



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 2, 2022

Abdulaziz Issa
Transmed Mobility LLC
2900 Golfside Rd., Suite 6
Ann Arbor, MI 48108

RE: License #: AS810388893
Investigation #: 2022A0122023
Transmed Care

Dear Mr. Issa:

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 (517) 284-9720.

Sincerely,



Vanita C. Bouldin, Licensing Consultant
Bureau of Community and Health Systems
22 Center Street
Ypsilanti, MI 48198
(734) 395-4037

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS810388893
Investigation #:	2022A0122023
Complaint Receipt Date:	04/07/2022
Investigation Initiation Date:	04/07/2022
Report Due Date:	06/06/2022
Licensee Name:	Transmed Mobility LLC
Licensee Address:	Suite 6 2900 Golfside Rd Ann Arbor, MI 48108
Licensee Telephone #:	(734) 883-8544
Administrator:	Abdulaziz Issa
Licensee Designee:	Abdulaziz Issa
Name of Facility:	Transmed Care
Facility Address:	57 Edison Ave. Ypsilanti, MI 48197
Facility Telephone #:	(734) 547-5352
Original Issuance Date:	03/08/2018
License Status:	REGULAR
Effective Date:	09/08/2020
Expiration Date:	09/07/2022
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED AGED

	TRAUMATICALLY BRAIN INJURED
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II. ALLEGATION(S)

	Violation Established?
There are 7 residents placed in the adult foster care facility.	No
Staff members are not providing appropriate personal care for Resident A.	No
Staff member, Princess Green, pinched Resident C on the arm.	No
There is standing water on the basement floor.	Yes
Abdulaziz Issa, Licensee Designee, did not complete a criminal history check on staff member, Princess Green.	Yes
ADDITIONAL FINDINGS	Yes

III. METHODOLOGY

04/07/2022	Special Investigation Intake 2022A0122023 APS Referral Denied
04/07/2022	Special Investigation Initiated - On Site
04/07/2022	Contact - Face to Face Discussed allegations with Abdulaziz Issa, Licensee Designee. Completed interview and requested documentation.
04/07/2022	Contact - Document Received Received Workforce Background Letter from Mr. Issa. Date of letter is December 14, 2022.
04/07/2022	Contact - Document Sent Email sent to LARA Workforce Background Check Department. Requesting to check the validity of the Workforce Background Check Letter received from Mr. Issa. Specifically, the date.
04/08/2022	Contact - Telephone call received Abdulaziz Issa regarding Workforce Background Check Letter.
04/11/2022	Contact – Document received Email from LARA Workforce Background Check Department regarding validity of the Workforce Background Check Letter.

04/12/2022	Contact – Document received Email from Mr. Issa regarding Workforce Background Check for Princess Greene.
04/14/2022	Contact – Document received Email from Mr. Issa – additional information on staff member, Princess Greene
04/18/2022	Exit Conferences Discussed findings with Abdulaziz Issa, Licensee Designee.

ALLEGATION: There are 7 residents placed in the adult foster care facility.

INVESTIGATION: On 04/07/2022, I reviewed the capacity of the Transmed Care adult foster care group home on the Bureau Information Transaction System (BITS), the Bureau of Community Health Services (BCHS) computer system. Transmed Care adult foster care group home has an approved capacity of 5 residents.

On 04/07/2022, I completed an onsite inspection. I observed names of the residents placed on each bedroom door. I observed a total of 5 names placed on resident bedroom doors which corresponded with the number of beds placed in the facility. Staff member, Princess Green was present and providing care. Ms. Green confirmed that there are 5 residents currently placed in the facility.

On 07/07/2022, I reviewed the resident register for the Transmed Care adult foster care group home, there are a total of 5 residents listed on the form.

On 04/07/2022, Abdulaziz Issa, Licensee Designee, confirmed that there are 5 residents residing in the Transmed Care adult foster care group home.

On 04/18/2022, my findings were discussed with Abdulaziz Issa, Licensee Designee during an exit conference. Mr. Issa was in agreement with my findings.

