



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 05, 2022

Yeshi Bedada
1446 Emerald Ave. NE
Grand Rapids, MI 49505

RE: License #: AS410397771
Investigation #: 2022A0467045
Angel Care Adult Foster Home I

Dear Mrs. Bedada:

Attached is the Special Investigation Report for the above referenced facility. Due to the severity of the violations, disciplinary action against your license is recommended. You will be notified in writing of the department's action and your options for resolution of this matter.

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 cursive script that reads "Anthony Mullins".

Anthony Mullins, 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 #:	AS410397771
Investigation #:	2022A0467045
Complaint Receipt Date:	06/21/2022
Investigation Initiation Date:	06/21/2022
Report Due Date:	08/20/2022
Licensee Name:	Yeshe Bedada
Licensee Address:	1446 Emerald Ave. NE Grand Rapids, MI 49505
Licensee Telephone #:	(616) 337-4247
Administrator:	Yeshe Bedada
Licensee Designee:	Yeshe Bedada
Name of Facility:	Angel Care Adult Foster Home I
Facility Address:	833 College Avn NE Grand Rapids, MI 49503
Facility Telephone #:	(616) 337-4247
Original Issuance Date:	03/03/2021
License Status:	1ST PROVISIONAL
Effective Date:	06/21/2022
Expiration Date:	12/20/2022
Capacity:	6
Program Type:	MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
Mrs. Bedada punches Resident A in his stomach, causing it to bleed and doesn't seek medical attention.	No
Mrs. Bedada gives residents one roll of toilet paper each week and makes them buy their own when they run out.	Yes
Mrs. Bedada is leaving medication out and telling residents to take their own pills.	No
Mrs. Bedada is serving residents "Ethiopian soup" daily, causing them to have diarrhea.	Yes
Residents continue to be left unsupervised in the home.	Yes
Additional Findings	Yes

III. METHODOLOGY

06/21/2022	Special Investigation Intake 2022A0467045
06/21/2022	APS Referral – Complaint was received from Kent County Adult Protective Services.
06/21/2022	Special Investigation Initiated - Telephone Spoke to Bryan Kahler with APS.
06/22/2022	Inspection Completed On-site
07/05/2022	Exit conference completed with the owner, Yeshe Bedada.

ALLEGATION: Mrs. Bedada punches Resident A in the stomach, causing it to bleed and doesn't seek medical attention.

INVESTIGATION: On 6/21/22, I received an Adult Protective Service (APS) complaint alleging that Mrs. Bedada punches Resident A in the stomach, causing it to bleed and doesn't seek medical attention. On 6/21/22, I spoke to the assigned APS worker, Bryan Khaler via phone. Mr. Khaler stated that he went to the home and interviewed Resident A. Resident A denied being punched or hit by Mrs. Bedada.

On 6/22/22, I made an unannounced onsite investigation to the home. I attempted to speak to Resident A. Resident A was observed sleeping in his bed. I called Resident A's name several times in an attempt to interview him due to the seriousness of the allegations. Resident A eventually awoke and repeated, "I can't hear you" although I

was speaking loudly. Resident A refused to speak and he closed his eyes and went back to sleep. There were no obvious marks or bruises observed on Resident A. Resident B was sitting on the porch at the home and agreed to discuss case allegations. Resident B stated that he has never seen Mrs. Bedada hit or punch Resident A. However, he has observed Mrs. Bedada “holler” at him. Resident B stated that Mrs. Bedada is “good at hollering.” Resident B stated that Mrs. Bedada told Resident A, “you do what I tell you to do and you will have a place to sleep.” Not only has Resident B observed Mrs. Bedada yelling at Resident A, he stated he has also observed Resident A yelling back at her. Resident B stated that Mrs. Bedada and Resident A have exchanged “bad words” back and forth with each other, but he was unable to recall exactly what was said.

After speaking to Resident B, I spoke to Resident C. Resident C stated that she did not want any of this information to get back to Mrs. Bedada. I explained to Resident C that her name will be coded in the report, but the information will be made known to Mrs. Bedada. Resident C stated that she has lived in the home for three months and she has never seen Mrs. Bedada hit, punch, or assault Resident A. Resident C stated that she is aware that Mrs. Bedada and Resident A got into an argument recently about him not wanting to shower after defecating himself. Resident C stated that Mrs. Bedada showed her a mark on her neck from Resident A choking her and ripping her shirt open. Resident C stated that she did not witness the incident herself, but Mrs. Bedada told her about it and had her take pictures of her injuries afterward’s. Resident C stated that Resident A refuses to shower often and Mrs. Bedada or Mr. Benzo have to help him.

