GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 2, 2021

Kelly Devereaux
Mentors Of Michigan, Inc.
3812 Finch
Troy, MI 48084

RE: License #: AS630353528
Investigation #: 2022A0611001
Rougemont

Dear Ms. Devereaux:

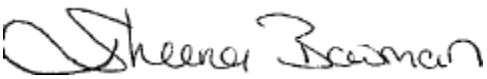
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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,



Sheena Bowman, 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 #:	AS630353528
Investigation #:	2022A0611001
Complaint Receipt Date:	09/24/2021
Investigation Initiation Date:	10/05/2021
Report Due Date:	11/23/2021
Licensee Name:	Mentors Of Michigan, Inc.
Licensee Address:	3812 Finch Troy, MI 48084
Licensee Telephone #:	(248) 632-3534
Administrator:	Kelly Devereaux
Licensee Designee:	Kelly Devereaux
Name of Facility:	Rougemont
Facility Address:	22120 Rougemont Southfield, MI 48033
Facility Telephone #:	(248) 595-8344
Original Issuance Date:	03/24/2014
License Status:	REGULAR
Effective Date:	03/16/2020
Expiration Date:	03/15/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
Resident J had to ask her doctor to put her on a multi-vitamin because she is malnourished. Facility does not provide enough fresh fruit and vegetables. Snacks are not allowed after 8pm.	No
There is lack of soap in bathrooms.	No
Staff take away phone and computer from Resident J, isolating her from family/friends.	No
Staff yell at residents when they request PRN's. Staff cancels and reschedules the residents' medical appointments.	No
The doors to the group home are not locked at night.	No
Additional Findings	Yes

III. METHODOLOGY

09/24/2021	Special Investigation Intake 2022A0611001
10/05/2021	Special Investigation Initiated - On Site There was no answer at the door.
10/05/2021	Contact - Telephone call made I left a voice message for Resident J requesting a call back.
10/12/2021	Contact - Telephone call made I made a telephone call to the licensee designee, Kelly Devereaux. The allegations were discussed.
10/12/2021	Contact - Telephone call made I made a telephone call to Resident J. The allegations were discussed.
10/13/2021	Contact - Document Received I received a copy of Resident J's behavior plan, menus, and pictures of the snacks that are available for the residents in the home.

10/13/2021	Contact - Telephone call made I made a telephone call to Mark Lakier from Easter Seals. Resident J was discussed.
10/13/2021	Contact - Telephone call made I made a telephone call to staff member, Tanisha Smith. The allegations were discussed.
10/13/2021	Contact - Telephone call made I made a telephone call to Samantha Chambers. Ms. Chambers stated she no longer works for the AFC group home as of 9/27/21.
10/13/2021	Contact-Face to Face I made an unannounced onsite. I observed soap and hand sanitizer in both of the bathrooms, cleaning supplies in the closet inside the bathroom, food in the refrigerator and freezer, the locked cabinet in the staff office that contains Resident J's electronic devices and the lock on the front door. I observed Resident J and she did not report any concerns.
10/13/2021	Exit Conference I completed an exit conference with the licensee designee, Kelly Devereaux via email.
11/02/2021	Contact-Telephone call made I made a telephone call to Resident J. The allegations were discussed regarding snacks, doctor appointments, and her multi-vitamin.

ALLEGATION:

- **Resident J had to ask her doctor to put her on a multi-vitamin because she is malnourished.**
- **Facility does not provide enough fresh fruit and vegetables. Snacks are not allowed after 8pm.**

INVESTIGATION:

On 09/24/21, I received the abovementioned allegations.

On 10/05/21, I made an unannounced onsite, but there was no answer. I left a voice message for Resident J requesting a call back.

On 10/12/21, I made a telephone call to the licensee designee, Kelly Devereaux. Regarding the allegations, Ms. Devereaux stated Resident J was prescribed a vitamin. However, her insurance would not pay for it. Therefore, Resident J was prescribed a

multi-vitamin. Ms. Devereaux stated Resident J is not malnourished and she has gained weight. Ms. Devereaux stated fruits and vegetables are specifically bought for Resident J per her request and sometimes she will eat all the bananas in one day. There is not a rule that states the residents cannot come out of their bedroom before 8:00 am. There is also not a rule that states the residents cannot eat after 8:00 pm. The residents are served dinner between 5:00pm-6:00pm. The residents can request a snack at any time.

On 10/12/21, I interviewed Resident J by phone. Resident J stated there isn't enough food or vegetables in the home.