APPLICABLE RULE	
R 400.14105	Licensed capacity.
	(1) The number of residents cared for in a home and the number of resident beds shall not be more than the capacity that is authorized by the license.

<p>ANALYSIS:</p>	<p>On 04/07/2022, I confirmed the approved capacity of Transmed Care adult foster care group home was 5 residents using the BCHS computer system, BITS.</p> <p>On 04/07/2022, I completed an onsite inspection. I confirmed a total of 5 resident beds placed within the facility. I observed that Resident bedroom doors had 5 names placed on them.</p> <p>On 04/07/2022, I observed the resident register for Transmed Care adult foster care group home had a total of 5 residents listed on the form.</p> <p>On 04/07/2022, Abdulaziz Issa, Licensee Designee, confirmed that there are 5 residents residing in the Transmed Care adult foster care group home.</p> <p>Based upon my investigation, I find that the number of residents cared for in the Transmed Care adult foster care group home and the number of resident beds is not more than the capacity authorized by the license.</p>
<p>CONCLUSION:</p>	<p>VIOLATION NOT ESTABLISHED</p>

ALLEGATION: Staff members are not providing appropriate personal care for Resident A.

INVESTIGATION: On 04/07/2022, allegations were received stating that Resident A is not receiving appropriate personal care. The allegations stated that Resident A's commode is not emptied nor is she bathed regularly.

On 07/07/2022, I reviewed Resident A's Assessment Plan dated 02/21/2020. It states that Resident A does not receive staff assistance with toileting and bathing. Her Health Care Appraisal dated 03/06/2020 documents that Resident A has ongoing medical issues that are being treated by a physician and that she is impaired cognitively.

On 04/07/2022, I met with Resident A. She was uncertain as to how long she has lived in the Transmed Care adult foster care group home. Resident A stated that she received staff assistance with toileting, bathing, and dressing. She reported that she uses a portable commode on occasion, but it is always cleaned and emptied after each use. Resident A shares a room with Resident B. Resident B reported the same. Per Resident B she uses the facility bathroom, however, the commode that is placed in their room is emptied and cleaned as needed. Both Resident A and B reported that staff members keep the portable commode clean.

On 04/07/2022, I observed Resident A and B's bedroom. The room was clean and well organized with no odor noted. There was a portable commode in the corner of the room that I observed was empty and clean.

On 04/07/2022, I completed an interview with staff member, Princess Green. Ms. Green confirmed that she assists Resident A with bathing and empties the portable commode when used. Ms. Green further reported that there are occasions when Resident A refuses to bathe and when that happens, she attempts to verbally redirect her. Ms. Green stated that Resident A's Case Manager, Dan Chen, is aware of this ongoing issue and he attempts to verbally redirect Resident A as well.

On 04/07/2022, Mr. Issa stated he had received no reports from Resident A or Case Manager, Dan Chen that personal care had not been given to Resident A as required to address her needs.

On 04/12/2022, Dan Chen stated that Resident A receives appropriate personal care from the staff members of Transmed Care adult foster care group home.

On 04/18/2022, my findings were discussed with Abdulaziz Issa, Licensee Designee during an exit conference. Mr. Issa was in agreement with my findings.

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:	<p>On 04/07/2022, Both Resident A and B reported that the portable commode is always cleaned and emptied after each use. Resident A also stated that staff members assist her with bathing, and she reported no problems or concerns with this task.</p> <p>On 04/07/2022, I observed Resident A and B's bedroom to be clean and well organized. There was a portable commode in the corner of the room that I observed was empty and clean.</p> <p>On 04/07/2022, staff member Princess Greene confirmed that she empties and cleans the portable commode when used. Ms. Greene also confirmed that she assists Resident A with bathing.</p> <p>On 04/12/2022, Dan Chen, Case Manager for Resident A reported that she receives appropriate personal care from the staff members of Transmed Care adult foster care group home.</p> <p>Based upon my investigation, I find that Resident A receives appropriate personal care as defined by the act.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Staff member, Princess Green, pinched Resident C on the arm.

