



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 7, 2022

Gregory Richards  
Parkside Estates LLC  
2211 Parkside Street  
Trenton, MI 48183

RE: License #: AS820313332  
Investigation #: 2022A0116015  
Parkside Estates

Dear Mr. Richards:

Attached is the Special Investigation Report for the above referenced facility. Due to the severity of the violations, disciplinary action against your license is recommended. You will be notified in writing of the department's action and your options for resolution of this matter.

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Pandrea Robinson".

Pandrea Robinson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 319-9682

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820313332
<b>Investigation #:</b>	2022A0116015
<b>Complaint Receipt Date:</b>	01/31/2022
<b>Investigation Initiation Date:</b>	02/01/2022
<b>Report Due Date:</b>	04/01/2022
<b>Licensee Name:</b>	Parkside Estates LLC
<b>Licensee Address:</b>	2211 Parkside Street Trenton, MI 48183
<b>Licensee Telephone #:</b>	(734) 692-0877
<b>Administrator:</b>	Gregory Richards
<b>Licensee Designee:</b>	Gregory Richards
<b>Name of Facility:</b>	Parkside Estates
<b>Facility Address:</b>	2211 Parkside Street Trenton, MI 48183
<b>Facility Telephone #:</b>	(734) 692-0877
<b>Original Issuance Date:</b>	07/12/2011
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	08/14/2020
<b>Expiration Date:</b>	08/13/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. ALLEGATION(S)

	Violation Established?
An employee and her husband are living in the home.	No
Resident A has issues with constipation that is not being properly treated.	No
Additional Findings	Yes

## III. METHODOLOGY

01/31/2022	Special Investigation Intake 2022A0116015
01/31/2022	APS Referral Received.
02/01/2022	Special Investigation Initiated - Telephone Spoke with staff, Rena Kwek, requested that she send Resident A's assessment plan and health care appraisal.
02/01/2022	Contact - Telephone call made Left message for licensee designee, Gregory Richards, requesting a return call.
02/02/2022	Contact - Telephone call received Interviewed Mr. Richards.
02/07/2022	Contact - Document Received Received Resident A's assessment plan, care agreement and health care appraisal.
02/08/2022	Inspection Completed On-site Interviewed staff, Mark Kwek, visually observed Resident A, interviewed Residents B-D, and requested to review Resident A's records and Mr. Kwek's employee file.
02/08/2022	Contact - Telephone call made Spoke briefly with Mr. Richards while onsite and requested that he sends the contents of Mr. Kwek's employee record or make it readily available for consultant review.

02/08/2022	Contact - Document Received Received some of the requested/ required employee documents from Mr. Richards.
02/09/2022	Contact - Document Sent Sent an email to Mr. Richards requesting all of the required documents that should be contained in an employee record.
02/09/2022	Contact - Telephone call made Spoke with Mrs. Kwek.
02/09/2022	Contact- Telephone call made Spoke with Witness (1) from Resilire Neurorehabilitation, LLC, formerly Special Tree Neuro Care Center Ltd.
02/09/2022	Contact - Document Received Received a copy of Mr. Kwek's tuberculosis results from Mr. Richards. The test was administered at a Concentra Medical Center, as requested by his previous employer, Northfield Trucking Company.
02/09/2022	Contact - Telephone call made Interviewed staff, Shelly Snyder.
02/09/2022	Contact - Telephone call made Left a message for Guardian (1) requesting a return call.
02/10/2022	Contact - Telephone call received Interviewed Guardian (1).
02/22/2022	Contact - Telephone call made Spoke with licensee designee, Gregory Richards, and scheduled an onsite for 03/01/22 at 10:30 a.m.
03/01/2022	Inspection Completed-BCAL Sub. Non-Compliance Spoke with Mr. Richards and attempted to review all resident and employee records.
03/02/2022	Contact- Document sent Email to Bureau of Community and Health Systems (BCHS) Workforce Background Check Unit inquiring about fingerprint information for Mr. and Mrs. Kwek.
03/02/2022	Contact-Document received Email response from the Workforce Background Check Unit.

03/08/2022	Contact-Telephone call made Identogo
03/09/2022	Contact-Document received Copies of Mr. Kwek's training certificates.
03/14/2022	Contact-Telephone call received Identogo
03/15/2022	Contact-Document Sent Email sent to Mr. Richards.
03/16/2022	Contact- Document received Email from Mr. Richards.
03/17/2022	Exit Conference With licensee designee, Gregory Richards.

