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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 28, 2022

Ira Combs, Jr.
Christ Centered Homes, Inc.
327 West Monroe Street
Jackson, MI 49202

RE: License #: AS130010444
Investigation #: 2022A1034002
Grace Home

Dear Mr. Combs, Jr.:

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. In the event that I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

Kevin L. Sellers

Kevin Sellers, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-3704

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS130010444
Investigation #:	2022A1034002
Complaint Receipt Date:	09/06/2022
Investigation Initiation Date:	09/07/2022
Report Due Date:	11/05/2022
Licensee Name:	Christ Centered Homes, Inc.
Licensee Address:	327 West Monroe Street Jackson, MI 49202
Licensee Telephone #:	(517) 499-6404
Administrator:	Ira Combs, Jr.
Licensee Designee:	Ira Combs, Jr.
Name of Facility:	Grace Home
Facility Address:	1215 Fitch Street Albion, MI 49224
Facility Telephone #:	(517) 629-6859
Original Issuance Date:	01/21/1992
License Status:	REGULAR
Effective Date:	05/17/2022
Expiration Date:	05/16/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Resident F has lived at the AFC home and has lost 12 pounds in the past two months.	No
Unknown staff will not bring Resident F food.	No
Direct care staff members became angry at Resident F after she spilled her food and then they refused to give Resident F meals.	No
Additional Findings	Yes

****To maintain consistency with coding of residents in special investigations completed by other consultants, Resident F will be used throughout this report.***

III. METHODOLOGY

09/06/2022	Special Investigation Intake 2022A1034002
09/07/2022	Special Investigation Initiated – Telephone call made with-AFC licensing worker, Cathy Cushman
09/08/2022	Inspection Completed On-site with Kimberly Hoag and Derrick Caldwell
09/08/2022	Contact - Document Received a copy of an Incident Report, Treatment Plan/Assessment Plan, and reviewed a meal schedule.
09/08/2022	Inspection Completed-BCAL Sub. Compliance
09/13/2022	Contact - Telephone call received from recipient rights officer- Jamie Fedor
09/15/2022	Contact - Telephone call made to direct care staff-Annetta Windmen
09/15/2022	Contact - Telephone call made to Relative F1
09/15/2022	Contact - Telephone call made left message for Jamie Fedor
09/15/2022	Contact - Telephone call received with voice mail message from Relative F1
09/20/2022	Contact - Telephone call made with Guardian F1

09/21/2022	Contact – Document sent through email with compliance officer- Tony Thomas
09/21/2022	Contact – Document received from Guardian F1
10/06/2022	Contact – Document reviewed from Tony Thomas
10/24/2022	Exit Conference with licensee designee Ira Combs Jr.

ALLEGATION: Resident F has lived at the AFC home and has lost 12 pounds in the past two months.

INVESTIGATION:

On 09/06/2022, I received a complaint through the Bureau of Community Health Systems (BCHS) online complaint system alleging Resident F has lived at the AFC home for one month and has physical health diagnoses. The complaint indicated Resident F lost 12 pounds in the past two months but it is unknown if the licensee and/or direct care staff members are aware of this weight loss.

On 09/08/2022, I conducted an unannounced investigation and interviewed home manager, Kimberly Hoag who reported Resident F was admitted into the home on July 25, 2022, and later discharged on August 28, 2022. Ms. Hoag reported Resident F was discharged from the facility on August 28, 2022, after falling out of her bed and being admitted to the hospital. Ms. Hoag reported Resident F was transported to Oaklawn Hospital by ambulance. Additionally, Ms. Hoag reported after Resident F was admitted into the hospital, Relative F1 came to the home and reported Resident F was diagnosed with a kidney/bladder infection by medical staff at the hospital. Ms. Hoag denied having any knowledge Resident F lost 12 pounds while living at the AFC home. Ms. Hoag also denied Resident A was weighed upon admission to the home or during the time Resident A remained in the home. Ms. Hoag reported the facility’s weight scale was broken but she contacted the compliance officer so a new one could be purchased.

I interviewed direct care worker (DCW) Derrick Caldwell who reported working with Resident F but denied having any knowledge Resident F lost 12 pounds while Resident F lived at the AFC home.