INVESTIGATION: On 04/07/2022, I observed Resident C sitting at the dining room table. I observed Ms. Green give assistance to Resident C with a snack and toileting. Resident C appeared to be comfortable, allowing Ms. Green to assist him as needed and followed her verbal direction. I attempted to interview Resident C, however, he was unable to respond coherently to my questions. I was able to view Resident C's arms, there were no bruising, wounds, or any indication that he had been pinched or touched inappropriately.

On 04/07/2022, Princess Green denied pinching Resident C on the arm.

On 04/07/2022, Mr. Issa stated he had not received any reports from staff members or Resident C informing him that Princess Green had pinched Resident C on the arm.

On 04/12/2022, Dan Chen stated he had not received any reports from Resident C or staff members that Princess Green had pinched Resident C. Mr. Chen stated he had not observed any bruising or wounds on Resident C causing him concern of physical harm from anyone.

On 04/18/2022, my findings were discussed with Abdulaziz Issa, Licensee Designee during an exit conference. Mr. Issa was in agreement with my findings.

APPLICABLE RULE	
R 400.14308	Resident behavior interventions prohibitions.
	<p>(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:</p> <p>(b) Use any form of physical force other than physical restraint as defined in these rules.</p>
ANALYSIS:	<p>On 04/07/2022, Princess Greene denied pinching Resident C on the arm.</p> <p>On 04/07/2022, I observed appropriate interaction between Ms. Greene and Resident C. Ms. Greene was assisting Resident C with a snack and toileting.</p> <p>On 04/07/2022, I observed that Resident C's arms had no bruising, wounds, or any indication that he had been pinched or touched inappropriately.</p> <p>On 04/07/2022, Both Abdulaziz Issa, Licensee Designee and Dan Chen, Case Manager stated they had not received any reports from Resident C that staff member, Princess Greene had pinched him.</p> <p>Based upon my investigation, I find no evidence to support the allegation that Resident C had been pinched on the arm by staff member, Princess Greene. There is no evidence showing that direct care staff used physical force with Resident C.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: There is standing water on the basement floor.

INVESTIGATION: On 04/07/2022, I observed areas of standing water in the basement. Per Ms. Green an inspection has been completed and the foundation will be repaired soon.

On 04/07/2022, Abdulaziz Issa, Licensee Designee, confirmed that there are issues with standing water in the basement. He reported that a contractor had completed an assessment and repairs are scheduled soon.

On 04/18/2022, my findings were discussed with Abdulaziz Issa, Licensee Designee during an exit conference. Mr. Issa was in agreement with my findings and will submit a corrective action plan to address rule violation found.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	<p>On 04/07/2022, I observed standing water in certain areas of the basement, but it was not flooded.</p> <p>On 04/07/2022, Mr. Issa confirmed issues of standing water in the basement.</p> <p>Based upon my investigation, there is evidence to support that Transmed Care adult foster care group home is not being maintained in an effort that provides adequately for the health, safety, and well-being of the occupants. There is standing water in the basement.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Licensee Designee, Abdulaziz Issa, did not complete a criminal history check on Princess Green, including fingerprinting process.

INVESTIGATION: On 04/07/2022, I requested verification that staff member, Princess Greene had been assessed for good moral character including having her fingerprints taken.

On 04/07/2022, I received a Michigan Workforce Background Check letter from Mr. Issa regarding Princess Greene an employee for Transmed Care adult foster care group home. The letter is dated for December 14, 2022, and states that Ms. Greene “is eligible for employment in a job that involves direct access or provides direct services to a patient or resident in a nursing home, county medical care facility...home for the aged or adult foster care facility.”

I spoke with Mr. Issa regarding the date of the letter, and he gave the explanation that Ms. Greene had not completed the criminal history check for the adult foster care group home but that she had completed for another facility, childcare home. Mr. Issa could give no further explanation for the date of the letter. He stated that he would have Ms. Greene complete the fingerprinting process as soon as possible.

On 04/07/2022, I sent an email to Licensing and Regulatory Affairs Background Check Department with the Workforce Background Check Letter for Ms. Green dated December 14, 2022, inquiring if she had been fingerprinted. The response received stated, "The applicant has NOT been fingerprinted to work at the facility. She was entered into the system 4/8/2022, she has not gone to her fingerprinting appointment at this time... Copies of this letter is given in a PDF/Adobe file, so it's not something that's easily manipulated."