**ALLEGATION:**

**An employee and her husband are living in the home.**

## **INVESTIGATION:**

On 02/01/22, I interviewed staff, Rena Kwek, and she reported that neither she nor her husband live in the home. Mrs. Kwek reported that they both are at the home a lot due to the home being short staffed. Mrs. Kwek reported that she normally works a double from 8:00 a.m. to 11:00 p.m. or 12:00 a.m. and most of the time her husband, Mark Kwek is there. Mrs. Kwek reported that she is assisting in training him. Mrs. Kwek reported that licensee designee, Gregory Richards, normally works the midnight shift; however, he is in the process of hiring a midnight staff person. Ms. Kwek added that she and her husband reside in Belleville.

On 02/02/22, I interviewed Mr. Richards and he reported that Mr. and Mrs. Kwek do not live in the home. Mr. Richards reported that due to the staffing crisis he is having difficulty finding staff. Mr. Richards reported that he recently had to terminate a staff for stealing from him and Mrs. Kwek has been helping cover the open shifts. Mr. Richards reported that he also is having to work in the home to ensure proper staffing levels.

On 02/08/22, I conducted an unscheduled onsite inspection and interviewed staff, Mark Kwek. Mr. Kwek reported that he and his wife do not live in the home but are there a lot working due to being short staffed. Mr. Kwek reported that he and his wife live in Belleville.

I conducted a walk-through of the home, including the basement and based on my observation, I could not conclude that Mr. and Mrs. Kwek were living in the home.

I attempted to interview Resident A; however, she would only repeat the questions I asked. Resident A appeared clean and was neatly dressed and groomed.

I interviewed Residents B-D and they all denied that Mr. and Mrs. Kwek live in the home. Resident B reported that once Mr. Richards comes in to work, Mr. and Mrs. Kwek leave and return the next morning. Resident C added that Mr. and Mrs. Kwek are at the home a lot taking care of them but reported they do leave and return to work the following morning.

On 02/09/22, I interviewed staff, Shelly Synder, and she reported that she worked in the home in the past, and recently returned to help out. Ms. Synder reported that she has only worked one midnight shift so far and is not aware of what has been going on in the home. Ms. Synder reported that when she worked her midnight shift, Mr. and Mrs. Kwek left the facility and returned the next morning to relieve her.

On 03/17/22, I conducted the exit conference with Mr. Richards and informed him of the finding of the investigation. Mr. Richards agreed with the finding.

<b>APPLICABLE RULE</b>
------------------------

<b>R400.14103</b>	<b>Licenses; required information; fee; effect of failure to cooperate with inspection or investigation; posting of license; reporting of changes in information.</b>
	<b>(5) An applicant or licensee shall give written notice to the department of any changes in the information that was previously submitted in or with an application for a license, including any changes in the household and in personnel-related information, within 5 business days after the change occurs.</b>
<b>ANALYSIS:</b>	<p>Based upon the findings of the investigation, which included interviews of Mrs. Kwek, Mr. Richards, Mr. Kwek, Ms. Synder and Residents B-D, I am unable to corroborate the allegation.</p> <p>On 02/08/22, Mr. and Mrs. Kwek denied the allegation and reported that they reside in their own home in Belleville. Mrs. Kwek reported that they are at the home a lot covering shifts due to being short staffed.</p> <p>On 02/28/22, Mr. Richards reported that Mr. and Mrs. Kwek do not live in the home and reported that there is no available space for them in the home.</p> <p>On 02/09/22, Ms. Synder reported that when she worked a midnight shift, Mr. and Mrs. Kwek left the facility and returned the next morning to relieve her.</p> <p>On 02/08/22, Residents B-D all denied that Mr. and Mrs. Kwek live in the home.</p> <p>This violation is not established as Mr. Richards was not required to provide written notice to the department, as there has not been any change in the household.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Resident A has issues with constipation that is not being properly treated.**

## **INVESTIGATION:**

On 02/01/22, I interviewed staff, Rena Kwek, and she denied the allegation as reported. Mrs. Kwek reported that Resident A does not suffer with constipation at all. Mrs. Kwek reported that Resident A wears incontinent briefs, but she also takes her to the restroom and sits her on the toilet in between brief changes. Mrs. Kwek reported that due to Resident A's dementia she believes that she has forgotten how to use the bathroom and often will just sit there. Mrs. Kwek added that if Resident A was having issues with constipation, she would have contacted her doctor and or her Guardian so that it could be addressed.

I asked Mrs. Kwek to send me a copy of Resident A's assessment plan, care agreement and health care appraisal and she reported that she would.

