



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 30, 2021

Stephanie Hildebrant
Wood Care VIII, Inc.
910 S Washington Ave
Royal Oak, MI 48067

RE: License #:	AL090281508
Investigation #:	2022A0123002 Monet House Inn

Dear Mrs. Hildebrant:

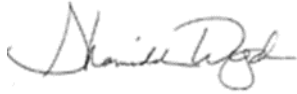
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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. 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,

A handwritten signature in cursive script, appearing to read "Shamidah Wyden".

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48607
989-395-6853

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL090281508
Investigation #:	2022A0123002
Complaint Receipt Date:	10/11/2021
Investigation Initiation Date:	10/14/2021
Report Due Date:	12/10/2021
Licensee Name:	Wood Care VIII, Inc.
Licensee Address:	910 S Washington Ave Royal Oak, MI 48067
Licensee Telephone #:	(947) 282-7555
Administrator:	Stephanie Hildebrant
Licensee Designee:	Stephanie Hildebrant
Name of Facility:	Monet House Inn
Facility Address:	6700 Westside Saginaw Rd Bay City, MI 48706
Facility Telephone #:	(989) 667-9800
Original Issuance Date:	12/05/2007
License Status:	REGULAR
Effective Date:	12/15/2019
Expiration Date:	12/14/2021
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
The facility is short staffed. They have 12-13 residents with one staff on shift.	No
Staff are not providing an appropriate level of personal care, and staff are not changing resident's briefs frequently enough.	No
The facility sometimes does not have a med passer on shift.	No
Additional Findings	Yes

III. METHODOLOGY

10/11/2021	Special Investigation Intake 2022A0123002
10/14/2021	Special Investigation Initiated - Telephone I spoke with Complainant 1 via phone.
10/15/2021	Inspection Completed On-site I conducted an unannounced on-site visit.
10/20/2021	APS Referral An APS referral was completed.
10/26/2021	Contact - Telephone call made I made a call to the facility. I spoke with Diane McGourty via phone.
10/28/2021	Contact - Document Received I received requested documentation via email.
11/04/2021	Contact - Telephone call made I made an attempted call to staff Marissa Geyer. I left a voicemail requesting a return call.
11/04/2021	Contact - Telephone call made I interviewed staff Cierra Moten via phone.
11/04/2021	Contact - Telephone call made I left a voicemail requesting a return call from staff Monica Hill.

11/04/2021	Contact - Telephone call made I left a voicemail requesting a return call from staff Tameka Buford.
11/04/2021	Contact - Telephone call received I interviewed staff Tameka Buford via phone.
11/05/2021	Contact - Telephone call received I interviewed staff Monica Hill via phone.
11/18/2021	Inspection Completed On-site I conducted an on-site at the facility.
11/18/2021	Contact - Document Received I received requested documentation via email.
11/29/2021	Contact- Telephone call made I spoke with Relative 1 via phone.
11/29/2021	Contact- Telephone call made I spoke with Relative 2 via phone.
11/29/2021	Contact- Telephone call made I spoke with Relative 3 via phone.
11/29/2021	Contact- Telephone call made I spoke with Relative 4 via phone.
11/29/2021	Contact- Telephone call made I left a message requesting a return call from Relative 5.
11/29/2021	Contact- Telephone call made I made an attempted call to Relative 6. The call went to voicemail, and the voicemail box was full.
11/29/2021	Contact- Telephone call received I spoke with Relative 5 via phone.
11/29/2021	Contact- Telephone call made I spoke with general manager Diane McGourty via phone.
11/30/2021	Contact- Telephone call made A second attempt was made to contact Relative 6. There was no answer.
11/30/2021	Exit Conference- I spoke with licensee designee Stephanie Hildebrant via phone.

ALLEGATION: The facility is short staffed. They have 12-13 residents with one staff on shift.