On 04/18/2022, my findings were discussed with Abdulaziz Issa, Licensee Designee during an exit conference. Mr. Issa was in agreement with my findings and will submit a corrective action plan to address rule violation found.

APPLICABLE RULE	
400.734b	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 to criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.
	(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster

	<p>care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.</p>
<p>ANALYSIS:</p>	<p>On 04/07/2022, I requested verification that staff member, Princess Greene, had been assessed for good moral character and suitability by submission of a copy of her Michigan Workforce Background Check letter which includes fingerprinting findings.</p> <p>On 04/07/2022, I received a Michigan Workforce Background Check letter from a representative of Abdulaziz Issa’s office. The letter is dated December 14, 2022, and states that Princess Greene is “eligible for employment in a job that involves direct access or provides direct services to a patient or resident in a nursing home, county medical care facility...home for the aged or adult foster care facility.”</p> <p>On 04/07/2022, Abdulaziz Issa reported that Princess Greene had not completed the fingerprinting process for adult foster care but had completed the process for another facility, a childcare home. He gave no explanation for the date of Ms. Greene’s Michigan Workforce Background Check letter.</p> <p>On 04/11/2022, a representative of the Licensing and Regulatory Affairs Department, stated that Princess Greene “has NOT been fingerprinted to work at the facility.” Ms. Greene had been entered into the system on 04/08/2022 and had not gone to be fingerprinted.</p> <p>Based upon my investigation, I find that Abdulaziz Issa, Licensee Designee employed Princess Greene before conducting a criminal history check and allowed her to have direct access to the residents.</p>
<p>CONCLUSION:</p>	<p>VIOLATION ESTABLISHED</p>

ADDITIONAL FINDINGS:

INVESTIGATION: On 04/07/2022, I observed Resident C receiving assistance from staff member, Princess Green. Ms. Green assisted Resident C with ambulation, walking behind him while he used a walker to prevent falls while walking. Ms. Green stated she assisted Resident C with bathing.

During my interviews with Resident A and Dan Chen both reported that Resident A receives assistance with activities of daily living skills, which include bathing, toileting, and dressing.

On 04/07/2022, I requested to review Resident A and C’s written assessment plans. Resident A’s plan was dated 02/21/2020 and Resident C’s plan was dated 11/25/2020. Both plans stated neither resident received staff assistance with the following: toileting, bathing, dressing, personal hygiene, walking/mobility.

On 04/07/2022, I completed an interview with Abdulaziz Issa, Licensee Designee, discussing my concerns with the lack of pertinent information on each written assessment plan specifically stating the needs for Resident A and C. Mr. Issa stated that he misunderstood the meaning of some of the questions on the form. I discussed the importance of thoroughly completing each written assessment plan as it pertains to the specific need of each resident. Further stating the document gives an idea of the needs of the resident and confirming that his staff members are aware of those needs and will be able to perform them. Mr. Issa stated he understood my concerns regarding the reviewed documents.

On 04/18/2022, my findings were discussed with Abdulaziz Issa, Licensee Designee during an exit conference. Mr. Issa was in agreement with my findings and will submit a corrective action plan to address rule violation found.

APPLICABLE RULE	
400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician’s instructions; health care appraisal.
	(2) A licensee shall not accept or retain a resident care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions: (a) The amount of personal care, supervision, and protection that is required by the resident is available in the home. (b) The kinds of services, skills, and physical accommodations that are required of the home to meet the resident’s needs are available in the home. (c) The resident

	appears to be compatible with other residents and members of the household.
ANALYSIS:	<p>On 04/07/2022, I observed Resident C receive assistance from staff member, Princess Greene, with ambulation, toileting, and a snack.</p> <p>On 04/07/2022, Resident A reported that she receives assistance from staff with toileting, bathing, and dressing.</p> <p>On 04/07/2022, I reviewed Resident A's assessment plan dated 02/21/2020 and Resident C's assessment plan dated 11/25/2020. Both plans stated neither resident received staff assistance with the following: toileting, bathing, dressing, personal hygiene, and walking/mobility.</p> <p>Based upon my investigation I find that Abdulaziz Issa, Licensee Designee failed to accurately complete both Resident A and C's written assessment to determine the amount of personal care, supervision, and protection that is needed for each resident.</p>
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION: On 04/07/2022, I requested to review Resident A and C's written assessment plans. Resident A's plan was dated 02/21/2020 and Resident C's plan was dated 11/25/2020.

