GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 14, 2021

Brooke Selleck-Fredrickson
The Mitten Adult Foster Care L.L.C.
1546 N. Royston Road
Charlotte, MI 48813

RE: License #: AM230402660
Investigation #: 2021A1029019
The Mitten Adult Foster Care LLC

Dear Ms. Selleck-Fredrickson:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

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 (231) 922-5309.

Sincerely,

Jennifer Browning

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM230402660
Investigation #:	2021A1029019
Complaint Receipt Date:	07/23/2021
Investigation Initiation Date:	07/23/2021
Report Due Date:	09/21/2021
Licensee Name:	The Mitten Adult Foster Care L.L.C.
Licensee Address:	4957 Burt Avenue Grand Ledge, MI 48813
Licensee Telephone #:	(517) 927-5734
Administrator:	Brooke Selleck-Fredrickson
Licensee Designee:	Brooke Selleck-Fredrickson
Name of Facility:	The Mitten Adult Foster Care LLC
Facility Address:	4957 Burt Avenue Grand Ledge, MI 48837
Facility Telephone #:	(517) 898-1983
Original Issuance Date:	04/16/2020
License **Status:**	REGULAR
Effective Date:	10/16/2020
Expiration Date:	10/15/2022
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
On July 21, 2021, Resident B inappropriately touched Resident A which made her feel uncomfortable. Resident B was inappropriate with Resident A in the past. Complainant concerned direct care staff are not providing enough supervision.	No

III. METHODOLOGY

07/23/2021	Special Investigation Intake 2021A1029019
07/23/2021	Special Investigation Initiated – Telephone to Mitten AFC, Makayla Allen was not working. Asked for her personal number.
07/23/2021	Contact - Telephone call made to direct care staff member, Makayla Allen
07/26/2021	APS Referral sent by email to Centralized Intake
07/28/2021	Contact - Face to Face with Resident A, C, and direct care staff member, Jennifer Sidel
07/29/2021	Contact - Telephone call made to Tri County Guardianship Services - Guardian B1
07/29/2021	Contact - Telephone call made to City Rescue Mission to reach Resident B - Spoke to Ben
07/30/2021	Contact - Telephone call made to Resident B at City Rescue Mission
08/06/2021	Contact - Telephone call made to Brooke Selleck Fredrickson, LD - Left a voicemail
08/06/2021	Exit Conference with Brooke Selleck-Fredrickson

ALLEGATION:

On July 21, 2021, Resident B inappropriately touched Resident A which made her feel uncomfortable. Resident B was inappropriate with Resident A in the past. Complainant concerned direct care staff are not providing enough supervision.

INVESTIGATION:

On July 23, 2021, an incident report was received from The Mitten AFC regarding an incident between Resident A and Resident B. Direct care staff member, Makayla Allen on July 21, 2021, wrote an explanation of the incident:

> *"On July 21, 2021, around 2:50 pm when [Resident B] was dropped back off after being with Tri County Guardians. He came back to the Mitten and walked around the house and went into another resident's room without permission. [Resident A] approached me (Makayla) and said that [Resident B] touched her. Because of his inappropriate behaviors toward her before today she tried getting away from him but he held on to her tighter and would not let go. [Resident A] told me he held on to her for 10-15 minutes. After that incident of him inappropriately touching another resident without their consent, he took off. The police were contact because of his behaviors. He was brought back by the Grand Ledge Police and said he inappropriately touching another resident is not considered a "real assault" so therefore he was released back to The Mitten."*

On July 23, 2021, I made a telephone call to direct care staff member, Makayla Allen. She stated Resident A reported that Resident B held her tightly by her shoulders and that law enforcement did not think that was a real assault and would not charge him. Resident B has not done this to Resident A in the past. He will sit next to her too close at dinner and get into her space, but he has never held on to her. Ms. Allen stated she was the only staff working during the incident. At the time of the incident, she was in the office getting the medications ready and Resident A rushed into the office to tell her what happened. There have been no incidents since that time.

Ms. Allen believes that Resident B is no longer residing at The Mitten AFC. He has a history of drinking and he was going to be discharged because of the drinking. The police found Resident B walking around town after the incident and they brought him back to The Mitten.

