



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 3, 2022

Sonia McKeown
JARC
Suite 100
6735 Telegraph Rd
Bloomfield Hills, MI 48301

RE: License #: AS630085648
Investigation #: 2022A0993003
Greenberg Shiffman Stein

Dear Ms. McKeown:

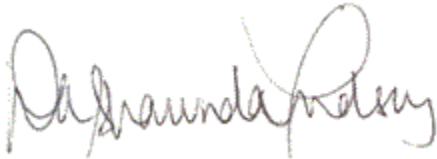
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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,

A handwritten signature in black ink, appearing to read "DaShawnda Lindsey". The signature is fluid and cursive, with the first name being more prominent.

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 505-8036

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630085648
Investigation #:	2022A0993003
Complaint Receipt Date:	11/01/2021
Investigation Initiation Date:	11/01/2021
Report Due Date:	12/31/2021
Licensee Name:	JARC
Licensee Address:	Suite 100 - 6735 Telegraph Rd Bloomfield Hills, MI 48301
Licensee Telephone #:	(248) 403-6013
Administrator:	Sonia McKeown
Licensee Designee:	Sonia McKeown
Name of Facility:	Greenberg Shiffman Stein
Facility Address:	28773 Village Lane Farmington Hills, MI 48334
Facility Telephone #:	(248) 539-1762
Original Issuance Date:	07/02/1999
License Status:	REGULAR
Effective Date:	09/18/2020
Expiration Date:	09/17/2022
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
Facility reported to be understaffed as staff are pulled to cover other facilities.	Yes

III. METHODOLOGY

11/01/2021	Special Investigation Intake 2022A0993003
11/01/2021	Special Investigation Initiated - Letter Emailed recipient rights advocate Alanna Honkanen
11/01/2021	Referral - Recipient Rights Allegations received from recipient rights advocate Alanna Honkanen
11/04/2021	Inspection Completed On-site Conducted an unannounced onsite investigation
11/04/2021	APS Referral Forwarded allegations to adult protective services (APS)
11/09/2021	Inspection Completed On-site Conducted an unannounced onsite investigation
12/15/2021	Contact - Telephone call made Telephone call made to recipient rights advocate Alanna Honkanen. Left a message.
12/15/2021	Contact - Telephone call received Telephone call received from recipient rights advocate Alanna Honkanen
12/15/2021	Contact - Document Received Received documentation
12/15/2021	Contact - Telephone call made Telephone call made to staff Floyd Blake
12/15/2021	Contact - Telephone call made Telephone call made to staff Matie Gates
12/15/2021	Contact - Telephone call made Telephone call made to staff Godfrey Ogholo. Left a message.

12/15/2021	Contact - Telephone call made Telephone call made to staff Breshena Jenkins. Left a message.
12/15/2021	Contact - Telephone call made Telephone call made to staff MehMet Ozbek. Left a message.
12/15/2021	Contact - Telephone call received Telephone call received from staff MehMet Ozbek
12/16/2021	Contact - Telephone call made Telephone call made to home manager Portia Lindsay. Left a message.
12/16/2021	Contact - Telephone call made Telephone call made to district manager Antwanette Cureton
12/16/2021	Contact - Telephone call made Telephone call made to staff Godfrey Ogholo
12/16/2021	Contact - Telephone call made Telephone call made to staff Bersheena Jenkins
12/21/2021	Contact - Document Received Received documentation
12/22/2021	Contact - Telephone call made Telephone call made to home manager Portia Lindsay
12/22/2021	Contact - Telephone call made Telephone call made to Macomb Oakland Regional Center (MORC) support coordinator Cheryl Gilson
12/22/2021	Contact - Telephone call made Telephone call made to chief operating officer Brett Nicholson
12/22/2021	Contact - Telephone call made Telephone call made to licensee designee Sonia McKeown
01/03/2022	Exit Conference Held with licensee designee Sonia McKeown

ALLEGATION:

Facility reported to be understaffed as staff are pulled to cover other facilities.

INVESTIGATION:

On 11/01/2021, I received the allegations from recipient rights advocate Alanna Honkanen.

On 11/04/2021, I conducted an unannounced onsite investigation. I interviewed staff Mattie Gates. Ms. Gates stated staff Satyra Vinson was also working the shift with her, but Ms. Vinson left to go to the store. Ms. Gates stated she has worked in the facility for 5½ years. Ms. Gates works all shifts. Ms. Gates verified that JARC is very short staffed, and they pulled staff from the facility to work in other facilities. She stated she heard that a staff from pulled from the facility on 10/28/2021 to work in another facility, but Ms. Gates was unaware of that staff's name. Per Ms. Gates, there should be two staff per shift to meet the needs of the residents. Ms. Gates stated Resident A is wheelchair bound and is a two person assist. Resident B is blind and requires hands-on assistance. Resident C and Resident D have behavioral concerns.

