



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 24, 2017

Laura Hemgesberg  
523 N. Hickory St.  
Owosso, MI 48867

RE: License #: AF780280506  
Investigation #: **2017A0466042**  
**Howard AFC #1**

Dear Ms. Hemgesberg:

Attached is the Special Investigation Report for the above referenced facility. On 10/13/2017, you showed evidence that the violation had been corrected and therefore a written corrective action plan is not required.

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 (517) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF780280506
<b>Investigation #:</b>	2017A0466042
<b>Complaint Receipt Date:</b>	09/26/2017
<b>Investigation Initiation Date:</b>	09/26/2017
<b>Report Due Date:</b>	11/25/2017
<b>Licensee Name:</b>	Laura Hemgesberg
<b>Licensee Address:</b>	523 N. Hickory St. Owosso, MI 48867
<b>Licensee Telephone #:</b>	(989) 723-4420
<b>Administrator:</b>	N/A
<b>Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Howard AFC #1
<b>Facility Address:</b>	523 N. Hickory Street Owosso, MI 48867
<b>Facility Telephone #:</b>	(989) 723-4420
<b>Original Issuance Date:</b>	04/18/2006
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	01/11/2017
<b>Expiration Date:</b>	01/10/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED PHYSICALLY HANDICAPPED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Resident A removed 2 bottles of insulin from the facility and stole personal items from other residents and the licensee.	Yes

## III. METHODOLOGY

09/26/2017	Special Investigation Intake 2017A0466042
09/26/2017	Special Investigation Initiated – Telephone call to Complainant.
10/13/2017	Inspection Completed On-site
10/13/2017	Contact- Telephone call to CMH worker for Resident A.
10/17/2017	Contact- Telephone from CMH worker Robin for Resident A, interviewed.
10/18/2017	Contact- Telephone call to Relative A1 who was interviewed.
10/24/2017	Exit conference with Laura Hemgesberg.

**ALLEGATION:** Resident A removed 2 bottles of insulin from the facility and stole personal items from other residents and the licensee.

### **INVESTIGATION:**

On 09/26/2017, Complainant reported that Resident A removed 2 bottles of insulin from the facility and stole personal items from other residents and the licensee.

On 09/26/2017, I contacted Complainant who reported that Resident A had been stealing personal items from other residents and the owner of the facility.

Complainant voiced concern that Resident A had been able to access the owner's checkbook which was stored in an area not accessible to residents. Complainant has concerns about the supervision of Resident A and other residents.

On 10/13/2017, I conducted an unannounced on-site investigation and interviewed Resident A. Resident A reported being diagnosed with Schizophrenia and that she has been hearing voices that tell her to do things, including stealing. Resident A stated that in September 2017 she voluntarily admitted herself to the stress unit of the hospital in an effort to get some help for the voices. However, Resident A stated she

did not feel that the hospitalization helped. Resident A reported taking things from others while they are not looking and then throwing the items away in the garbage. Resident A admitted that sometimes she would take stolen items to the outside garbage bin right before the trash is picked up. Resident A expressed concern about her behaviors and admitted that she is trying to change as she does not want to hurt her friends (the other residents) and she wants them to like her again. Resident A reported that she is in the process of replacing the items that she had taken. Resident A reported that she has been living in this home with Laura Hemgesberg for twenty five years and feels that Ms. Hemgesberg is a support to her by advocating for additional services to assist with these behaviors. Resident A stated that the stealing behaviors began when she learned that the health of her mother and step father began to deteriorate about six months ago as that “stressed her out.”

On 10/13/2017, I reviewed Resident A's record. Resident A's *Assessment Plan for AFC Residents* did not address the stealing behavior and was completed September 2012. No *Community Mental Health Assessments* or behavioral plans were in the resident record.

On 10/13/2017, I interviewed Ms. Hemgesberg who reported that Resident A's stealing behavior has been going on for several months. Ms. Hemgesberg reported initially movies from the common area were missing and it took a while to determine that it was Resident A who was taking them. Ms. Hemgesberg stated that Resident A had taken insulin that was in the refrigerator, movies, shampoo, check books, money and cookies. Ms. Hemgesberg showed me the lock box the medication in the refrigerator is currently stored in and admitted that the insulin that was taken by Resident A was not stored in the lock box. Ms. Hemgesberg reported that Resident A throws away the items that she steals close to garbage day so they are not able to be retrieved. Ms. Hemgesberg reported making several calls to Community Mental Health (CMH) over the past several months with no assistance or additional services provided. Ms. Hemgesberg reported that the CMH worker Robin Basarabska comes out once a month and works out a plan with Resident A regarding the behaviors that are being exhibited and Resident A agrees to the interventions however Resident A only complies with the plan periodically. Ms. Hemgesberg reported that some of the plans included Resident A writing in a journal or talking to her about the voices so that the thoughts could be redirected. Ms. Hemgesberg reported that these plans were never provided to her in writing by CMH nor has CMH provided her with written assessments. Ms. Hemgesberg reported contacting Janet Legacy from Shiawassee County CMH as she prescribes Resident A's medications and scheduled an emergency appointment for 10/12/17 for additional assistance. Ms. Hemgesberg reported an additional scheduled appointment will occur on 10/20/2017. Ms. Hemgesberg reported being told by CMH that Resident A does not qualify for therapy services but Ms. Legacy is trying to assist in implementing therapy alongside case manager Ms. Basarabska. Ms. Hemgesberg reports that Resident A can no longer distinguish between “the voices” and her thoughts and Resident A has some memory loss. Ms. Hemgesberg stated

that one of the residents requested a lock on their door so that when they are not home, the resident can lock the door to prevent theft. Ms. Hemgesbeg installed a lock per her request and approval from the CMH worker. Ms. Hemgesbeg reported that other residents were provided with a lock for a drawer so they lock up items in the drawer to prevent them from being stolen and Resident A is in the process of replacing the items that were stolen. Ms. Hemgesbeg is also keeping a close eye on Resident A.