INVESTIGATION: On 10/15/2021, I spoke with Complainant 1 via phone. Complainant 1 stated the following:

Complainant 1 does not know why there is a staff shortage. New hires are expected to perform like staff. The turnover is high. There are three residents who require a Hoya Lift, and about 4 other residents who require a two-person assist. The other residents take care of themselves and call for assistance here and there. There are 12 to 13 resident's total. There are usually two staff on third shift, and three staff on first and second shifts (i.e., one med passers and two other caregivers). Last Sunday (10/10/2021), there was one med passer on first shift only and only half a shift was a staff person (guest assistant) present.

A copy of the facility's staff schedule and payroll print out (which details staff's clock in and clock out times for each shift were reviewed). There were two staff who worked 6:00 am to 2:00 pm on 10/10/2021. The documentation indicates that Staff Cierra Moten and Staff Doretha Ransom worked that day, and they are both trained med passers. Verification of the medication training was reviewed during this investigation.

On 10/15/2021, I conducted an unannounced on-site visit. I spoke with the main office receptionist who stated that Monet House Inn is currently closed due to active COVID-19 cases.

On 11/04/2021, I interviewed staff Tameka Buford via phone. Staff Buford stated that she does not know how many staff are supposed to work per shift, but there are three currently on shift including her. She stated that one night either 10/27/2021 or 10/31/2021 she was alone working third shift, and that there is a third shift staff shortage. She stated that she is not fully trained with passing medication and has been in training for two days for medication passing. She stated that there are eight residents in the facility, and that four of them require a Hoya lift. She stated that there is supposed to be two to three staff assisting with a Hoya lift transfer, but she has witnessed one staff person using the Hoya lift alone. She stated that it depends on the weight of the resident. Staff Buford stated that there is only one resident who can use the Hoya lift with one staff assisting (Resident C). Staff Buford stated that there are about five residents who require a one to two person assist, and three other residents are mobile. She stated that the residents personal care needs are being met, and no one is being neglected.

A copy of the staff the facility's staff schedule and payroll print out (which details staff's clock in and clock out times for each shift were reviewed). Staff Gage Boyle and staff Te'Auna Barnes worked third shift (starting at 10:00 pm) on 10/27/2021. Staff Buford worked from 1:56 pm to 10:00 pm on 10/27/2021. Staff Buford worked

from 1:46 pm to 6:09 am on 10/31/2021. Staff Shaniqua Davis worked 3rd shift from 10:03 pm to 6:09 am on 10/31/2021. Staff Davis is med trained.

On 11/04/2021, I interviewed staff Cierra Moten. Staff Moten stated that she has worked in the facility for about three years. She stated that she works first shift. She stated that there are three staff that work per shift, and that Monet House Inn can be short staffed at times. She stated that there is always a med passer on shift. She stated that there have been a few times where third shift's med passer did not show up, and there was no coverage, a few months ago. She stated that right now they are fully staffed, with approximately 11 residents. She stated that each resident is a one person assist. She denied that any residents require a Hoya lift. She stated that second shift runs through a lot of staff.

On 11/05/2021, I interviewed staff Monica Hill via phone. She stated that she has worked in the facility since July 2021. She stated that she works second shift and is trained in medication passing. She stated that they have been short staffed, and that sometimes staff levels vary. She stated that they have anywhere from two to four staff on shift. When asked if there is ever less than two staff, she stated "probably." She stated that she heard that someone else worked the other day on shift by themselves. She stated that it is supposed to be three staff per shift, with one of them being a med passer. She stated that she thinks third shift is supposed to have two staff, but the med passer is usually assigned to the adjacent facility. She stated that she is not aware of any shifts where there is no med passer. She stated that a med passer on third shift, comes from adjacent facility to pass medications at Monet House Inn. She stated that there are about 11 residents who reside in Monet House Inn, and about five of them require a one or two person assist. She stated that the other residents are mobile.