On 02/02/22, I interviewed licensee designee, Gregory Richards. Mr. Richards reported that the allegations are not true and reported that all the residents are well cared for. Mr. Richards denied any knowledge of Resident A suffering with constipation. Mr. Richards reported that he would email Resident A's current assessment plan, care agreement and health care appraisal.

Mr. Richards further reported that the allegations are retaliatory due to him recently terminating an employee for writing and cashing checks to herself from his business account.

On 02/07/22, I received and reviewed a copy of Resident A's most recent assessment plan dated 08/30/20, care agreement dated 08/30/20, and health care appraisal dated 08/21/20. There was no history or mention of Resident A suffering with or being treated for constipation at the time of completion of those forms.

On 02/08/22, I conducted an unscheduled onsite inspection and interviewed staff Mark Kwek. Mr. Kwek reported that the allegations were not true and reported that to his knowledge, Resident A does not suffer with constipation.

I interviewed Resident B and she reported that she is Resident A's roommate and reported that she looks out for her. Resident B reported that the staff take good care of them, and they make sure Resident A's brief is changed often. Resident B reported that Ms. Kwek still puts her on the toilet at times to allow her to try to relieve herself. Resident B reported having no knowledge of Resident A suffering with constipation.

On 02/10/22, I interviewed Guardian (1) and he reported that he has no concerns regarding the care being provided in the home and reported that staff keep him abreast of what's going on with Resident A. Guardian (1) reported that in the past, Resident A had some issues with constipation and her doctor ordered Miralax to be taken for a few days to address it. Guardian (1) reported that Resident A has not had any current issues with constipation. Guardian (1) reported that he is at the home



often, never calls beforehand, and has always found the home and the residents to be in stellar condition.

On 03/17/22, I conducted the exit conference with Mr. Richards and informed him of the findings of the investigation. Mr. Richards agreed with the findings.

<b>APPLICABLE RULE</b>	
<b>R 400.14305</b>	<b>Resident protection.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	<p>Based on the findings of the investigation, which included interviews of Mrs. Kwek, Mr. Richards, Mr. Kwek, Resident B and Guardian (1), I am unable to corroborate the allegation.</p> <p>On 02/08/22, Mrs. Kwek, Mr. Richards, Mr. Kwek and Guardian (1) all denied the allegation and reported that Resident A does not have any current issues with constipation.</p> <p>On 02/08/22, Resident B reported that Resident A is taken care of and reported to her knowledge that Resident A does not have any issues with constipation.</p> <p>On 02/07/22, I also reviewed Resident A's most recent assessment plan, care agreement and health care appraisal. There was nothing documented on any of the forms regarding constipation.</p> <p>This violation is not established as Resident A's personal needs were attended to in accordance with the provisions of the act.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

#### **ADDITIONAL FINDINGS:**

#### **INVESTIGATION:**

On 02/08/22, I conducted an unscheduled onsite inspection and interviewed staff, Mark Kwek. Mr. Kwek was the only staff person in the home at the time of the onsite inspection. Mr. Kwek reported that he has been doing on the job training as a direct

care staff and shadowing his wife, Rena Kwek, who is also employed at the home. Mr. Kwek reported that an emergency occurred, and Ms. Kwek had to go to Urgent Care leaving him alone to care for the residents. I asked Mr. Kwek if he had submitted his fingerprints, to which he responded that he had not. I asked Mr. Kwek for his employee record to review. Mr. Kwek reported that he did not yet have an employee record.

On 02/08/22, while onsite I spoke with Mr. Richards. Mr. Richards reported that Mrs. Kwek is normally in the home and reported she is training Mr. Kwek and has been for a couple of months. I informed Mr. Richards that upon my arrival, Mr. Kwek was alone in the home working with the residents and that Mrs. Kwek left to go to Urgent Care. I asked Mr. Richards if Mr. Kwek had been fingerprinted. Mr. Richards reported that he had not been, but an appointment is scheduled for him to submit his fingerprints. I informed Mr. Richards that he is required to ensure that Mr. Kwek is fingerprinted as he has direct access to the residents and has been working/training in the home for a couple months.

On 02/08/22, Mr. Richards emailed a copy of Mr. Kwek's registration and fingerprint appointment. The appointment is scheduled for 02/16/22.

