GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 19, 2021

Bethany Mays
Resident Advancement, Inc.
PO Box 555
Fenton, MI 48430

RE: License #: AS250263541
Investigation #: 2021A0779032
Embury Home

Dear Ms. Mays:

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 (906) 226-4171.

Sincerely,

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 899-5659

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250263541
Investigation #:	2021A0779032
Complaint Receipt Date:	07/07/2021
Investigation Initiation Date:	07/07/2021
Report Due Date:	09/05/2021
Licensee Name:	Resident Advancement, Inc.
Licensee Address:	411 S. Leroy, PO Box 555 Fenton, MI 48430
Licensee Telephone #:	(810) 750-0382
Administrator:	Bipan Kapoor
Licensee Designee:	Bethany Mays
Name of Facility:	Embury Home
Facility Address:	3127 McGregor Grand Blanc, MI 48439
Facility Telephone #:	(810) 694-2816
Original Issuance Date:	05/10/2004
License **Status:**	REGULAR
Effective Date:	12/21/2020
Expiration Date:	12/20/2022
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Resident A is supposed to be weighed weekly and any weight loss reported to GHS. Resident A has appeared to have lost 37 pounds in 2 months, which was not reported to GHS.	Yes

III. METHODOLOGY

07/07/2021	Special Investigation Intake 2021A0779032
07/07/2021	Special Investigation Initiated - Telephone Voicemail message left for recipient rights associate, Pat Shepard.
07/09/2021	Contact - Telephone call made Spoke to recipient rights associate, Pat Shepard.
07/14/2021	Inspection Completed On-site Resident A was viewed and home manager was interviewed.
07/28/2021	Contact - Telephone call made Spoke to GHS nurse, Ann Spreeman.
08/05/2021	Contact - Document Received Received vis e-mail a copy of ORR summery report.
08/17/2021	Exit Conference Conducted with administrator, Bipan Kapoor.

ALLEGATION:

Resident A is supposed to be weighed weekly and any weight loss reported to GHS. Resident A has appeared to have lost 37 pounds in 2 months, which was not reported to GHS.

INVESTIGATION:

On 7/9/21, a phone conversation took place with recipient rights associate, Pat Shepard, who confirmed that she was investigating the same allegations. Ms. Shepard

stated that Resident A is tube fed and has appears to have lost over 30 pounds over a two-month period. She reported that Resident A's GHS case manager saw Resident A in-person on 6/28/21, for the first time in several months and noticed that Resident A had visibly lost a lot of weight. Ms. Shepard stated that the case manager had the staff weigh Resident A and found that Resident A only weighed 89 pounds, which was down approximately 36 pounds from where he was at the end of April 2021. Ms. Shepard stated that the GHS nurse and Resident A's primary care physician's (PCP) nurse has seen Resident A several times over the last few months and there is no actual medical concern related to the weight loss, only that staff did not report the weight loss to the GHS dietician, per Resident A's Individual Plan of Service (IPOS) requires.

On 7/14/21, an on-site inspection was conducted. Resident A was viewed and home manager, Shaterria Armstrong was interviewed.

Resident A was viewed to be clean and well groomed. Due to Resident A being non-verbal and his severe cognitive deficiencies, Resident A was not able to be interviewed. Resident A's written assessment plan confirmed that he is non-verbal, tube fed, utilizes a wheelchair and is full assist by staff in order to complete all his activities of daily living.

Resident A's GHS IPOS was viewed and found to state that the home manager is to contact the GHS dietician if Resident A's weight fell below 122 pounds or he had a weight change of 5 pounds in one month.

Resident A's weight has been taken by staff and recorded in two separate places, the licensing monthly weight record log and weekly on Resident A's medication log. Those records show that from the last week of April 2021 and the first week of May 2021, Resident A had lost more than five pounds and fell below 122 pounds.

Home manager, Ms. Armstrong, stated that she and other staff have noticed Resident A's weight loss, but that she did think it was a big deal since the GHS nurse has been visiting Resident A 1-2 monthly and never said anything. She stated that someone from Resident A's PCP's office have seen Resident A several times recently. Ms. Armstrong admitted that Resident A's weight fell below 122 pounds sometime in May 2021 and that it was her responsibility to contact the GHS dietician and that she did not do that. She reported that Resident A's actual weight was in question, due to the home's scale not being properly calibrated and therefore not being accurate, but that Resident A's weight was taken at GHS on 7/13/21 and found to be 98 pounds.

On 7/28/21, a phone conversation took place with GHS nurse, Ann Spreeman, who confirmed that she was aware of Resident A's weight loss issue. She reported that she has been visiting Resident A at this home 1-2 times monthly, that Resident A is actively declining and that weight loss is to be expected. Ms. Spreeman stated that she is questioning whether Resident A has actually lost over 30 pounds though and whether the weights that the home recorded were accurate. She reported that the home's scale may not have been accurate and that Resident A can be difficult to weigh, due to his significant muscle contraction of his legs. Ms. Spreeman stated that although she has

no concerns about the overall care this home is providing to Resident A, it is clear that Resident A had lost more than five pounds in one month and fell under 122 pounds.

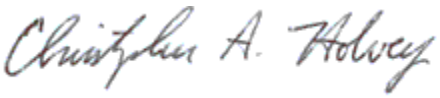
On 8/5/21, a summary report was received from recipient rights associate, Pat Shepard. In the report, Ms. Shepard documented that she had confirmed with the GHS dietician that no staff from this home ever contacted her regarding Resident A's recent weight loss or him falling under 122 pounds. Ms. Shepard documented that she has substantiated against home manager Ms. Armstrong, due to her lack of follow through regarding reporting requirements contained in Resident A's IPOS.

APPLICABLE RULE	
R 400.14303	**Resident care; licensee responsibilities.**
	(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.
ANALYSIS:	There was substantial evidence found to prove that this home's staff did not provide adequate protection of Resident A when reporting requirements contained in Resident A's GHS IPOS were not followed. Resident A's IPOS requires that the home manager is to contact the GHS dietician if Resident A's weight fell below 122 pounds or he had a weight change of 5 pounds in one month. Documentation by staff show that from the last week of April 2021 and the first week of May 2021, Resident A had lost more than five pounds and fell below 122 pounds. The home manager, Shaterria Armstrong, admitted that it was her responsibility to contact the GHS dietician and that she did not do that.
CONCLUSION:	**VIOLATION ESTABLISHED**

On 8/17/21, an exit conference was conducted with administrator, Bipan Kapoor. He was informed that a written corrective action plan will be required to address the above cited rule violation.

IV. RECOMMENDATION

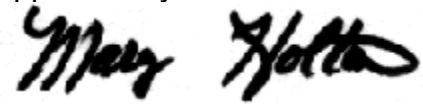
Upon receipt of an approved written plan of correction, it is recommended that the status of this home's license remain unchanged.



8/19/2021

Christopher Holvey — Date
Licensing Consultant

Approved By:



8/19/2021

Mary E Holton — Date
Area Manager