GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 22, 2021

Paula Ott
Central State Community Services, Inc.
Suite 201
2603 W Wackerly Rd
Midland, MI 48640

RE: License #: AS500385425
Investigation #: 2021A0604007
Morowske Home

Dear Ms. Ott:

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,

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 285-1703

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500385425
Investigation #:	2021A0604007
Complaint Receipt Date:	05/17/2021
Investigation Initiation Date:	05/17/2021
Report Due Date:	07/16/2021
Licensee Name:	Central State Community Services, Inc.
Licensee Address:	Suite 201 2603 W Wackerly Rd Midland, MI 48640
Licensee Telephone #:	(989) 631-6691
Administrator:	Paula Ott
Licensee Designee:	Paula Ott
Name of Facility:	Morowske Home
Facility Address:	51026 Morowske Shelby Twp, MI 48316
Facility Telephone #:	(586) 323-4159
Original Issuance Date:	07/28/2017
License Status:	REGULAR
Effective Date:	01/28/2020
Expiration Date:	01/27/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL; AGED

II. ALLEGATION(S)

	Violation Established?
Resident A reported that he was assaulted by staff on 05/16/2021.	Yes
Additional Findings	Yes

III. METHODOLOGY

05/17/2021	Special Investigation Intake 2021A0604007
05/17/2021	Special Investigation Initiated - Letter Email to Eva Hemphill
05/17/2021	Contact - Telephone call received Received message from Eva Hemphill re: incident
05/17/2021	Contact - Document Received Received return email from Eva Hemphill. Sent email.
05/17/2021	APS Referral Referral made to Adult Protective Services (APS).
05/18/2021	Contact - Document Sent Email to and from Eva Hemphill
05/19/2021	Contact - Document Received Email APS Worker, Karen Patyi. Sent return email.
05/19/2021	Inspection Completed On-site Completed onsite investigation. Interviewed Eva Hemphill, Resident A, Resident B. Residents C and D present.
05/20/2021	Contact - Document Received Email from Karen Patyi. Sent return email.
05/28/2021	Contact - Telephone call made Interviewed Staff, Gregory Harrell by phone.
06/11/2021	Contact - Document Received Email from APS Worker, Karen Patyi. Sent return email.

06/16/2021	Contact- Telephone call received Received message from Karen Patyi
06/24/2021	Contact- Document Sent Emailed Shelby Township police records
06/25/2021	Contact- Document Received Received police report by email from Shelby Township Police Records
06/25/2021	Contact- Document Sent Email to Karen Patyi
07/12/2021	Contact- Document Sent Email to Karen Patyi
07/13/2021	Contact- Telephone call received Returned call from Karen Patyi
07/21/2021	Contact- Document Sent Email to and from Eva Hemphill. Received MORC training record for Greg Harrell.
07/22/2021	Contact- Document Sent Email to and from Eva Hemphill. Received Greg Harrell CPR/First Aid and medication training record.
07/22/2021	Exit Conference Completed exit conference by email with Licensee Designee Paula Ott and Eva Hemphill

ALLEGATION:

Resident A reported that he was assaulted by staff on 05/16/2021.

INVESTIGATION:

On 05/17/2021, I received a message from Administrator, Eva Hemphill, stating that Resident A reported that he was assaulted by a staff on 05/16/2021, at the Morowske Home. Ms. Hemphill followed up with an email that included a copy of incident report dated 05/16/2021 and Resident A's urgent care summary. Ms. Hemphill also stated that the Shelby Township Police were contacted, and a report was filed with Officer Killop #96 Complaint #21-13606. I opened a special investigation based on the information received from Ms. Hemphill and made a referral to APS on 05/17/2021.

On 05/17/2021, a copy Resident A's urgent care summary was received by email. Resident A was seen at Shelby Urgent Care PC on 05/17/2021. His diagnosis is listed as Abrasion of other Specified Part of Neck, Initial Encounter and Unspecified Injury of Neck, Initial Encounter. The reason for consultation is listed as "alleged abuse". The recommendation from urgent care was wound care and to follow up if any signs of infection.