On July 28, 2021, I interviewed Resident A at The Mitten AFC. She stated Resident B put his arm around her shoulder in what she described as a 'side hug.' Resident A stated there have been several times Resident B put one arm around the side of her to hug her. Resident A stated Resident B leaves the AFC facility, drinks alcohol, and then returns to do these things to her. Resident A reported Resident B ended up moving out because he drinks too much. Resident A stated that he touched her leg while they were eating dinner in the past despite her telling him to stop. Resident A stated she told direct care staff members about this in the past but could not recall the name of the direct care

staff member to whom she reported this information. Resident A stated Resident B has never touched her in her private areas rather has touched her shoulders, leg, and knee. Resident A stated she was good friends with Resident B so they spent a lot of time together watching TV in her room. Resident A stated a third shift staff member would check on them when they were in the room together. Overall, Resident A stated she was glad that he moved out because the house was much quieter without his drinking. Resident A stated Resident B tried to kiss her in the past, but he was not able to do so because she turned away from him. Resident A stated Resident B would also tell her that he wanted her to be his wife or girlfriend, but Resident A said she would reply and tell him he needed to stop drinking.

I interviewed direct care staff member Jennifer Sidel who stated she has worked in the home since June 2020. She denied that Resident A ever told her about any of these past incidents. She stated that she has observed Resident B get into a resident's personal space and he would need to be reminded to back up or to not get into other resident's or staff's face when he was speaking to them. Ms. Sidel denied that she ever observed Resident B putting his hands on Resident A in the past. Ms. Sidel stated she sits in the office doorway while the residents are eating dinner which provides a clear view of the resident dining room table from my observation of the space. Ms. Sidel stated she has never observed Resident B touching Resident A's leg during meals.

Ms. Sidel stated Resident B was issued a 30 day discharge notice because of his drinking alcohol and violating the policies of the home. He was currently staying at City Rescue Mission in Lansing and would not be returning to the home.

I was able to review the resident record for Resident A. There were no concerns in her assessment plan or resident record related to supervision.

I was able to review the resident record for Resident B. He moved into The Mitten AFC on October 12, 2020. On his assessment plan dated October 5, 2020, both areas for "control sexual behaviors" and "controlled aggressive behavior" was marked as "no". His guardian from Tri County Guardianship Services completed the assessment plan. Ms. Sidel was asked why these areas were marked as "No" and she did not have additional information other than it was from his past behaviors. The only documentation in his resident record regarding sexually inappropriate behaviors was a log of inappropriate comments he made to direct care staff back in January 2021. There were no incidents of these behaviors toward residents. There was nothing additional documented regarding the need for increased supervision or protection for Resident B.

I reviewed a document called Employee Orientation for personal care, hygiene, supervision, and protection that outlines the direct care staff member responsibility for protection and supervision of the residents while they are residing at The Mitten AFC.

I interviewed Resident C who is Resident A's roommate at The Mitten Adult Foster Care LLC. She stated that she thought Resident B was a funny person and that she was sad

that he was gone from The Mitten Adult Foster Care LLC. She stated one time Resident B grabbed her elbow but that he was trying to be funny. She was not fearful of the incident or of Resident B. She stated that he was no longer living there because he was in trouble for drinking too much. She stated that she has never noticed any inappropriate touching between Resident B and Resident A. She is typically in the room with them when they are watching television together. Resident C said Resident B would touch her should sometimes but she told him not to do that because she had shoulder surgery and she had pain sometimes. She denied that Resident B has ever touched her sexually. She stated that the supervision in the home would not allow something like this because direct care staff are always watching the residents. She stated that she feels safe living at the facility.

On July 29, 202, I contacted Tri-County Guardianship Services to interview Guardian B1. Guardian B1 has never observed Resident B touching any of the residents. It has been reported to her that Resident B made residents uncomfortable because of him disregarding other's personal space. That was the only concern brought to her attention until last week when she heard of the incident with Resident A where he hugged her on the side. She described Resident B as having a traumatic brain injury and he lacks personal space boundaries. Guardian B1 also stated Resident B is also a heavy drinker and has a habit of sneaking out of The Mitten Adult Foster Care LLC to get drunk. To her knowledge the only inappropriate behavior she was aware of occurred when Resident B grabbed an elderly female resident's shoulder at The Mitten Adult Foster Care LLC and was talking loudly in her face. Guardian B1 did not think Resident B was trying to be sexually inappropriate. She knows that he has not had any incidents like that since 2019. In 2019, there was a more serious incident directed toward a staff member at a prior placement where he sexually assaulted a staff member while he was drinking. That is why "No" is checked for controlling sexual behaviors on the assessment plan. The facility knew about the concern in 2019 since he moved in October 2020 and there have been no major incidents.

Guardian B1 stated she was never told that Resident B tried to touch Resident A's leg at dinner but since he has no sense of personal space, she would not be surprised. There was never a plan for supervision to keep the residents apart. She would not expect them to have a plan since he has never shown these behaviors at the home.

