



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 21, 2022

Janelle Ultz
65120 Middle Colon Road
Burr Oak, MI 49030

RE: License #: AS750396475
Investigation #: 2022A1030042
Dear Country AFC

Dear Ms. Ultz:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan was required. On 6/3/22, you submitted an acceptable written corrective action plan.

It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan.

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 (616) 356-0183.

Sincerely,

A handwritten signature in black ink that reads "Nile Khabeiry, LMSW".

Nile Khabeiry, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS750396475
Investigation #:	2022A1030042
Complaint Receipt Date:	05/31/2022
Investigation Initiation Date:	06/03/2022
Report Due Date:	07/30/2022
Licensee Name:	Janelle Ultz
Licensee Address:	65120 Middle Colon Road Burr Oak, MI 49030
Licensee Telephone #:	(269) 503-4879
Administrator:	Janelle Ultz
Licensee Designee:	Janelle Ultz
Name of Facility:	Dear Country AFC
Facility Address:	31550 Townline Road Burr Oak, MI 49030
Facility Telephone #:	(269) 503-4879
Original Issuance Date:	12/18/2018
License Status:	REGULAR
Effective Date:	06/17/2021
Expiration Date:	06/16/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
Direct care staff are working without having a background check.	No
Resident medications are not kept in a locked cabinet.	Yes
Direct care staff are not supervising residents taking medications.	No
The home smells of cat urine.	No
Residents are fed expired food.	Yes
The home is excessively cluttered.	No
The home is using space heaters	No
Additional Findings	No

III. METHODOLOGY

05/31/2022	Special Investigation Intake 2022A1030042
06/03/2022	Special Investigation Initiated - On Site
06/03/2022	Contact - Face to Face Interview with Gavin Reaper
06/03/2022	Contact - Face to Face Interview with Resident A
06/03/2022	Contact - Face to Face Interview with Resident B
06/03/2022	Contact - Face to Face Interview with Resident C
06/03/2022	Contact - Face to Face Interview with Janelle Ultz
06/03/2022	Exit Conference Exit Conference with licensee in person

06/07/2022	Contact - Document Received Received staff file
06/16/2022	Contact - Document Received Received staff file

ALLEGATION:

Direct care staff are working without having a background check.

INVESTIGATION:

On 6/3/22, I interviewed direct care staff member (DCSM) Gavin Reaper at the home. Mr. Reaper has worked at the home on and off for a few years. Mr. Reaper reported he was fingerprinted, trained, and passed the background check when he was hired. Mr. Gavin reported his staff file is locked in the staff office and he does not have a key. Mr. Gavin was training DCSM Jada Fair on her first day. Mr. Gavin called the licensee to come to the home to be interviewed.

On 6/3/22, I interviewed licensee Janelle Ultz at the home. Ms. Ultz reported she has all staff files with background checks however the key to the office was left at home. Ms. Ultz agreed to send me the information via email.

On 6/7/22, I received the staff file for Jada Fair including her registration appointment to be fingerprinted dated 6/6/22.

On 6/16/22, I received the employee file for DSCM Gavin Reaper including his background check and training verification dated 7/5/18.

APPLICABLE RULE	
MCL 400.734	Criminal History Check
	(2) Except as otherwise provided in subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents after April 1, 2006 until the adult foster care facility conducts a criminal history check in compliance with subsections (4) and (5). 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. Beginning April 1, 2009, an

	<p>individual who is exempt under this subsection 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 (12). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006. That individual may transfer to another adult foster care facility that is under the same ownership with which he or she was employed or under contract. If that individual wishes to transfer to an adult foster care facility that is not under the same ownership, he or she may do so provided that a criminal history check is conducted by the new facility in accordance with subsection (4). If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) through (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 subsection (1)(a), he or she is no longer exempt and shall be terminated from employment or denied employment.</p>
<p>ANALYSIS:</p>	<p>It was alleged the home has DCSM's who are working without having the mandatory background check. Although I was unable to view the staff files of the DCSM who were working during the on-site investigation, I was sent the verification of DCSM who was working and the fingerprint appointment for the DCSM who was in training.</p>
<p>CONCLUSION:</p>	<p>VIOLATION NOT ESTABLISHED</p>

ALLEGATION:

Resident medications are not kept in a locked cabinet.

INVESTIGATION:

I inspected the medication cabinet and found it was unlocked. I brought that to the attention of Mr. Reaper and he admitted to not always locking it.

