



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 6, 2022

Gregory Cheff
Harmony Manor LLC
PO Box 235
Atlas, MI 48411

RE: License #:	AL250281678
Investigation #:	2022A0123006
	Harmony Manor

Dear Mr. Cheff:

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:

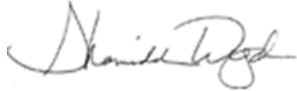
- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan.

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.

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 #:	AL250281678
Investigation #:	2022A0123006
Complaint Receipt Date:	11/15/2021
Investigation Initiation Date:	11/15/2021
Report Due Date:	01/14/2022
Licensee Name:	Harmony Manor LLC
Licensee Address:	PO Box 235 Atlas, MI 48411
Licensee Telephone #:	(248) 568-1422
Administrator:	Gregory Cheff
Licensee Designee:	Gregory Cheff
Name of Facility:	Harmony Manor
Facility Address:	903 E Court Street Flint, MI 48503
Facility Telephone #:	(810) 762-0988
Original Issuance Date:	04/22/2008
License Status:	REGULAR
Effective Date:	03/03/2020
Expiration Date:	03/02/2022
Capacity:	15
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
The showers are not working in the home. The shower walls are not clean, has mold on them, and the shower walls are tearing apart. The conditions of the home are unclean.	Yes
The staff are not providing adequate care to the residents. The staff are not bathing the residents with dementia.	No
Staff are cursing out the residents and taking their money.	No
Additional Findings	Yes

III. METHODOLOGY

11/15/2021	Special Investigation Intake 2022A0123006
11/15/2021	Special Investigation Initiated - On Site I conducted an unannounced on-site visit with Genesee County APS worker Kizzie Baker.
11/15/2021	APS Referral Information received regarding APS referral.
11/17/2021	Contact- Telephone call made I left a voicemail requesting a return call from Complainant 1.
11/17/2021	Contact- Telephone call received I spoke with Complainant 1 via phone.
12/10/2021	Inspection Completed On-site I conducted a follow-up unannounced on-site at the facility with APS worker Kizzie Baker.
12/13/2021	Contact - Document Sent I sent a text to licensee designee Gregg Cheff requesting verifications of training for his staff.
12/20/2021	Contact - Telephone call made I left a voicemail requesting a return call from Resident B's Relative 1.
12/20/2021	Contact - Telephone call made I spoke with Resident C's Relative 2 via phone.

12/20/2021	Contact - Telephone call made I spoke with Resident D's case manager via phone.
12/20/2021	Contact - Telephone call made I made a call to Unified Medical Services and spoke with Nikki Parent, RN.
01/04/2022	Contact- Telephone call made I made an attempted call to Relative 1.
01/04/2022	Contact- Telephone call made I left a message requesting a return call from Mr. Cheff regarding an exit conference.
01/04/2022	Exit Conference I spoke with licensee designee Mr. Cheff via phone.

ALLEGATION: The showers are not working in the home. The shower walls are not clean, has mold on them, and the shower walls are tearing apart. The conditions of the home are unclean.

INVESTIGATION: On 11/15/2021, I conducted an unannounced on-site visit with adult protective services worker Kizzie Baker. We spoke with licensee designee and administrator Gregory Cheff. During this on-site all four bathrooms and eight bedrooms in the facility were observed. On the first floor, there is a bedroom on the West side of the home that has a private bathroom. Mr. Cheff stated that the residents who reside in this room cannot use the shower due to it having a leak. He stated that they only use the toilet and sink. The private downstairs bathroom shower floor appeared dirty as well with a rust-colored ring around the drain which is situated in the middle of the shower floor. There is another private bathroom upstairs in a bedroom on the North facing side of the home, that had a tub that appeared inoperable, and appeared to be unclean. The private bathroom upstairs also appeared to have a dirty toilet with dried feces on the underside of the toilet seat, and in/around the toilet bowl. The first-floor main bathroom and second-floor main bathroom were observed. The shower water appeared to be running in the showers in the main bathrooms. The main shower on the first floor was observed. The shower was dirty with what appeared to be brown/black grime and/or dirt stains on the floor and walls of the shower. Mr. Cheff reported that the men's shower upstairs leaks, which is the reasoning for the ceiling tiles to be missing in the main bathroom on the first floor. The upstairs men's bathroom toilet appeared to be dirty (with dried feces) as well as the flooring surrounding the toilet. The toilet brush also appeared to be covered in dried feces as well.

