GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 27, 2022

Nicholas Burnett
Flatrock Manor, Inc.
2360 Stonebridge Drive
Flint, MI 48532

RE: License #: AS250398408
Investigation #: 2022A0569034
Heatherwoode

Dear Mr. Burnett:

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) 284-9700.

Sincerely,

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 #:	AS250398408
Investigation #:	2022A0569034
Complaint Receipt Date:	05/11/2022
Investigation Initiation Date:	05/11/2022
Report Due Date:	07/10/2022
Licensee Name:	Flatrock Manor, Inc.
Licensee Address:	7012 River Road Flushing, MI 48433
Licensee Telephone #:	(810) 964-1430
Administrator:	Morgan Yarkosky
Licensee Designee:	Nicholas Burnett
Name of Facility:	Heatherwoode
Facility Address:	1115 Heatherwoode Rd Flint, MI 48532
Facility Telephone #:	(810) 877-6932
Original Issuance Date:	03/29/2019
License Status:	REGULAR
Effective Date:	09/29/2021
Expiration Date:	09/28/2023
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
• **Resident A swallowed a pen requiring medical treatment on multiple dates.**	Yes

III. METHODOLOGY

05/11/2022	Special Investigation Intake 2022A0569034
05/11/2022	Special Investigation Initiated - Letter Email to RRO.
06/21/2022	Inspection Completed On-site
06/22/2022	Contact - Document Sent Email to Morgan Yarkosky, administrator, requesting documentation.
06/27/2022	APS Referral Referral sent to APS.
06/27/2022	Contact - Telephone call made Contact with Monique Anthony, staff person.
06/27/2022	Contact - Telephone call made Contact with Deja Jackson, staff person.
06/27/2022	Contact - Telephone call made Contact with Earica Gladney, staff person.
06/27/2022	Inspection Completed-BCAL Sub. Compliance
06/27/2022	Exit Conference Voicemail left for Nick Burnett, licensee designee. Email sent to Morgan Yarkosky, administrator, and Nick Burnett.

ALLEGATION:

Resident A swallowed a pen requiring medical treatment on multiple dates.

INVESTIGATION:

This complaint was received via the online complaint portal. The complainant reported that Resident A was treated in the emergency room on 5/3/22, 5/8/22, 5/9/22, and 5/12/22 for swallowing a pen each time. The complainant did not report any additional information.

Incident reports were submitted to the department on 5/3/22, 5/8/22, 5/9/22 and 5/12/22 documenting each incident. Each incident report documents that Resident A would approach a staff person to report that she had swallowed a pen, and Resident A was then taken to the emergency room for medical treatment. The corrective measure documented on all of the incident reports states, “staff will continue to monitor (Resident A) for health and safety throughout the shift.” And that staff will make sure Resident A does not have access to things that she can swallow.

An unannounced inspection of this facility was conducted on 6/21/22. Resident A was alert and oriented to person, place, and time. Resident A was appropriately groomed and dressed with no visible injuries. Resident A was being monitored by a 1:1 staff person. Resident A stated that she did swallow pens on several occasions but did not recall where she got the pens. Resident A stated that she did not remember why she swallowed the pens. Resident A stated that she now has a 1:1 staff person due to her swallowing pens, and the staff person stays with her at all times. Resident A stated that she is “doing ok” and has not sustained any further injuries. Resident A stated that she did not have any additional information regarding these incidents.

Resident A’s file has been reviewed. Resident A’s written assessment is dated 4/6/22. Resident A’s assessment documents that Resident A has been diagnosed with schizoaffective disorder, borderline personality disorder, moderate intellectual disabilities, and trichotillomania. Resident A’s assessment documents that Resident A has a history of self-harm and swallowing harmful items requiring supervision while in the community and in the facility. Resident A’s assessment documents that Resident A has a history of physical aggression towards staff and peers since she was admitted to this facility as well as property destruction. Resident A’s assessment documents that Resident A has also exhibited self-injurious behaviors since being admitted to this facility but had not swallowed harmful items as of the date of the assessment. Resident A’s file contains physician orders documenting that she was treated on the dates reported for swallowing a pen each time.

