



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 11, 2022

Kenyatta McGruder
354 E Gracelawn Ave
Flint, MI 48505

RE: License #: AS250279080
Investigation #: 2022A0569029
Loving Care A.F.C. Home

Dear Ms. McGruder:

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) 284-9730.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 931-1092

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250279080
Investigation #:	2022A0569029
Complaint Receipt Date:	04/11/2022
Investigation Initiation Date:	04/14/2022
Report Due Date:	06/10/2022
Licensee Name:	Kenyatta McGruder
Licensee Address:	354 E Gracelawn Ave Flint, MI 48505
Licensee Telephone #:	(810) 394-5594
Administrator:	Kenyatta McGruder
Name of Facility:	Loving Care A.F.C. Home
Facility Address:	2112 Raskob Street Flint, MI 48504
Facility Telephone #:	(810) 407-8430
Original Issuance Date:	01/06/2006
License Status:	REGULAR
Effective Date:	08/26/2021
Expiration Date:	08/25/2023
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident A sprained her ankle and the home did not seek immediate medical care.	Yes

III. METHODOLOGY

04/11/2022	Special Investigation Intake 2022A0569029
04/14/2022	Special Investigation Initiated - Letter Email to RRO.
05/10/2022	APS Referral Referral made to APS.
05/10/2022	Inspection Completed On-site
05/10/2022	Contact - Telephone call made Contact with Guardian.
05/10/2022	Inspection Completed-BCAL Sub. Compliance
05/10/2022	Exit Conference Exit conference with Kenyatta McGruder, licensee, via telephone.

ALLEGATION:

Resident A sprained her ankle and the home did not seek immediate medical care.

INVESTIGATION:

This complaint was received via the online complaint portal. The complainant reported that Resident A “sprained” her ankle on an unknown date and Resident A could not recall how she injured her ankle. The complainant reported that they did not know when this was reported to Resident A’s guardian (Guardian). The complainant did not report any additional information.

An unannounced inspection of this facility was conducted on 5/10/22. Resident A was discharged from this facility on 5/1/22. Jackie Townsend, staff person, stated that she witnessed Resident A injure her foot on 4/6/22. Ms. Townsend stated that she was sitting in a chair at the bottom of the stairs when Resident A was observed walking down the stairs. Ms. Townsend stated that Resident A was not watching where she was going and missed the bottom step causing her to fall to the floor. Ms. Townsend stated that she went to help Resident A up, but Resident A stated that she could get up without assistance and laughed about the fall. Ms. Townsend stated that Resident A did not complain of any pain, but she called Kenyatta McGruder, licensee, to report the fall. Ms. Townsend stated that Ms. McGruder then called Guardian to report the fall the same day. Ms. Townsend stated that Resident A did not have a history of falls and was capable of ambulating without staff assistance. Ms. Townsend stated that Guardian then came to the facility a day or two later and took Resident A to the hospital. Ms. Townsend stated that she did not observe Resident A’s foot to be injured in any way and Guardian provided the facility with Epsom salt and asked the staff to soak Resident A’s foot with no further instructions. Ms. Townsend stated that after taking Resident A to the hospital, Guardian decided to move Resident A to another facility where she could have a bedroom on the ground floor and would not have to use stairs.

Guardian stated on 5/10/22 that he visits Resident A every Monday, Tuesday, and Thursday to take her to her program. Guardian stated that he also takes Resident A to her medical appointments as needed. Guardian stated that he was not aware that Resident A had fallen on the stairs on 4/6/22 until he arrived at the facility on 4/7/22 to pick her up. Guardian stated that he was informed that she had missed the last step while coming down the steps and fallen at the bottom of the steps. Guardian stated that Resident A’s foot appeared to be swollen, so he asked the staff to soak Resident A’s foot in Epsom salt and elevate her leg. Guardian stated that “looking back on it” he “should have taken [Resident A] to the doctor on 4/7/22, but he did not. Guardian stated that when he returned to the facility on 4/8/22 to check on Resident A, he observed Resident A’s foot to be swollen and have bleeding wound, so he took Resident A to the emergency room for treatment. Guardian stated that Resident A’s foot was x-rayed, and it was discovered that she had broken her heel. Guardian stated that