During the unannounced onsite investigation, I reviewed a food menu schedule, Resident F’s *Treatment Plan/Assessment Plan* and an *Incident Report* regarding Resident F dated on September 28, 2022. I observed that these were the only three documents in Resident F’s record.

Resident F’s *Treatment Plan* documented Resident F’s weight as 144 pounds 8

ounces dated on January 18, 2022. This was the only weight for Resident F noted in the resident record.

On 09/13/2022, I interviewed recipient rights officer, Jamie Fedor who reported being aware of the allegations about Resident F which included weight loss and direct care staff members taking food away from Resident F.

On 09/15/2022, I interviewed DCW Annetta Windmen who reported how she worked with Resident F during the short period of time Resident F was at the home. DCW Windmen denied having any knowledge of Resident F losing 12 pounds while living at the AFC home.

On 09/15/2022, I interviewed Relative F1 who expressed having concerns throughout the time Resident A was admitted into the AFC home. Relative F1 reported her concerns included weight loss, missing doctor appointments and direct care staff not ensuring Resident F was mobile all the time.

On 09/20/2022, I interviewed Guardian F1 who expressed concerns for Resident F's weight loss, missed doctor appointments and Resident F's recent fall at the AFC home. Guardian F1 reported first learning about Resident F's weight loss after Resident F was transported to Oaklawn Hospital on September 28, 2022. Guardian F1 then reported how she was not contacted immediately after Resident F's fall at the home until a day later. Guardian F1 reported going to the hospital to meet Resident F when hospital staff informed her of their concerns with Resident F's weight loss. I reviewed the email exchange between Guardian F1 and Oaklawn hospital staff; however the email exchange did not list a specific weight for Resident F during her hospital stay.

On 09/21/2022, I reviewed a copy of Resident F's *Health Care Appraisal* dated on July 22, 2022, documenting Resident F's weight as 130 pounds 5 ounces.

APPLICABLE RULE	
R 400.14310	Resident health care.
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

ANALYSIS:	Based on my investigation, through interviews with DCWs Caldwell, Windmen, Ms. Hoag, Relative F1, Guardian F1 and reviewing Resident F's <i>Treatment Plan</i> and <i>Health Care Appraisal</i> , Resident F was not weighed upon admission to the facility nor during the month she resided in the facility as required. Although, Resident F's <i>Health Care Appraisal</i> dated July 22, 2022, listed her weight as 130 pounds, there is no other weight with which to compare so it's not possible to ascertain if a 12-pound weight loss occurred during the one month Resident A lived at the AFC facility.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Unknown staff will not bring Resident F food.

INVESTIGATION:

The complaint alleged an unknown direct care staff member will not bring Resident F food.

On 09/08/2022, I interviewed Ms. Hoag who reported that each of the residents, including Resident F, are receiving three meals a day including options for snacks as needed. Ms. Hoag denied there ever was any issues with Resident F eating her meals, being provided meals or having snacks during the time Resident F was at the AFC home. Ms. Hoag reported Resident F always ate her meals at the dining room table.

I interviewed DCW Caldwell who denied there ever was an issue with Resident F eating three meals a day, being provided with food, and/or having various snacks when requested during the time Resident F was residing at the AFC home. DCW Caldwell reported Resident F always ate her meals at the dining room table.

On 09/15/2022, I interviewed DCW Annetta Windmen who denied there ever were any issues with Resident F eating any of her meals daily. DCW Windmen reported Resident F also ate a variety of snacks when requested. DCW Windmen reported Resident F always ate her meals at the dining room table.

On 09/08/2022, I reviewed Grace Home's menu for the weeks of September 1-30, 2022 and determined the home provides nutritious meals for breakfast, lunch, and dinner meals. There were a variety of food items from which residents can choose. According to the menus, breakfast is served at 7:30 am, lunch at 11:30 am and dinner at 5:30 pm.

On 09/15/2022, I interviewed Relative F1 who denied having firsthand knowledge direct care staff members did not bring Resident F food.

On 09/20/2022, I interviewed Guardian F1 who denied having firsthand knowledge direct care staff members did not feed Resident F.