I also interviewed Resident E. Resident E stated he did not know how many staff work per shift. He stated there is at least one staff present in the facility with the residents all the time.

I was unable to interview Resident A, Resident B, and Resident C due to their limited cognitive abilities. Resident C was out of the facility with his parents at the time of the unannounced onsite investigation. Resident D was hospitalized.

On 11/09/2021, I conducted an unannounced onsite investigation. I interviewed staff Satyra Vinson and staff Tanisha Brown. I also interviewed Resident C.

Ms. Vinson verified that JARC is very short staffed, and they pulled staff from the facility to work in other facilities. Per Ms. Vinson, there should be two staff per shift to meet the needs of the residents. Ms. Vinson stated Resident A is wheelchair bound. Resident B is blind and requires hands-on assistance. Resident C and Resident D have behavioral concerns. Ms. Vinson stated there are only four residents in the facility currently. Resident D was still hospitalized. Resident E died on or around 11/08/2021 due to cardiac arrest.

Ms. Brown stated she does not usually work in this facility. This is a second week filling-in. Ms. Brown stated she works from 3pm to 11pm. Every time she has worked, there has been two staff working the shift. Ms. Brown did not know how many staff worked the other shifts. In addition, she did not have knowledge of staff being pulled from the facility to work in other facilities.

Resident C stated he has lived in the facility for a while. He did not know how many staff worked per shift. He stated he does not require staff assistance with his personal care needs (i.e., eating, bathing, dressing, grooming, mobility, etc.).

On 12/15/2021, I conducted a telephone call with recipient rights advocate Alanna Honkanen. She stated she reviewed all the residents' treatment plans and none of them note that two staff are required to meet the residents' needs. Ms. Honkanen stated Resident D and Resident F passed away for reasons unrelated to staff coverage. Per Ms. Honkanen, the facility has always been staffed with two staff per shift until JARC experienced staff shortage company wide.

On 12/15/2021, I reviewed each resident's individualized plan of service (IPOS) and crisis prevention and safeguard plan. I also reviewed the 2021 E-scores. I observed the following:

- Resident A requires full support to transfer from chair or bed into his wheelchair and take him out of the facility to a safe place. Staff is to monitor him for safety once at the safe place. Staff is to assist with all medications.
- Resident B requires monitoring during eating as a safety precaution against choking. Staff should always know his whereabouts in the facility and check on him at least every 15 minutes during waking and sleeping hours. Resident B needs total assistance while taking medications. Resident B is blind, does not speak, and needs assistance with mobility. Resident B requires total assistance to exit the facility. Resident B will not respond to fire alarm. Staff is to escort him from the facility and remain with him in a safe spot until all clear. Staff is to hold his arm and guide him out of the facility to a safe spot.
- Resident C can exit the home in case of a fire. Staff will assist with direction to designated safe location, and ensuring he remains at the designated spot. Resident C requires indirect supervision. Staff should be aware of his location. Staff will check on him every 10 minutes as needed. Due to Shayne's behavioral challenges, he is unable to utilize lockable doors due to risks to his personal safety therefore he relies on staff to ensure his right to privacy, dignity, and respect, as well as freedom from coercion and restraint.
- Resident D requires assistance from staff to exit the home and remain in a safe place. Resident D requires verbal prompting to exit the home. When the alarm is going off, he will come to the main sitting room, but would not exit without prompting. Resident D requires indirect supervision in the home (including bathroom) as a safety precaution during waking hours. Staff should ascertain Resident D's status and whereabouts at least every 15 minutes during waking hours. He may use the bathroom by himself for toileting. Ross requires hands on assistance for showering for thoroughness as well as wiping himself after toileting. Due to Resident D's physical limitations and cognitive level of functioning he is unable to utilize lockable doors therefore he relies on staff to ensure their right to privacy, dignity, and respect, as well as freedom from coercion and restraint.
- Resident E can exit the home in case of a fire. Drills are done in the home. Staff to assist in emergencies during the nighttime hours. Resident E must be always supervised to ensue he does exit the home and remains in a safe spot outside the home. Resident E requires assistance with ADLs as needed. When not in eyesight, visual checks will be completed every 15 minutes.

- Resident F should be always using his walker or cane in his home. He will need verbal prompts and reminders to use his them. Resident F requires indirect supervision. Staff will do visual checks every 15 minutes. Resident F requires assistance as needed.

On 12/15/2021, I conducted a telephone interview with staff Floyd Blake. Mr. Blake stated he has worked in the facility since April 2021. He works various shifts. Typically, two staff worked per shift. There are times when staff have been pulled from the facility to work in other facilities. Mr. Blake verified there is a staff shortage in JARC. Per Mr. Blake, two staff are needed per shift to meet the residents' needs. He stated Resident A is wheelchair bound. Resident B is blind and requires hands-on assistance. There is also a resident who uses a walker and cane. Mr. Blake verified that whenever fire drills or Escores were completed two staff were present.