The bedroom on the North end of the home on the far-left side of the upstairs hallway was observed. The bedroom curtains appeared to be stained with a black

substance. When asked if it was mold present on the curtains, Mr. Cheff stated that it was probably bed bug feces.

The bedroom situated directly to the left of the top of the stairs was observed. Used cigarettes and cigarette butts were observed in the room. It appears the resident had been using the nightstand as an ashtray. Broken blinds were observed affixed to the bedroom windows in this bedroom. In the bedroom situated off to the right side of the staircase I observed a dirty pillow and sheets on one resident's bed. Cobb webs were observed throughout the home as well.

On 11/15/2021, I conducted an unannounced on-site visit with adult protective services worker Kizzie Baker. The following interviews were conducted:

Licensee designee and administrator Gregory Cheff was present. He stated that Resident C has incontinence issues that she does deliberately and has a history of smearing feces.

Resident A was interviewed at the facility. She stated that she is her own person and does not have a guardian. She stated that staff cleans the home daily, including the bathrooms. She denied seeing any mold in the facility. She denied seeing any feces in the showers. She stated that she does not know how often the showers are cleaned.

Resident B was interviewed at the facility. He stated that he is his own person but has a payee. He stated that he cleans his bedroom and bathroom, and sometimes staff assist. He stated that the bathrooms are cleaned every two to three weeks. He denied seeing any mold in the facility and denied seeing any feces in the shower. He stated that the upstairs shower works.

Resident C was interviewed at the facility. She stated that she is her own person but has a payee. She denied seeing any feces in the shower, or mold on the walls. She stated that staff cleans the whole house daily.

Staff Sherry Joy was interviewed at the facility. Staff Joy stated that she is a live-in staff who works from 3:00 pm on Sunday's until 3:00 pm on Thursday afternoons. She stated that she has worked here since May 2021. She stated that cleaning is done when things are dirty, and that she "doesn't act like a maid." She stated that the residents are adults and have chores. They are supposed to clean up the bathrooms, bedrooms, and behind themselves. She stated that if resident rooms are dirty, they (staff) wait until the residents clean their rooms. She stated that the feces present in the bathrooms is "just them being nasty." She stated that she just got to work yesterday and cleaned the upstairs bathrooms. She stated that the residents are supposed to maintain the bathrooms. She stated that the dirty bathrooms are a continuous problem because the residents don't care. She denied seeing feces in the showers or mold being present in the home.

On 11/17/2021, I spoke with Complainant 1 via phone. Complainant 1 stated that they have personally not seen the physical conditions of the home.

On 12/10/2021, APS worker Kizzie Baker and I conducted a follow-up on-site visit. There did not appear to be any change in the conditions of the home, as it appeared on 11/15/2021. Photos of the condition of the home were taken on 11/15/2021 and on 12/10/2021.

On 12/10/2021, I conducted a follow-up unannounced on-site visit with adult protective services worker Kizzie Baker. The following interviews were conducted:

Resident D was interviewed at the facility. He denied seeing feces or mold in the showers.

Resident E was interviewed. He denied seeing mold or feces in the showers. He stated that the bathrooms get dirty, but they clean it up. He stated that sometimes staff clean. He stated that he cleans the bathroom sometimes.

Staff Darlene Grace was interviewed. She stated that she has worked in the facility for about six or seven years. She stated that she is the weekend staff person and works from Thursday through Sunday. She denied that there is mold or feces in the showers. She stated that staff cleans the bathrooms. Staff Grace stated that she thinks there is some mold behind the kitchen sink. During this interview she showed me what appeared to be an unknown black substance between the wall behind the kitchen sink, and the kitchen sink faucet.

On 12/10/2021, I observed the outside of the home during an un-announced on-site visit. Parts of the eave's troughs and down spouts on the west side of the home, affixed to the outside of the home appeared to be missing, and not in good repair.

On 12/20/2021, I spoke with Resident D's case manager James Krampe from TTI. He stated that he has not been to the home in several years.

On 12/20/2021, I made a call to the visiting nurse practitioners office, Laura Svinarich, NP. I spoke with medical office manager Nikki Parent, RN. She stated that she has personally been to the facility, and that it is an older home. The tables in the home are wiped down. She stated that she has been upstairs. She stated that someone does clean the bathrooms, and she has never observed feces on the toilets.