On 05/17/2021, I received copy of an incident report. The report indicates that the incident occurred on 05/16/2021. The report indicates, "Upon arrival for my shift at 8 am I was told by (Resident A) that Greg had pushed him down and wrapped his arms around his neck as if to choke him and was yelling at him because he asked for cookies. Staff Monique stated (Resident A) reported to her when he woke up at 7:25 am. (Resident A) had two marks on his neck. One is approximately 2 inches. One is approximately 3 inches". According to the incident report, staff, Greg, was suspended.

On 05/19/2021, I completed an onsite investigation. I interviewed Eva Hemphill, Resident A and Resident B.

On 05/19/2021, I interviewed Resident A at the home. Resident A is verbal but was difficult to understand. Resident A stated that Staff, Greg, pulled him down to ground and put his hands around his neck. Greg hit him and left scratches on his neck. Resident A stated that no one else saw the incident take place. There were no other staff present. One resident was watching television and the others were in their bedrooms. Resident A stated that Greg was upset because he was trying to eat something. Greg has yelled at him before, however, he has had no problems with other staff at the home. I observed two scratches on the front of Resident A's neck that were approximately 1½ - 2 inches long. I also observed what appeared to be a dime shaped bruise next to Resident A's right eye. Resident A was unaware of the mark and believed it may be a dark circle. Resident A stated that Greg has not returned to the home since the incident. Greg has never physically assaulted him before. Resident A did not state that he previously reported issues with Greg. Administrator, Eva Hemphill stated that no complaints were made regarding Greg prior to the current investigation.

On 05/19/2021, I interviewed Resident B at the home. He stated that he has lived at the Morowske Home for 11 years. He stated that it is very nice and he has lots of freedom. Resident B was aware of the incident between Resident A and Greg. He stated that the police came to the home and interviewed Resident A. Resident B stated that he did not see the incident take place. Resident B stated that he has no problems with Greg because he ignores him. He stated that Greg swears, screams and yells at people if they do not do what he wants.

On 05/19/2021, I interviewed Administrator Eva Hemphill at the home. She stated that Greg was the only staff on duty during the alleged incident. He worked from 2:00 pm - 10:00 pm. Staff, Monique, worked from 10:00 pm - 8:00 am. Resident A told Monique about the alleged incident around 7:00 am - 7:15 am when he awoke. Ms. Hemphill stated that Resident A told her about the incident as soon as she arrived at 8:00 am.

Ms. Hemphill stated that Resident A was taken to urgent care, however, the doctor did not say how they believed his injury was caused. A police report was made and they took pictures and statements. APS was also contacted as advised and case was assigned to APS Worker, Karen Patyi. Ms. Hemphill stated that Resident A does exaggerate, however, he has never made allegations before about being assaulted. She does not believe he makes up stories and has been assaulted in the past by other residents. Ms. Hemphill stated that Resident A was very distraught when she arrived to the home and said he was scared. Ms. Hemphill stated that Greg has been suspended. He began working at the home on 02/26/2020. Greg stated that Resident A was getting into everything the day of incident and was out of control. He stated that Resident A would not listen and denied doing anything to Resident A. He has been interviewed by the police. Some of the other residents have since reported that Greg swore at them all the time. On 07/21/2021, Eva Hemphill stated that Greg Harrell has remained suspended. He has not been terminated as he is required to participate in all active investigations until they are completed.