Resident A is currently in a physical rehab placement until her cast can be removed. Guardian stated that he has decided to move Resident A to another facility after she is discharged from physical rehab to a facility where she can have a bedroom on the ground floor, so she does not have to go up and down stairs. Guardian stated that Resident A had resided in this facility for about 20 years and did not have a history of falling or difficulties with ambulation. Guardian stated that he was generally pleased with the quality of care that Resident A received while residing at this facility, and that Resident A really enjoyed living in this facility.

Kenyatta McGruder, licensee, stated on 5/10/22 that she did call Guardian on 4/7/22 and informed him that Resident A had fallen, but that Guardian asked them to not take Resident A to the doctor and instead told them to soak Resident A's foot in Epsom salt and elevate her foot. Ms. McGruder stated that Resident A did have a swollen foot, but Resident A is diabetic, and her foot did not look unusually swollen, Ms. McGruder stated that Resident A had resided in this facility for 20 years and that Guardian has always scheduled Resident A's physician appointments and transported Resident A to those appointments. Ms. McGruder stated that Resident A did not have a history of falling while residing at this facility.

APPLICABLE RULE	
R 400.14310	Resident health care.
	(4) In case of an accident or sudden adverse change in a resident's physical condition or adjustment, a group home shall obtain needed care immediately.
ANALYSIS:	The complainant reported that Resident A had "sprained" her ankle on an unknown date and did not know if Guardian had been notified. Guardian stated that Resident A had tripped while going down the stairs at this facility and fell on the last step. Guardian stated that Resident A fell on 4/6/22, but that he did not know about the fall until he went to the facility on 4/7/22 to pick Resident A up for transportation to her day program. Guardian stated that he asked the staff to elevate and soak Resident A's foot in Epsom salt and also stated that he now believes that he should have taken Resident A to the emergency room on 4/7/22. Guardian stated that he has always scheduled doctor appointments and transported Resident A for the 20 years that she resided in this facility. Guardian stated that, in general, he had no concerns regarding Resident A's care while she resided in this facility, and that Resident A enjoyed living in this facility. Ms. Townsend stated that she

	<p>witnessed Resident A fall, and that when she went to assist Resident A, Resident A refused assistance and “laughed” about missing the last step, causing her to fall. Ms. Townsend stated that Resident A did not complain of pain and her foot did not look abnormally swollen. Ms. Townsend and Ms. McGruder both stated that Ms. McGruder did contact Guardian on 4/6/22 to inform him that Resident A had fallen by missing the last step on the staircase, and that Guardian requested that they elevate Resident A’s foot and soak it in Epsom salt. Ms. McGruder stated that Guardian then came to the facility on 4/7/22 and took Resident A to the hospital for treatment. Guardian stated that he observed Resident A’s foot to be swollen with a bleeding wound on 4/7/22, so he decided to take Resident A for treatment. Ms. McGruder stated that Resident A had diabetes, and her foot did not look any more swollen than usual. Ms. McGruder stated that she did not call 911 to take Resident A for medical treatment because Guardian has always arranged Resident A’s medical treatment. As a result of the fall, Resident A did sustain a fracture to her heel, and was not treated for more than 24 hours. Due to the statements given, it is determined that there has been a violation of this rule.</p>
CONCLUSION:	VIOLATION ESTABLISHED

An exit conference was conducted on 5/10/22 with Kenyatta McGruder, licensee. The findings in this report were reviewed and a corrective action plan was requested.

IV. RECOMMENDATION

I recommend that the status of this license remain unchanged with the receipt of an acceptable corrective action plan.



05/10/2022

Kent W Gieselman
Licensing Consultant

Date

Approved By:



05/11/2022

Mary E Holton
Area Manager

Date