GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 11, 2022

Renae-Marie Kiehler
Innovative Housing Dev Corp
3051 Commerce Drive, Suite 5
Fort Gratiot, MI 48059

RE: License #: AS740253775
Investigation #: 2022A0604011
Ravenswood Home

Dear Ms. Kiehler:

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

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (248) 975-5053.

Sincerely,

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 West Grand Blvd Ste 9-100
Detroit, MI 48202
(248) 285-1703

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS740253775
Investigation #:	2022A0604011
Complaint Receipt Date:	02/07/2022
Investigation Initiation Date:	02/08/2022
Report Due Date:	04/08/2022
Licensee Name:	Innovative Housing Dev Corp
Licensee Address:	3051 Commerce Drive, Suite 5 Fort Gratiot, MI 48059
Licensee Telephone #:	(810) 385-4463
Administrator:	Melinda Wiegand
Licensee Designee:	Renae-Marie Kiehler
Name of Facility:	Ravenswood Home
Facility Address:	4166 Ravenswood Port Huron, MI 48060
Facility Telephone #:	(810) 364-8831
Original Issuance Date:	03/18/2003
License Status:	REGULAR
Effective Date:	04/12/2021
Expiration Date:	04/11/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Resident A alleges he was hit with a belt and has several marks and bruises, however, has fallen in the last couple of weeks.	No
Additional Findings	Yes

III. METHODOLOGY

02/07/2022	Special Investigation Intake 2022A0604011
02/07/2022	APS Referral Referral received from Adult Protective Services (APS). APS denied referral.
02/08/2022	Special Investigation Initiated - Letter Email to Administrator, Mindy Wiegand
02/08/2022	Contact - Document Received Email from Mindy Wiegand.
02/08/2022	Inspection Completed On-site Completed unannounced onsite investigation. Interviewed Senior Program Tech, Dawn Nedrow, Staff Theresa Swinson and Resident A. Received copy of record from McLaren Hospital.
04/06/2022	Exit Conference Competed exit conference with Administrator, Mindy Wiegand by email.

ALLEGATION:

Resident A alleged he was hit with a belt and has several marks and bruises, however, has fallen in the last couple of weeks.

INVESTIGATION:

I received a complaint regarding the Ravenswood Home on 02/07/2022. Resident A resides at the Ravenswood Home and is diagnosed with schizoaffective disorder and has intellectual disabilities. Relative 1 is his legal guardian. Resident A reported that "she" hit him with a belt. Resident A has several marks and bruises, but he has fallen a few times in the last couple of weeks and there is nothing that looks like a belt specifically and the marks are consistent with falling. Relative 1 was informed about this

and said that Resident A has made several statements about being slapped in the few years he has lived at the AFC home, but there has never been any evidence and Relative 1 does not believe it is happening.

I completed an announced onsite investigation on 02/08/2022. I interviewed Senior Program Tech, Dawn Nedrow, Staff, Theresa Swinson and observed Resident A. I received copy of Resident A's records from McLaren Hospital.

On 02/08/2022, I interviewed Senior Program Tech, Dawn Nedrow. She stated that Resident A was seen last week by the Visiting Physician Association (VPA) because he was "being off". Resident A was unsteady and did not want to eat. She stated on Saturday, 02/05/2022, he was fine and went for a van ride. On Sunday, 02/06/2022 he had a fall. EMS was called and Resident A was taken to McLaren Hospital. Ms. Nedrow stated that VPA came for a follow up visit and Resident A may have a neurological issue. She stated that until recently he did not have a history of falls. Ms. Nedrow stated that Resident A had marks on his knee, nose and head from fall. She is not aware of any other marks or bruises on Resident A. Ms. Nedrow stated that during the weekend they needed a two person assist to get him out of bed and also used a gait belt. Resident A said, "don't hit me with belt" when they used the gait belt. Ms. Nedrow stated that Resident A does have a history of saying things that are not accurate. Ms. Nedrow was unaware that they needed a physician authorization for Resident A to use a gait belt.

On 02/08/2022, I interviewed Staff, Theresa Swinson. She stated that she was in the kitchen making lunch when Resident A fell on 02/06/2022. Staff, Tina got him up and went to get him water. Resident A then fell in his bedroom. They called the supervisor and EMS. Ms. Swinson stated that Resident A did not have any marks or bruises prior to the fall.

On 02/08/2022, I observed Resident A. Ms. Nedrow stated that he was having a bad day. I observed a mark on Resident A's nose. Resident A stated that he fell down. Resident A was accompanied by CMH Clinician, Ellen Drowns, during the onsite investigation. Ms. Drowns stated that she was not present during the fall.

I reviewed Resident A's visit information record from McLaren Hospital in Port Huron. The report indicated that Resident A was seen on 02/06/2022 for a fall and facial abrasion.

I reviewed copy of an incident report sent to licensing dated 02/06/2022. The report indicates that Resident A fell face down in his bedroom and had an abrasion on his nose. EMS was contacted and he was taken to McLaren Hospital for observation.

I completed an exit conference with administrator, Mindy Wiegand, by email on 04/06/2022. I informed her of the violation found. I also informed her that a copy of the special investigation report would be mailed once approved and a corrective action plan would be requested.

APPLICABLE RULE	
R 400.14308	**Resident behavior interventions prohibitions.**
	(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following: **(a) Use any form of punishment.** **(b) Use any form of physical force other than physical restraint as defined in these rules.**
ANALYSIS:	There is no information to determine that Resident A was hit with a belt causing marks and bruises. Resident A had a documented fall on 02/06/2022 and was taken to McLaren Hospital. Staff, Dawn Nedrow, indicated that Resident A did say "don't hit me with belt" when they used a gait belt, however, there is no indication that he was ever hit with it.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 02/08/2022, I completed an unannounced onsite investigation at the Ravenswood Home. I interviewed Senior Program Tech, Dawn Nedrow. Ms. Nedrow stated that they began using a gait belt for Resident A because he became unsteady and was unable to get out of bed on his own. Resident A did not have a physician's authorization on file for use of a gait belt. Ms. Nedrow stated that she was unaware that a physician's authorization was needed for use of a gait belt.

APPLICABLE RULE	
R 400.14306	**Use of assistive devices.**
	(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

ANALYSIS:	Staff, Dawn Nedrow, indicated that they began using a gait belt with Resident A as he had become unsteady and could not get out of bed on his own. According to Ms. Nedrow, they did not have a physician's authorization for use of the gait belt.
CONCLUSION:	**VIOLATION ESTABLISHED**

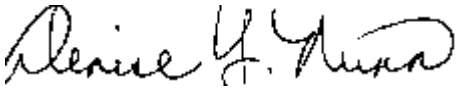
IV. RECOMMENDATION

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

04/11/2022

Kristine Cilluffo — Date
Licensing Consultant

Approved By:



04/11/2022

Denise Y. Nunn — Date
Area Manager