On 03/01/22, I conducted a scheduled onsite inspection and met with Mr. Richards. I asked Mr. Richards for verification that Mr. Kwek had submitted his fingerprints. Mr. Richards reported that the 02/16/22 appointment at the Westland location was cancelled because the Westland location was closed due to staffing issues. Mr. Richards reported the appointment was rescheduled for 02/28/22 at a different location. However, the location for the rescheduled appointment was unclear and Mr. Richards reported it was also closed. Mr. Richards reported that Mr. Kwek will have to call today (03/01/22) to schedule another appointment.

I requested to see confirmation that staff Rena Kwek had submitted her fingerprints and Mr. Richards reported that he needed to locate the documents. Mr. Richards was unable to provide any verification that Mrs. Kwek had been fingerprinted. Mrs. Kwek has been working in the home since 11/28/21.

On 03/02/22, I verified with the Bureau of Community Health Systems (BCHS), Workforce Background Check Unit, the status of Mr. and Mrs. Kwek's fingerprints. The response is as follows:

Rena Kwek was entered into the system for Parkside Estates on 01/13/2022; however, she was never fingerprinted, so there are no results. Since over 45 days have passed since the start date, that record has been administratively withdrawn.

Mark Kwek was entered into the system for Parkside Estates on 02/08/2022. He has not been fingerprinted, but he has 45 days to get fingerprinted for the system to receive those results.

On 03/14/22, I spoke with a representative from Identogo and she reported that on 02/16/22, the Westland fingerprinting location was open for business.

On 03/15/22, I sent a follow up email to Mr. Richards inquiring about the status of Mr. and Mrs. Kwek's fingerprints.

On 03/16/22, I received an email from Mr. Richards stating that he is giving Mr. and Mrs. Kwek until the end of this week to submit their fingerprints.

On 03/17/22, I conducted the exit conference with Mr. Richards and informed him of the findings of the investigation. Mr. Richards did not agree with the findings and reported that Mr. Kwek was getting on the job training first before having him submit fingerprints. Mr. Richards reported that he reviewed the Frequently Asked Questions (FAQ's) on the department's website and reported that it was documented that due to the pandemic and staffing issues that licensee designees could get the fingerprints done when they could, and that the consultant could show some leniency. Mr. Richards added that Mr. and Mrs. Kwek went to a couple of different locations, and they were all closed.

<b>APPLICABLE RULE</b>	
<b>MCL 400.734b</b>	<b>Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.</b>
	<b>(5) Upon receipt of the written consent to conduct a criminal history check and identification required under subsection (3), if the individual has applied for employment either as an employee or as an independent contractor with an adult foster care facility or staffing agency, the adult foster care facility or staffing agency that has made a good faith offer of employment or independent contract shall comply with subsection (4) and shall make a request to the department of state police to forward the individual's fingerprints to the federal bureau of investigation. The department of state police shall request the federal bureau of investigation to make a determination of the existence of any national criminal history pertaining to the individual. An individual described in this subsection shall provide the department of state police with a set of fingerprints. The department of state police shall complete the criminal history check under subsection (4) and, except as</b>

	<p>otherwise provided in this subsection, provide the results of its determination under subsection (4) and the results of the federal bureau of investigation determination to the department within 30 days after the request is made. If the requesting adult foster care facility or staffing agency is not a state department or agency and if criminal history record information is disclosed on the written report of the criminal history check or the federal bureau of investigation determination that resulted in a conviction, the department shall notify the adult foster care facility or staffing agency and the individual in writing of the type of crime disclosed on the written report of the criminal history check or the federal bureau of investigation determination without disclosing the details of the crime. The notification shall inform the adult foster care facility or staffing agency and the applicant regarding the appeal process in section 34c and shall include a statement that the individual has a right to appeal the information relied upon by the adult foster care facility or staffing agency in making its decision regarding his or her employment eligibility based on the criminal history check. Any charges imposed by the department of state police or the federal bureau of investigation for conducting a criminal history check or making a determination under this subsection shall be paid in the manner required under subsection (4).</p>
<b>ANALYSIS:</b>	<p>Based on the findings of the investigation, which included interviews of Mr. Kwek, Mr. Richards, verification from the BCHS Workforce Background Check Unit, and consultant observation, there is sufficient evidence to establish this violation.</p> <p>On 02/08/22, Mr. Kwek admitted that he has been working in the home for a couple of months and has yet to be fingerprinted. Mr. Kwek reported he was scheduled for fingerprinting on 02/16/22.</p> <p>On 02/08/22, Mr. Richards reported that Mr. Kwek had not been fingerprinted and was completing on the job training and shadowing.</p> <p>On 02/08/22, Mr. Richards was also unable to provide verification that Mrs. Kwek had been fingerprinted.</p>

	<p>On 03/02/22, I verified through the Workforce Background Check Unit, that neither Mr. Kwek nor Mrs. Kwek had been fingerprinted as required.</p> <p>On 03/14/22, I spoke with an Identogo representative who reported that the Westland fingerprinting location that Mr. Kwek reported was closed on 02/16/22, was open for business.</p> <p>As of 03/16/22, neither Mr. nor Mrs. Kwek have submitted their fingerprints.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

### **INVESTIGATION:**

On 02/22/22, I spoke with Mr. Richards and scheduled an onsite inspection for 03/01/22 at 10:30 a.m. to discuss the investigation and to review employee and resident records.