On 12/15/2021, I conducted a follow-up telephone interview with Ms. Gates. She stated two staff are required to meet the residents' needs, ensure the safety of the residents as well as due to JARC's policy. Ms. Gates verified that whenever fire drills or Escores were completed two staff were present.

On 12/15/2021, I conducted a telephone interview with staff MehMet Ozbek. Mr. Ozbek stated he has worked in the facility for less than three years. He works various shifts. Typically, two staff worked per shift. There are times when staff have been pulled from the facility to work in other facilities. Mr. Ozbek verified there is a staff shortage in JARC. Per Mr. Ozbek, depending on the situation or day, two staff may be needed to meet the residents' needs.

On 12/16/2021, I conducted a telephone interview with district manager Antwanette Cureton. She verified that JARC is very short staffed, and they have pulled staff from the facility to work in other facilities. She stated there is no longer a staff shortage in this facility. Per Ms. Cureton, when there are six residents in the facility, two staff were scheduled per shift. However, Ms. Cureton stated this was not based on the needs of the residents. She stated per these residents' individual plan of service (IPOS), one staff per shift was sufficient. Ms. Cureton verified that whenever fire drills or Escores were completed two staff were present.

On 12/16/2021, I conducted a telephone interview with staff Godfrey Ogholo. He stated has worked in the facility for five years. Typically, two staff worked per shift. There are times when staff have been pulled from the facility to work in other facilities. Mr. Ogholo verified there is a staff shortage in JARC. Per Mr. Ogholo, two staff are needed per shift to meet the residents' needs. He stated Resident A is wheelchair bound. Resident B is blind and requires hands-on assistance. Resident C and Resident D have behavioral concerns. Mr. Ogholo verified that whenever fire drills or Escores were completed two staff were present.

On 12/16/2021, I conducted a telephone interview with staff Bersheena Jenkins. She stated she has worked in the facility for less than two years. She works the midnight

shift from 11pm to 7am. She verified that JARC is very short staffed, and they have pulled staff from the facility to work in other facilities. Per Ms. Jenkins, two staff are needed per shift to meet the residents' needs. She stated Resident A is wheelchair bound. Resident B is blind and requires hands-on assistance. Resident C and Resident D have behavioral concerns. Ms. Jenkins verified that whenever fire drills or Escopes were completed two staff were present.

On 12/21/2021, I reviewed a copy of staff punch reports from 10/15/2021 to 12/15/2021. I observed the following:

- On 10/17/2021, Ms. Gates worked 3rd shift alone.
- On 10/21/2021, Ms. Lindsay worked day shift alone.
- On 10/22/2021, Mr. Ozbek worked 2nd shift alone.
- On 10/27/2021, Ms. Gates worked 2nd shift alone.
- On 11/11/2021, Ms. Cureton worked 3rd shift alone.
- On 11/12/2021, Ms. Gates worked 3rd shift alone.
- On 11/19/2021, Ms. Lindsay worked 1st shift alone.
- On 11/29/2021, Ms. Cureton worked 3rd shift alone.
- On 12/01/2021, Mr. Blake worked 2nd shift alone.
- On 12/03/2021, Ms. Lindsay worked 2nd shift alone.
- On 12/04/2021, Mr. Ozbek worked 2nd shift alone.
- On 12/05/2021, Ms. Gates worked 1st shift alone and Mr. Ogholo worked 2nd shift alone.
- On 12/08/2021, Ms. Lindsay worked 1st shift alone. No staff worked 2nd shift. Ms. Jenkins worked 3rd shift alone.
- On 12/09/2021, Ms. Lindsay worked 1st shift alone and Ms. Vinson worked 2nd shift alone.
- On 12/10/2021, Ms. Lindsay worked 1st shift alone. No staff worked 2nd shift or 3rd shift.
- On 12/11/2021, no staff worked 1st shift.
- On 12/13/2021, Ms. Jenkins worked 3rd shift alone. Ms. Lindsay worked 1st shift alone. No staff worked 2nd shift.
- On 12/15/2021, Ms. Jenkins worked 3rd shift alone. No staff worked 1st or 2nd shift.

I also reviewed the fire drills from September to November 2021. I observed the following:

- On 09/04/2021, a drill was conducted during day shift. The length of the drill was three minutes. Resident A, Resident B, Resident C, Resident D, Resident E, and Resident F as well as two staff participated in the drill.
- On 10/08/2021, a drill was conducted during day shift. The length of the drill was two minutes. Resident A, Resident B, and Resident D as well as two staff participated in the drill.
- On 11/10/2021, a drill was conducted during sleeping hours. The length of the drill was two minutes and 30 seconds. Resident A, Resident B, Resident C, Resident D, and Resident E as well as two staff participated in the drill.

