STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

October 20, 2022

Raekesha Mcmillian
1232 Kalamazoo Ave SE
Grand Rapids, MI 49507

RE: License #: AS410388538
Investigation #: 2023A0467001
Community Safe Keeping Home

Dear Raekesha Mcmillian:

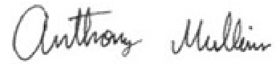
Attached is the Special Investigation Report for the above referenced facility. Due to the violation identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with the rule will be achieved.
- Who is directly responsible for implementing the corrective action for the violation.
- Specific time frames for the 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 this issue, 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,



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 #:	AS410388538
Investigation #:	2023A0467001
Complaint Receipt Date:	09/30/2022
Investigation Initiation Date:	10/03/2022
Report Due Date:	11/29/2022
Licensee Name:	Raekesha Mcmillian
Licensee Address:	1232 Kalamazoo Ave SE Grand Rapids, MI 49507
Licensee Telephone #:	(616) 719-3103
Administrator:	N/A
Licensee Designee:	Raekesha McMillian
Name of Facility:	Community Safe Keeping Home
Facility Address:	820 Watkins SE Grand Rapids, MI 49507
Facility Telephone #:	(616) 427-4570
Original Issuance Date:	08/14/2017
License Status:	REGULAR
Effective Date:	02/14/2022
Expiration Date:	02/13/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Staff are not allowing Resident A to attend to her ADL's independently.	No
Additional Findings	Yes

III. METHODOLOGY

09/30/2022	Special Investigation Intake 2023A0467001
09/30/2022	APS Referral Complaint was received from Kent County APS
10/03/2022	Special Investigation Initiated - On Site
10/03/2022	Contact - Document Received Received Resident A's biopsychosocial assessment from licensee designee, Raekesha McMillian.
10/05/2022	Contact - Telephone call made Staff member Debbie Long
10/05/2022	Contact – Telephone call made Toren Kamerling, Resident A's guardian.
10/06/2022	Contact – Document Received Resident A's medical records from Toren Kamerling
10/06/2022	Contact – Document Received Resident A's medical records from Debbie Long
10/20/2022	Exit conference completed With licensee designee, Raekesha McMillian.

ALLEGATION: Staff are not allowing Resident A to attend to her ADL's independently.

INVESTIGATION: On 09/30/2022, I received a denied APS complaint from BCAL online complaint system. The complaint stated that if Resident A, "tries to do something for herself, it causes trouble." The complaint alleges that the AFC staff do not want Resident A to do anything for herself. Resident A reportedly has, "black stool, vomiting, stomach aches, and dry mouth." Resident A is reportedly dealing with her symptoms by staying in her room.

On 10/03/2022, I made an unannounced onsite investigation to the facility. Upon arrival, an unknown resident allowed entry into the home. Introductions were then made with Resident A and she agreed to discuss the allegations on the front porch. Resident A stated that she has lived in the home for approximately 7 years and things are not going well for her. It should be noted that the home has only been in operation for the past 5 years. Resident A stated that she has a lot of health issues and, “they (staff) won’t let me do anything. If I do it causes trouble.” Resident A stated that she struggles with black stool, vomiting, chest pain, stomach aches, and dry mouth. Resident A stated that when she tries to go to the hospital, “they cause trouble.” Resident A clarified that staff at the facility stop her from going to the hospital when needed. I asked Resident A if her doctor is aware of her symptoms. Resident A stated that she has seen her doctor sometime this year regarding her symptoms and, “they can’t do anything for me. They don’t know what to do about black stool.”

Resident A was asked if staff allow her to attend to her activities of daily living (ADLs) daily and she stated, “yes.” This includes bathing herself and using the restroom. Resident A clarified that her only concern is that staff will not take her to the hospital when needed. Resident A stated that she will not call 911 for help because she’s afraid of the police due to past incidents with them. Due to the ongoing issue, Resident A stated that her guardian is looking for a new AFC home for her. Resident A did not have any additional information to add, and this interview concluded.

Prior to leaving the home, I briefly spoke to staff member Olivia McMillian. Ms. McMillian called her mother, who is the owner/designee, Raekesha McMillian and informed her that I was at the home and needed to speak with her. Ms. McMillian agreed to call me to discuss the allegations.