On 11/18/2021, I conducted a follow-up on site visit. I spoke with general manager Diane McGourty. Assisted Living director Hathaway Snyder, and licensee designee Stephanie Hildebrant were present. Per Ms. McGourty there are ten residents in the facility, and two staff on each shift (one guess assistant and one med passer). She stated that when residents become total care, they are transferred to a skilled nursing home next door. She stated that when they are short staffed, they will pull a CNA (certified nursing assistant) from the next-door facility who is a trained staff to work the floor. She stated that they always have two staff at a minimum per shift.

On 11/18/2021, during my on-site visit, I observed ten residents in the facility. Seven residents were observed at the dining room table doing activities. There were three residents observed sleeping in their rooms. The residents appeared clean and appropriately dressed. The facility appeared clean. There were floor repairmen present replacing the flooring in the hallways.

On 11/18/2021, I interviewed Resident A at the facility. Resident A stated that staff are doing a good job, and she has never had any concerns regarding her medication. She stated that she receives her medication timely. She denied ever

having a concern that staff are not trained to pass meds. She stated that about two to three direct care staff work in the daytime, but she is unsure how many works at night. Resident A stated that she is very pleased with things and have no issues or concerns with staff.

On 11/18/2021, I interviewed Resident B at the facility. Resident B stated that she is getting her care needs met and does not have to wait long for assistance. Resident B stated that staff passes her medications, and she has no issues with it. She stated that she feels safe in the facility.

On 11/23/2021, I received a copy of the "census" (Resident Register) for the facility. On 10/11/2021, there were 16 residents in the facility. Four were discharged from the facility between 10/11/2021 and 11/15/2021, and two were admitted (11/09/2021 and 11/19/2021). There are currently 12 residents in the facility to date.

A copy of the staff schedule for September 12th through November 7th was reviewed, as well as a printout of the actual payroll hours worked for each staff. There appeared to be at least two staff on shift for each shift. No issues were noted.

A copy of fire drills from 05/28/2021 through 10/29/2021 were reviewed. The evacuation times were two and a half minutes to four minutes in length.

On 11/29/2021, I made calls and spoke with Resident A's Relative 1, Resident B's Relative 2, Resident C's Relative 3, and Resident D's Relative 4, and Resident E's Relative 5.

Relative 1 denied having any concerns regarding short staffing. Relative 1 stated that he visits about two to three times per week.

Relative 2 stated that the facility may be a little short staffed, but they are getting the job done. Relative 2 stated that he has no complaints and visits about once per week.

Relative 3 stated that he does not visit frequently but when he is present in the facility there appears to be plenty of staff present.

Relative 4 stated that some days she has concerns regarding staffing, but most times there are two staff, and that occasionally she has seen less than two staff present. She stated that lately, staffing has been improving.

Relative 5 stated that when he visits weekly, he generally sees two to three staff working when he visits a couple of times a week in the dining room with Resident E. He stated that they seem to be staffed appropriately. He stated that Resident E is non-verbal and has dementia but appears to be happy.

On 11/29/2021, I spoke with general manager Diane McGourty via phone. She stated that there are no third shift medications, and if a PRN is needed, they have a staff person from an adjacent facility come over to pass the medication.

APPLICABLE RULE	
R 400.15206	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:	<p>Complainant 1 stated that the facility is short staffed.</p> <p>Staff Buford stated that resident care needs are being met and no one is being neglected. Staff Moten stated that the facility is currently fully staffed. Staff Hill stated that there are two to four staff who work on a shift. Ms. McGourty stated that there are always at least two staff who work per shift.</p> <p>A copy of the staff schedule for September 12th through November 7th was reviewed, as well as a printout of the actual payroll hours worked for each staff. There appeared to be at least two staff on shift for each shift. No issues were noted.</p> <p>A copy of fire drills from 05/28/2021 through 10/29/2021 were reviewed. The evacuation times were two and a half minutes to four minutes in length.</p> <p>There is no preponderance of evidence to substantiate a rule violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

- **Staff are not providing an appropriate level of personal care, and staff are not changing resident's briefs frequently enough.**
- **The facility sometimes does not have a med passer on shift.**

