



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 19, 2022

Hope Lovell
LoveJoy Special Needs Center Corporation
17141 New Jersey Street
Southfield, MI 48075

RE: License #: AS330297845
Investigation #: 2022A1024040
Michigan Ave. Residential Care

Dear Ms. Lovell:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

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 "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems
427 East Alcott
Kalamazoo, MI 49001

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330297845
Investigation #:	2022A1024040
Complaint Receipt Date:	06/23/2022
Investigation Initiation Date:	06/28/2022
Report Due Date:	08/22/2022
Licensee Name:	LoveJoy Special Needs Center Corporation
Licensee Address:	17141 New Jersey Street Southfield, MI 48075
Licensee Telephone #:	(517) 574-4693
Administrator:	Hope Lovell
Licensee Designee:	Hope Lovell
Name of Facility:	Michigan Ave. Residential Care
Facility Address:	1204 W. Michigan Ave. Lansing, MI 48915
Facility Telephone #:	(517) 367-8172
Original Issuance Date:	12/11/2009
License Status:	REGULAR
Effective Date:	02/23/2022
Expiration Date:	02/22/2024
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
The home is not providing required 1:1 staff supervision for three of the residents.	No
Staff are not passing medications during the afternoon and evening time.	No

III. METHODOLOGY

06/23/2022	Special Investigation Intake 2022A1024040
06/28/2022	Special Investigation Initiated – Telephone left voicemail for Adult Protective Service (APS) Specialist Penny Howard
06/30/2022	Contact - Telephone call received from APS Specialist Penny Howard
07/21/2022	Contact-Telephone call received from administrator/licensee designee Hope Lovell and home manager Jamila McCoy
07/21/2022	Inspection Completed On-site with direct care staff member Maria Polling, Camille Owens, and Resident A
07/21/2022	Contact - Document Received – Resident <i>Behavior Treatment Plans, Assessment Plan for AFC Resident, and Staff Schedule</i>
08/04/2022	Contact - Telephone call received with APS Specialist Penny Howard
08/12/2022	Exit Conference with licensee designee Hope Lovell

ALLEGATION:

The home is not providing required 1:1 staff supervision for three of the residents.

INVESTIGATION:

On 6/23/2022, I received this complaint through the Bureau of Community and Health Systems (BCHS) online complaint system. This complaint alleged the home is not providing required 1:1 staff supervision for three of the residents.

On 6/30/2022, I conducted an interview with APS Specialist Penny Howard who stated she is also investigating this allegation. Ms. Howard stated she is familiar with this home and knows Resident A will get upset with staff members and make false complaints. On 8/4/2022, Ms. Howard stated after completing her investigation, she found no substantial findings to support the allegation.

On 7/21/2022, I conducted an onsite investigation at the facility with direct care staff members Maria Polling, Camille Owns, and Resident A regarding this allegation. Ms. Polling stated she is a full-time direct care staff member who works with all 4 residents in the home daily. Ms. Polling stated Resident B is required to have 1:1 supervision due to her vision impairment therefore there is always a staff member on duty specifically for Resident A during the day and evening hours. Ms. Polling stated she usually works with one other staff member and has never known for Resident B not to have the required 1:1 supervision. Ms. Polling stated when the home manger is working there are three direct care staff members present in the home with the residents.

Ms. Owens stated she works full-time regularly in the home and usually there are two to three staff members with the four residents daily which includes the home manager Jamila McCoy. Ms. Owens stated to her knowledge Resident B is the only resident that requires 1:1 supervision however, recently it was stated that staff members should try to engage with Resident A more often and have 1:1 conversation with her daily. Ms. Owens stated Resident A demonstrates self-harming behaviors and seeks attention from staff however she is not required to have 1:1 staff supervision. Ms. Owens further stated Resident B is legally blind and needs 1:1 supervision to help familiarize her to the home since she is new to the home. Ms. Owens stated Resident B has 1:1 staff supervision at all times.

Resident A stated she has been living in the home since April 2022. Resident A stated there is usually two staff that works in the home however there are days she has seen three staff in the home when the home manager, Jamila McCoy is working. Resident A stated she feels safe in the home, and she interacts well with the staff members.

It should be noted, I attempted to interview Resident B and C who both refused to be interviewed.

On 7/21/2022, I conducted interviews with administrator Hope Lovell and home manager Jamila McCoy. Ms. Lovell stated she has four residents in the home but only one of the residents requires 1:1 supervision. Ms. Lovell stated Resident B moved in March of 2022 and is legally blind therefore requires 1:1 supervision in the home. Ms. Lovell stated Resident A moved in the home in April of 2022 and has a history of self-harm. Ms. Lovell stated she has advised staff to keep an eye on Resident A to help minimize triggers and keep Resident A engaged with 1:1 attention for 30 minutes daily however Resident A is not required to 1:1 staff

supervision. Ms. Lovell stated she contracted with a home help agency to ensure she has adequate staffing for the four residents in the home and there is always two to three staff members in the home during the 1st and 2nd shift which satisfies the staffing requirements and meets the requirements of Resident A and Resident B treatment plans. Ms. Lovell further stated she has not had any issues with not having adequate staffing in the home.

Ms. McCoy stated there is only one resident who requires 1:1 supervision and another resident who benefits from 1:1 staff engagement however this resident does not require 1:1 staff supervision. Ms. McCoy stated Resident A demonstrates self-harming behaviors therefore staff watches Resident A closely and try to keep her engaged as much as possible as Resident A likes to have 1:1 attention from staff members. Ms. McCoy stated she regularly works in the home along with two other staff members and there has always been adequate staff supervision to the meet the needs of Resident A and Resident B’s treatment plan requirements.

