



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 2, 2022

Tricia Pratt
2602 Douglass St.
Saginaw, MI 48601

RE: License #:	AS730338751
Investigation #:	2022A0123018
	Home Away from Home AFC

Dear Ms. Pratt:

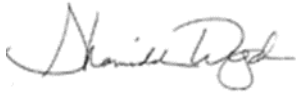
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 #:	AS730338751
Investigation #:	2022A0123018
Complaint Receipt Date:	01/18/2022
Investigation Initiation Date:	01/18/2022
Report Due Date:	03/19/2022
License Name:	Tricia Pratt
Licensee Address:	2602 Douglass St. Saginaw, MI 48601
Licensee Telephone #:	(989) 213-2251
Administrator:	Tricia Pratt
Licensee Designee:	Tricia Pratt
Name of Facility:	Home Away from Home AFC
Facility Address:	1122 Hoyt St. Saginaw, MI 48601
Facility Telephone #:	(989) 213-2251
Original Issuance Date:	08/28/2013
License Status:	REGULAR
Effective Date:	04/01/2021
Expiration Date:	03/31/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
On 01/14/2022 there was no staff present at the adult foster care home. Resident A and the other residents were left unattended and unsupervised. Resident A has mental health issues and does not have the mental capacity to care for himself or be left alone for extended periods of time.	No
Additional Findings	Yes

III. METHODOLOGY

01/18/2022	Special Investigation Intake 2022A0123018
01/18/2022	APS Referral Information received regarding APS referral.
01/18/2022	Special Investigation Initiated - Telephone I spoke with adult protective services worker Katrice Humphrey via phone.
01/26/2022	Inspection Completed On-site An unannounced on-site visit was conducted with APS investigator Katrice Humphrey. Staff and residents were interviewed.
02/03/2022	Contact - Telephone call made I spoke with licensee Tricia Pratt via phone.
02/14/2022	Contact - Document Received Requested documentation received via fax.
02/17/2022	Contact- Telephone call made I made an attempted call to Resident A's public guardian's office. The office was closed.
02/22/2022	Contact- Telephone call made I left a voicemail requesting a return call from Resident A's public guardian.
02/28/2022	Contact- Telephone call made I left another message requesting a return call from Resident A's public guardian.
02/28/2022	Exit Conference-

I spoke with licensee designee Tricia Pratt via phone.
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ALLEGATION: On 01/14/2022 there was no staff present at the adult foster care home. Resident A and the other residents were left unattended and unsupervised. Resident A has mental health issues and does not have the mental capacity to care for himself or be left alone for extended periods of time.

INVESTIGATION: On 01/18/2022, I spoke with adult protective services (APS) investigator Katrice Humphrey via phone. She stated that an on-call APS worker saw Resident A face to face. Resident A has resided in the home for about six months. Resident A has a public guardian, who does not have a history of placing clients at the facility and expressed having no issues.

On 01/26/2022, I conducted an unannounced on-site visit at the facility with APS investigator Katrice Humphrey. There were five residents, and two staff persons present at the facility. The staff persons, Nakeya Pratt and Monika Baker denied the allegations. Staff Pratt stated that the facility has three staff who covers three around the clock shifts. Staff Pratt stated that Resident A has never been left at the home alone, and there are always staff present. Staff Baker stated that the shifts are 4pm to 11pm, 11pm-9am, and 9am to 4pm, and that there are normally two staff per shift.

During this on-site, Ms. Humphrey and I conducted the following resident interviews:

Resident B stated that he is his own guardian. Resident B stated that there are two staff on shift at night and during the day, and staff are always present.

Resident A stated that he is not sure who his guardian is, and then stated that his mother is his guardian. He stated that it is alright living in the facility. He stated that there are one to two staff during the day and at night. He denied the allegations and stated that there's never been a time where staff were not present. He stated that he goes out for walks, and staff are present in the home when he returns.

Resident C stated that he is his own guardian. He stated that there's one staff per shift. He stated that he goes out in the community on his own, and when he returns, staff are always present in the home. He stated there's never been a time where staff have not been present.

Resident D stated that he is his own guardian. He stated that he can go out in the community on his own. He stated that he does LOA's (leaves of absence) on weekends. He stated that he does not know if there's been a time where staff were not present in the home.

Resident E stated that he his own guardian. He denied the allegations. He stated that staff are always present in the home.

During this on-site I reviewed resident files for each resident. *Assessment Plan for AFC Residents* were reviewed for Resident A, Resident B, Resident C, Resident D, and Resident E. Each assessment plan indicates that each resident can move independently in the community, and is independent with personal care, except taking medication.

On 02/22/2022 and 02/28/2022, I made two unsuccessful attempts to contact Resident A's guardian. Messages left were not returned.

APPLICABLE RULE	
R 400.14206	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:	Staff Nakeya Pratt and staff Monika Baker denied the allegations. Resident A, Resident B, Resident C, Resident D, and Resident E were interviewed and denied the allegations. There is no preponderance of evidence to substantiate a rule violation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION: On 01/26/2022, I conducted an unannounced on-site visit at the facility with APS investigator Katrice Humphrey. I inquired with Staff Nakeya Pratt and Staff Monika Baker about the staff schedule. They reported that there is no written staff schedule.

On 02/03/2022, I spoke with licensee designee Tricia Pratt via phone. She stated that they do not have a staff schedule in writing.

APPLICABLE RULE	
R 400.14208	Direct care staff and employee records.
	(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information: (a) Names of all staff on duty and those volunteers who are under the direction of the licensee.

	<p>(b) Job titles. (c) Hours or shifts worked. (d) Date of schedule. (e) Any scheduling changes.</p>
ANALYSIS:	<p>On 01/26/2022, I requested a copy of the facility's staff schedule. Staff informed me there was no written schedule.</p> <p>On 02/03/2022, I spoke with licensee designee Tricia Pratt who also indicated that the facility does not have a written staff schedule.</p> <p>There is a preponderance of evidence to substantiate a rule violation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION: On 01/26/2022, I conducted an unannounced on-site at the facility. I reviewed the *Assessment Plan for AFC Residents* for each resident. Assessment plans for Resident B (dated 09/17/2020), Resident D (dated July 2018), and Resident E (dated 12/11/2020) were outdated.

On 02/03/2022, I made a call to licensee designee Tricia Pratt to inquire about resident files. She stated that Resident E moved back into the facility in December 2021 and his assessment plan was updated at that time.

On 02/14/2022, I received updated copies of *Assessment Plan for AFC Residents* for Resident B (dated 02/04/2022), Resident D (dated 02/04/2022), and Resident E (dated 12/29/2021).

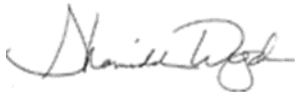
APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the 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:	On 01/26/2022, I reviewed resident files during an unannounced on-site. Resident B, Resident D, and Resident E's assessment plans were not updated within a year at that time.

	There was a preponderance of evidence to substantiate a rule violation.
CONCLUSION:	VIOLATION ESTABLISHED

On 02/28/2022, I conducted an exit conference with licensee designee Tricia Pratt 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 the AFC small group home license (capacity 6).



03/02/2022

Shamidah Wyden
Licensing Consultant

Date

Approved By:



03/02/2022

Mary E Holton
Area Manager

Date