After leaving the home, I spoke to licensee designee, Raekesha McMillian. I asked Ms. McMillian if she’s aware of any issues related to Resident A. Ms. McMillian stated that Resident A calls her and her guardian 3 to 4 times a day stating that everyone is causing trouble. Ms. McMillian shared that Resident A is causing issues for others as she is known to steal from residents and gets upset when she is confronted about it. Ms. McMillian stated that Resident A blames everyone else for the issues that she causes.

Ms. McMillian stated that Resident A has been at the home for approximately 4 to 5 years as opposed to the 7 years that Resident A mentioned. Ms. McMillian stated that Resident A tells people that she has black stool but none of the staff have observed this as Resident A doesn’t show anyone. In fact, Ms. McMillian stated that staff usually doesn’t hear about any issues with Resident A until she’s away from the home with family, guardian, or when she “sneaks” to the hospital without notifying staff. Ms. McMillian stated that approximately one and a half years ago, Resident A met with a gastroenterologist, and they said Resident A did not have any issues. Ms. McMillian stated that Resident A’s previous guardian scheduled the appointment for

her within the last year-and-a-half and the doctor did not find any concerns. Ms. McMillian also stated that when Resident A went to the hospital, the hospital never found any medical issues with her. Ms. McMillian stated that Resident A has “attention seeking behaviors” and loves to go to the hospital.

Regarding staff reportedly not allowing Resident A to do anything herself, Ms. McMillian stated that Resident A is not allowed to walk off to see her sister whenever she wants. Instead, her guardian pays for a vehicle to transport her to see her sister. Ms. McMillian also stated that Resident A is given a limited number of cigarettes at a time because she has been caught smoking in her room. Ms. McMillian stated, “this is what she (Resident A) means when she says she can’t do anything.” Except for these two things, Resident A is independent with all her needs.

On 10/3/22, Ms. McMillian sent me a copy of Resident A’s Individualized plan of service (IPOS), completed by Network 180. The IPOS was completed on 11/30/21 and indicates that Resident A has had recurring issues with black stool in the past year. It also stated that Resident A, “has suffered from delusions which often include her stating that she has previous involvement with the military, that she has medical conditions that are clearly not accurate, and that the FBI is watching her or out to get her.” The IPOS indicates that Resident A has had extensive inpatient psychiatric treatment, all of which were involuntary. Resident A also has a history of not taking her medication, which usually leads to being hospitalized.

Ms. McMillian also sent me a copy of Resident A’s assessment plan. The assessment plan indicates that Resident A does not need assistance with eating, toileting, bathing, and personal hygiene. As stated above, Resident A confirmed that staff allow her to attend to her ADLs independently.

On 10/5/22, I spoke to staff member Debbie Long. Ms. Long informed me that she has worked at the home for two and a half years. Ms. Long stated that Resident A has a history of leaving the house without telling anyone where she is going. Ms. Long stated that she works at the home from 5:30 pm until 9:00 am. This past Tuesday morning (10/4/22), while passing morning medications, Ms. Long noticed that Resident A was not in the home. Other residents told Ms. Long that Resident A left. Ms. Long believes that Resident A left the home sometime between Monday night and Tuesday morning prior to the 7:30 am medication pass. Ms. Long stated that when she returned for her shift at 5:30 pm on Tuesday, Resident A was back at the home. Ms. Long stated that she completed an incident report Tuesday night about Resident A leaving the home without notifying staff. Ms. Long agreed to send me a copy of the Incident Report when she returns to the home today. Ms. Long believes that Resident A went to the hospital as she has in the past.

Ms. Long stated that Resident A often complains of issues with her stomach and head and likes to go to the hospital although she has medications for her reported issues. Ms. Long stated that Resident A has also complained about having bloody stool although she has never seen it. When Resident A has made said complaints to

Ms. Long, she encouraged her to contact her guardian to have a doctor appointment scheduled. Ms. Long denied refusing Resident A the ability to attend to any of her needs.