On 12/22/2021, I conducted a telephone interview with home manager Portia Lindsay. She stated there are supposed to be two staff per shift. However, during the weekend of 10/16/2021 and 10/17/2021, Mr. Ogholo was pulled from the facility to work in other facility. This left Ms. Gates to work during the midnight shift alone. In addition, on 10/28/2021, Mr. Ozbek was pulled from the facility to work at another facility. This would have left Ms. Jenkins to work alone in the facility. Ms. Lindsay stated when she learned of this, she went to the facility to work with Ms. Jenkins. Ms. Jenkins stated she was written up for this due to not getting approval to work that shift on 10/28/2021. Per Ms. Lindsay, there need to be two staff per shift to meet the needs of the residents. She stated one resident is blind, one resident is wheelchair bound and another resident exhibits behavioral concerns. In addition, Macomb Oakland Regional Center (MORC) support coordinator Cheryl Gilson informed her that per the Escores there need to be two staff per shift.

On 12/22/2021, I conducted a telephone interview with MORC support coordinator Cheryl Gilson. She stated, to her understanding, there should be two staff per shift unless two of the residents are at workshop. She stated two staff are required to meet the needs of the residents. Resident A is in a wheelchair and he is dependent on staff to meet his needs. Resident B is blind and requires assistance with exiting the facility. Resident D's needs depend on the day. Some days he requires more assistance than other days. Resident D must be monitored by staff and may require prompting. In addition, he tends to wander so he requires supervision from staff when exiting the facility. Resident F uses a walker and requires prompting and reminders from staff to meet needs.

On 12/22/2021, I conducted a telephone interview with chief operating officer Brett Nicholson. He confirmed that staff have been pulled from the facility to work in other facilities, leaving only one staff in a shift. He stated none of the residents' IPOS notes that two staff are required to meet the residents' needs. However, he stated JARC makes every effort to have two staff per shift.

On 12/22/2021, I conducted a telephone interview with licensee designee Sonia McKeown. She confirmed that staff have been pulled from the facility to work in other facilities, leaving only one staff on a shift. She stated none of the residents' IPOS notes that two staff are required to meet the residents' needs. She confirmed that two staff were present for the fire drills and Escores, but two staff were not needed. Per Ms, McKeown, if there was only one staff, the residents could still be evacuated in a reasonable timeframe.

On 01/03/2022, I conducted an exit conference with licensee designee Sonia McKeown. I informed her of the findings. She stated that none of the residents' IPOS specified that two staff were needed per shift. In addition, Ms. McKeown stated that the staff punch reports are not accurate as there is always at least one staff always present in the facility. She agreed to review the report and then send a response to the department.

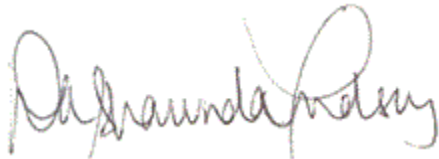
APPLICABLE RULE	
R 400.14206	Staffing requirements.
	(1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 12 residents and children who are under the age of 12 years.
ANALYSIS:	Per MORC support coordinator Cheryl Gilson as well as all staff interviewed, two staff per shift are required to meet the needs of the residents. According to Ms. Gilson, Resident A is in a wheelchair and he is dependent on staff to meet his needs. Resident B is blind and requires assistance with exiting the facility. Resident D's needs depend on the day. Some days he requires more assistance than other days. Resident D must be monitored by staff and may require prompting. In addition, he tends to wander so he requires supervision from staff when exiting the facility. Resident F uses a walker and requires prompting and reminders from staff to meet needs. Each time an E-score and fire drill was completed, two staff were present to complete them. From 10/15/2021 to 12/15/2021, there were several shifts where only one staff worked. There were also a few shifts when no staff were present.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	Per MORC support coordinator Cheryl Gilson as well as all staff interviewed, two staff per shift are required to meet the needs of the residents. According to Ms. Gilson, Resident A is in a wheelchair and he is dependent on staff to meet his needs. Resident B is blind and requires assistance with exiting the facility. Resident D's needs depend on the day. Some days he requires more assistance than other days. Resident D must be monitored by staff and may require prompting. In addition, he tends to wander so he requires supervision from staff when

	<p>exiting the facility. Resident F uses a walker and requires prompting and reminders from staff to meet needs. Each time an E-score and fire drill was completed, two staff were present to complete them. From 10/15/2021 to 12/15/2021, there were several shifts where only one staff worked. There were also a few shifts when no staff were present.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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




01/03/2022

DaShawnda Lindsey
Licensing Consultant

Date

Approved By:



01/03/2022

Denise Y. Nunn
Area Manager

Date