



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 7, 2021

Abigail Sok
Hope Network Behavioral Health Services
PO Box 890
3075 Orchard Vista Drive
Grand Rapids, MI 49518-0890

RE: License #: AL410007163
Investigation #: 2021A0467016
Pivot

Dear Mrs. Sok:

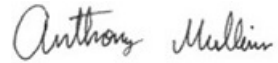
Attached is the Special Investigation Report for the above referenced facility. Due to the violation identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with the rule will be achieved.
- Who is directly responsible for implementing the corrective action for the violation.
- Specific time frames for the 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 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Mullins".

Anthony Mullins, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL410007163
Investigation #:	2021A0467016
Complaint Receipt Date:	09/02/2021
Investigation Initiation Date:	09/02/2021
Report Due Date:	11/01/2021
Licensee Name:	Hope Network Behavioral Health Services
Licensee Address:	PO Box 890, 3075 Orchard Vista Drive Grand Rapids, MI 49518-0890
Licensee Telephone #:	(616) 726-1998
Administrator:	Tony Tudon
Licensee Designee:	Abigail Sok
Name of Facility:	Pivot
Facility Address:	385 Leonard Street, NE, Grand Rapids, MI 49503
Facility Telephone #:	(616) 454-4777
Original Issuance Date:	08/06/1992
License Status:	REGULAR
Effective Date:	02/06/2021
Expiration Date:	02/05/2023
Capacity:	16
Program Type:	PHYSICALLY HANDICAPPED, MENTALLY ILL, DEVELOPMENTALLY DISABLED, AGED

II. ALLEGATION(S)

	Violation Established?
The facility accepted over \$1,000 in resident funds. The resident's funds went missing, as well as the resident funds form.	Yes

III. METHODOLOGY

09/02/2021	Special Investigation Intake 2021A0467016
09/02/2021	Special Investigation Initiated - Telephone
09/02/2021	Inspection Completed On-site
09/02/2021	Inspection Completed-BCAL Sub. Compliance
09/07/2021	Exit Conference Completed with licensee designee, Abigail Sok

ALLEGATION: The facility accepted over \$1,000 in resident funds. The resident's funds went missing, as well as the resident funds form.

INVESTIGATION: On 9/2/21, I received a call from Kate Johnson, Recipient Rights Officer at Centra Wellness Network in Manistee County. Ms. Johnson indicated that she will be investigating the incident that occurred at Pivot Adult Foster Care (AFC) regarding Resident A's money (\$1,027) being stolen. I had yet to receive the incident report from Pivot but I was aware of the situation. Ms. Johnson agreed to send me the incident report via email. Due to being local, I explained to Ms. Johnson that I would commence the investigation and provide her with an update of my findings.

On 9/2/21, I made an unannounced onsite investigation to Pivot AFC. Upon arrival, I met and spoke with the facility administrator, Tony Tudon. Mr. Tudon stated that Resident A arrived at the facility on 8/25/21. Upon her admission, staff members Michael Luke and Cindy Vanderlinde were working at the time and accepted a total of \$1,038 from Resident A. Mr. Tudon has spoken to several staff members regarding this incident and it is believed that Resident A's money was last seen on the morning of 8/31/21. Not only was Resident A's money missing, the resident fund form was also missing. Mr. Tudon stated that Resident A has been notified of the incident and as of today, her money has been replaced. Mr. Tudon personally took Resident A to the bank to deposit the money into her account. Mr. Tudon is aware that the facility can only accept \$200 per resident. When he asked the staff about this, they told him that they didn't realize the facility had a maximum amount of money they could accept from residents. I explained to Mr. Tudon that the facility would be cited for accepting more than \$200 and for the resident fund form missing. Mr. Tudon accepted and stated he understood this rule violation. Mr. Tudon stated

that he and management have yet to figure out who stole Resident A's money but when they do, he will relay this information to me.

After speaking to Mr. Tudon, he assisted me to Resident A's room to speak with her regarding the incident. Resident A requested that Mr. Tudon be present while we spoke. Resident A confirmed her admission date of 8/25/21. Upon admission, Resident A stated that she had \$1,038 and spent \$11, leaving staff at Pivot with \$1,027 of her money. Resident A stated that she found out yesterday that her money was missing after Mr. Tudon relayed this information to her. Resident A cried about her money missing as she stated she only had that amount of cash on her because she was planning to get an apartment of her own prior to being admitted to Pivot. As of today, Resident A stated that she has been reimbursed 100% of her money and is grateful that Pivot did this for her. With the exception of her missing money, Resident A stated that she is doing well in the program and denied any concerns.

On 9/7/21, I completed an exit conference with licensee designee, Abigail Sok. Mrs. Sok was informed of the investigative findings and agreed to complete a corrective action plan.

APPLICABLE RULE	
R 400.15315	Handling of resident funds and valuables.
	(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department. (6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.
ANALYSIS:	Mr. Tudon confirmed that staff accepted more than \$1,000 from Resident A. Mr. Tudon also confirmed that Resident A's money, as well as her funds form went missing. Therefore, a preponderance of evidence was discovered through this investigation that support the allegations.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend the status of the license remain unchanged.

Anthony Mullins

09/07/2021

Anthony Mullins
Licensing Consultant

Date

Approved By:

Jerry Hendrick

09/07/2021

Jerry Hendrick
Area Manager

Date