



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 27, 2022

Laura Esese  
Dignified Care LLC  
3640 Brambleberry DR NW  
Comstock Park, MI 49321

RE: License #: AS410406418  
Investigation #: 2022A0583044  
Chalet Home

Dear Ms. Esese:

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 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 333-9702

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410406418
<b>Investigation #:</b>	2022A0583044
<b>Complaint Receipt Date:</b>	09/20/2022
<b>Investigation Initiation Date:</b>	09/21/2022
<b>Report Due Date:</b>	10/20/2022
<b>Licensee Name:</b>	Dignified Care LLC
<b>Licensee Address:</b>	3640 Brambleberry DR Nw Comstock Park, MI 49321
<b>Licensee Telephone #:</b>	(616) 856-9191
<b>Administrator:</b>	Laura Esese
<b>Licensee Designee:</b>	Laura Esese
<b>Name of Facility:</b>	Chalet Home
<b>Facility Address:</b>	4711 Chalet Ln SW Wyoming, MI 49519
<b>Facility Telephone #:</b>	(616) 856-9191
<b>Original Issuance Date:</b>	02/22/2021
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	08/22/2021
<b>Expiration Date:</b>	08/21/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED. MENTALLY ILL, AGED, ALZHEIMERS

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
The facility is operating with insufficient staff to provide safe resident care.	Yes
Resident A was not treated with dignity and respect.	Yes
Additional Findings	Yes

**III. METHODOLOGY**

09/20/2022	Special Investigation Intake 2022A0583044
09/21/2022	Special Investigation Initiated - On Site Staff Jeff Odhiambo, Resident A, Resident B, Resident C
09/21/2022	Contact - Telephone call made Laura Esese, Licensee Designee
09/21/2022	APS Referral
09/21/2022	Contact - Document Sent Ed Wilson, Recipient Rights
09/23/2022	Contact – Document Received Licensee Designee Laura Esese
09/23/2022	Contact - Telephone call made Laura Esese, Licensee Designee
09/27/2022	Exit Conference Licensee Designee Laura Esese

**ALLEGATION:** The facility is operating with insufficient staff to provide safe resident care.

**INVESTIGATION:** On 09/20/2022 complaint allegations were received from the BCAL online reporting system. The complaint allegations stated that on 9/19 at approximately 11:10AM the complainant walked past the bathroom and observed the door was open and a resident was lying on the floor naked. The complainant stated that there was a staff member in the bathroom appearing to give the resident personal care. In addition, the complainant expressed concern that there are other residents in the home, including the resident who was observed naked on the floor,

who require full-assistance with transferring and bathing and the home is not accessible.

On 09/21/2022 I completed an unannounced onsite investigation at the facility and privately interviewed staff Jeff Odhiambo. Mr. Odhiambo stated he has worked at the facility for one week. Mr. Odhiambo confirmed he is the only staff currently working at the facility today. Mr. Odhiambo acknowledged that on 09/19/2022 he undressed Resident A in Resident A's bedroom and then proceeded to carry Resident A across the hall and into the bathroom for a shower. Mr. Odhiambo stated he placed Resident A into the shower and then left the bathroom door open while Resident A was showered. Mr. Odhiambo stated it is normal practice for him to carry Resident A throughout the hallway and into the shower naked. Mr. Odhiambo confirmed that he was the only staff working at the facility on today's date of 09/21/2022.

While onsite I visually verified the wellbeing of Resident A, Resident B and Resident C who were each unable to complete an interview given their developmental delays. I observed Resident A and Resident B both require the use of wheelchairs for mobility assistance. I observed that Resident C does not require the use of a wheelchair and ambulated independently. Resident D was not present during the interview however Mr. Odhiambo reported Resident D does not utilize a wheelchair for mobility.

On 09/22/2022 I interviewed Licensee Designee Laura Esese. Ms. Esese confirmed that Resident A and Resident B both require the use of wheelchairs for mobility assistance and require "two-person staff assistance" for safe transfers. Ms. Esese acknowledged issues with low staffing and confirmed that staff Jeff Odhiambo was currently working alone at the facility.