On 03/01/22, I conducted a scheduled onsite inspection and met with Mr. Richards. I requested to review records for Residents B-D and F. Mr. Richards failed to cooperate in connection with the investigation, by not allowing me to review the records and stated, "No we aren't doing this," and "Rena is tired, and I have an appointment." I reminded Mr. Richards that this was a scheduled appointment and that I had informed him that I would be reviewing records. Mr. Richards again failed to cooperate and did not allow me to review the records.

On 03/17/22, I conducted the exit conference with Mr. Richards and informed him of the findings of the investigation. Mr. Richards did not agree with the findings and reported that as a licensing consultant conducting an investigation, the purpose of the onsite was to only address the allegations and the people that were a part of the investigation. Mr. Richards reported that I did not need to see any additional resident records. I informed Mr. Richards that if there are quality of care concerns pertaining to one resident, I have the right to request to review records for all residents to ensure that their needs are being met.

Mr. Richards also reported that he had appointments and was not going to sit at the facility all day while I was reviewing records. I reminded Mr. Richards that the appointment was scheduled and that I informed him as a courtesy, that I would be reviewing records.

<b>APPLICABLE RULE</b>	
<b>R 400.14103</b>	<b>Licenses; required information; fee; effect of failure to cooperate with inspection or investigation; posting of license; reporting of changes in information.</b>
	<b>(3) The failure of an applicant or licensee to cooperate with the department in connection with an inspection or investigation shall be grounds for denying, suspending, revoking, or refusing to renew a license.</b>
<b>ANALYSIS:</b>	<p>Based on the findings of the investigation, there is sufficient evidence to establish violation of this rule.</p> <p>On 03/01/22, Mr. Richards failed to cooperate with the department in connection with this investigation, by refusing to allow me to review records for Residents B-D and F.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

## **INVESTIGATION:**

On 02/08/22, I conducted an unscheduled onsite inspection and interviewed staff, Mark Kwek. Mr. Kwek was working alone in the home at the time. I asked Mr. Kwek if he had completed the required direct care training and he reported that he had not. Mr. Kwek reported that he had been doing on the job training and shadowing his wife, Rena Kwek, who also works at the home. Mr. Kwek reported that she is normally in the home with him; however, reported she went to Urgent Care.

On 02/08/22, while exiting the home, Mrs. Kwek arrived and reported that she had to leave to be seen by a doctor for a personal emergency. Mrs. Kwek reported that she had only been gone for about 50 minutes. I asked Mrs. Kwek if she and Mr. Kwek had completed direct care training and requested to review their files. Mrs. Kwek reported that she had been trained prior to her employment at the home. Mrs. Kwek reported that she began working at the home on 11/28/21 and Mr. Kwek recently decided that he too wanted to work in the home. She reported that he began shadowing her and helping out with the residents a couple of months ago. Mrs. Kwek reported that Mr. Kwek had not completed his direct care training, but Mr. Richards was working on getting him fully trained.

Mrs. Kwek reported that she did not have access to the files and that I would need to speak with Mr. Richards.

On 02/08/22, I interviewed Mr. Richards and requested that he send me the employee record for Mr. Kwek. Mr. Richards reported that he would. I asked Mr. Richards if Mr. Kwek had completed his direct care training and he reported that Mr. Kwek was just shadowing staff and doing on the job training. I informed Mr. Richards that Mr. Kwek was working alone with the residents at the time of the inspection. Mr. Richards responded, "He usually works with Rena." Mr. Richards added that Mr. Kwek was only there alone because of the personal emergency with Mrs. Kwek. I informed Mr. Richards that the rules require that staff are trained and competent prior to performing assigned tasks.

On 02/08/22, I received an email from Mr. Richards stating that the attachment was Mr. Kwek's employee record. The documents did not contain verification of completion of training and competency in all of the required areas.