On 10/13/21 I received a copy of the menus for the month of September 2021 and Resident J's weight record. According to the menus, the residents are being served three regular nutritious meals daily. The pictures that I observed of the snacks available in the home consist of several boxes of cereal, bread, chips, crackers, oranges, and nectarines. According to Resident J's weight record, she weighs 131 pounds in December 2019, 140 in December 2020, and 152 in October 2021.

On 10/13/21, I completed an unannounced onsite. I observed Resident J. Resident J did not appear to be malnourished. Resident J did not report any concerns. I observed plenty of food in the refrigerator and the freezer.

On 11/02/21, I made a telephone call to Resident J. Regarding the allegations, Resident J stated she requested her doctor to prescribe her a multi-vitamin because she feels there is not enough fresh fruits and vegetables being served at the AFC group home. Resident J stated fresh fruits and vegetables are bought for a salad once every two weeks at the AFC group home. There are also plums and green beans that she has to share among the other residents in the home. Resident J stated she is not allowed to eat snacks after 8:00 pm. Resident J stated snacks are left out for the residents to eat. However, some staff will tell her the kitchen is closed after 8:00 pm.

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:	I observed menus for the month of September. According to the menus, the residents are being served three regular nutritious meals daily. On 10/13/21, Resident J was observed and she does not appear to be malnourished. According to Resident J's weight record, she has gained 11 pounds in less than a year and she is at a healthy weight.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

There is lack of soap in bathrooms.

INVESTIGATION:

On 10/12/21, I made a telephone call to the licensee designee, Kelly Devereaux. Ms. Devereaux stated she is not aware of soap not being in the AFC group home. Ms. Devereaux stated she recently bought a caddy for each resident containing soap, body wash and other hygiene products. Ms. Devereaux stated she bought each resident their own soap because a resident complained about not feeling comfortable with using the soap handle after someone else.

On 10/12/21, I made a telephone call to Resident J. Resident J stated the home is out of dish soap and cleaning supplies.

On 10/13/21, I received pictures of soap bottles in the bathroom and a box full of soap that hasn't been used yet.

On 10/13/21, I completed an unannounced onsite. I observed soap and hand sanitizer in both bathrooms. I observed several bottles of bleach and cleaning supplies in a locked closet in the bathroom.

APPLICABLE RULE	
R 400.14401	**Environmental health.**
	(8) Hand-washing facilities that are provided in both the kitchen and bathroom areas shall include hot and cold water, soap, and individual towels, preferably paper towels.
ANALYSIS:	On 10/13/21, I observed soap and hand sanitizer in both of the bathrooms.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

- **Staff take away phone and computer from Resident J, isolating her from family/friends.**

INVESTIGATION:

On 10/12/21, I made a telephone call to the licensee designee, Kelly Devereaux. Ms. Devereaux stated recently a meeting was held with Easter Seals regarding Resident J's behavior plan. Resident J's behavior plan indicates that Resident J can only use her cell phone or computer one at a time during the day, in the common area at the AFC group home. Resident J has to turn in her cell phone or computer at bedtime. These restrictions are in place because Resident J has a history of reaching out to people online and attempting to leave the state to meet them, sending inappropriate pictures, and ordering medications and having them delivered to the AFC group home. Resident J's cell phone and computer are monitored through a device to observe her search history. Resident J's cell phone and computer are locked up in the employee's office.

On 10/12/21, I made a telephone call to Resident J. Resident J stated she is aware of the restrictions listed in her behavior plan regarding her cell phone and computer. Resident J stated staff use to punish her by taking away her cell phone because they thought she was doing something inappropriate.

On 10/13/21, I received a copy of Resident J's behavior plan. According to the behavior plan, Resident J's personal electronic devices are to be held onto by staff. Access to these items will be provided upon Resident J's request. Prior to bed each evening, staff must ensure that they have obtained Resident J's phone and laptop. Resident J's use of her personal electronic devices may occur in a private area for up to three hours per day. Additional hours of use must occur in common areas of the home. Staff are required to monitor and review Resident J's electronic devices.

On 10/13/21, I completed an unannounced onsite. I observed the locked cabinet in the staff office that contains Resident J's electronic devices.

APPLICABLE RULE	
R 400.14304	**Resident rights; licensee responsibilities.**
	(1) Upon a resident's admission to the home, a licensee shall inform a resident or the resident's designated representative of, explain to the resident or the resident's designated representative, and provide to the resident or the resident's designated representative, a copy of all of the following resident rights: **(e) The right of reasonable access to a telephone for private communications. Similar access shall be granted for long distance collect calls and calls which otherwise are paid for by the resident. A licensee may charge a resident for long distance and toll telephone calls. When pay telephones are provided in group homes, a reasonable**

	amount of change shall be available in the group home to enable residents to make change for calling purposes. **(j) The right of reasonable access to and use of his or her personal clothing and belongings.**
ANALYSIS:	On 10/13/21, I received a copy of Resident J's behavior plan. According to the behavior plan, Resident J's personal electronic devices are to be held onto by staff. Staff are required to monitor and review Resident J's electronic devices.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATIONS:

Staff yell at residents when they request PRN's. Staff cancels and reschedules the residents' medical appointments.