On 09/21/2022 I emailed the complaint allegations to Adult Protective Services Centralized Intake.

On 09/21/2022 I emailed the complaint allegations to Ed Wilson of Network 180 Recipient Rights.

On 09/23/2022 I received an email from Licensee Designee Laura Esese. The email contained Resident A and Resident B's Assessment Plan for AFC Residents. Resident A's Assessment Plan was signed on 08/01/2022 and states Resident A utilizes a wheelchair and requires a "two persons assist" with transferring. Resident B's Assessment Plan was signed 04/15/2022 and states that Resident B also utilizes a wheelchair and requires a "two-person assist" with transfers.

On 09/27/2022 I completed an Exit Conference via telephone with Licensee Designee Laura Esese. Ms. Esese stated she agreed with the findings and would submit an acceptable Corrective Action Plan.

<b>APPLICABLE RULE</b>	
<b>R 400.14206</b>	<b>Staffing requirements.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	<p>On 09/21/2022 staff Jeff Odhiambo confirmed he was working alone at the facility while caring for three residents.</p> <p>Two of the three residents in the home (Resident A and Resident B) require the assistance of two staff members for safe transfers per their Assessment Plans.</p> <p>Licensee Designee Laura Esese confirmed that Resident A and Resident B both require the use of wheelchairs for mobility assistance from two staff for safe transfers. Ms. Esese acknowledged issues with low staffing and confirmed that staff Jeff Odhiambo was currently working independently at the facility.</p> <p>A preponderance of evidence was discovered during the Special Investigation to substantiate violation of the applicable rule.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION: Resident A was not treated with dignity and respect.**

**INVESTIGATION:** On 09/20/2022 complaint allegations were received from the BCAL online reporting system. The complaint allegations stated that on 9/19 at approximately 11:10AM the complainant walked past an open bathroom door and observed a resident lying on the floor naked.

On 09/21/2022 I completed an unannounced onsite investigation at the facility and privately interviewed staff Jeff Odhiambo. Mr. Odhiambo acknowledged that on 09/19/2022 he undressed Resident A in Resident A's bedroom and then proceeded to carry Resident A across the hall naked and into the bathroom for a shower. Mr. Odhiambo stated he placed Resident A into the shower and then left the bathroom door open while Resident A showered. Mr. Odhiambo stated it is normal practice for him to carry Resident A through the hallway unclothed and into the shower.

On 09/27/2022 I completed an Exit Conference via telephone with Licensee Designee Laura Esese. Ms. Esese stated she agreed with the findings and would submit an acceptable Corrective Action Plan.

<b>APPLICABLE RULE</b>	
<b>R 400.14305</b>	<b>Resident protection.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	<p>Staff Jeff Odhiambo acknowledged that on 09/19/2022 he undressed Resident A in Resident A's bedroom and then carried Resident A across the hall naked and into the bathroom for a shower. Mr. Odhiambo stated he placed Resident A into the shower and then left the bathroom door open while Resident A showered. Mr. Odhiambo stated it is normal practice for him to carry Resident A throughout the hallway unclothed and into the shower.</p> <p>A preponderance of evidence was discovered during the Special Investigation to substantiate violation of the applicable rule.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ADDITIONAL FINDINGS: Staff Jeff Odhiambo is working independently with residents despite not completing the required trainings.**

**INVESTIGATION:** On 09/21/2022 I completed an unannounced onsite investigation at the facility and privately interviewed staff Jeff Odhiambo. Mr. Odhiambo stated he has worked at the facility for approximately one week and was currently working independently. Mr. Odhiambo stated he is unsure which required trainings he has completed.

On 09/22/2022 I interviewed Licensee Designee Laura Esese via telephone. Ms. Esese confirmed that staff Jeff Odhiambo was a "new" staff member. Ms. Esese stated she is unsure which required trainings Mr. Odhiambo has completed.