Assessment plans were reviewed for Resident A, Resident D, Resident E, Resident F, Resident G, Resident H, Resident I, Resident J, Resident K, Resident L, and Resident M regarding whether the residents participate in household chores. Of the assessment plans observed, only Resident M does not participate in chores. It is noted for residents that they help to keep their rooms clean. Resident I's assessment

plan states she helps with folding laundry, dishes, and sweeping. No assessment plans indicate that residents clean the bathrooms.

On 12/13/2018, licensing consult Christopher Holvey concluded in Special Investigation Report #2019A0779002 that R400.15403(1) had been violated due to finding the bathrooms in the home to not being maintained to provide adequately for the health, safety, and well-being of the residents due to visible mold being in the showers of three bathrooms, as well as on the floor, and base of the toilet in an upstairs bathroom. Ventilation fan protective covers were also observed to be packed with lint/dust. The corrective action plan dated for 01/07/2019 and signed by Jeremiah Cheff, licensee designee at the time, states that the repairs and cleaning would be completed by maintenance by January 30, 2019.

On 02/28/2020, licensing consultant Christopher Holvey concluded in the Licensing Study Report dated 02/28/202, that R400.15403(2) had been violated due to there being cobwebs and substantial dust present in several resident bedrooms. The corrective action plan received 04/17/2020 states that maintenance would regularly clean the cobwebs and dust on the pipes in the resident rooms and regular checks would be made. The CAP is signed and dated by Nicolette Cheff, licensee designee and administrator at the time on 04/13/2020.

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	<p>During this investigation, I conducted two unannounced on-site visits with APS worker Kizzie Baker on 11/15/2021 and 12/10/2021.</p> <p>Mr. Cheff reported that the residents who reside in the first-floor room with a private bathroom cannot use the shower due to it having a leak. Mr. Cheff also reported that the upstairs bathroom shower leaks into the first-floor main bathroom ceiling.</p> <p>Also noted is that the eaves troughs and down spouts on the west side of the home appeared to not be in good repair.</p> <p>There is a preponderance of evidence to substantiate a rule violation due inadequate maintenance.</p>
CONCLUSION:	REPEAT VIOLATION ESTABLISHED SIR #2019A0779002, dated December 13, 2018

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.
ANALYSIS:	<p>During this investigation, I conducted two unannounced on-site visits with APS worker Kizzie Baker on 11/15/2021 and 12/10/2021.</p> <p>The bathroom showers and toilets in the home appeared to be unclean. Cobb webs were observed throughout the home. A resident's bed appeared to have dirty sheets. Broken blinds and dirty curtains were observed affixed to windows.</p> <p>Staff Joy reported that she cleans when things are dirty but stated that the residents are responsible for maintaining their bathrooms and bedrooms.</p> <p>Assessment plans were reviewed for multiple residents. The assessment plans only indicate that they help clean their rooms. Resident I's assessment plan indicates helping with folding laundry, doing dishes, and sweeping. No assessment plans indicate that residents clean the bathrooms.</p> <p>Staff Grace stated that staff clean the bathrooms.</p> <p>Resident A, Resident B, and Resident C were interviewed and were inconsistent with how often bathrooms were cleaned. Resident A stated that she does not know how often bathrooms are cleaned. Resident B stated that he cleans the bathrooms and sometimes staff assist. Resident C stated that staff clean daily.</p> <p>There is a preponderance of evidence to substantiate a rule violation.</p>
CONCLUSION:	REPEAT VIOLATION ESTABLISHED LSR dated 02/28/2020, CAP dated 04/17/2020

ALLEGATION: The staff are not providing adequate care to the residents. The staff are not bathing the residents with dementia.

INVESTIGATION: On 11/15/2021, I conducted an unannounced on-site visit with adult protective services worker Kizzie Baker. The following interviews were conducted:

Licensee designee and administrator Gregory Cheff was present. He denied the allegation. He stated that just about all the residents have dementia. The residents are prompted by staff for bathing, but no one requires any hands-on assistance with bathing. He stated that Resident C has incontinence issues that she does deliberately and has a history of smearing feces.

Resident A was interviewed at the facility. Resident A stated that she is receiving showers and can use the shower whenever she wants to. She stated that she can bath and dress herself. She denied having any knowledge of any other residents requiring care with bathing.

Photos were taken of Resident A's assessment plan during this on-site. Resident A's *Assessment Plan for AFC Residents* dated 09/24/2021 has yes checked for "needs help" for all self-care skills, but also has yes checked for moves independently in community (but uses a cane or walker). Resident A appeared clean and appropriately dressed.

Resident B was interviewed at the facility. He stated that he bathes about once per week.