On 03/01/22, I conducted a scheduled onsite inspection and reviewed Mr. and Mrs. Kwek's employee records. Mr. Kwek's record contained verification of the required trainings except for verification of participation and successful completion of a training course in cardiopulmonary resuscitation (CPR). The trainings were not dated. Mr. Richards reported Mr. Kwek completed the training a couple of weeks ago. Mr. Kwek's employee record documented his start date as 01/17/22 and his working on own date as 02/12/22.

On 03/09/22, Mr. Richards emailed me copies of Mr. Kwek's direct care training certificates. The certificates were dated 12/23/21, 02/15/22, 02/16/22 and 02/17/22.

I also reviewed Mrs. Kwek's employee record, her record did not contain verification of training or competency in any of the required areas.

On 03/17/22, I conducted the exit conference with Mr. Richards and informed him of the findings of the investigation. Mr. Richards did not agree with the findings and reported that Mr. Kwek was completing on the job training prior to completing the required AFC trainings, which in his opinion is better.

<b>APPLICABLE RULE</b>	
<b>R 400.14204</b>	<b>Direct care staff; qualifications and training.</b>
	<b>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</b> <ul style="list-style-type: none"><li><b>(a) Reporting requirements.</b></li><li><b>(b) First aid.</b></li><li><b>(c) Cardiopulmonary resuscitation.</b></li><li><b>(d) Personal care, supervision, and protection.</b></li><li><b>(e) Resident rights.</b></li><li><b>(f) Safety and fire prevention.</b></li><li><b>(g) Prevention and containment of communicable diseases.</b></li></ul>



<b>ANALYSIS:</b>	<p>Based on the findings of the investigation, which included interviews of Mr. and Mrs. Kwek, Mr. Richards and consultant observation, there is sufficient evidence to establish violation of this rule.</p> <p>On 02/08/22, Mr. Kwek was working alone in the home with the residents, prior to completion of training in all of the required areas. Mr. Kwek also admitted that he had not completed any of the direct care training at that time.</p> <p>On 02/08/22, Mrs. Kwek admitted that Mr. Kwek had not completed the direct care training and that he was shadowing her. Mrs. Kwek reported Mr. Kwek usually only works with her.</p> <p>On 02/08/22, Mr. Richards reported that Mr. Kwek does not work alone, and that, "He usually works with Rena." Mr. Richards added that Mr. Kwek was only working alone because of the personal emergency with Mrs. Kwek</p> <p>On 03/01/22, I reviewed Mrs. Kwek's employee record. Her record did not contain verification of training or competency in any of the required areas. Ms. Kwek has been working in the home since 11/28/21.</p>
<b>CONCLUSION:</b>	<p><b>3<sup>rd</sup> REPEAT VIOLATION ESTABLISHED; LSR DATED 02/10/20; CAP DATED 02/25/20 and SIR DATED 11/29/21; CAP DATED 01/29/22.</b></p>

#### **INVESTIGATION:**

On 03/01/22, I conducted a scheduled onsite inspection and reviewed Mr. and Mrs. Kwek's employee records. Neither record contained statements signed by a licensed physician or his or her designee attesting to the knowledge of their physical health.

On 03/17/22, I conducted the exit conference with Mr. Richards and informed him of the findings of the investigation. Mr. Richards did not agree with the findings and then stated, "Next."

<b>APPLICABLE RULE</b>	
<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	<b>(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.</b>
<b>ANALYSIS:</b>	<p>Based on the findings of the investigation, there is sufficient evidence to establish violation of this rule.</p> <p>On 03/01/22, I reviewed Mr. and Mrs. Kwek's employee records and neither contained a written statement signed by a licensed physician attesting to the knowledge of their physical health.</p>
<b>CONCLUSION:</b>	<b>REPEAT VIOLATION ESTABLISHED; SIR DATED 11/29/21; CAP DATED 01/29/22.</b>

### **INVESTIGATION:**

On 02/08/22, I conducted an unscheduled onsite inspection and interviewed Mr. Kwek. I asked Mr. Kwek for his employee record to review, and he reported that he did not have one.

On 02/08/22, I interviewed Mr. Richards and requested that he forward the contents of Mr. Kwek's employee record for consultant review. Mr. Richards reported that he would.

On 02/08/22, Mr. Richards emailed Mr. Kwek's tuberculosis test results.

On 02/09/22, I reviewed Mr. Kwek's tuberculosis (TB) test results and noticed that the form appeared to be falsified. Some information was handwritten, and other information was typed. There were areas that also appeared that correction tape/fluid had been used and written over. The date of service was typed in and listed as 09/18/18, but the date that the TB test was administered was 01/11/22 and the read date was 01/12/22. The form also listed the employer as Special Tree. Special Tree is a corporation that also provides adult foster care. I recalled in my

interview with Mr. Kwek, he stated that he had never worked in adult foster care, prior to being employed at this facility.

