



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

August 9, 2021

Janette Thiel
Macomb Family Services Inc
124 West Gates
Romeo, MI 48065

RE: License #: AS500071847
Investigation #: 2021A0617014
Sterling North

Dear Ms. Thiel:

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 (248) 975-5053.

Sincerely,

A handwritten signature in grey ink, appearing to be 'EJ', is positioned below the word 'Sincerely,'.

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

License #:	AS500071847
Investigation #:	2021A0617014
Complaint Receipt Date:	06/22/2021
Investigation Initiation Date:	06/24/2021
Report Due Date:	08/21/2021
Licensee Name:	Macomb Family Services Inc
Licensee Address:	124 West Gates Romeo, MI 48065
Licensee Telephone #:	(586) 246-1378
Administrator:	Janette Thiel,
Licensee Designee:	Janette Thiel,
Name of Facility:	Sterling North
Facility Address:	4882 25 Mile Road Shelby, MI 48316
Facility Telephone #:	(248) 608-8094
Original Issuance Date:	01/07/1997
License Status:	REGULAR
Effective Date:	08/01/2019
Expiration Date:	07/31/2021
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
The whole facility is a mess. The resident rooms and bathrooms are extremely dirty and a mess.	Yes
Staff is serving the residents sandwiches, chips, cereal, etc. for meals every day.	No
Insufficient staffing in the home	No

II. METHODOLOGY

06/22/2021	Special Investigation Intake 2021A0617014
06/24/2021	Special Investigation Initiated – Letter Email sent to Licensee Designee Janette Thiel
06/25/2021	Contact - Document Received I received and reviewed the facility staff schedule for May and June 2021. I also reviewed the facility’s Resident Registry and the Resident identification record sheets for all residents.
07/06/2021	Inspection Completed On-site I completed an unannounced investigation at the Sterling North facility. I interviewed home manager June Day and staff Daniel Achille. I observed four of the five residents in the home.
07/29/2021	Contact - Face to Face I completed a face-to-face interview with licensee designee Janette Thiel
08/03/2021	Contact - Telephone call made TC to Office of Recipient Rights specialist Shawn DeHondt.
08/04/2021	Contact - Document Sent Email to Office of Recipient Rights specialist Shawn DeHondt.
08/05/2021	Exit Conference I held the exit conference with Licensee Designee Janette Thiel

ALLEGATION:

The whole facility is a mess. The resident rooms and bathrooms are extremely dirty and a mess.

INVESTIGATION:

On 06/22/21, a complaint was received regarding the Sterling North facility. The complaint stated that there is concern that there are two hired staff but only one of them actually works when she is there and can't keep up with everything. She is there pretty much every day all day and does not cook or provide appropriate meals. She is serving the residents sandwiches, chips, cereal, etc. for meals every day. The whole facility is a mess. The resident's rooms and bathrooms are extremely dirty and a mess.

On 07/06/21, I completed an unannounced onsite investigation at the Sterling North facility. I interviewed the home manager June Day and staff Daniel Achille. I observed four of the five residents in the home. One resident was out of the home at the time of the investigation. Residents are severely developmentally delayed and unable to accurately answer questions.

During the investigation, I observed the foyer walls were dirty and had multiple scuff marks. There were several large laundry baskets in the hallway with dirty laundry in them. Ms. Day stated that she does laundry every day but there always seems to be more to do. The kitchen was dirty, as there were unwashed dishes in the sink, open food on the counters and documents all over the kitchen table and counters.

I observed that Bedroom #1 walls were very dirty with stains and markings. The bed appeared to be extremely worn in the middle of the mattress and the pillows appeared to be old and dirty. The floors in bedroom one had small holes and several chipped areas. The dresser and nightstand had broken drawers and missing knobs. There was dirty laundry throughout the room. In bedroom #2, the wallpaper was peeling and missing in multiple areas. The floor was dirty and scuffed. There was a hole in the closet door. The closet was stuffed with large piles of clothes, when the door was opened, clothes fell out. The carpet on the stairs were heavily stained and dirty. Bedroom #3's carpet was dirty and heavily stained. The walls were dirty with markings and had several holes. The closet doors had several patched holes, but the patches were not painted. There were piles of dirty laundry throughout the room. Bedroom #4's light did not work. The walls were dirty with markings and contained several holes. There was a hole in the closet door, as well as a hole in the back of the bedroom door. I also observed that the non-locking against egress door locks did not properly work. When locked, the door would jam when I attempted to open it. Bedroom #5 appeared to be clean and well organized.

I observed the upstairs shared bathroom room which appeared to be very dirty as there was hair all over the countertops and sink. The toilet seat appeared to be covered in feces. According to Ms. Day, she constantly cleans the home but the residents often dirty it back up quickly. The population of the home is developmentally disabled and mentally ill.