An assessment plan was not reviewed for Resident B during this on-site.

Resident C stated that she does not need assistance with her bathing or dressing and can go out into the community on her own. She stated that staff will help with personal care if staff want to. She denied ever asking staff for personal care assistance.

Photos were taken of Resident C's assessment plan during this on-site. Resident C's *Assessment Plan for AFC Residents* dated for 08/01/2019 notes that she can move independently in the community and needs reminders for toileting, bathing, grooming, and personal hygiene. Resident C wears pull-ups.

Staff Sherry Joy was interviewed at the facility. Staff Joy stated that all the residents have dementia, but she is not sure if Resident A does. She stated that none of the residents require personal care. She stated that all she does is laundry, cooking, and cleaning.

On 11/17/2021, I spoke with Complainant 1 via phone. Complainant 1 via phone. Resident A stated that she had not bathed in about two months, and her appearance matched what Resident A was saying. Resident A is higher functioning.

On 12/10/2021, I conducted a follow-up unannounced on-site visit with adult protective services worker Kizzie Baker. The following interviews were conducted:

Resident D was interviewed and stated that he is independent in his personal care.

Photos of were taken of Resident D’s assessment plan during this on-site. Resident D’s *Assessment Plan for AFC Residents* dated 03/26/2021 has no checked for all personal care activities. Resident D’s assessment plan indicates he can move independently in the community.

Staff Darlene Grace was interviewed. Staff Grace stated that there are no residents in the facility that require hands on personal care. She stated that Resident C is incontinent, but Resident C handles this herself.

Resident files were observed during this on-site. Photos of health care appraisals and assessment plans were taken for Resident E, Resident F, Resident G, Resident H, Resident I, Resident J, Resident K, Resident L, and Resident M as well. Only one resident, Resident M had a diagnosis of dementia listed on her *Health Care Appraisal*. Resident M’s *AFC Assessment Plan for AFC Residents* indicates a need for prompts in the areas of bathing, grooming, and personal hygiene, and help with picking clothing (for dressing). Resident F, Resident G, Resident L also only need verbal prompts for personal care needs.

On 12/20/2021, I spoke with Resident C’s Relative 2 via phone. Relative 2 denied having any concern regarding Resident C’s care. Relative 2 stated that Resident C seems happy.

On 12/20/2021, and 01/04/2022, I made attempts to contact Resident B’s Relative 1 via phone.

On 12/20/2021, I made a call to the visiting nurse practitioners office, Laura Svinarich, NP. I spoke with medical office manager Nikki Parent, RN. She stated that she has known Resident M for years, and that she believes Resident M is the only resident in the facility with dementia. She stated that the other residents are functioning, and a lot of them receive psych services through GHS (Genesee Health Systems). She stated that during her visits, meals appeared appropriate. She stated that Resident B is independent in personal care. She stated that the facility is an older home and it’s more like a “room and board.” She did not express any concern regarding personal care for the residents.

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:	<p>On 11/15/2021, Mr. Cheff reported that none of the residents require hand-on care for bathing, only prompting.</p> <p>Resident's assessment plans and health care appraisals were reviewed. Resident M was noted to be the only resident diagnosed with dementia. Resident A's assessment plan indicates she only needs verbal prompting from staff for personal care needs.</p> <p>Staff Joy and Staff Grace denied that any residents require assistance with personal care.</p> <p>Resident A, Resident C, and Resident D denied needing assistance with personal care.</p> <p>There is no preponderance of evidence to substantiate a rule violation regarding staff not providing adequate care, or bathing assistance to residents with dementia.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Staff are cursing out the residents and taking their money.

INVESTIGATION: On 11/15/2021, Special Investigation Intake 2022A0123006 was opened for investigation. In the initial allegations it states that a staff member is unlicensed and providing direct care. It should be noted that staff are not required to obtain licensure to work in adult foster care.

On 11/15/2021, I conducted an unannounced on-site visit with adult protective services worker Kizzie Baker. The following interviews were conducted:

Licensee designee and administrator Gregory Cheff was present. He denied the allegations. He stated that staff Sherry Joy and staff Darleen Grace are the only two staff persons who work in the home. He stated that the staff are fully trained and have both worked in the facility for a long time. Mr. Cheff denied that he safekeeps funds for any of the residents, and that the residents are responsible for their own money. He stated that the only money he handles is the AFC cost of care payments.

Resident A was interviewed at the facility. She stated that she is her own person. She stated that she manages her own money and denied that anyone has stolen money from her. She denied that any staff person has been cursing out the residents.

