn  
Area Manager

Date