On 05/28/2021, I interviewed Staff, Greg Harrell by phone. He stated that he never touched Resident A. Mr. Harrell stated that he has no idea how Resident A got the scratches on his neck. He stated that Resident A was in the hospital for about a month due to COVID-19. He believes that Resident A was acting differently once he returned home from the hospital. Mr. Harrell stated that the Friday before the alleged incident Resident A was taking items out of his room like he was moving out. On day of incident, Resident A started taking food out of the refrigerator. Mr. Harrell stated that Resident A moved towards him like he wanted him to touch him. Resident A then fell to the floor and said he was going to say that he assaulted him. Mr. Harrell stated that Resident A has made these types of threats before. He stated that he never saw the marks on Resident A's neck during his shift. No one else witnessed the incident. Resident C was in the living room watching TV. Mr. Harrell stated that he has been suspended from home and has talked to the police twice.

On 06/11/2021, I received an email from APS Worker, Karen Patyi. She stated that she saw Resident A again and he seemed relieved that Greg has not returned to home. On 07/13/2021, I received call from Karen Patyi. She stated that APS is substantiating complaint.

On 06/25/2021, I received copy of report from Shelby Township Police. The police report indicates that the marks on Resident A's neck were consistent with the neckline on his collar. The report indicates that Staff, Greg Harrell, was arrested on 06/20/2021 on a felony warrant for Vulnerable Adult Abuse 4th Degree.

On 07/21/2021, I received copy of Greg Harrell's MORC training record and recipient rights training certificate from Administrator, Eva Hemphill. Ms. Hemphill stated that Mr. Harrell's date of hire was 02/26/2020. Mr. Hemphill stated that Mr. Harrell has not had any other complaints made against him during his time working at the home. On 07/22/2021 I received a copy of Mr. Harrell's First Aid/CPR and medication training. Mr. Harrell was fully trained.

On 07/22/2021, I completed an exit conference with Licensee Designee, Paula Ott and Eva Hemphill. I informed them of the violations found and that a corrective action plan would be requested. I also informed them that a copy of the special investigation report would be mailed once approved.

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:	Resident A was not treated with dignity and his needs for protection and safety were not met in the home. Resident A reported that he was assaulted by Staff, Greg Harrell, on 05/16/2021, resulting in scratches on his neck. Mr. Harrell was the only staff on shift. Eva Hemphill stated that Resident A was very distraught when she arrived to the home the next morning and Resident A said he was scared. In addition, Resident A and Resident B stated that they have been yelled at by Mr. Harrell but did not report it.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 400.14308	**Resident behavior interventions prohibitions.**
	(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following: **(a) Use any form of punishment.** **(b) Use any form of physical force other than physical restraint as defined in these rules.** **(f) Subject a resident to any of the following:** **(i) Mental or emotional cruelty.** **(ii) Verbal abuse.**
ANALYSIS:	Resident A reported that he was assaulted by Staff, Greg Harrell, on 05/16/2021, at the Morowske Home. Mr. Harrell was the only staff on shift and both Resident A and Mr. Harrell stated that no one else witnessed the incident. According to Mr.

	Harrell, an incident took place in the kitchen over Resident A trying to take food out of the refrigerator. Resident A said he was going to say he was assaulted. According to Resident A, staff Greg, pulled him down to the ground and put his hands around his neck. The Shelby Township Police report indicates that the injury was consistent with the neckline of Resident A's collar and being grabbed by his shirt. Greg Harrel was arrested on 06/20/2021 for Vulnerable Adult Abuse 4th Degree. In addition, Resident A and Resident B stated that they have been yelled at by Mr. Harrell. Resident B stated that he has no problems with Greg because he ignores him. According to Resident B, Greg swears, screams and yells at people if they do not do what he wants.
CONCLUSION:	**VIOLATION ESTABLISHED**

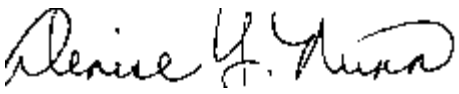
IV. RECOMMENDATION

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

07/22/2021

Kristine Cilluffo — Date
Licensing Consultant

Approved By:



07/22/2021

Denise Y. Nunn — Date
Area Manager