After speaking to Resident C, I spoke to Mrs. Bedada in the living room of the home. Mrs. Bedada immediately denied hitting, punching, or assaulting Resident A. Mrs. Bedada stated, “I’m not stupid. He’s (Resident A) the one that hurts me.” Mrs. Bedada stated that on 6/14/22, Resident A attacked her by choking her, pulling her shirt, and slapping her in the ear. Resident D reportedly came to her assistance. Mrs. Bedada stated that Resident A assaulted her because he did not want to shower after defecating himself. Mrs. Bedada stated that she didn’t call the police because she felt as if they wouldn’t do anything. I encouraged Mrs. Bedada to always call the police if she or anyone else is assaulted, regardless of what her previous outcome was with law enforcement. Mrs. Bedada stated that if she had her cell phone with her while she was being attacked, she would have called the police. Per Mrs. Bedada, this is an ongoing issue with Resident A, including him calling her derogatory names.

On 07/05/2022, I conducted an exit conference with the owner, Yeshe Bedada. She was informed of the investigative findings and stated she did not have any questions.

APPLICABLE RULE	
R 400.14305	Resident protection.

	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	<p>Mrs. Bedada denied punching Resident A, causing him to bleed and not seeking medical attention.</p> <p>Resident A refused to be interviewed. However, Kent County APS worker, Bryan Khaler interviewed Resident A and he denied being hit by Mrs. Bedada.</p> <p>Resident B and C both denied any knowledge of Ms. Bedada hitting Resident A. Therefore, there is not a preponderance of evidence to support the allegations.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Mrs. Bedada gives residents one roll of toilet paper each week and makes them buy their own when they run out.

INVESTIGATION: On 6/21/22, I spoke to Kent County APS worker, Bryan Khaler. Mr. Khaler stated that Resident A and C both confirmed that they are provided with one roll of toilet paper each week and have to buy their own after they run out. Mr. Khaler stated that Mrs. Bedada told him that she does give residents one roll of toilet paper per week, but that she gives them more as needed.

On 6/22/22, I made an unannounced onsite investigation to the home. I attempted to speak with Resident A in his room. He refused to speak as he closed his eyes and went back to sleep. I spoke to Resident B on the front porch. Resident B stated that Mrs. Bedada provides him and other residents with one roll of toilet paper each week. After using their roll for the week, Resident B stated that he and other residents must purchase their own toilet paper.

After speaking to Resident B, I spoke to Resident C. Resident C stated that she and other residents receive one roll of toilet paper each week and have to buy their own once they run out. Resident C stated that there have been several times that she has had to buy her own toilet paper after running out due to having her menstrual cycle.

After speaking to Resident C, I spoke to Mrs. Bedada. I asked Mrs. Bedada if she gives residents one roll of toilet paper each week and she stated "yes." Mrs. Bedada stated that she does this because when she puts all the toilet paper in the bathroom at once, they will use it all quickly. Despite giving residents one roll of toilet paper each week, Mrs. Bedada was adamant that she gives residents more as needed.

Mrs. Bedada denied that any of her residents have ever had to buy their own toilet paper. I explained to Mrs. Bedada that two of the home's residents informed me that they have had to buy their own toilet paper, to which she continued to deny.

On 07/05/2022, I conducted an exit conference with owner, Yeshe Bedada. She was informed of the investigative findings. I explained the revocation process to Mrs. Bedada, including her options to file an appeal to my findings and request a compliance conference or a hearing before an administrative law judge. Mrs. Bedada stated that she already started a new business and plans to rent her home out. Therefore, she plans to notify her residents, their guardians and case managers that they need to find placement elsewhere. Mrs. Bedada was adamant that I do not contact her anymore.