Resident A’s behavioral treatment plan is dated 5/4/22. The behavioral plan documents that Resident A’s goals are to reduce incidents of physical aggression towards staff and peers, as well as property destruction. The behavior plan documents that another goal

for Resident A is to “display zero incidents of self-injurious behavior” and “swallowing inedible objects.” The behavior plan documents that Resident A requires staff to supervise Resident A in the community by being within ten feet of her at all times due to her history of self-injurious behaviors and that Resident requires staff permission to enter the laundry room and kitchen area of the facility. Resident A’s individual plan of service also documents that if Resident A demonstrates self-harm with writing utensils, she is to be directly supervised when using writing utensils, and staff will only let Resident A use them in a common area under direct supervision of staff for a period of 90 days, then reevaluate for safety.

Deja Jackson, staff person, stated on 6/27/22 that Resident a was not on a 1:1 staffing ratio prior to swallowing the pens. Ms. Jackson stated that Resident A was not assigned a 1:1 staffing ratio until after she had swallowed the third pen because Resident A’s mental health agency would not pay for it. Ms. Jackson stated that Resident A found the pens lying around and that a staff person left one lying in Resident A’s room. Ms. Jackson stated that a staff person from another Flatrock facility was assigned as Resident A’s 1:1 staff, but Ms. Jackson did not recall the staff person’s name. Ms. Jackson stated that Resident A did swallow a pen when the other staff person was supervising her, and Resident A reported to Ms. Jackson that the staff person “just stood there and watched (Resident A) swallow the pen.” Ms. Jackson stated that all of Resident A’s pens were initially confiscated after she swallowed the first one, but then all of her writing utensils were given back to her.

Earica Gladney, staff person, stated on 6/27/22 that she was present three of the times that Resident A swallowed pens. Ms. Gladney stated that Resident A swallowed “3 or 4” pens before she was placed on a 1:1 staff ratio. Ms. Gladney stated that one of the incidents occurred because the 1:1 staff assigned to Resident A allowed her to use the bathroom unsupervised to “give (Resident A) privacy.” Ms. Gladney stated that Resident A also reported to her that the unknown staff person from another facility watched her swallow a pen and did nothing to intervene.

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:	Resident A’s written assessment, plan of service, and behavioral plan all document Resident A’s long history of self-harm by swallowing inedible items, including pens. Ms. Jackson

	and Ms. Gladney both stated that Resident A was not assigned a 1:1 staff person until she had swallowed at least three pens, and that Resident A swallowed more pens even when she was placed under 1:1 staffing supervision. Incident reports and discharge orders from the hospital confirm that Resident A had swallowed four pens from 5/3/22 to 5/13/22 and had to be medically treated to remove the pens. The corrective actions listed on the incident reports were simply to "continue to monitor (Resident A) to insure health and safety." Ms. Jackson stated that Resident A's pens were initially taken from her, but then returned to her by staff. Resident A's plan of service documents that if Resident A self-harms by swallowing a writing utensil, she is to only be allowed to use writing utensils under direct supervision of staff for a period of 90 days. Based on the statements given and documentation reviewed, it is determined that there has been a violation of this rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

An exit conference was conducted via email with Morgan Yarkosky, administrator, and Nicholas Burnett, licensee designee, on 6/27/22. A voicemail was also left for Mr. Burnett on 6/27/22. The findings in this report were reviewed.

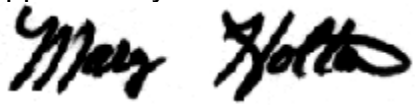
IV. RECOMMENDATION

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

6/27/22

Kent W Gieselman Date
Licensing Consultant

Approved By:



6/27/22

Mary E Holton Date
Area Manager