On 7/21/2022, I reviewed Residents’ A and B *Behavior Treatment Plan*. According to Resident A’s treatment plan dated 6/9/2022, staff should always know where Resident A is in the home or community however this does not mean Resident A requires 1:1 staffing at this time. This plan further stated staff will spend 30 minutes engaging with Resident A 1:1 daily to give Resident A the attention she is seeking through self-harming behaviors.

According to Resident B’s treatment plan dated 3/21/22, staff will provide 1:1 staff support for up to 90 days while she adjusts to her new living environment and will provide supervision for her health and safety, physical guidance, and verbal direction for Resident B to navigate in her new home due to her legal blindness. The 1:1 staffing is not required during normal sleeping hours from 11pm to 7am.

I also reviewed Resident A, B, C, D’s *Assessment Plan for AFC Residents*. According to Residents A, C, and D’s plan 1:1 staff supervision is not required. According to Resident B’s plan, Resident B is legally blind and needs assistance with walking and climbing stairs. Resident has a tendency to wander and cannot move independently in the community.

I also reviewed the facility’s *Staff Schedule* for March 2022, April 2022, May 2022 June 2022, and July 2022. According to these schedules the home is staffed with at least two direct care staff members on 1st and 2nd shifts between the hours of 7am and 11pm and 1 staff member during the hours of 11pm to 7am.

APPLICABLE RULE	
R 400.14206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services

	specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	Based on my investigation which included interviews with APS Specialist Penny Howard, licensee designee Hope Lovell, home manager Jamila McCoy, direct care staff members Maria Polling and Camille Owens, Resident A, and review of facility's <i>Behavior Treatment Plans, Assessment Plan for AFC Residents, and Staff Schedules</i> there is no evidence to support the allegation the home is not providing required 1:1 supervision to three of the residents. Ms. Lovell, Ms. McCoy, Ms. Polling, Ms. Owens and Resident A all stated that there are at least two staff members on duty with the residents in the home. According to the staff members, home manager and licensee designee there is only one resident required to have 1:1 staff supervision and based on the behavior treatment plans and assessment plans there is only one resident required to have 1:1 staff supervision. The home has sufficient staff on duty at all times to provide the services identified in resident assessment plans.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Staff are not providing medications during the afternoon and evening times.

INVESTIGATION:

This complaint also alleged that staff are not passing medications during the afternoon and evening times.

On 6/30/2022, I conducted an interview with APS Specialist Penny Howard who stated she is also investigating this allegation. On 8/84/2022, Ms. Howard stated she found no substantial findings to support the allegation.

On 7/21/2022, I conducted an onsite investigation at the facility with direct care staff members Maria Polling and Camille Owens who all stated that they have no knowledge of medications not being passed to residents on any given shift. Ms. Polling stated there are certain staff members allowed to pass medications and she has not observed any issues with staff not passing medications.

Ms. Owens stated she works regularly in the home, and she has not had any issues with passing medications during any given time of the day. Ms. Owens stated there has been times Resident A has gotten inpatient when Ms. Owens is administering medications to other residents before getting to Resident A however Resident A is usually able to wait patiently for staff members to administer medications to her. Ms. Owens stated that medications are regularly passed three times a day which

includes morning, mid-day and evening medications. Ms. Owens stated she has worked during each of these timeframes and has found no issues.

I also interviewed Resident A regarding this allegation who stated that she has never missed getting her medications at any given time however there has been a couple of times she had to wait to get her medication when staff is doing other things. Resident A stated she believes she has waited 15 to 20 minutes passed the normal time she gets her medications.

It should be noted, I attempted to interview Resident B and C who both refused to be interviewed.

While at the facility, I observed Residents A, B, C, D *Medication Administration Records* (MARs) for the months of June 2022 and July 2022 and observed medications for Resident A, B, C, D and found no concerns.

On 7/21/2022, I conducted interviews with administrator Hope Lovell and home manager Jamila McCoy who both stated that there have not been any issues with administering medications to residents. Ms. Lovell stated there are specific staff members that are designated to pass medications and she has not had any issues reported to her regarding medications not getting passed. Ms. McCoy stated she sometimes administer medications when she works and there have not been any issues administering medications to residents and there has not been reports made to her of medications not being administered by other staff members. Ms. McCoy stated medications are administered at 8am, Noon and 9pm.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

ANALYSIS:	Based on my investigation which included interviews with APS Specialist Penny Howard, licensee designee Hope Lovell, home manager Jamila McCoy, direct care staff members Maria Polling, Camille Owens, Resident A and review of facility's <i>MAR</i> and medications for Residents A, B, C, D there is no evidence to support the allegation staff are not providing medications during the afternoon and evening times. Resident A stated she has never missed taking any of her medications. Ms. Lovell, Ms. McCoy, Ms. Owens and Ms. Polling had no knowledge of any resident not getting their medications at any given time. I observed Resident A, B, C, D's medications and MARs and found no concerns. Medications are administered to residents as prescribed.
CONCLUSION:	VIOLATION NOT ESTABLISHED

On 8/12/2022, I conducted an exit conference with licensee designee Hope Lovell. I informed Ms. Lovell of my findings and allowed her an opportunity to ask question and make comments.

IV. RECOMMENDATION

I recommend the current license status remain unchanged.



Ondrea Johnson
Licensing Consultant

8/12/2022
Date

Approved By:



08/19/2022

Dawn N. Timm
Area Manager

Date