APPLICABLE RULE	
R 400.14304	Resident rights; licensee responsibilities.
	<p>(1) Upon a resident's admission to the home, a licensee shall inform a resident or the resident's designated representative of, explain to the resident or the resident's designated representative, and provide to the resident or the resident's designated representative, a copy of all of the following resident rights:</p> <p>(o) The right to be treated with consideration and respect, with due recognition of personal dignity, individuality, and the need for privacy.</p> <p>(2) A licensee shall respect and safeguard the resident's rights specified in subrule (1) of this rule.</p>
ANALYSIS:	<p>Resident A informed Bryan Khaler with APS that Mrs. Bedada gives him and other residents one roll of toilet paper each week and that they are forced to buy their own when they run out.</p> <p>Resident B and C reported that they receive one roll of toilet paper each week and must buy their own when they run out.</p> <p>Mrs. Bedada confirmed that she gives residents one roll of toilet paper per week. However, she stated that she gives them more toilet paper as needed. Despite Mrs. Bedada's statement, three of the home's residents confirmed this allegation. Therefore, there is a preponderance of evidence to support the allegation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Mrs. Bedada is leaving medication out and telling residents to take their own pills.

INVESTIGATION: On 6/21/22, I made an unannounced onsite investigation to the home. I attempted to speak to Resident A in his room. He refused to speak to me and he closed his eyes and went back to sleep. I spoke to Resident B regarding the allegations, and he had no knowledge of Mrs. Bedada leaving medications out and making residents take their own. I spoke to Resident C and she denied Mrs. Bedada leaves medications out and tells residents to take their own pills.

After speaking to Resident C, I spoke to Mrs. Bedada regarding the allegations. Mrs. Bedada denied that she has ever left a resident's medication out and made them take the medication on their own. Mrs. Bedada was adamant that she gives residents their medications directly.

On 07/05/2022, I conducted an exit conference with the owner, Yeshi Bedada. She was informed of the investigative findings and stated she did not have any questions.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(3) Unless a resident's physician specifically states otherwise in writing, the giving, taking, or applying of prescription medications shall be supervised by the licensee, administrator, or direct care staff.
ANALYSIS:	<p>Resident A refused to be interviewed during my onsite inspection.</p> <p>Resident B had no knowledge of Mrs. Bedada leaving medications out for residents to take on their own and Resident C denied Mrs. Bedada leaving medications out.</p> <p>In addition to Resident B and C denying the allegation, Mrs. Bedada also denied the allegation. Therefore, there is not a preponderance of evidence to support the allegation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Mrs. Bedada is serving residents "Ethiopian soup" daily, causing them to have diarrhea.

INVESTIGATION: On 6/22/22, I made an unannounced onsite investigation to the home. I attempted to speak with Resident A in his room. He refused to speak with

me and closed his eyes and went back to sleep. I then spoke to Resident B on the porch. Resident B denied being served “Ethiopian Soup” daily. However, he stated that when he is served soup, it does cause him to have diarrhea. Regarding snacks and food in the home, Resident B stated that he and other residents “occasionally” get snacks. Resident B expanded on this by stating that the residents are served snacks every other day, which usually consist of apple slices, pop-tarts, lunchables, and other items. Resident B stated that at times, he and other residents must buy their own food because Mrs. Bedada gives them the same things over and over. Resident B stated that Mrs. Bedada often serves peanut butter sandwiches with no jelly and potato chips as a meal. Resident B stated, “she finds the easiest things she can buy that don’t cost any money. She gets money from the tenants, so she has to get things we like.”

Resident B stated that the only time he and other residents receive milk is when it’s served with cereal. Despite having to buy his own food at times, Resident B stated that yesterday, 6/21/22, Mrs. Bedada told him and other residents that they can’t bring their own food or drink in the home. Resident B shared that Mrs. Bedada stated, “this is my house and I don’t want any of your food in here.” Prior to being told that he isn’t allowed to bring food in the home, Resident B stated that staff member Mr. Benzo cooked his canned salmon for the residents and Mrs. Bedada never replaced it. Resident B also shared that there is no set schedule for dinner and the latest he’s received a meal was 9:00 pm. Resident B also stated, “a couple days ago,” Mrs. Bedada did not serve the residents dinner due to it being after 9:00 pm. Mrs. Bedada reportedly told residents that she was not cooking and that they (residents) needed to go to bed.

After speaking to Resident B, I spoke to Resident C. Resident C stated that she and other residents are often served soup. However, she was unsure if it was an “Ethiopian soup” as the allegations state. Resident C stated that the soup does cause her to have diarrhea but she and the other residents haven’t been eating it lately. Resident C stated that Mr. Benzo cooks the soup and it tastes good, “but it goes right through you.”