INVESTIGATION:

On 10/12/21, I made a telephone call to the licensee designee, Kelly Devereaux. Ms. Devereaux stated the staff are nice and she has never received a complaint about staff yelling at the residents in general or about PRN's. The same staff have been in the AFC group home for at least a year and Resident J has resided in the home for about five years. Ms. Devereaux stated Resident J is known for scheduling her own doctors' appointments without notifying staff. Resident J is allowed to schedule her appointments however, she is supposed to coordinate with staff. Ms. Devereaux is not aware of staff canceling appointments but if it has happened it was because staff was not aware of the appointment when Resident J scheduled it.

On 10/12/21, I made a telephone call to Resident J. Resident J stated staff yell at her when she would ask a question. Resident J could not provide any specific instances when a staff has said something inappropriate to her. Resident J stated on more than one occasion staff have given her the wrong medication. Resident J then stated in May 2021, staff member Samantha Parker attempted to give her the wrong medication but she did not take it. Resident J stated Ms. Parker wrote an incident report for her not taking her medication.

On 10/13/21, I made a telephone call to staff member, Tanisha Smith. Ms. Smith denied any staff member yelling at the residents or at Resident J. Ms. Smith stated Resident J is not a behavior problem.

On 10/13/21, I made a telephone call to Mark Lakier who is the behavioralist at Easter Seals. Mr. Lakier stated he does not have any concerns regarding Resident J residing at the AFC group home. Mr. Lakier stated he saw Resident J last week and she did not report any concerns.

On 11/02/21, I made a telephone call to Resident J. Resident J stated she does schedule her primary care physician appointments. Resident J stated she does coordinate with staff before she schedules her doctors' appointments. Resident J stated staff have canceled her appointments and she does not know why.

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: **(f) Subject a resident to any of the following:** **(ii) Verbal abuse.**
ANALYSIS:	Resident J stated staff yell at her when she would ask a question. Resident J could not provide any specific instances when a staff has said something inappropriate to her. Ms. Smith denied any staff member yelling at the residents or at Resident J. Ms. Smith stated Resident J is not a behavior problem.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATIONS:

The doors to the group home are not locked at night.

INVESTIGATION:

On 10/12/21, I made a telephone call to Resident J. Resident J stated the home is not locked at night. However, staff is present 24/7.

On 10/13/21, I made a telephone call to staff member, Tanisha Smith. Ms. Smith stated the doors are locked at night. However, some of the residents may go outside at night time to smoke.

On 10/12/21, I made a telephone call to the licensee designee, Kelly Devereaux. Ms. Devereaux stated she does not know if the doors are locked at night. She believes the doors are locked when the residents leave during the day.

On 10/13/21, I completed an unannounced onsite. I observed the front door. The lock on the door was observed to have non-locking against egress hardware.

APPLICABLE RULE	
R 400.14507	**Means of egress generally.**
	(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.
ANALYSIS:	The front door was observed to have non-locking against egress hardware.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

The midnight staff sleep during their shift.

INVESTIGATION:

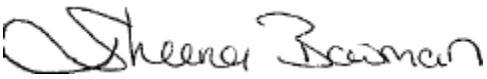
On 10/13/21, I made a telephone call to staff member, Tanisha Smith. Regarding the allegations, Ms. Smith stated she worked the midnight shift up until last week. Ms. Smith stated only one staff member works during the midnight shift. Ms. Smith stated she may take a 20-minute nap during her midnight shift without coverage. Ms. Smith stated residents may have witnessed her sleeping during her shift.

On 10/12/21, I interviewed Resident J. Resident J stated every midnight staff sleeps during their shift except for Tanisha Smith. Resident J stated she goes to bed around 9:00 pm.

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:	Staff member, Tanisha Smith, admitted to sleeping during the midnight shift without having coverage to ensure the residents are being supervised.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

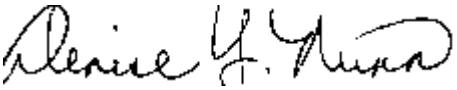
Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the license status.



11/02/2021

Sheena Bowman — Date
Licensing Consultant

Approved By:



11/02/2021

Denise Y. Nunn — Date
Area Manager