INVESTIGATION: On 10/15/2021, I spoke with Complainant 1 via phone. Complainant 1 stated the following:

Regarding personal care, showers get done to the best of staff's abilities. Staff are trying their best to do what they can. There are no residents being neglected purposefully. There are usually two staff on third shift, and three staff on first and second shifts (i.e., one med passers and two other caregivers). Last Sunday

(10/10/2021), there was one med passer on first shift only and only half a shift was a staff person (guest assistant) present. Complainant 1 states that Resident E and Resident F use a Hoyer lift, and Resident C, Resident D, and a new resident (name unknown) require a two-person assist. The other residents can take care of themselves and call for assistance here and there.

A copy of the facility's staff schedule and payroll print out (which details staff's clock in and clock out times for each shift were reviewed). There were two staff who worked 6:00 am to 2:00 pm on 10/10/2021. The documentation indicates that Staff Cierra Moten and Staff Doretha Ransom worked that day, and they are both trained med passers. Verification of the medication training was reviewed during the course of this investigation.

On 10/15/2021, I conducted an unannounced on-site visit. I spoke with the main office receptionist who stated that Monet House Inn is currently closed due to active COVID-19 cases.

On 11/04/2021, I interviewed staff Tameka Buford via phone. She stated that there are eight residents in the facility, and that four of them require a Hoya lift. She stated that there is supposed to be two to three staff assisting with a Hoya lift transfer, but she has witnessed one staff person using the Hoya lift alone. She stated that it depends on the weight of the resident. Staff Buford stated that there is only one resident who can use the Hoya lift with one staff assisting (Resident C). She stated that Resident F, Resident C, and Resident E require a Hoya lift. Staff Buford stated that there are about five residents who require a one to two person assist, and three other residents are mobile. She stated that the residents personal care needs are being met, and no one is being neglected.

On 11/04/2021, I interviewed staff Cierra Moten. She stated that right now they are fully staffed, with approximately 11 residents. She stated that each resident is a one person assist. She denied that any residents require a Hoya lift. She denied that there is any neglect of the residents and that their care needs are being met. She stated that she can only speak for her shift's work.

On 11/05/2021, I interviewed staff Monica Hill via phone. She stated that there are about 11 residents who reside in Monet House Inn, and about five of them require a one or two person assist. She stated that the other residents are mobile. When asked if any residents require a Hoya lift for transfers, she stated that they use a sit to stand, not a Hoya lift. She stated that there is no Hoya lift in the facility. She stated that if they are short staffed, they must make up days for showers, as some showers may not get done during a shift, and it will get done the next day, or the Sunday of the week (their makeup day). She stated that each shift has two to three showers to do, and that residents get at least two showers per week. She denied that any residents are being neglected.

On 11/18/2021, I conducted a follow-up on site visit. I spoke with general manager Diane McGourty, Assisted Living director Hathaway Snyder, and licensee designee Stephanie Hildebrant. Per Ms. Hildebrant and Ms. McGourty, they stated that all resident wear pullups, as they have moderate to severe dementia. Ms. McGourty stated that staff do rounds to check resident's briefs, and there have been no issues regarding skin breakdown. They stated that there is always a Hoya lift and sit to stand available in the home, and that therapy staff trains the direct care staff on use of them. Staff McGourty stated that one staff person can use the Hoya lift regardless of a resident's weight. She stated that staff Jill Kiley is their activity director who she says is med trained. She stated that it has been a while since Staff Kiley passed meds. She stated that there is a nurse who trains the staff on medication.

On 11/18/2021, during my on-site visit, I observed ten residents in the facility, including Resident A, Resident B, Resident C, Resident D, Resident E, and Resident F. Seven residents were observed at the dining room table doing activities. There were three residents observed sleeping in their rooms. The residents appeared clean and appropriately dressed. I did not observe any residents or the facility to have any odor of urine. The facility appeared clean. There were floor repairmen present replacing the flooring in the hallways.