Regarding snacks in the home, Resident C stated Mrs. Bedada serves bananas, yogurt, crackers, apples, and protein drinks a couple times per week. Resident C stated that she and other residents have to buy their own coffee and juice if they would like some. Resident C stated that the only time she and other residents receive milk is when it is served with cereal. Resident C confirmed that Mrs. Bedada has served her and other residents peanut butter sandwiches. She also stated that Mrs. Bedada serves a lot of leftovers, in addition to hot dogs and cottage cheese, to which she likes. This morning, Resident C stated that she had cornflakes cereal for breakfast. For dinner last night, Resident C stated that she had fried potatoes, eggs, cheese, fresh apples, corn and a sandwich.

Resident C stated that dinner time varies between 5:30 pm-6:30 pm due to Mrs. Bedada having three homes to attend to. Resident C stated that 7:00 pm was the

latest she has ever been served dinner. Resident C denied Mrs. Bedada not feeding her and other residents' dinner within the last week or at all since she's been at the home.

After speaking to Resident C, I spoke to Mrs. Bedada. Mrs. Bedada stated that she does not serve "Ethiopian soup" as the allegations state. In fact, Mrs. Bedada asked, "what is Ethiopian soup?" Mrs. Bedada stated that she doesn't serve soup in the summer months due to the heat. When she does serve soup, it usually consists of a beef, vegetable, or chicken soup. She is unaware of residents having diarrhea from the food that is served.

Regarding snacks and food in the home, Mrs. Bedada denied that she only serves milk with cereal. Mrs. Bedada stated that residents can have milk whenever they want as they have access to the refrigerator. Mrs. Bedada stated that she does serve residents snacks "sometimes." Mrs. Bedada stated that licensing rules only require her to serve residents breakfast, lunch, and dinner. Mrs. Bedada stated that she can't afford to buy snacks for residents, but she still gets items for them three times a week such as yogurt, cookies, crackers, donuts, etc. Mrs. Bedada stated that residents have never had to buy their own food. She confirmed Resident A's statement that she told residents they can't bring their own food in the home "because of this complaint" of residents stating that their items have come up missing. Mrs. Bedada stated that she told Resident B she has enough food in the home for everyone and not to bring his food in, such as canned items. I explained to Mrs. Bedada that residents can bring their own food in the home if they choose to. Mrs. Bedada then stated that she doesn't care if residents bring in food and "eat it right away." However, she doesn't want them storing food in the kitchen or the refrigerator to prevent them from accusing her of stealing it.

Mrs. Bedada acknowledged that she has served residents peanut butter sandwiches with no jelly only when she was "super busy." She was adamant that the residents always have hot meals for lunch and dinner daily, including buying them pizza or making pizza at the home. For dinner last night, Mrs. Bedada stated that residents had sloppy joe, potatoes, and sweet corn. For breakfast today, Mrs. Bedada stated that residents were served cereal.

On 07/05/2022, I conducted an exit conference with the owner, Yeshi Bedada. She was informed of the investigative findings. I explained the revocation process to Mrs. Bedada, including her options to file an appeal to my findings and request a compliance conference or a hearing before an administrative law judge. Mrs. Bedada stated that she already started a new business and plans to rent her home out. Therefore, she plans to notify her residents, their guardians and case managers that they need to find placement elsewhere. Mrs. Bedada was adamant that I do not contact her anymore.

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.
ANALYSIS:	<p>Resident B stated that Mrs. Bedada gives them the same food “over and over” and often serves peanut butter sandwiches with no jelly. He also stated that Mrs. Bedada told him that he and other residents are not allowed to bring their own food into the home.</p> <p>Resident C confirmed that Mrs. Bedada has served residents peanut butter sandwiches.</p> <p>Mrs. Bedada stated that she always serves hot meals for lunch and dinner, but acknowledged that she has served peanut butter sandwiches with no jelly if she is “super busy.” Mrs. Bedada confirmed that she told Resident B that he is not allowed to bring his own food into the home. Therefore, there is a preponderance of evidence to support Mrs. Bedada not providing residents with 3 regular, nutritious meals daily.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Residents continue to be left unsupervised in the home.

INVESTIGATION: On 6/21/22, I received an APS complaint alleging that residents are left unsupervised in the home. On 6/22/22, I made an unannounced onsite investigation to the home. Resident A was not interviewed due to refusing to speak to me. Resident B stated that since my last investigation at the home, Mrs. Bedada has given “a little more effort” with staffing but there were still concerns regarding residents being left unsupervised.