On 10/5/22, I spoke to Resident A's guardian, Toren Kamerling regarding the complaint, which Resident A informed him of. Mr. Kamerling stated that he is aware that Resident A left the AFC home sometime between Monday night (10/3/22) and Tuesday Morning (10/4/22) prior to medications being passed and went to Spectrum Health Butterworth hospital. Mr. Kamerling stated that he was told that Resident A went to the hospital due to a complaint of black stool. However, the hospital staff did not find any concerns related to black stool. This information was relayed to Mr. Kamerling from the AFC owner, Raekesha McMillian.

Mr. Kamerling stated that he visited Resident A at the home on Monday, 10/3/22. During his visit with Resident A, the only complaint that she mentioned was having a dry mouth, which she reportedly takes medication for. On Tuesday morning (10/4/22), Mr. Kamerling stated that he received a voicemail from Resident A saying that she was in the hospital and needed a ride home. Mr. Kamerling then spoke to Ms. McMillian and she told him that the hospital arranged a ride for Resident A to return to the home.

Mr. Kamerling stated that he became Resident A's guardian in January 2022. Mr. Kamerling stated that Resident A has a history of leaving the AFC home without notice and going to the hospital. Mr. Kamerling did not know the frequency of Resident A leaving the home without notifying staff. Mr. Kamerling stated that Resident A has also called the paramedics to come to the house to address any reported issues. Mr. Kamerling stated that Resident A was discouraged from calling 911 and he is unsure if this is from the hospital staff or the paramedics.

Mr. Kamerling denied any knowledge of staff in the home not allowing Resident A to attend to her ADLs independently. Mr. Kamerling confirmed that staff hold onto Resident A's cigarettes and gives her some throughout the day. This was put in place to prevent Resident A from smoking in her room as she has been caught doing so in the past. Mr. Kamerling stated that Resident A calls him often and leaves voicemails. Resident A's calls to Mr. Kamerling are usually related to her concerns with black stool or having a dry mouth. Mr. Kamerling stated that he has told Resident A that when she has black stool, she needs to notify staff in the home and show them so they can document it. To Mr. Kamerling's knowledge, this has yet to occur.

Mr. Kamerling stated that Resident A has a new case manager through Network 180. Mr. Kamerling stated that he and Resident A's case manager have a scheduled a meeting with her on Monday, 10/10/22 to discuss her psychological concerns and get her into therapy. Mr. Kamerling stated that for the 2-3 months, Resident A complained about hearing voices in her head. Resident A has not listed concerns for voices in the last 2-3 weeks but therapy would still be beneficial to her. Mr.

Kamerling agreed to encourage Resident A to not leave the home without notifying staff when he meets with her on Monday. Mr. Kamerling stated that Resident A is resourceful and knows how to use the public bus system to get to where she intends to go.

Mr. Kamerling stated that per Resident A's previous guardian, Resident A has been asked to leave her last 2 to 3 homes due to ongoing issues. I asked Mr. Kamerling if he thinks the current AFC home is good for Resident A. Mr. Kamerling stated that the AFC home may not be the best environment for Resident A but it has been, "the one that has been able to handle her the best." Mr. Kamerling stated that the AFC home is addressing Resident A's needs such as administering her medication and addressing issues as appropriate as possible. Mr. Kamerling stated that he plans to request records for Resident A regarding her most recent hospital visit. If he is able to obtain the records, Mr. Kamerling stated that he will send me a copy of them.

On 10/6/22, I received an email from Mr. Kamerling informing me that Resident A has had 8 visits to the ER this year. The email also included 3 After Visit Summary's (AVS) from Resident A's most recent ER Visits. Resident A was seen in the ER on the follow dates: 8/29/22, 9/13/22, and 10/4/22. The notes are summarized below:

On 8/29/22, Resident A was seen by Dr. Carrie R Hecht for abdominal pain. A CT abdomen and pelvis with IV contrast was completed. Per the AVS, she was diagnosed with generalized abdominal pain, alternating constipation and diarrhea, and dysuria. She can take lidocaine as needed for pain. She was instructed to call the ED aftercare service for any concerns that occur within 72 hours after discharging from the ED. She was also encouraged to follow-up with Rhiannon G Freiberg, PA-C as needed.