On 11/18/2021, I interviewed Resident A at the facility. Resident A stated that staff are doing a good job, and she has never had any concerns regarding her medication. She stated that she receives her medication timely. She denied ever having a concern that staff are not trained to pass meds. She stated that a about two to three direct care staff work in the daytime, but she is unsure how many works at night. Resident A stated that she is very pleased with things and have no issues or concerns with staff.

On 11/18/2021, I interviewed Resident B at the facility. Resident B stated that she is getting her care needs met and does not have to wait long for assistance. Resident B stated that staff passes her medications, and she has no issues with it. She stated that she feels safe in the facility.

On 11/23/2021, I received copies of resident assessment plans. Assessment plans were reviewed for Resident A, Resident B, Resident C, Resident D, Resident E, and Resident F. Resident A's assessment plan indicates that she is independent with mobility and transferring, wears pull-ups, and requires assistance with medication administration. Per Resident B's assessment plan, she is independent in mobility and transferring. Resident B wears pull-ups and requires assistance with medication administration. Resident C's assessment plan indicates a need for "extensive assistance" with mobility and transferring. Resident C requires extensive assistance and is totally dependent with other personal care needs and needs assistance with medication administration. Resident C uses a wheelchair. There is no indication that Resident C uses a Sit to Stand or Hoyer lift in her assessment plan. Resident D's assessment plan indicates that she requires extensive assistance with mobility and

transferring, and extensive assistance with other personal care needs. Resident D uses a Sit to Stand and a wheelchair and needs assistance with medication administration. Resident E's assessment plan indicates needing extensive assistance with mobility and transferring and uses a roller walker and wheelchair. Resident E requires extensive assistance with other personal care needs and needs assistance with medication administration. Resident E's assessment plan indicates a need for extensive assistance with toileting, but the assessment plan does not indicate a use of briefs or pull-ups. Resident E's assessment plan indicates use of a roller walker and wheelchair. Use of a Hoyer lift is not noted in Resident E's assessment plan. Resident F requires extensive assistance with toileting and wears pull-ups. He requires limited assistance with transferring and extensive assistance with walking. Resident F's assessment plan indicates use of a roller walker and wheelchair, but no Sit to Stand or Hoyer lift is noted.

Medication administration documentation was reviewed for Resident A, Resident B, and Resident C for the months of August 2021 through October 2021. There did not appear to be any medication not documented as being passed by a staff person. Staff names noted as medication passers were compared to the verifications of medication training documentation for each staff. There were no issues noted in regard to any residents not receiving their medication.

On 11/29/2021, I made calls and spoke with Resident A's Relative 1, Resident B's Relative 2, Resident C's Relative 3, Resident D's Relative 4, and Resident E's Relative 5.

Relative 1 stated that he is happy with the facility and denied having any concerns. He stated that Resident A has dementia. Resident A and the other residents appear to look clean and appropriately dressed when he visits. He stated that Resident A's room is always clean, as well as her bathroom.

Relative 2 stated that he has no complaints and has never observed any urine odor in the facility. Resident B is always clean and appropriately dressed. He stated that Resident B wears pull-ups, and there have never been any issues regarding those. He denied having any issues regarding Resident A's medications.

Relative 3 stated that Resident C is on hospice, and hospice has not noted any concerns. He denied that there have been any issues with brief changing for Resident C. Relative 3 denied having any concerns regarding Resident C's medication. Relative 3 stated that Resident C has been in the facility since 2015 and has never been abused. He stated that Resident C has dementia and cannot hold a conversation.

Relative 4 stated that Resident D's personal care needs are being met, and she has no concerns regarding brief changes. She stated that Resident D has not had any skin breakdowns. Relative 4 stated that she visits a couple of times a week. If Resident D is getting a UTI, Relative 4 stated that she can tell, otherwise she does

not observe any urine odor. She stated that Resident D's room is very clean. She stated that other residents in the home never appear to be unclean and seem taken care of. She stated that Resident D is a two-person assist, and there have been no concerns with falls since Resident D got a wheelchair. She denied having any concerns regarding Resident D's medications. She stated that the facility is trying to do the best they can with who they have to work with.