On 09/23/2022 I received an email from Licensee Designee Laura Esese. The email contained Mr. Odhiambo's training records and indicated that Mr. Odhiambo has not completed the required trainings of reporting requirements, cardiopulmonary resuscitation, and prevention and containment of communicable diseases prior to working independently with residents on 09/21/2022.

On 09/23/2022 I interviewed Licensee Designee Laura Esese via telephone. Ms. Esese confirmed that staff Jeff Odhiambo has not completed the required trainings of reporting requirements, cardiopulmonary resuscitation, and prevention and containment of communicable diseases despite working independently with residents on 09/21/2022.

On 09/27/2022 I completed an Exit Conference via telephone with Licensee Designee Laura Esese. Ms. Esese stated she agreed with the findings and would submit an acceptable Corrective Action Plan.

<b>APPLICABLE RULE</b>	
<b>R 400.14204</b>	<b>Direct care staff; qualifications and training.</b>
	<b>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</b> <b>(a) Reporting requirements.</b> <b>(c) Cardiopulmonary resuscitation.</b> <b>(g) Prevention and containment of communicable diseases.</b>
<b>ANALYSIS:</b>	Staff Jeff Odhiambo's training records indicate that Mr. Odhiambo has not completed the required trainings of reporting requirements, cardiopulmonary resuscitation, and prevention and containment of communicable diseases.  Licensee Designee Laura Esese confirmed that staff Jeff Odhiambo has not completed the required trainings of reporting requirements, cardiopulmonary resuscitation, and prevention and containment of communicable diseases despite working independently with residents on 09/21/2022.  A preponderance of evidence was discovered during the Special Investigation to substantiate violation of the applicable rule.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ADDITIONAL FINDINGS:** The facility houses residents who regularly require wheelchairs however the facility lacks two means of egress equipped with ramps.

**INVESTIGATION:** On 09/21/2022 I completed an unannounced onsite investigation at the facility and privately interviewed staff Jeff Odhiambo. Mr. Odhiambo



confirmed that the facility provides care to two residents who regularly require the use of a wheelchair for mobility assistance.

While onsite I visually verified the wellbeing of Resident A, Resident B, and Resident C who were each unable to complete an interview given their developmental delays. I observed Resident A and Resident B both require the use of wheelchairs for mobility assistance.

While onsite I visually verified that the facility contains only one method of egress equipped with a ramp which is located through the front door.

On 09/22/2022 I interviewed Licensee Designee Laura Esese. Ms. Esese stated she was unaware that the facility did not contain the required two separate means of egress equipped with ramps. Ms. Esese confirmed that the facility does house two residents who regularly use wheelchairs for mobility assistance.

On 09/23/2022 I received an email from Licensee Designee Laura Esese. The email contained Resident A and Resident B's Assessment Plans for AFC Residents. Resident A's Assessment Plan was signed 08/01/2022 and states Resident A utilizes a wheelchair for mobility assistance. Resident B's Assessment Plan was signed 04/15/2022 and states Resident B utilizes a wheelchair for mobility assistance.

On 09/27/2022 I completed an Exit Conference via telephone with Licensee Designee Laura Esese. Ms. Esese stated she agreed with the findings and would submit an acceptable Corrective Action Plan.

<b>APPLICABLE RULE</b>	
<b>R 400.14509</b>	<b>Means of egress; wheelchairs.</b>
	<b>(1) Small group homes that accommodate residents who regularly require wheelchairs shall be equipped with ramps that are located at 2 approved means of egress from the first floor.</b>
<b>ANALYSIS:</b>	<p>Resident A and Resident B both require the use of wheelchairs for mobility assistance per their Assessment Plans for AFC Residents.</p> <p>While onsite I visually verified that the facility contains only one method of egress equipped with a ramp which is located through the front door.</p> <p>A preponderance of evidence was discovered during the Special Investigation to substantiate violation of the applicable rule.</p>

<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>
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**IV. RECOMMENDATION**

Upon receipt of an acceptable Corrective Action Plan, I recommend the license remain unchanged.



09/27/2022

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Toya Zylstra  
Licensing Consultant

Date

Approved By:



09/27/2022

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Jerry Hendrick  
Area Manager

Date