On 9/13/22, Resident A was seen by Dr. Mariah S Barnes for a "cough." Resident A was diagnosed with a viral illness. She was instructed to drink fluids and get rest. Resident A was instructed to use Tylenol and ibuprofen for fever and pain control and to return to the ER if symptoms worsen or new symptoms arise.

On 10/4/22, Resident A was seen by Dr. Ronald A Rasch and Dr. Sweta S Komanduru for abdominal pain. She was diagnosed with epigastric pain. Resident A was instructed to, "avoid caffeine, tobacco, alcohol, NSAID's such as ibuprofen, peppermint, spicy food, eating before bed as these all can exacerbate symptoms." Resident A was encouraged to follow-up with Rhiannon G Freiberg, PA.

On 10/6/22, I received a text message from Ms. Long. The text message included a copy of the incident report on 10/4/22 regarding Resident A leaving the home. The text message also included notes from Harmony Cares, previously known as Visiting Physicians Association (VPA). On 9/29/22, Resident A was seen for stomach issues and black stool, which she was referred to a Gastroenterologist. She was also seen for "phlegm," and given medication to address it. The note states, "let's coordinate with GI team to look at your gut health" and the next appointment will be in 4 weeks.

The information provided confirms that Resident A’s reported issues are being addressed.

On 10/20/22, I conducted an exit conference with licensee designee, Ms. McMillian. She was informed of the investigative findings and denied having any questions.

APPLICABLE RULE	
R 400.14303	**Resident care; licensee responsibilities.**
	(1) Care and services that are provided to a resident by the home shall be designed to maintain and improve a resident's physical and intellectual functioning and independence. A licensee shall ensure that all interactions with residents promote and encourage cooperation, self-esteem, self-direction, independence, and normalization.
ANALYSIS:	Resident A confirmed that staff allow her to attend to her ADLs by herself. Resident A stated that staff did not take her to the hospital when needed to address her medical needs. Despite this, medical records from Harmony Cares indicated that Resident A’s complaints are being addressed and she will follow-up with a GI doctor at the end of this month. Resident A’s guardian, Ms. McMillian, and Ms. Long all confirmed that Resident A has a history of leaving the home without notifying staff and going to the hospital. Based on the information provided, there is not a preponderance of evidence to support the allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDING:

INVESTIGATION: While investigating the allegation listed above, Resident A stated that she has had “issues” with staff member Debbie Long. Resident A also listed 2 other staff members that she doesn’t get along with. However, it was determined that the 2 additional people that she listed are residents as opposed to staff members. Resident A stated that Ms. Long has slammed the door in her face and called her names such as “psychopath” in the past. Resident A could not give a specific time frame that this occurred other than “within a couple of years.” Resident A also stated that Ms. Long, “drug me down the steps when I came home from the hospital.” Again, Resident A was unable to give a time frame and did not list any witnesses to this incident.

On 10/5/22, I spoke to Ms. Long via phone. Ms. Long stated that Resident A often

lies and she can be convincing when talking to her. Ms. Long denied slamming a door in Resident A's face or dragging her down a flight of stairs. Ms. Long also denied calling Resident A psychopath. She did, however, acknowledge that she told Resident A that she was acting like a psychopath and that there is a difference in the two statements. Ms. Long stated that this occurred approximately 6 months ago and she knows that her statement was inappropriate. Ms. Long stated that she apologized to Resident A after making said statement. I told Ms. Long to refrain from making similar statements to Resident A and other residents in the future and she agreed.

On 10/20/22, I conducted an exit conference with licensee designee, Ms. McMillian. She was informed of the investigative findings and denied having any questions. She agreed to complete a corrective action plan within 15 days of receipt of this report.

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:	Resident A stated that Ms. Long called her a psychopath. Ms. Long stated that she never called Resident A a psychopath but acknowledged that she told Resident A that "she was acting like a psychopath" approximately 6 months ago. Ms. Long acknowledged that her statement to Resident A was inappropriate and reportedly apologized to her when the incident occurred. Based on the disclosure from Resident A and Ms. Long, there is a preponderance of evidence to support the allegation.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend no change to the current license status.

Anthony Mullins 10/20/2022

Anthony Mullins Date
Licensing Consultant

Approved By:

10/20/2022

Jerry Hendrick | Date
Area Manager