On 02/09/22, I contacted Witness (1) from Resilire Neurorehabilitation, LLC, formerly Special Tree Neuro Care Center Ltd. and inquired if Mr. Kwek had ever been employed with their organization. Witness (1) reviewed their employee records database dating back to 1987 and reported that Mr. Kwek had never been employed with the organization.

On 02/09/22, I spoke with Mrs. Kwek and asked her if Mr. Kwek had a current TB test. Mrs. Kwek reported her belief that Mr. Kwek had a TB test from his previous employer, Northfield Trucking Company. Mrs. Kwek reported she would obtain a copy and email it to me.

On 02/09/22, Mr. Richards emailed me a copy of Mr. Kwek's TB test from his previous employer, Northfield Trucking Company. The TB test was administered at a Concentra Medical Center and read on 06/20/20.

On 03/01/22, I conducted a scheduled onsite inspection. I informed Mr. Richards of my knowledge that the initial TB test he submitted for Mr. Kwek was falsified. Mr. Richards did not appear to be concerned with my findings and did not offer a response.

I reviewed Mrs. Kwek's employee record. Mrs. Kwek's record did not contain verification that she had been tested for communicable tuberculosis.

On 03/17/22, I conducted the exit conference with Mr. Richards and Informed him of the findings of the investigation. Mr. Richards did not agree with the findings.

<b>APPLICABLE RULE</b>	
<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	<b>(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.</b>

<b>ANALYSIS:</b>	<p>Based on the findings of the investigation, there is sufficient evidence to establish violation of this rule.</p> <p>On 03/01/22, Ms. Kwek's employee record did not contain written evidence that she had been tested for communicable tuberculosis.</p>
<b>CONCLUSION:</b>	<b>REPEAT VIOLATION ESTABLISHED; SIR DATED 11/29/21; CAP DATED 01/29/22.</b>

### **INVESTIGATION:**

On 03/01/22, I conducted a scheduled onsite inspection and reviewed Mr. and Mrs. Kwek's employee records.

Mr. Kwek's record did not contain verification of experience, education, or receipt of personnel policies and job descriptions.

Mrs. Kwek's employee record did not contain verification of experience, education, training, or verification of receipt of personnel policies and job descriptions.

On 03/17/22, I conducted the exit conference with Mr. Richards and informed him of the findings of the investigation. Mr. Richards did not agree with the findings.

<b>APPLICABLE RULE</b>	
<b>R 400.14208</b>	<b>Direct care staff and employee records.</b>
	<p><b>(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:</b></p> <ul style="list-style-type: none"> <li><b>(e) Verification of experience, education, and training.</b></li> <li><b>(i) Required verification of the receipt of personnel policies and job descriptions.</b></li> </ul>

<b>ANALYSIS:</b>	<p>Based on the findings of the investigation, there is sufficient evidence to establish violation of this rule.</p> <p>On 03/01/22, I reviewed Mr. Kwek's record, and it did not contain verification of experience, education, or receipt of personnel policies and job descriptions.</p> <p>On 03/01/22, I reviewed Mrs. Kwek's employee record and it did not contain verification of experience, education, training, or verification of receipt of personnel policies and job descriptions.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

### **INVESTIGATION:**

On 02/02/22, I spoke with Mr. Richards and requested a copy of Resident A's health care appraisal. On 02/07/22, I received a copy of Resident A's health care appraisal dated 08/21/20.

On 03/01/22, I conducted a scheduled onsite inspection and spoke with Mr. Richards. I again asked for the most recent health care appraisal for Resident A. Mr. Richards provided the same one that was previously sent to me dated 08/21/20.

On 03/17/22, I conducted the exit conference with Mr. Richards and informed him of the findings of the investigation. Mr. Richards did not agree with the findings and reported that due to Resident A's fragility and the pandemic the family did not want to take her to have a physical completed.