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.
ANALYSIS:	Complainant reported an unknown direct care staff member did not bring Resident F food while she lived at the home. DCW Caldwell, DCW Windmen, Ms. Hoag, Relative F and Guardian F all denied there was ever an issue with Resident F not being served meals or with any of direct care staff member not bringing Resident F food.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Direct care staff members became angry at Resident F after she spilled her food and then they refused to give Resident F meals.

INVESTIGATION:

The complaint alleged staff skip Resident F's meals after Resident F spilled her food on the floor. The complaint also alleged direct care staff members became angry at her because of this behavior.

On 09/08/2022, I interviewed Ms. Hoag who denied there ever was a time where Resident F skipped a meal and or a meal was taken away from Resident F for any reason including spilling her food. Ms. Hoag denied ever witnessing any direct care staff member get mad at Resident F when/if she spilled her meals.

I interviewed DCW Caldwell who denied there was ever a time when Resident F went without eating a meal even if Resident F spilled the meal. DCW Caldwell denied observing any direct care staff members become angry at Resident F for spilling meals.

On 09/15/2022, I interviewed DCW Windmen who denied there ever was a time when Resident F went without eating a meal even if the meal was spilled. DCW Windmen

denied any direct care staff members got mad at Resident F if she spilled her food.

On 09/15/2022, I interviewed Relative F1 who denied ever witnessing or hearing that direct care staff members made Resident F skip a meal for any reason including because she spilled her food on the floor. Relative F1 also denied ever hearing that staff got mad at Resident F for any reason.

On 09/20/2022, I interviewed Guardian F1 who denied having firsthand knowledge direct care staff members made Resident F skip a meal for any reason including because she spilled her food. Guardian F1 also denied having any knowledge of direct care staff members being angry at Resident A for any reason.

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(2) Meals shall meet the nutritional allowances recommended pursuant to the provisions of "Appendix I: Recommended Dietary Allowances, Revised 1980" contained in the publication entitled "Basic Nutrition Facts: A Nutrition Reference," Michigan Department of Public Health publication no. H-808, 1/89. This publication may be obtained at cost from The Division of Research and Development, Michigan Department of Public Health, P.O. Box 30195, Lansing, Michigan 48909.
ANALYSIS:	Based on interviews with DCWs Caldwell and Windmen, home manager Ms. Hoag, Relative F1 and Guardian F1 there is no evidence direct care staff members made Resident F skip meals for any reason or became angry at her for spilling food.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

During the investigation, I reviewed Resident F's resident records and observed no *Medication Administration Record* MAR(s) for Resident F in the records. Ms. Hoag denied Resident F had any MAR(s) forms in her records despite Resident F's *Treatment Plan* dated January 18, 2022 documenting Resident F was prescribed medications by her physician. Ms. Hoag reported direct care workers were administering Resident F's prescribed medications referenced in Resident F's *Treatment Plan*.

APPLICABLE RULE	
R 400.14312	Resident medications.
	<p>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <ul style="list-style-type: none"> (i) The medication. (ii) The dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given. (vi) A resident's refusal to accept prescribed medication or procedures.
ANALYSIS:	Resident F did not have any medication administration records in her resident records for the months of July 2022 and August 2022 despite having prescription medication prescribed and administered to her during the time she lived at the facility.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 09/08/2022, during the investigation, I observed *Grace Home Resident Registry Record* however, Resident F was not identified on the registry.

APPLICABLE RULE	
R 400.14209	Home records generally
	<p>(1) A licensee shall keep, maintain, and make available for department review, all the following home records:</p> <p>(e) A resident registry</p>
ANALYSIS:	The resident register was not maintained as it did not contain information for Resident F as required.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 09/08/2022, while reviewing Resident F’s records, I did not observe a weight record for Resident F. There was no written documentation of Resident F’s weight at the time of admission or throughout the time Resident F lived at the AFC home.

APPLICABLE RULE	
R 400.14316	Resident records.
	(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information: (g) Weight record.
ANALYSIS:	Resident F did not have a weight record in her resident record as required.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, no change in license is recommended.

Kevin L. Sellers

10/28/2022

Kevin Sellers
Licensing Consultant

Date

Approved By:

Dawn Timm

10/28/2022

Dawn N. Timm
Area Manager

Date