GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 12, 2022

Ada McMillan
Michigan Share Corporation
P.O. Box 404
St. Clair Shores, MI 48080

RE: License #: AS500011889
Investigation #: 2022A0990019
Clearview

Dear Ms. McMillan:

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.

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,

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(586) 676-2877

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500011889
Investigation #:	2022A0990019
Complaint Receipt Date:	02/25/2022
Investigation Initiation Date:	02/25/2022
Report Due Date:	04/26/2022
Licensee Name:	Michigan Share Corporation
Licensee Address:	Po Box 404 St. Clair Shores, MI 48080
Licensee Telephone #:	(586) 350-0675
Administrator:	Ada McMillan
Licensee Designee:	Ada McMillan
Name of Facility:	Clearview
Facility Address:	39269 Clearview Harrison Township, MI 48045
Facility Telephone #:	(586) 463-3446
Original Issuance Date:	05/21/1980
License Status:	REGULAR
Effective Date:	05/08/2021
Expiration Date:	05/07/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
On 02/24/2022, Resident A was observed with having poor hygiene during a neurologist visit.	Yes

II. METHODOLOGY

02/25/2022	Special Investigation Intake 2022A0990019
02/25/2022	Special Investigation Initiated - Letter Eric Johnson initiated this investigation by requesting documents from the licensee.
02/25/2022	APS Referral Adult Protective Services (APS) investigation denied at intake.
03/02/2022	Inspection Completed On-site I conducted an unannounced onsite investigation I interviewed direct care staff Laura Rider and LaToya Harris. I conducted a phone interview onsite with home manager Sharita Neely and I briefly spoke to the licensee designee Ada McMillan. I interviewed Resident A and Resident B.
03/02/2022	Contact - Telephone call made I conducted a phone interview with the reporting person (RP).
03/08/2022	Contact - Document Received I reviewed Resident A's documents pertinent to this investigation.
03/08/2022	Contact - Telephone call made I left a detailed message with Rachel Colletti, Supports Coordinator. There has not been a return phone call to date.
04/05/2022	Contact - Telephone call made I conducted a brief phone interview with Ms. Nelly regarding the contact information for Relative A. I followed up with an email to Ms. Neely and Ms. McMillan.
04/05/2022	Contact - Telephone call made I conducted a phone interview with Relative A.

04/07/2022	Exit conference I attempted to conduct an exit conference with Ada McMillan, licensee designee no answer received. An email was sent regarding the violation substantiated.

ALLEGATION:

On 02/24/2022, Resident A was observed with having poor hygiene during a neurologist visit.

INVESTIGATION:

On 02/25/2022, the intake was received via email. In addition to the above allegation, it was reported that Resident A was seen on 02/24/2022, for her annual visit with her neurologist. Resident A was observed with vomit all on herself, and a strong urine odor. Resident A was present with a caretaker, who was unable to explain why Resident A was in her current condition.

On 03/02/2022, I conducted an unannounced onsite investigation I interviewed direct care staff Laura Rider and LaToya Harris. I conducted a phone interview onsite with home manager Sharita Neely and I briefly spoke to the licensee designee Ada McMillan. I interviewed Resident A and Resident B.

I interviewed Laura Rider, a direct care staff that has been employed four years at the home. Ms. Rider said that she was the staff person that was present with Resident A on 02/24/2022 at her neurologist appointment. Ms. Rider said that the staff at the neurologist did not ask or mention to her that Resident A had an odor. Ms. Rider said that Resident A wears adult diapers and could have just urinated and therefore the staff smelled urine. Ms. Rider said that Resident A drools a lot, and it can appear like it stains on her clothing. Resident A had not vomited. Ms. Rider presented Resident A's coat that she wore to the appointment and there were no stains of food.

I interviewed LaToya Harris, a direct care staff that has been employed at the home for two years. Ms. Harris said that on the morning of the appointment 02/24/2022, she dressed Resident A because her appointment was scheduled for 9:30 AM. Ms. Harris woke up Resident A, changed her adult diaper, toileted her and dressed her around 8AM. Resident A was dressed in clean clothing. Ms. Harris said that Resident A ate breakfast before leaving with Ms. Rider who transported her to the appointment. Ms. Harris said that typically Resident A's adult diaper is changed three times per day. Resident A can use the bathroom if she informs staff but oftentimes, she does not have accidents.

I interviewed Resident A privately in her bedroom. Resident A was sitting in her wheelchair fully dressed and I detected a strong urine odor, and I was wearing a K95 face mask. Resident A said that the staff does not change her at all until bedtime.

Resident A said that she is currently wet. Resident A remembers attending her doctor's appointment but denied that she had vomited. Resident A said that she was changed this morning but is in a dirty or wet diaper most of the day. Resident A tells staff that she is wet, but they do not change her. Resident A said that I needed to talk to Resident B regarding any other concerns.

