



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 3, 2022

Laura Hatfield-Smith
ResCare Premier, Inc.
Suite 1A
6185 Tittabawassee
Saginaw, MI 48603

RE: License #: AS780389700
Investigation #: 2022A0584030
Res-Care Premier Raymond

Dear Ms. Hatfield-Smith:

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. If I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9700.

Sincerely,

A handwritten signature in cursive script that reads "Candace Coburn". The signature is written in black ink and is positioned below the word "Sincerely,".

Candace Coburn, Licensing Consultant
Bureau of Community and Health Systems

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS780389700
Investigation #:	2022A0584030
Complaint Receipt Date:	08/04/2022
Investigation Initiation Date:	08/04/2022
Report Due Date:	10/03/2022
Licensee Name:	ResCare Premier, Inc.
Licensee Address:	9901 Linn Station Road Louisville, KY 40223
Licensee Telephone #:	(989) 791-7174
Administrator:	Laura Hatfield-Smith
Licensee Designee:	Laura Hatfield-Smith
Name of Facility:	Res-Care Premier Raymond
Facility Address:	715 Raymond Road Owosso, MI 48867
Facility Telephone #:	(989) 472-3829
Original Issuance Date:	11/29/2017
License Status:	REGULAR
Effective Date:	05/29/2022
Expiration Date:	05/28/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
On 08/02/2022, direct care worker Daniel Heier did not follow Resident A's Community Mental Health Functional Behavior Assessment and Intervention Plan.	Yes

III. METHODOLOGY

08/04/2022	Special Investigation Intake 2022A0584030
08/04/2022	Special Investigation Initiated. Email to Andrea Andrykovich, Shiawassee Health and Wellness Recipient Rights
08/04/2022	APS Referral-Denied
08/15/2022	Inspection Completed On-site. Face to Face interviews with Resident A, Resident B, direct care worker Danielle Spencer, and home manager, Tiffany Borowski Carsten
09/14/2022	Exit conference with Laura L. Smith, Licensee Designee.

ALLEGATION:

On 08/02/2022, direct care worker Daniel Heier did not follow Resident A's Community Mental Health Functional Behavior Assessment and Intervention Plan.

INVESTIGATION:

On 8/4/2022, Adult Protective Services dismissed the above allegation for investigation and forwarded it to the Bureau of Community and Health Systems (BCHS) via the BCHS online complaint system. The written complaint indicated that according to Resident A's Community Mental Health Functional Behavior Assessment and Intervention Plan, sharp items are to be kept locked in the facility's medication room and out of Resident A's reach. According to the written complaint, on 8/2/2022 direct care worker Daniel Heier left the medication room door open. Subsequently, Resident A took a pencil sharpener from the unlocked medication room and broke it for access to a razor blade.

On 08/04/2022, via email, I notified Shiawassee County Health and Wellness Recipients Rights Specialist Andrea Andrykovich I was assigned to investigate this allegation.

On 8/15/2022, I met Ms. Andrykovich at the facility ~~conducted an~~ unannounced investigation onsite and together we conducted separate face-to face interviews with Resident A, Resident B, direct staff member Danielle Spencer, and home manager Tiffany Borowski-Carsten.

Resident A admitted that on 8/02/2022, the medication room door was unlocked and she was able to go inside the medication room and get her personal plastic pencil sharpener. Resident A stated that facility staff members did not see her do this and were not aware she had the sharpener in her possession. Resident A stated she then went into her bedroom and proceeded to break the plastic shell to get the metal razor blade out. Resident A stated she had intended to cut herself with the blade when Resident B entered her room to ask if everything was "ok". Resident A stated soon after that, both Ms. Spencer and Mr. Heier came into the bedroom and she gave them blade. Resident A stated she did not harm herself with the blade.

Ms. Borowski-Carsten provided me with a written account of the facility's internal investigation regarding the allegation. This documentation was consistent with the statements Resident A provided to me during our face-to-face interview.

Resident B stated that on 8/02/2022, he felt Resident A was not doing "ok" and went to see her in her bedroom. Resident B stated he saw Resident A with the blade. Resident B confirmed both Ms. Spencer and Mr. Heier came into the room to take the broken pencil sharpener and metal razor blade away from Resident A.

Ms. Spencer stated that on 8/02/2022, she was helping another resident while Mr. Heier was passing resident medications at the time the incident occurred. Ms. Spencer stated both she and Mr. Heier were busy and did not see Resident A enter the medication room and neither of them were aware the room was unlocked. Ms. Spencer stated she went to Resident A's room to check on her shortly after she noticed Resident A left the room and she saw that Resident A had the metal pencil sharpener blade. Ms. Spencer stated Resident A surrendered the blade and had a very small cut on her hand that did not require medical attention.

Mr. Heier did not appear for an in-person interview. However, he submitted a written statement, which read:

"When [Resident A] snuck into the med room, I was busy writing I.R.'s [sic] I wasn't paying attention to [Resident A] as she got into the unlocked Med Room. We managed to notice her before she could hurt herself, just for the reason she was trying to be sneaky leaving the dining room. So we followed her to her room as we found her breaking the pencil sharpener. I solemnly [sic] promise to keep the med door locked from now on."

I requested and reviewed a copy of Resident A's Community Mental Health Functional Behavior Assessment and Intervention Plan, dated 5/10/2022.

Documentation on this plan confirmed that all sharp objects were to be kept locked away and out of Resident A's reach due to Resident A using objects to cut her skin.

APPLICABLE RULE	
R 330. 1806	Staffing levels and qualifications
	(1) Staffing levels shall be sufficient to implement the individual plans of services and plans of services shall be implemented for individuals residing in the facility.
ANALYSIS:	Based upon my investigation, which consisted of interviews with Resident A and B, multiple facility staff members, and a review of Resident A's Community Mental Health Functional Behavior Assessment and Intervention Plan; there is enough evidence to substantiate the allegation that on 08/02/2022, direct care worker Daniel Heier did not follow Resident A's Community Mental Health Functional Behavior Assessment and Intervention Plan when he neglected to lock the medication room door allowing Resident A access to a sharp object.
CONCLUSION:	VIOLATION ESTABLISHED

On 9/14/2022, and I conducted an exit conference with licensee designee Laura Hatfield-Smith via email and shared with her the findings of this investigation.

IV. RECOMMENDATION

After receiving an acceptable correction plan, I recommend no change in the status of this license.



9/28/2022

Candace Coburn
Licensing Consultant

Date

Approved By:



10/03/2022

Michele Streeter
Section Manager

Date