On 04/18/2022, my findings were discussed with Abdulaziz Issa, Licensee Designee during an exit conference. Mr. Issa was in agreement with my findings and will submit a corrective action plan to address rule violation found.

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:	<p>On 04/07/2022, I requested to review both Resident A and C's written assessment plans. Resident A's plan was dated 02/21/2020 and Resident C's plan was dated 11/25/2020.</p> <p>Based upon my investigation I find that Abdulaziz Issa, Licensee Designee failed to complete both Resident A and C's written assessment annually.</p>
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION: On 04/07/2022, I requested to review Resident A and C's Resident Care Agreement. Resident A's plan was dated 02/21/2020 and Resident C's plan was dated 11/25/2020.

On 04/18/2022, my findings were discussed with Abdulaziz Issa, Licensee Designee during an exit conference. Mr. Issa was in agreement with my findings and will submit a corrective action plan to address rule violation found.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(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.
ANALYSIS:	<p>On 04/07/2022, I requested to review Resident A and C's Resident Care Agreement. Resident A's Resident Care Agreement was dated 02/21/2020 and Resident C's Resident Care Agreement was dated 11/25/2020.</p> <p>Based upon my investigation I find that Abdulaziz Issa, Licensee Designee failed to complete both Resident A and Resident C's Resident Care Agreements annually.</p>
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION: On 04/07/2022, I requested to review Resident C's file. The file was not available for my review in the facility but was located at the corporate office at a different location.

On 04/18/2022, my findings were discussed with Abdulaziz Issa, Licensee Designee during an exit conference. Mr. Issa was in agreement with my findings and will submit a corrective action plan to address rule violation found.

APPLICABLE RULE	
R 400.14316	Resident records.
	<p>(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:</p> <p>(a) Identifying information, including, at a minimum, all of the following:</p> <ul style="list-style-type: none"> (i) Name. (ii) Social security number, date of birth, case number, and marital status. (iii) Former address. (iv) Name, address, and telephone number of the next of kin or the designated representative. (v) Name address, and telephone number of the person and agency responsible for the resident's placement in the home. (vi) Name, address, and telephone number of the preferred physician and hospital. (vii) Medical insurance. (viii) Funeral provisions and preferences. (ix) Resident's religious preference information. <p>(b) Date of admission.</p> <p>(c) Date of discharge and the place to which the resident was discharged.</p> <p>(d) Health care information, including all of the following:</p> <ul style="list-style-type: none"> (i) Health care appraisals. (ii) Medication logs. (iii) Statements and instructions for supervising prescribed medication, including dietary supplements and individual special medical procedures. (iv) A record of physician contacts. (v) Instructions for emergency care and advanced medical directives. <p>(e) Resident Care Agreement.</p> <p>(f) Assessment Plan.</p>

	<p>(g) Weight record. (h) Incident reports and accident records. (i) Resident funds and valuables record and resident refund agreement. (j) Resident grievances and complaints.</p>
ANALYSIS:	<p>On 04/07/2022, I requested to review Resident C's file. The file was not available for my review in the facility but was located at the corporate office at a different location.</p> <p>Based upon my investigation, I find that Abdulaziz Issa, Licensee Designee failed to maintain in the home a separate record for Resident C. His file was located at the corporate office at a different location.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt and approval of a corrective action plan I recommend no change in the status of the license.

 Vanita C. Bouldin
 Licensing Consultant

Date: 04/22/2022

Approved By:

 Ardra Hunter
 Area Manager

Date: 05/02/2022