On July 29, 2021, I contacted City Rescue Mission of Lansing men's shelter to speak with Resident B. Resident B was gone for the day but the operator stated he has been staying there since July 22, 2021. Resident B will likely show up in the evening around 6:30 p.m. or call in the morning at 6:00 a.m.

On July 30, 2021, I made a telephone call to Resident B at the City Rescue Mission. He stated that he was staying at the Rescue Mission. Resident B denied there was a discharge notice and stated he left on his own. Resident B denied there being an any issues with Resident A before he left. Resident B denied that she ever told him that she was making him uncomfortable. He stated that he and Resident A were "pretty good friends." He denied that he spoke to the police about anything before he left The Mitten

Adult Foster Care LLC. He stated that he did not remember hugging Resident A from the side before he left but that's something he would normally do as friends. He stated that he would hug Resident C. Resident B stated there was never a time that he would touch her in a sexual way or try to make Resident A or Resident C uncomfortable.

On August 6, I made a telephone call to licensee designee, Brooke Selleck-Fredrickson. Ms. Selleck-Fredrickson stated she was notified by her direct care staff member, Ms. Allen about the incident. Resident A came up to her while she was working and was upset because she stated that Resident B had his hands on her shoulder and would not let go. Resident B's guardian had told him in the past that he should not be in the bedroom with Resident A and Resident C. When this was mentioned to Resident A, she told her "No, no, no, he's fine in my room." Resident B has an extensive history with substance abuse and this was the reason for the written 30-day discharge notice. Resident B continued to steal alcohol from local stores when he would leave the facility. He would go to Dollar General and steal from them. Dollar General had a no trespass order to not go on their property but he would still go. At one point, he was prescribed medication so he would not crave alcohol but that did not work. Several times he was told by his guardian to stay in his room when he was drinking so he did not bother the other residents.

Direct care staff member Ms. Allen was present in the home during the incident. Ms. Allen was surprised that she did not hear Resident A call out for assistance during the incident. Instead, Ms. Allen reported Resident A came to her after the incident and said that Resident B had his hands around the shoulders and would not let go. Ms. Allen reported she spoke with Resident A about the incident and Resident A stated that she felt like she was assaulted and law enforcement was called. Eaton County Police Department responded but said it was not considered assault because of the way that Resident B touched Resident A.

Ms. Selleck-Fredrickson stated Resident A has never told her Resident B had made her uncomfortable or that she did not want him to sit by her. She feels that they were very personable and got along well. If Resident A told her this, she would have moved her seat at meals.

Ms. Selleck-Fredrickson stated Resident A has down syndrome, kleptomania, and is developmentally disabled. She also has a history of lying. In the past, Resident A has been caught stealing food items but will never admit it if they catch her stealing from other residents.

Ms. Selleck-Fredrickson stated that she has been there during mealtimes and never saw Resident B touching Resident A's legs. He does have personal space issues and will get too close and needs to be reminded to "stay in his bubble." In the past, Resident B had a history of making inappropriate comments toward the younger staff. Lately, he was making everyone uncomfortable due to his drinking behavior. Ms. Selleck-Fredrickson stated she doesn't think Resident B held on to Resident A for 10-15 minutes because Ms. Allen would have noticed it. Ms. Selleck-Fredrickson stated

Resident A had the practice of holding the shoulders of people to try and get their attention. Ms. Selleck-Fredrickson said she would be surprised if Resident B pushed for a relationship with Resident A and she has not heard the comments between them. Ms. Selleck-Fredrickson also confirmed that Resident B was told that he cannot touch other people in the AFC home. She also stated Resident B was very belligerent when he drank alcohol which makes harder to work with him however the only physical aggression, he displayed in the home was slamming the door.

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 is no indication that the direct care staff members or licensee designee, Brooke Selleck-Fredrickson failed to protect Resident A from Resident B. There was an incident in 2019 with a staff member in a former home that Resident B was inappropriate with but no indication he has had any concerns of being inappropriate with residents at The Mitten Adult Foster Care LLC. Although Resident A stated that he made her feel uncomfortable it appears that Resident B gave her only a side hug while at the facility. Once the direct care staff member Ms. Allen was told, she contacted law enforcement, and an incident report was completed. There is no reason to believe that Ms. Allen would have known this would occur prior to the incident or that the staff at The Mitten AFC did not provide supervision, protection, and personal care according to the written assessment plan.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

IV. RECOMMENDATION

I recommend no change in the license status.

_____8/6/2021____
Jennifer Browning Date
Licensing Consultant

Approved By:

09/14/2021
_____
Dawn N. Timm Date
Area Manager