Relative 5 stated that Resident E's personal care needs are being met, and that he receives updates on Resident E from hospice services. Relative 5 stated that Resident E wears pull-ups, and he has no concern regarding staff not changing Resident E, and no issues regarding any skin breakdown. He stated that the facility is clean, and he never observes any urine odor. Relative 5 denied having any concerns regarding Resident E's medications. He stated that Resident E is not on a lot of medications, and staff administers the medication.

On 11/29/2021, and 11/30/2021, I made attempts to reach Relative 6 via phone. There was no answer.

On 11/29/2021, I spoke with general manager Diane McGourty via phone. She stated that there are no third shift medications, and if a PRN is needed, they have a staff person from an adjacent facility come over to pass the medication.

APPLICABLE RULE	
R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions: (a) The amount of personal care, supervision, and protection that is required by the resident is available in the home.
ANALYSIS:	Complainant 1 stated there are no residents being neglected purposefully. Staff Buford, Staff Moten, and Staff Hill denied the allegations and stated that no resident care needs are being neglected. On 11/18/2021, during my on-site visit, I observed ten residents in the facility. Seven residents were observed at the dining room table doing activities. There were three residents observed sleeping in their rooms. The residents appeared clean and appropriately dressed. I did not observe any residents or the facility to have any odor of urine. The

	<p>facility appeared clean.</p> <p>Resident A and Resident B denied having any concerns regarding personal care.</p> <p>Relative 1, Relative 2, Relative 3, Relative 4, and Relative 5 denied having any concerns.</p> <p>There is no preponderance of evidence to substantiate a rule violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.15312	Resident medications.
	(4) Unless a resident’s physician specifically states otherwise in writing, the giving, taking, or applying of prescription medications shall be supervised by the licensee, administrator, or direct care staff.
ANALYSIS:	<p>Medication administration documentation was reviewed for Resident A, Resident B, and Resident C for the months of August 2021 through October 2021. There did not appear to be any medication not documented as being passed by a staff person. Staff names noted as medication passers were compared to the verifications of medication training documentation for each staff. There were no issues noted in regard to any residents not receiving their medication.</p> <p>Relative 1, Relative 2, Relative 3, Relative 4, and Relative 5 denied having any concerns.</p> <p>General manager Diane McGourty stated that there are no third shift medications, and if a PRN is needed, they have a staff person from an adjacent facility come over to pass the medication.</p> <p>There is no preponderance of evidence to substantiate a rule violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

Additional Findings:

Investigation: On 10/28/2021, I requested copies of medication administration training for all trained staff. I reviewed medication administration sheets for Resident A, Resident B, and Resident C for the months of August 2021 through October 2021. Medication administration sheets for August 2021 shows that staff Ashley Dunnaway passed medications on August 30th and August 31st. Documentation shows that former home manager Kayla Snyder passed medications in September and October 2021.

On 11/29/2021, I spoke with general manager Diane McGourty who stated that the facility could not find the verification of medication training for staff Ashley Dunnaway. She stated that Staff Snyder did not work at the facility long enough for her previous place of employment to send over her verification of trainings.

APPLICABLE RULE	
R 400.15208	Direct care staff and employee records.
	(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: (e) Verification of experience, education, and training.
ANALYSIS:	During this investigation, I requested verification of training for all staff trained in medication passing. The facility did not have verification of medication administration on file for staff Kayla Snyder and staff Ashley Dunnaway. There is a preponderance of evidence to substantiate a rule violation.
CONCLUSION:	VIOLATION ESTABLISHED

On 11/30/2021, I conducted an exit conference with licensee designee Stephanie Hildebrant via phone. I informed her of the findings and conclusions.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend continuation of this AFC large group home license (capacity 20).



11/30/2021

Shamidah Wyden
Licensing Consultant

Date

Approved By:



11/30/2021

Mary E Holton
Area Manager

Date