After speaking to Resident B, I spoke to Resident C. I planned to ask her directly regarding staffing concerns in the home. However, in the middle of our interview, Mrs. Bedada and her husband, Guleta Kuratu arrived at the home at approximately 10:58 am. I asked Mrs. Bedada and Mr. Kuratu if a staff member was working inside the home and Mrs. Bedada stated that her son was. I made entry into the home with Mrs. Bedada and Mr. Kuratu and their son was nowhere to be found. Mrs. Bedada then stated that she and her husband were away from the home because they had to sign important documentation at their bank. Mrs. Bedada stated that her son was at the home with residents, but she forgot that he had an appointment at 10:00 a.m.

and had to leave. Mrs. Bedada did not know exactly what time her son left the home. However, it would be reasonable to assume that if Mrs. Bedada's son was actually at the home, he would have left prior to his scheduled appointment. It should be noted that I arrived at the home at approximately 10:28 a.m. and began speaking to residents. With Mrs. Bedada and Mr. Kuratu arriving at 10:58 a.m., the residents were in the home without staff supervision for at least an hour.

On 07/05/2022, I conducted an exit conference with the owner, Yeschi Bedada. She was informed of the investigative findings. I explained the revocation process to Mrs. Bedada, including her options to file an appeal to my findings and request a compliance conference or a hearing before an administrative law judge. Mrs. Bedada stated that she already started a new business and plans to rent her home out. Therefore, she plans to notify her residents, their guardians and case managers that they need to find placement elsewhere. Mrs. Bedada was adamant that I do not contact her anymore.

APPLICABLE RULE	
R 400.14206	Staffing requirements.
	(1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 12 residents and children who are under the age of 12 years.
ANALYSIS:	Mrs. Bedada stated that she and her husband were away from the home on the morning of 6/22/22 to sign documents at their bank. While away, their son was reportedly working at the home until he had to leave for his 10:00 a.m. appointment. I arrived at the home at 10:28 a.m. and Mrs. Bedada and her husband arrived at the home at 10:58 a.m. With Mrs. Bedada's son leaving the home prior to his 10:00 a.m. appointment, the residents were in the home unsupervised for at least an hour. Therefore, a preponderance of evidence exists to support the allegation.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED (SIR Report #2022A0467041)

ADDITIONAL FINDINGS:

INVESTIGATION: While investigating the allegations listed above, I requested to see all the resident's Medication Administration Records (MARs). Resident A's MAR indicated that his Risperidone 0.5MG Tablet was not initialed on 6/21/22 and 6/22/22, meaning that he did not receive the medication. The MAR also indicated that Resident A received his Carvedilol 25MG Tablet on the morning of 6/23/22 and

his 8HR Arthritis Pain ER 650 MG Caplet on the morning of 6/23/22 and 6/24/22. This was concerning considering the day I reviewed this was on 6/22/22.

Resident B's MAR indicated that he did not receive his Vitamin D3 2,000 Unit Softgel capsule on 06/21/22 at noon.

Mrs. Bedada was unable to produce a MAR for Resident C as she stated that her daughter has the MAR with her to "fix it."

Resident D's MAR indicate that he was given his Duloxetine HCL DR 60MG Capsule, Lisinopril 40MG Tablet, Oyster Shell 500MG +D200, and Fluticasone-Salmeterol 232-14 on the morning of 6/23/22. Similar to Resident A, this is concerning because the day this was reviewed was 6/22/22.

Mrs. Bedada was unable to produce a MAR for Resident E. Mrs. Bedada stated that Resident E has been at the home for 4 days and she has yet to receive his MAR from the pharmacy. Per documentation, Resident E has been at the home for more than 3 weeks. Mrs. Bedada stated that she was not lying to me. Instead, she stated that she's been "so busy" that 4 days seemed a lot longer to her.

On 07/05/2022 I conducted an exit conference with the owner, Yeschi Bedada. She was informed of the investigative findings. I explained the revocation process to Mrs. Bedada, including her options to file an appeal to my findings and request a compliance conference or a hearing before an administrative law judge. Mrs. Bedada stated that she already started a new business and plans to rent her home out. Therefore, she plans to notify her residents, their guardians and case managers that they need to find placement elsewhere. Mrs. Bedada was adamant that I do not contact her anymore.

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>(b) Complete an individual medication log that contains all of the following information:</p> <ul style="list-style-type: none">(i) The medication.(ii) The dosage.(iii) Label instructions for use.(iv) Time to be administered.(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.(vi) A resident's refusal to accept prescribed medication or procedures.