On 10/13/2017, I conducted an unannounced walk through of the home. I viewed the lock on Resident B's room and the locks on the drawers for Resident C and Resident D. Resident B was not at the facility when I was present. Resident C, Resident D and Resident E all expressed frustration with Resident A's stealing but also acknowledged that they all have things that they are working on too and reported that they were glad that Resident A was going to replace the stolen items.

On 10/17/2017, I interviewed Shiawassee County CMH worker Robin Basarabska who reported that she has been the case manager for Resident A for three years and stated the stealing behavior to be out of character. Ms. Basarabska reported that Resident A does not qualify for a behavior plan because Resident A is not on medication solely to control the behavior and the treatment plan does not justify restrictions to control the behavior since it is a new behavior. Ms. Basarabska reported that "Ms. Hemgesberg is doing a great job with [Resident A], it's just a difficult situation." Ms. Basarabska reported that outpatient therapy is being explored for Resident A. Ms. Basarabska does not have any concerns about the supervision that is provided by Ms. Hemgesberg. Ms. Basarabska reported that the treatment plan could not be shared with me until she received authorization from the guardian and treatment plans have not been provided to Ms. Hemgesberg as the guardian has not given permission nor has Ms. Hemgesberg asked for them.

On 10/18/2017, I spoke with Guardian Relative A1 who reported that Resident A has been living with Ms. Hemgesberg for over twenty years and that these behaviors began about six to eight months ago when her mom's health began to decline. Guardian Relative A1 reported that Resident A's mom used to pick her up and take her on outings and used to call more frequently but is no longer able to do those things. Guardian Relative A1 has no concerns about the care that Resident A is receiving from Ms. Hemgesberg, however is concerned that Resident A wants to reside closer to Guardian Relative A1 and her mother.

<b>APPLICABLE RULE</b>	
<b>R 400.1418</b>	<b>Resident medications.</b>
	<b>(5) Prescription medication shall be kept in the original pharmacy-supplied and pharmacy-labeled container, stored in a locked cabinet or drawer, refrigerated if required, and</b>

	<b>labeled for the specific resident.</b>
<b>ANALYSIS:</b>	Resident A admitted to taking two vials of insulin out of the refrigerator and throwing them away. Ms. Hemgesberg admitted that the prescription medication in the refrigerator was not locked until after the vials of medication were stolen then Ms. Hemgesberg began storing the medication in a lock box in the refrigerator. Resident A has not taken any more medication since it has been stored in the lock box. The locked refrigerated medication box was viewed during on-site investigation.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

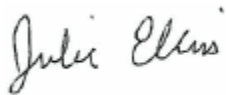
<b>APPLICABLE RULE</b>	
<b>R 400.1409</b>	<b>Resident rights; licensee responsibility.</b>
	<b>(1) Upon a resident's admission to the home, the licensee shall inform and explain to the resident or the resident's designated representative all of the following resident rights:</b> <b>(j) The right of reasonable access to and use of his or her personal clothing and belongings.</b>
<b>ANALYSIS:</b>	Resident A recently began stealing personal items from other residents so Ms. Hemgesberg provided options to the residents to secure their belongings and is working with Resident A to replace all of the items taken. Ms. Hemgesberg is closely supervising Resident A and advocating for services to address the issue with CMH. Resident C, Resident D and Resident E are frustrated with Resident A but glad that she will be replacing the items that she took. Ms. Basarabska reported that the stealing is a new behavior and out of character for Resident A therefore a violation is not established as Ms. Hemgesberg is working to correct the behavior with Resident A and Ms. Basarabske while trying to ensure that residents have reasonable access to their personal belongings.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.1411</b>	<b>Resident behavior management; general requirements.</b>
	<b>(2) Methods of behavior management shall encourage cooperation, self-esteem, self-direction, and independence,</b>

	<b>and shall be administered in accordance with a resident's written assessment plan.</b>
<b>ANALYSIS:</b>	Ms. Basarabska reported that Resident A's stealing is a new behavior and not addressed in the <i>CMH Assessment Plan</i> or in her <i>Assessment Plan for AFC Residents</i> . Ms. Basarabska reported that Resident A does not qualify for a behavior plan and that Ms. Hemgesberg is doing a great job with Resident A under a difficult situation with interventions that agreed to on a monthly basis. Resident A's <i>Assessment Plan for AFC Resident's</i> did not address the stealing behavior either as it is a new behavior.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**IV. RECOMMENDATION**

It is recommended that the status of the license remain unchanged.



10/19/2017

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Julie Elkins  
Licensing Consultant

Date

Approved By:



10/24/2017

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Dawn N. Timm  
Area Manager

Date