I informed Ms. Ultz of the unlocked medication cabinet and she acknowledged that it is supposed to be locked at all times except when the DCSM are preparing the medications to be passed.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.
ANALYSIS:	It was alleged the medication cabinet is not always locked which was found to be true during the on-site investigation.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Direct care staff do not supervise the residents when they take their medications.

INVESTIGATION:

On 6/3/22, I interviewed Residents A, B, and C at the home. All three residents reported the DCSM dispense their medications daily and watch them take their medications.

I interviewed Mr. Gavin and he demonstrated how they are trained to pass and record medications when passed. Mr. Gavin reported he puts the medications in a small paper cup, passes them to the residents, watches them take the medication and then records it in the medication administration record (MAR.)

APPLICABLE RULE	
R 400.14312	Resident medications.
	<p>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</p> <p>(a) Be trained in the proper handling and administration of medication.</p>
ANALYSIS:	Based on interviews with the three residents that were able to be interviewed, the DCSM do supervise them when medications are passed. In addition, Mr. Gavin demonstrated passing medications and supervising residents appropriately.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The home smells of cat urine.

INVESTIGATION:

I conducted an on-site investigation and toured the entire home. I noted one house cat that appeared to be well cared for by the DCSM. I did not observe any stray cats either inside or outside of the home. In, addition the home did not smell of cat urine.

Mr. Gavin reported that random people drop cats off on their property, but they do not feed or allow the cats inside the home. Mr. Gavin reported they have one house cat that does not go outside.

APPLICABLE RULE	
R 400.14401	Environmental health.
	(5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner that continually protects the health of residents.

ANALYSIS:	It was alleged the home allowed stray cats in the basement and attic of the home and the home smelled of urine. During an on-site investigation there were no stray cats observed in the home. In addition, the home did not smell of urine.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Residents are fed expired food.

INVESTIGATION:

The refrigerator was inspected and was found to have some expired condiments (mustard, salsa and salad dressing.) I informed Mr. Gavin and Ms. Ultz of my findings. Both acknowledged my concerns and agreed to go through the entire home and discard all expired food.

APPLICABLE RULE	
R 400.14402	Food service.
	(1) All food shall be from sources that are approved or considered satisfactory by the department and shall be safe for human consumption, clean, wholesome and free from spoilage, adulteration, and misbranding.
ANALYSIS:	It was alleged the home was serving expired food to the residents and upon inspection there were expired food stuffs found in the home.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

The home is excessively cluttered.

INVESTIGATION:

During an on-site investigation, I toured the entire home and found no signs of clutter that would create a safety risk for the residents. Mr. Reaper and Ms. Ultz denied there are any safety hazards within the home and neither of the two residents who use walkers have fallen due to clutter.

I interviewed Resident A and Resident C, both of whom use walkers to ambulate. Both residents denied the home being cluttered or falling due to not being able to negotiate through the home.

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:	It was alleged the home was filled with clutter and the residents who use walkers have fallen. Based on interviews and observations the home is not cluttered and there are no safety risks for the residents who use walkers.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The home is using space heaters.

INVESTIGATION:

I interviewed Resident B at the home. Resident B reported a space heater was used once in his bedroom while the home was getting the furnace repaired. Resident B reported that the home has not used a space heater since the furnace was fixed.

Mr. Reaper and Ms. Ultz confirmed that the home’s furnace was replaced in February 2022 and had to use a space heater for less than a day when the furnace was being replaced.

I toured the home including the bedrooms and did not observe any space heaters within the home.

APPLICABLE RULE	
R 400.14510	Heating equipment generally.
	(5) Portable heating units shall not be permitted.

ANALYSIS:	It was alleged the home was using space heaters throughout the home. Based on interviews there was an isolated incident when a space heater was used while the home was replacing the furnace, however the home does use space heater as a regular practice.
CONCLUSION:	VIOLATION NOT ESTABLISHED

On 6/3/22, I conducted an exit conference with licensee Janelle Ultz in person and shared the findings of my investigation. Ms. Ultz acknowledged and agreed with the findings and agreed to an on-site Corrective Action Plan (CAP.) Ms. Ultz agreed to go through the home and discarding all expired food and retraining all DCSM to lock the medication cabinet when not in use.

IV. RECOMMENDATION

Based on submission of an acceptable corrective action plan on 6/3/22, I recommend no change in the current license status and that this investigation be closed.

Nile Khabeiry, LMSW

6/24/22

Nile Khabeiry
Licensing Consultant

Date

Approved By:

Russell Misiak

6/24/22

Russell B. Misiak
Area Manager

Date