ANALYSIS:	Resident A, B, C, D and E all had Medication Administration Records that were either incomplete, initialed incorrectly, or not available for review during this investigation. Despite this, Mrs. Bedada was adamant that all residents were receiving their medication as prescribed. Without proper documentation, I was unable to confirm her statement. Therefore, there is a preponderance of evidence to support the allegation.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION: While investigating the allegations listed above, I requested to see the food menus in the home. For dinner on 6/21/22, Resident C stated that she had fried potatoes, eggs, cheese, fresh apples, corn and a sandwich. Mrs. Bedada stated that residents had sloppy joe, potatoes, and sweet corn. I reviewed the dinner menu and it did not reflect what residents were eating, making it difficult to know exactly what residents are eating on a daily basis.

On 07/05/2022, I conducted an exit conference with the owner, Yeshe Bedada. She was informed of the investigative findings. I explained the revocation process to Mrs. Bedada, including her options to file an appeal to my findings and request a compliance conference or a hearing before an administrative law judge. Mrs. Bedada stated that she already started a new business and plans to rent her home out. Therefore, she plans to notify her residents, their guardians and case managers that they need to find placement elsewhere. Mrs. Bedada was adamant that I do not contact her anymore.

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.
ANALYSIS:	<p>Resident C stated that that she had fried potatoes, eggs, cheese, fresh apples, corn and a sandwich for dinner on 6/21/22.</p> <p>Mrs. Bedada stated that residents had sloppy joe, potatoes, and sweet corn for dinner on this date.</p> <p>The dinner menu was reviewed for 6/21/22 and indicated that residents were served homemade burgers, green beans, and vegetable soup.</p> <p>The food residents are eating is not accurately reflected on the menu. There was no substitution menu available for review.</p>

	Therefore, there is a preponderance of evidence to support the allegation.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION: While investigating the allegations listed above, Ms. Bedada stated that Resident E was only in the home for four days. However, I reviewed documentation that suggested that he has been in the home for more than three weeks. This led to me requesting to review the home's resident register from Mrs. Bedada. Mrs. Bedada stated that she did not have this required licensing document.

On 07/05/2022, I conducted an exit conference with the owner, Yeshi Bedada. She was informed of the investigative findings. I explained the revocation process to Mrs. Bedada, including her options to file an appeal to my findings and request a compliance conference or a hearing before an administrative law judge. Mrs. Bedada stated that she already started a new business and plans to rent her home out. Therefore, she plans to notify her residents, their guardians and case managers that they need to find placement elsewhere. Mrs. Bedada was adamant that I do not contact her anymore.

APPLICABLE RULE	
R 400.14209	Home records; generally.
	<p>(1) A licensee shall keep, maintain, and make available for department review, all the following home records:</p> <ul style="list-style-type: none"> (a) Admission policy. (b) Program statement. (c) Discharge policy. (d) Resident records. (e) A resident register. (f) Resident care contracts, if applicable. (g) Accident records and incident reports. (h) Personnel records, as required in R 400.14208. (i) Personnel policies and procedures as required in R 400.14207. (j) Program certifications, if applicable. (k) Fire drill records. (1) Emergency preparedness plans. (m) Reports of fire or severe property damage. (n) Records of variances granted, if applicable. (o) Heating equipment inspection and approval records, if applicable. (p) Fire detection and sprinkler equipment inspection and approval records, if applicable. (q) Electrical inspection records, if applicable.

	<p>(r) Fire safety reports from the department or the state fire marshal, as required by law.</p> <p>(s) Environmental inspection reports, as required by law.</p> <p>(t) Menus.</p>
ANALYSIS:	Mrs. Bedada confirmed that she did not have a resident register. Therefore, a preponderance of evidence exists to support the allegation.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

The facility was placed on a provisional license effective 06/21/22 due to quality-of-care violations, which included the licensee leaving residents in the home without supervision by a responsible person. This investigation has led to the facility being cited for the above-referenced quality-of-care violations, one of which is a repeat violation from SIR #2022A0467041 that led to the home being placed on a provisional license. The outcome of this investigation has resulted in the recommendation of license revocation.

Anthony Mullins

07/05/2022

Anthony Mullins
Licensing Consultant

Date

Approved By:

Jerry Hendrick

07/05/2022

Jerry Hendrick
Area Manager

Date