On 07/29/21, I completed a face-to-face interview with licensee designee Janette Thiel. Ms. Theil stated that she has already contacted Community Mental Health Network for funds to make repairs to the home. According to Ms. Theil, the home was approved to have the entire interior of the home repainted and floors replaced. Ms. Theil stated that they have also ordered a new bed and bedroom furnishing for bedroom #1.

On 08/04/21, I interviewed Office of Recipient Rights Specialist Shawn DeHondt. Ms. DeHondt stated that she completed an unannounced visit to the facility on 06/22/21. She observed the home as been very clean and organized. According to Ms. DeHondt, the resident's rooms were clean and neat at that time. She also observed the bathrooms as being extremely clean.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.
ANALYSIS:	Based on the information gathered through my interviews, documentation reviews, and onsite investigation, the Sterling North facility is extremely disorganized and dirty. The floors of the home need to be cleaned and repaired. The interior walls of the home need to be repainted as they are very dirty and scuffed with markings. Several resident bedrooms had holes in their floors, doors and walls. The upstairs shared bathroom room was very dirty as there was hair all over the countertops and sink. The toilet seat was covered in feces. There were large piles of dirty unwashed laundry throughout the home and in the resident bedrooms.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Staff is serving the residents sandwiches, chips, cereal etc for meals every day

INVESTIGATION:

During the unannounced onsite investigation, I observed the refrigerator and freezer to be fully stocked with groceries. The home also had several cabinets with can goods and other foods. The home appeared to be well supplied with food. Ms. Day was able to show me the food that was going to be prepared for that day's lunch and dinner. The food items that she showed me, matched what was on the menu for that day. I attempted to interview several of the residents to inquire on the meals they have in the home but none of the residents was able to coherently answer my questions. According to Ms. Day, she does provide the residents with sandwiches but only for lunch on somedays. Ms. Day stated she has not served the residents sandwiches or cereal for dinner. I observed the menu for the month, and it did have sandwiches listed for lunch on several days. I interviewed staff Mr. Achille and he stated that the facility sticks to the menu and does not serve the residents sandwiches or cereal for breakfast.

On 08/04/21, I interviewed Office of Recipient Rights Specialist Shawn DeHondt. Ms. DeHondt stated that during her unannounced visit on 06/22/21, she observed the residents having dinner. She stated the dinner appeared to be an nutritious and appropriate meal. She observed the refrigerator, freezer and cabinets being well stocked with an abundance of food.

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.
ANALYSIS:	Based on the information gathered through my interviews, documentation reviews and onsite investigation, the Sterling North facility appears to be following their menus and providing appropriate meals to the residents. I observed the refrigerator and freezer to be fully stocked with groceries. The home also had several cabinets with can goods and other foods. The home was well supplied with food.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Insufficient staffing in the home.

INVESTIGATION:

On 06/25/21, I received and reviewed the facility staff schedule for May and June 2021. I also reviewed the facility's Resident Registry and the Resident identification record sheets for all residents. The staff schedule showed that the facility appears to have three staff members. The staff members are home manager June Day, Daniel Achille and Marie Long. According to the staff schedule, there was always at least one staff member on shift during the months of May and June 2021. There are five residents living in the home.

During the onsite investigation on 07/06/21, I reviewed the staff schedule. The facility appears to have three staff members who consists of the home manager June Day, Daniel Achille and Marie Long.

On 07/29/21, I completed a face-to-face interview with licensee designee Janette Thiel. Ms. Theil stated that they are trying to hire additional staff, but it has been difficult with the national worker shortage. Ms. Theil stated that her agency has placed ads and worked with recruiting companies, as well as offered monetary incentives.

On 08/04/21, I interviewed Office of Recipient Rights Specialist Shawn DeHondt. Ms. DeHondt stated that when she completed her unannounced visit on 06/22/21, staff Daniel Achille was present. According to Ms. DeHondt, she reviewed the staff schedule and the home appears to be appropriately staffed.

On 08/05/21, I held an exit conference with Licensee Designee Janette Thiel to discuss the findings of the investigation.

APPLICABLE RULE	
R 400.14206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.

ANALYSIS:	Based on the information gathered through my interviews, documentation reviews, and onsite investigation. The Sterling North facility appears to be appropriately staffed. I received and reviewed the facility staff schedule for May and June 2021. The staff schedule showed that the facility appears to have three staff members. The staff members are home manager June Day, Daniel Achille and Marie Long. According to the staff schedule, there was always at least one staff member on shift during the months of May and June 2021. There are five residents living in the home.
CONCLUSION:	VIOLATION NOT ESTABLISHED

III. RECOMMENDATION

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

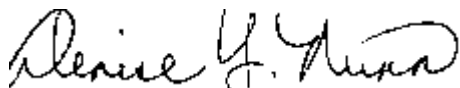


08/05/21

Eric Johnson
Licensing Consultant

Date

Approved By:



08/06/2021

Denise Y. Nunn
Area Manager

Date