Resident B was interviewed at the facility. He stated that he is his own person but has a payee. Resident B denies knowledge of staff cursing at residents. He stated

that his payee gives him a monthly allowance and denied that anyone has stolen his money.

Resident C was interviewed at the facility. She stated that she is her own person but has a payee. She stated that she safekeeps her own money and has not had any issues with her money being stolen.

Staff Sherry Joy was interviewed at the facility. She denied cussing any of the residents out and denied touching any resident's money. She stated that the residents steal from one another, and the main person who steals is Resident C.

On 12/10/2021, I conducted a follow-up unannounced on-site visit with adult protective services worker Kizzie Baker. The following interviews were conducted:

Resident D was interviewed at the facility. He denied witnessing staff curse at residents or steal money.

Resident E was interviewed at the facility. Resident E stated that staff yell at Resident C because she wets her pants, and that sometimes staff swear. He denied that staff steal, and he stated that he handles his own money.

Staff Darlene Grace was interviewed. Staff Grace stated that she is fully trained. She denied cursing at residents or taking their money.

Resident Funds Record Part 1 I and *AFC Resident Funds Part II* were observed for each resident. The Resident Funds Record Part 1 documentation notes that either the resident or a designated person is responsible for the resident's funds. The *AFC Resident Funds Part II* documentation documents AFC cost of care payments for each resident. There were no issues noted with the documentation. And it did not appear that any personal monies are safekept by the facility.

On 12/20/2021, I spoke with Resident C's Relative 2 via phone. She stated that Resident C has not complained about money being missing, and that Resident C has not shared any complaints about staff behavior.

On 12/20/2021, I spoke with Resident D's case manager James Krampe from TTI. Mr. Krampe stated that he sees Resident D in his office every Friday. He stated that Resident D has not reported anything regarding inappropriate staff behavior. He stated that Resident D does not spend a lot of time in the facility, only a couple of hours during the day or when sleeping.

On 12/20/2021, I made a call to the visiting nurse practitioners office, Laura Svinarich, NP. I spoke with medical office manager Nikki Parent, RN. She stated that she communicates with Mr. Cheff daily and has personally been to the home with doctors for medical appointments. She denied having any concerns regarding staff behavior that she has observed.

APPLICABLE RULE	
R 400.15204	Direct care staff; qualifications and training.
	(2) Direct care staff shall possess all of the following qualifications: (a) Be suitable to meet the physical, emotional, intellectual, and social needs of each resident.
ANALYSIS:	Staff Grace and Staff joy denied cursing at the residents. Resident A, Resident B, Resident C, and Resident D denied the allegations regarding staff cursing at residents. Resident E stated that staff yell at Resident C, and that sometimes staff swear. There is no preponderance of evidence to substantiate a rule violation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.15315	Handling of resident funds and valuables.
	(10) A licensee, administrator, direct care staff, other employees, volunteers under the direction of the licensee, and members of their families shall not accept, take, or borrow money or valuables from a resident, even with the consent of the resident.
ANALYSIS:	Mr. Cheff denied that he safekeeps funds for any of the residents, and that the residents are responsible for their own money. He stated that the only money he handles is the AFC cost of care payments. Resident A, Resident B, Resident C, Resident D, and Resident E were interviewed regarding staff stealing resident money. They denied having any issues with their money being stolen. <i>Resident Funds Record Part 1 I and AFC Resident Funds Part II</i> were observed for each resident. No issues were noted. There is no preponderance of evidence to substantiate a rule violation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 11/15/2021 and 12/10/2021, I conducted two unannounced on-site visits at the facility. During both visits, I reviewed the resident files and found that there are nine residents who have assessment plans that are outdated. I did not observe an *AFC Resident Assessment Plan* for Resident B.

An assessment plan was outdated for the following list of residents, including the dates of the lasted assessments noted in their files:

- Resident C- 08/01/2019
- Resident E- 05/02/2019
- Resident F- 09/17/2019
- Resident G- 08/01/2019
- Resident H- 12/10/2018
- Resident I- 09/10/2019
- Resident J- 09/17/2019
- Resident K- 09/17/2019
- Resident L- 09/17/2019
- Resident M- 04/23/2019

APPLICABLE RULE	
R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
ANALYSIS:	<p>On 11/15/2021 and 12/10/2021, I conducted unannounced on-site visits at the facility. Photos were taken of the resident assessment plans in the resident files.</p> <p>I observed that there were 10 assessment plans in the resident records that were outdated by over a year.</p> <p>There is a preponderance of evidence to substantiate a rule violation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION: On 11/15/2021 and 12/10/2021, I conducted two unannounced on-site visits at the facility with APS worker Kizzie Baker. I observed the physical condition of the home.

