



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 24, 2021

Angela Rhode  
38112 E Bonkay  
Clinton Twp, MI 48036-

RE: License #: AF500079504  
Investigation #: 2021A0990017  
Kalbs AFC Home II

Dear Ms. Rhode:

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 cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(586) 676-2877

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF500079504
<b>Investigation #:</b>	2021A0990017
<b>Complaint Receipt Date:</b>	06/30/2021
<b>Investigation Initiation Date:</b>	07/02/2021
<b>Report Due Date:</b>	08/29/2021
<b>Licensee Name:</b>	Angela Rhode
<b>Licensee Address:</b>	38112 E Bonkay Clinton Twp, MI 48036-
<b>Licensee Telephone #:</b>	(810) 465-7638
<b>Administrator:</b>	N/A
<b>Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Kalbs AFC Home II
<b>Facility Address:</b>	38112 East Bonkay Clinton Township, MI 48036
<b>Facility Telephone #:</b>	(586) 465-7638
<b>Original Issuance Date:</b>	03/26/1998
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	09/29/2019
<b>Expiration Date:</b>	09/28/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED ALZHEIMERS AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
An elderly resident was found sleeping amongst garbage on the curb side outside of the home. It is unknown how long the resident had been outside unsupervised. Staff had to be woken up to return the resident.	Yes
Additional Findings	Yes

## III. METHODOLOGY

06/30/2021	Special Investigation Intake 2021A0990017
07/02/2021	Special Investigation Initiated - Face to Face I interviewed Angela Kalbs- licensee, and Resident A. I observed four other residents.
07/02/2021	APS Referral I sent a complaint to Adult Protective Services (APS).
07/02/2021	Contact - Document Sent I emailed Ms. Kalbs and requested documents.
07/02/2021	Contact - Document Sent I emailed Ms. Kalbs to re-request documents regarding Resident A.
07/03/2021	Contact - Document Received I received documents from Ms. Kalb.
07/05/2021	Contact - Document Received I received an email from Ms. Kalbs.
07/07/2021	Contact - Document Received Ms. Kalbs said that Debra Johns from APS came out yesterday. and conducted an interview.
07/29/2021	Contact - Document Received I received an email from Debra Johns APS. Ms. Johns said that she would not be substantiating the APS investigation.

08/12/2021	Contact - Telephone call made I conducted a phone interview with Relative A.
08/12/2021	Contact - Telephone call made I conducted a phone interview with Kelly from MORC. Kelly said that she would reach out the assigned APS worker to contact licensing.
08/12/2021	Contact - Document Received I reviewed Resident A's documents that were requested at an earlier date.
08/12/2021	Contact - Document Sent I asked Ms. Kalbs follow-up questions and scheduled an exit conference.
08/13/2021	Contact - Document Received Ms. Kalbs emailed and provided an update. Ms. Kalbs said that Resident A passed away on her birthday (August 8). Ms. Kalbs sent an incident report and an <i>Assessment Plan</i> .
08/13/2021	Contact - Telephone call made I called Leathie Houston, Supports Coordinator. I left a detailed message.
08/17/2021	Contact- Telephone call received I conducted a phone interview with MORC Supports Coordinator Erin Monahane.
08/17/2021	Exit Conference I conducted an exit conference with Ms. Kalbs.

#### **ALLEGATION:**

**An elderly resident was found sleeping amongst garbage on the curb side outside of the home. It is unknown how long the resident had been outside unsupervised. Staff had to be woken up to return the resident.**

#### **INVESTIGATION:**

On 07/02/2021, I interviewed Angela Kalbs, licensee, and Resident A. I observed four other residents, and all appeared to be appropriate. Ms. Kalbs was aware of the incident that occurred on 06/29/2021 and provided the name and the date of birth of the resident that got outside (Resident A). Ms. Kalbs said that it is believed that Resident A exited the backdoor of the home around 4:40AM. Ms. Kalbs said that Resident A was found lying in the grass between the home and the neighbor's home. The person that

found Resident A was out walking their dog. Ms. Kalbs said that Resident A was not found on the curb near the garbage cans. Ms. Kalbs was the only staff working when the incident occurred as she lives in the home. Resident A has never gotten out before. Ms. Kalbs said that she has dogs, and they did not hear the door opening either. Ms. Kalbs does bed checks every two hours throughout the night. Resident A wanders throughout the home a lot but never got outside alone. Ms. Kalbs said that Resident A is verbal but may not be able to recall the incident. Ms. Kalbs said that Resident A is ambulatory but has a wheelchair.

I attempted to interview Resident A. Resident A said that she does not remember leaving the home or being outside.

I observed the door and area in which, Resident A exited the backdoor. I observed that Resident A had to walk down a wheelchair ramp and exit a closed gate west of the home and walk several feet to fall in between the homes or to the curb of the home.

On 07/03/2021, I sent an email to Ms. Kalbs after she left me a voice message. I reiterated that I needed Resident A's *Assessment Plan* in addition, to that I requested the following documents (most recent) for Resident A: *Health Care Appraisal*, *Resident Register*, June staff schedule and Resident A's case manager's full name.

On 07/05/2021, I received an email from Ms. Kalbs. Ms. Kalbs said that she purchased a door alarm for the backdoor and there is already an alarm on the front door.