<b>APPLICABLE RULE</b>	
<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	<b>(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall</b>

	<b>be used unless prior authorization for a substitute form has been granted, in writing, by the department.</b>
<b>ANALYSIS:</b>	<p>Based on the finding of the investigation, there is sufficient evidence to establish violation of this rule.</p> <p>On 02/07/22 and 03/01/22, I reviewed Resident A's most recent health care appraisal. The health care appraisal was dated 08/21/20.</p> <p>Resident A did not have an annual health care appraisal completed for 2021 in her resident record.</p>
<b>CONCLUSION:</b>	<b>3<sup>rd</sup> REPEAT VIOLATION ESTABLISHED; LSR DATED 02/13/18; CAP DATED 03/09/18 AND LSR DATED 02/10/20; CAP DATED 02/25/20.</b>

#### **INVESTIGATION:**

On 02/02/22, I spoke with Mr. Richards and requested a copy of Resident A's written assessment. On 02/07/22, I received a copy of Resident A's written assessment plan dated 08/30/20.

On 03/01/22, I conducted a scheduled onsite inspection and spoke with Mr. Richards. I again asked for the most recent written assessment plan for Resident A. Mr. Richards provided the same one that was previously sent to me dated 08/30/20.

On 03/17/22, I conducted the exit conference with Mr. Richards and informed him of the findings of the investigation. Mr. Richards did not agree with the findings and reported that the family did not want Resident A taken out of the facility. I attempted to explain to Mr. Richards that the annual assessment plan does not require the resident to leave the home and that he and the guardian could have completed the assessment at the facility or any other feasible way.

<b>APPLICABLE RULE</b>	
<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	<b>(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</b>

	<b>maintain a copy of the resident's written assessment plan on file in the home.</b>
<b>ANALYSIS:</b>	<p>Based on the findings of the investigation, there is sufficient evidence to establish violation of this rule.</p> <p>On 02/07/22 and 03/01/22, I reviewed Resident A's most recent written assessment plan. The assessment plan was dated 08/30/20.</p> <p>Resident A did not have an annual written assessment plan for 2021 in her resident record.</p>
<b>CONCLUSION:</b>	<b>3<sup>rd</sup> REPEAT VIOLATION ESTABLISHED; LSR DATED 02/13/18; CAP DATED 03/09/18 AND LSR DATED 02/10/20; CAP DATED 02/25/20.</b>

#### **INVESTIGATION:**

On 02/02/22, I spoke with Mr. Richards and requested a copy of Resident A's written care agreement. On 02/07/22, I received a copy of Resident A's written care agreement dated 08/30/20.

On 03/01/22, I conducted a scheduled onsite inspection and spoke with Mr. Richards. I again asked for the most recent written care agreement for Resident A. Mr. Richards provided the same one that was previously sent to me dated 08/30/20.

On 03/17/22, I conducted the exit conference with Mr. Richards and informed him of the findings of the investigation. Mr. Richards did not agree with the findings and reported that the family did not want Resident A taken out of the facility. I attempted to explain to Mr. Richards that the annual resident care agreement does not require the resident to leave the home and that he and the guardian could have completed the assessment at the facility or any other feasible way.

<b>APPLICABLE RULE</b>	
<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	<b>(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.</b>

<b>ANALYSIS:</b>	<p>Based on the findings of the investigation, there is sufficient evidence to establish violation of this rule.</p> <p>On 02/07/22 and 03/01/22, I reviewed Resident A's most recent resident care agreement. The resident care agreement was dated 08/30/20.</p> <p>Resident A did not have an annual written care agreement for 2021 in her resident record.</p>
<b>CONCLUSION:</b>	<b>3<sup>rd</sup> REPEAT VIOLATION ESTABLISHED; LSR DATED 02/13/18; CAP DATED 03/09/18 AND LSR DATED 02/10/20; CAP DATED 02/25/20.</b>

#### **INVESTIGATION:**

On 03/01/22, I reviewed Resident A's record and observed that monthly weights had not been recorded since 09/20/20.

On 03/17/22, I conducted the exit conference with Mr. Richards and informed him of the findings of the investigation. Mr. Richards did not agree with the findings.

<b>APPLICABLE RULE</b>	
<b>R 400.14310</b>	<b>Resident health care.</b>
	<b>(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.</b>
<b>ANALYSIS:</b>	<p>Based on the findings of the investigation, there is sufficient evidence to establish violation of this rule.</p> <p>On 03/01/22, Resident A's record did not contain monthly weights dating back to 09/20/20.</p>
<b>CONCLUSION:</b>	<b>REPEAT VIOLATION ESTABLISHED; LSR DATED 02/10/20; CAP DATED 02/25/20.</b>

#### **IV. RECOMMENDATION**



I recommend revocation of the license.



---

Pandrea Robinson  
Licensing Consultant

03/24/22  
Date

Approved By:



---

Ardra Hunter  
Area Manager

03/25/22  
Date