On 11/15/2021 and/or 12/10/2021, during the unannounced on-sites, I noted the following issues:

There were missing ceiling tiles from the ceiling of the main floor bathroom. One ceiling tile appeared to have an observable water damage stain.

The upstairs bedroom to the right of the top of the stairs facing south, was observed to have multiple ceiling tiles in disrepair around the ceiling's light fixture. Part of one tile, appeared to be missing, exposing the wood beams behind the ceiling tile. The flooring in the bedroom appeared to be dirty.

On the lower part of the walls behind the upstairs main toilet as well as the flooring around the toilet, appeared to have been splattered dried feces.

The flooring in the bedroom to the far left at the end of the upstairs hallway, appeared to be dirty and stained and in need of replacement. A couple of floor tiles appeared to be loose and out of place in front of the private bathroom's door. In this same bedroom, there appeared to be a hole in the far-right corner of the bedroom wall, exposing light from the outside.

The bedroom situated at the far end of the upstairs hallway on the right, has flooring that appeared to be uneven/warped where there was a water leak from the ceiling. On 11/15/2021, during the on-site, there were plastic totes observed sitting in the same area of the flooring with standing water in them due to a ceiling leak. The ceiling in this room had observable water damage stains. Doors, door trim, and light switches in the home were observed to be dirty and in need of being cleaned/wiped down as well.

On 11/15/2021, Mr. Cheff reported that the upstairs hallway flooring was pulled up as it was going to be replaced. On 12/10/2021, it was observed that the flooring replacement had not been installed yet.

In the bedroom off the kitchen where staff reside during their shifts, there appeared to be observable damage to the ceiling in front of the bedroom door (facing the kitchen, from inside the bedroom), as well as in the kitchen area. The ceiling appeared to need repairing.

On 12/10/2021, there did not appear to be any change in the conditions of the home, as it was observed on 11/15/2021. Photos of the condition of the home were taken on 11/15/2021 and on 12/10/2021.

On 12/13/2018, licensing consultant Christopher Holvey concluded in Special Investigation Report #2019A0779002 that R400.15403(5) was substantiated as well due to the floors, walls, and ceilings being found in poor condition. Paint was flaking off walls, cracked walls, and holes in the bathroom walls. Ceiling panels in the bathrooms were visibly stained and falling down, linoleum flooring was viewed in a bathroom to be in poor repair with the floor ripened in several places, and bedroom carpeting was quite worn and stained. The CAP dated for 01/07/2019, signed by Jeremiah Cheff, licensee designee at the time, states that these repairs would be and happened over the next few months, and that flooring would be replaced, and the walls would be repainted.

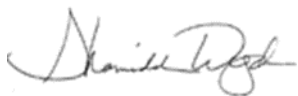
On 02/28/2020, licensing consultant Christopher Holvey concluded in the Licensing Study Report dated 02/28/2020, that R400.15403(5) had been violated due to the walls of one downstairs bathroom shower having visible mold present and was not in good repair. The corrective action plan dated for 04/13/2020, signed and dated by Nicolette Cheff, licensee designee and administrator at the time, states that maintenance replaced and cleaned the corner of the shower on 03/20/2020. It also states that showers will be checked weekly on walk throughs.

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.
ANALYSIS:	<p>On 11/15/2021 and 12/10/2021, I conducted unannounced on-site visits at the facility. Photos were taken of the physical plant.</p> <p>Multiple rooms were observed to have ceilings and floors that require maintenance and/or cleaning.</p> <p>There is a preponderance of evidence to substantiate a rule violation.</p>
CONCLUSION:	<p>REPEAT VIOLATION ESTABLISHED SIR #2019A0779002 dated December 13, 2018 LSR dated 02/28/2020, CAP dated 04/17/2020</p>

On 01/04/2022, I conducted an exit conference with licensee designee Gregory Cheff via phone. I informed him of the findings and conclusion.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend modification of the license to provisional.

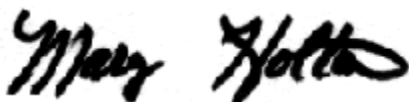


01/06/2022

Shamidah Wyden
Licensing Consultant

Date

Approved By:



01/06/2022

Mary E Holton
Area Manager

Date