



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 20, 2022

Florence Baroi
536 Cherry St.
Niles, MI 49120

RE: License #: AF110316992
Investigation #: 2022A1030061
Roy AFC Home

Dear Ms. Baroi:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan was required. On 9/26/22, you submitted an acceptable written corrective action plan.

It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan.

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 black ink that reads "Nile Khabeiry, LMSW".

Nile Khabeiry, 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 #:	AF110316992
Investigation #:	2022A1030061
Complaint Receipt Date:	09/21/2022
Investigation Initiation Date:	09/22/2022
Report Due Date:	11/20/2022
Licensee Name:	Florence Baroi
Licensee Address:	536 Cherry St. Niles, MI 49120
Licensee Telephone #:	(269) 687-7265
Administrator:	Florence Baroi
Licensee Designee:	Florence Baroi
Name of Facility:	Roy AFC Home
Facility Address:	536 Cherry Street Niles, MI 49120
Facility Telephone #:	(269) 687-7265
Original Issuance Date:	06/06/2012
License Status:	REGULAR
Effective Date:	12/19/2020
Expiration Date:	12/18/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
Licensee did not protect Resident A from being mistreated by another resident.	No
Residents' laundry is not done consistently.	Yes
There is not sufficient space for residents to eat meals.	No
The bedrooms do not have sufficient space for two beds.	No
There is less than three feet of space between beds.	No
Additional Findings	No

III. METHODOLOGY

09/21/2022	Special Investigation Intake 2022A1030061
09/22/2022	Special Investigation Initiated - Telephone Interviewed complainant
09/26/2022	Contact - Face to Face Interview with Resident B
09/26/2022	Contact - Face to Face Interview with Resident C
09/26/2022	Contact - Face to Face Interview with Florence Baroi
09/26/2022	Contact - Face to Face Interview with Resident A
09/26/2022	Contact - Face to Face Interview with Resident D
10/10/2022	Contact - Document Received Picture received
10/19/2022	Exit Conference Exit conference by phone

ALLEGATION:

Licensee did not protect Resident A from being mistreated by another resident.

INVESTIGATION:

On 9/21/22, I interviewed the complainant by phone. The complainant reported she has been to the home twice and was concerned enough to move Resident A (Bryan Durham) to another home. The complaint reported Resident A accused Resident B of “peeing in his coffee pot” but did not have any proof. The complainant reported she believes the licensee was not responsive to the conflict between the residents and does believe she does enough to supervise the residents. The complainant provided Resident A’s new address and phone number. The complainant reported she is also concerned with the size of the resident bedrooms; laundry not being done for the residents and the dining room table not being able to accommodate all the residents.

On 9/26/22, I interviewed Resident B at the home. Resident B reported he and Resident A have had verbal conflicts however denied urinating in his coffee pot. Resident B reported Resident A is very difficult to get along with and caused problems with most of the residents.

On 9/26/22, I interviewed Resident D at the home. Resident D reported he has lived at the home for a couple of years and likes living in the home Resident D reported he is aware of an issue between Resident A and Resident B but does not have any knowledge if Resident B urinated in Resident A’s coffee pot.

On 9/26/22, I interviewed Resident C at the home. Resident C reported he has lived at the home for five years and with Resident A for that the entire five years until he moved out last week. Resident C reported that major problem in the home was Resident A as he “argued with everyone” and would often use racial names when he got upset with some of the residents in the home. Resident C reported he does not believe Resident B did anything to Resident A’s coffee pot and tried to get him in trouble when his case manager was visiting the home.

On 9/26/22, I interviewed Licensee, Florence Baroi at the home. Ms. Baroi confirmed Resident A and Resident B had a verbal conflict regarding something Resident A accused Resident B of urinating in his coffee pot. Ms. Baroi reported she does not know if it happened. Ms. Baroi reported there have been lots of problems in the home due to Resident A’s difficulty getting along with the other residents. Ms. Baroi reported she intervenes if any of the residents get into conflicts with each other and would never allow residents to mistreat each other.