Ms. Rider said that Resident B is (somewhat) verbal and may be difficult to interview. I observed Resident B lying in bed. Resident B described that his leg and back were hurting. Ms. Rider and Ms. Harris explained that Resident B has some health issues with his leg and back and recently had an appointment and a follow-up appointment was coming. I was not able to understand or interview Resident B further as there was a language barrier and he was in pain. According to Ms. Rider and Ms. Harris the other residents present in the home are non-verbal. I observed one resident that was non-verbal. Ms. Rider and Ms. Harris said that they are fully trained.

I called Sharita Neely while onsite as she requested to speak after interviews with the staff and residents. I informed Ms. Neely of the allegations. Ms. Neely said that Resident A is changed frequently and cleaned when she has accidents. Ms. Neely provided an adequate explanation regarding Resident B's condition and later send his discharge paperwork.

Ms. Neely said that Resident A sometimes says things about staff and then later does not remember. Ms. Neely said that Resident A has accused staff of stealing her things, but later things are found. Ms. Neely said that Resident A prefers to stay in her bedroom instead of the communal area of the home, but she is checked on frequently. Ms. Neely said that Resident A has an upcoming appointment to assess her for dementia because she has been very forgetful lately. These are new behaviors and is not addressed in her individual plan of service (IPOS). I informed Ms. Neely that I smelled a strong urine odor. Ms. Neely said that due to Resident A's accidents her wheelchair cushions have the smell of urine although, it has been cleaned many times. Resident A sometimes refuses to be changed when asked. Resident A sees a urologist to address her urine retention issues. Ms. Neely said that this has been an ongoing issue because the workshop she previously attended complaint a lot about Resident A's odor and refusing to be changed. Ms. Neely said that Resident A did not return to workshop after it re-opened due to COVID-19.

As I was pulling out the drive-way Ada McMillan, licensee designee arrived. I informed Ms. McMillan of the allegations and informed her that I would call to discuss later.

On 03/02/2022, I conducted a phone interview with the reporting person (RP). The RP said that Resident A was seen on 02/24/2022 and had an unkempt appearance, a very foul odor that smelled of ammonia and urine. The RP said that Resident A has been a patient at the office some time and this was the first time she was observed in this condition. The RP said that Resident A does have an issue with saliva and there were residual and food particles on her sweater and coat that smelled like vomit and was

mixed with the saliva. The RP said that after the appointment she called the home to discuss the concern, and no one answered or returned the call.

On 03/08/2022, I reviewed Resident A's documents pertinent to this investigation. I observed that Resident A requires specialized care, and that staff will provide her self-care, medication administration, grooming and hygiene. The staff will prepare meals, do laundry, housekeeping, and social/recreation activities. Resident A is diagnosed with spastic quadriplegic, cerebral palsy, moderate intellection disabilities and major depression. Resident A requires a shower chair.

On 04/05/2022, I conducted a phone interview with Relative A. Relative A said that she was made aware of the allegations by Ms. Neely. Relative A said that she has not observed Resident A with a poorly kept appearance or an odor of urine. Relative A visits the home two-three times per week to bring her items. Relative A said that she talks to Resident A daily and have not heard any complaints. Resident A does have bladder issues and due to her diagnosis of cerebral palsy, she is not able to control her bladder. Relative A said that Resident A drools often and has since childhood. Relative A said that she has no concerns about the care received by the staff at the home.

On 04/07/2022, I attempted to conduct an exit conference with Ada McMillan, licensee designee but there was no answer. I sent an email regarding the substantiated violation.

APPLICABLE RULE	
R 400.14303	**Resident care; licensee responsibilities.**
	(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.
ANALYSIS:	Based on the investigation there is sufficient evidence to support that Resident A’s personal care is not tended to. On 02/24/2022, Resident A was observed to have an unkempt appearance, smelled of ammonia/urine and there were remnants of food particles on her clothing along with saliva. On 03/02/2022, I observed a strong odor of ammonia and urine during an unannounced onsite investigation. Resident A said that she is changed in the mornings and at night. Resident A tells the staff she is wet, and they do not change her. According to Ms. Neely and Relative A, Resident A has a urine control issue. Per her IPOS, staff are to provide Resident A’s self-care, hygiene, and grooming.
CONCLUSION:	**VIOLATION ESTABLISHED**

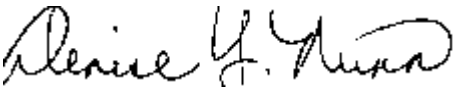
III. RECOMMENDATION

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

04/07/2022

LaShonda Reed — Date
Licensing Consultant

Approved By:



04/12/2022

Denise Y. Nunn — Date
Area Manager