On 08/12/2021, I conducted a phone interview with Relative A. Relative A said that Resident A passed away last week. Relative A said that she was informed by Ms. Kalbs that Resident A got outside on 06/29/2021 and was found in between the home and the neighbor's home. Relative A said that Resident A has not gotten out of Ms. Kalbs home before to her knowledge. Relative A had no concerns about the care that Resident A received in the home before. Resident A began living in the home in September 2020. Relative A said that prior to Resident A moving into Ms. Kalb's home she lived independently until her confusion and dementia worsened. Resident A was then placed into an assisted living facility. Resident A has a history of wandering and made several attempts to get out of places that she has lived. Relative A said that she did not visit Resident A much due to COVID-19 but when she did Resident A would become very agitated and wanted to leave the home with her therefore, she decreased her visits.

On 08/12/2021, I reviewed Resident A's MORC's assessment report dated 11/05/2020. According to the assessment, Resident A exhibits fluctuating behaviors. Resident A is ambulatory and does not require assistance standing. Resident A has dementia and would be able to lock the door behind her but would not be able to get out which would trigger anxiety. The report documented that Ms. Kalbs' home front door is locked at all times. Resident A has been in several different assisted living facilities, and she wanders safely in the home and has not tried to leave. The plan also noted that Resident A has a long history of delusions, paranoia and wandering.

I reviewed staff schedule for 06/29/2021 and Ms. Kalbs was the only staff on schedule for the midnight shift. I reviewed Resident A's *Health Care Appraisal* and it noted that Resident A is ambulatory and uses a walker.

On 08/17/2021, I conducted a phone interview with MORC Supports Coordinator Erin Monahane. Ms. Monahane said that she spoke with Ms. Kalbs earlier this week and was informed of Resident A's passing. Ms. Monahane said that Resident A had a fall back in February 2021 and this is when she was prescribed a wheelchair because she had broken her hip. Ms. Monahane did not think that Resident A was already walking because she was not able to rehab due to her confusion. Ms. Monahane said that Resident A has a history of wandering neighborhoods. Prior to Resident A's placement into Ms. Kalbs home, the police were called several times because Resident A would leave her home wandering. Therefore, she was placed into an adult foster home for supervision. Ms. Monahane said that Ms. Kalbs was aware that Resident A wanders. Ms. Monahane said that since Resident A's fall, she began declining. Ms. Monahane said that when Resident A got out of the home, she had a UTI (urinary tract infection) at that time as well.

<b>APPLICABLE RULE</b>	
<b>R 400.1407</b>	<b>Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.</b>
	(2) A licensee shall not accept or retain a resident for care unless and until a resident assessment plan is made and it is determined that the resident is suitable pursuant to the following provisions: (b) The kinds of services and skills required of the home to meet the resident's needs are available in the home.
<b>ANALYSIS:</b>	Resident A was admitted to Kalbs AFC Home in September 2020. The MORC assessment dated 11/05/2020, documents that Resident A has a long history of wandering. On 06/29/2021, Resident A was found outside of the home unsupervised at around 4:40 AM by an unknown neighbor. Resident A got outside of the backdoor and Ms. Kalbs, the licensee and occupant of the home did not hear her leave the home. As a result, Resident A was not supervised per her MORC assessment plan. There were no provisions in place to ensure that Ms. Kalbs could be made aware that Resident A exited the home.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

On 07/02/2021, I interviewed Angela Kalbs, licensee. I requested Resident A's *Assessment Plan*. Ms. Kalb said that she could not locate it but had a MORC assessment plan. Ms. Kalb said that when she locates it, she would email or fax it to me.

On 08/13/2021, I requested Resident A's *Assessment Plan*. Ms. Kalb said that she had not completed an *Assessment Plan* until after I requested it previously. I observed that the *Assessment Plan* was completed on 07/11/2021. Ms. Kalbs said that an *Assessment Plan* was not completed upon admission or at time of the incident for her file. Ms. Kalbs said that Resident A's wheelchair and hospital bed were ordered back in March of 2021 for safety and transfers by her physician and delivered from Sheldon Medical Supply. Ms. Kalb said that Resident A was very unsteady on her feet and rarely used the wheelchair.

On 08/17/2017, I conducted an exit conference with Ms. Kalb. Ms. Kalb was informed of the violations. We discussed door alarms on doors when there are residents that wander. Ms. Kalb was informed that the *Assessment Plan* at Resident A's admission should have been completed and documented the safety interventions in place due to Resident A's history of wandering per her MORC assessment plan.

<b>APPLICABLE RULE</b>	
<b>R 400.1407</b>	<b>Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.</b>
	(2) A licensee shall not accept or retain a resident for care unless and until a resident assessment plan is made and it is determined that the resident is suitable pursuant to the following provisions: (a) The amount of personal care, supervision, and protection required by the resident is available in the home.
<b>ANALYSIS:</b>	Resident A was admitted to Kalbs AFC Home September of 2020. An <i>Assessment Plan</i> was not complete until 07/11/2021. A MORC <i>Assessment plan</i> was completed two months after Resident A's admission to the home on 11/05/2020.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>



**IV. RECOMMENDATION**

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

*L. Reed*

08/23/2021

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LaShonda Reed  
Licensing Consultant

Date

Approved By:

*Denise Y. Nunn*

08/24/2021

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Denise Y. Nunn  
Area Manager

Date