On 9/26/22, I interviewed Resident A (Bryan Dunham) at his new home. Resident A was difficult to understand but did indicate he and Resident B had an argument due to Resident B's behavior. Resident A reported he thinks Resident B urinated in his coffee pot when he was intoxicated but did not have any proof. Resident A reported he had difficulty getting along with some of the residents at the home and is glad to have been moved.

APPLICABLE RULE	
R 400.1409	Resident rights;
	(o) The right to be treated with consideration and respect, with due recognition of personal dignity, individuality, and the need for privacy.
ANALYSIS:	It was alleged that Resident B urinated in Resident A's coffee pot and the licensee did not protect Resident A. Based on interviews with the licensee and residents it could not be established that Resident B did in fact urinate in Resident A's coffee pot or that the licensee failed to protect Resident A. It was confirmed that there was a verbal conflict between them, and that Resident A is now residing at another home.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Residents' laundry is not done consistently.

INVESTIGATION:

On 9/26/22, I conducted an on-site investigation and noted all of the residents were wearing clean clothes and that the licensee was doing laundry for the residents.

On 9/26/22, I interviewed Resident B, C and D at the home. All residents indicated their laundry is done in a timely manner and they always have clean clothes to wear.

APPLICABLE RULE	
R 400.1420	Resident hygiene.
	(5) A licensee shall afford a resident who is capable, opportunities, or instructions when necessary, to routinely

	laundry clothing. Clean clothing shall be available at all times.
ANALYSIS:	It was alleged the residents do not have clean clothes to wear due the licensee not doing laundry on a consistent basis. Based on my personal observation and interviewing the residents there is no evidence to support the allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

There is not sufficient space for residents to eat meals.

INVESTIGATION:

On 9/26/22, I conducted an on-site investigation and noted the home to have a small table in the dining room with only four chairs and informed Ms. Baroi of the rule regarding dining space for all residents/occupants at the same time. Ms. Baroi indicated the residents do not always eat at the same time but acknowledged she was not in compliance and will purchase a bigger table and two more chairs.

APPLICABLE RULE	
R 400.1428	Dining space.
	A family home shall have dining space which can accommodate all occupants in the home at the same time.
ANALYSIS:	During an on-site investigation the home was found to be out of compliance as there are six residents and only enough room to accommodate four residents at the dining room table. A Corrective Action Plan was completed on-site.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

The bedrooms do not have sufficient space for two beds

INVESTIGATION:

On 9/26/22, I conducted an on-site investigation and toured the home including the bedrooms. There were six residents in care and bedrooms one and three were occupied by two residents and bedrooms two and four were single occupancy rooms.

On 9/27/22, I reviewed the original licensing report and noted bedroom one has 134 square feet and bedroom three has 160 square feet. Both bedrooms exceed the minimum square feet of 130 square feet for a double occupancy room with two beds.

APPLICABLE RULE	
R 400.1432	Bedroom space; "useable floorspace" defined.
	(2) A bedroom shall have not less than 65 square feet of usable floor space per bed.
ANALYSIS:	It was alleged the home was in violation of the amount of useable floorspace in the double occupancy bedrooms. Upon review of the licensing study report and observing the resident bedrooms the home was in compliance and has more that 130 square feet of useable floorspace.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

There is less than three feet of space between beds.

INVESTIGATION:

On 9/26/22, I measured the distance between the beds in room one and room three and there was more than 3 feet between the beds.

APPLICABLE RULE	
R 400.1432	Bedroom space; "useable floorspace" defined.
	(4) There shall not be less than a 3-foot clearance between beds in a multi-occupancy bedroom.
ANALYSIS:	It was alleged there was less than three feet of space between the beds in the double occupancy bedrooms. The distance was measured and there was more than three feet between beds.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

Based on the submission of an acceptable corrective action plan I recommend no change in the current license.

Nile Khabeiry, LMSW

10/27/22

Nile Khabeiry
Licensing Consultant

Date

Approved By:

Russell Misiak

11/4/22

Russell B. Misiak
Area Manager

Date