GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 19, 2022

Bobi Kaszubowski
Bobi Sue, Inc.
740 St. Onge
Alpena, MI 49707

RE: License #: AL040293493
Investigation #: 2023A0360004
Sally's Care Home I

Dear Ms. Kaszubowski:

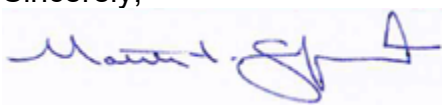
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (866) 865-0006.

Sincerely,



Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
Ste 3
931 S Otsego Ave
Gaylord, MI 49735
(989) 370-8320

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL040293493
Investigation #:	2023A0360004
Complaint Receipt Date:	10/26/2022
Investigation Initiation Date:	10/27/2022
Report Due Date:	12/25/2022
Licensee Name:	Bobi Sue, Inc.
Licensee Address:	740 St. Onge Alpena, MI 49707
Licensee Telephone #:	(989) 354-2401
Administrator:	Shirley Sue Dingman
Licensee Designee:	Bobi Kaszubowski
Name of Facility:	Sally's Care Home I
Facility Address:	740 St. Onge Alpena, MI 49707
Facility Telephone #:	(989) 354-2401
Original Issuance Date:	11/02/2012
License Status:	REGULAR
Effective Date:	08/25/2021
Expiration Date:	08/24/2023
Capacity:	20
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Resident A and B are not getting medications as prescribed.	No
Direct care staff borrowed money from Resident B.	Yes
Resident A does not have a bed and has to sleep in a reclining chair.	No
Additional Findings	Yes

III. METHODOLOGY

10/26/2022	Special Investigation Intake 2023A0360004
10/27/2022	Special Investigation Initiated - Letter APS complaint
10/27/2022	APS Referral
10/27/2022	Inspection Completed On-site Resident A, Resident B, Direct care staff Michelle Watson, administrator Sue Dingman, DCS Isabella Tews
11/17/2022	Inspection Completed On-site Resident A, Resident B, DCS Isabella Tews, Violet Henry
11/17/2022	Contact - Telephone call received With administrator Sue Dingman
12/19/2022	Exit Conference With administrator Sue Dingman

ALLEGATION: Resident A and B are not getting medications as prescribed.

INVESTIGATION: On 10/26/2022 I was assigned a complaint from the LARA online complaint system.

On 10/27/2022 I conducted an unannounced onsite inspection at the facility. Direct care staff Michelle Watson stated Resident A and Resident B both get all their medications as prescribed. Ms. Watson provided Resident A and B's medication administration record and all their medications were documented administered as prescribed. While at the facility I interviewed Resident A. Resident A stated he receives all his medications as prescribed. I then interviewed Resident B. Resident B stated she receives all her medications as prescribed.

While at the facility on 10/27/2022 I received a call from the administrator Sue Dingman. Ms. Dingman stated Resident A and B have received all their medications as prescribed.

On 11/17/2022 I conducted another unannounced onsite inspection. I interviewed both Resident A and B and they both stated they are getting their medications as prescribed. While at the facility I interviewed direct care staff Isabella Tews and Violet Henry. They both stated Resident A and B are getting their medications as prescribed.

APPLICABLE RULE	
R 400.15312	**Resident medications.**
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	The complaint alleged Resident A and B are not getting medications as prescribed. Resident A and B both stated they receive their medications as prescribed. DCS Michelle Watson provided Resident A and B's MARs which documented they received their medications as prescribed. The administrator stated the residents are receiving their medications as prescribed. There is not a preponderance of evidence that Resident A and B are not getting their medications as prescribed.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Direct care staff borrowed money from Resident B.

INVESTIGATION: On 10/27/2022 I conducted an unannounced onsite inspection at the facility. Direct care staff Michelle Watson stated one of the other direct care staff, Isabella Tews, borrowed $20 from Resident B. She stated the administrator Sue Dingman addressed it with Ms. Tews about two or three weeks ago. While at the facility I interviewed Resident B. Resident B stated she let direct care staff Isabella Tews borrow $20 for gas money. She stated she was told by the administrator Sue Dingman that she was not allowed to let staff borrow money from her. She stated she did not mean to get Ms. Tews in any trouble. She stated Ms. Tews didn't ask to borrow money from her but rather was talking about how she didn't have enough gas money. Resident B stated she then offered to let her borrow

$20 until pay day and gave her the money. Resident B stated Ms. Tews paid her back after she found out she was not allowed to borrow money. I then interviewed the administrator, Sue Dingman. Ms. Dingman stated she found out that Ms. Tews had borrowed $20 from Resident B a couple of weeks ago. She stated she talked with Ms. Tews and let her know that she was not allowed to borrow money from residents and the money was returned. I then interviewed direct care staff Isabella Tews. Ms. Tews stated a couple of weeks ago Resident B was asking her how her day was going. She stated she was having a hard time financially and Resident B insisted on letting her borrow $20 until pay day. She stated once Ms. Dingman let her know that she was not allowed to borrow money from residents she returned the money.

APPLICABLE RULE	
R 400.15315	**Handling of resident funds and valuables.**
	(10) A licensee, administrator, direct care staff, other employees, volunteers under the direction of the licensee, and members of their families shall not accept, take, or borrow money or valuables from a resident, even with the consent of the resident.
ANALYSIS:	The complaint alleged direct care staff borrowed money from Resident B. Resident B stated she let direct care staff Isabella Tews borrow $20 and it was returned. Ms. Tews stated she borrowed $20 from Resident B but returned the money after being told she was not allowed to borrow money from residents. The administrator Sue Dingman stated she found out that Ms. Tews borrowed $20 from Resident B and informed her that was not allowed, and the money was returned. There is a preponderance of evidence that direct care staff Isabella Tews borrowed $20 from Resident B.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION: Resident A does not have a bed and has to sleep in a reclining chair.

INVESTIGATION: On 10/27/2022 I conducted an unannounced onsite inspection at the facility. I interviewed the direct care staff Michelle Watson. Ms. Watson stated Resident A did not want a bed in his room when he moved in and sleeps in his reclining chair. I then interviewed Resident A. Resident A did not have a bed in his bedroom. He stated he has not slept in a bed for over eight years. He stated he did

not want a bed in his room when he moved in and prefers to sleep in his reclining chair.

While at the facility on 10/27/2022 I was contacted by the administrator Sue Dingman. Ms. Dingman stated when Resident A moved into the facility, he did not want a bed. She stated they have a bed available for him if he would like one.

APPLICABLE RULE	
R 400.15410	**Bedroom furnishings.**
	(5) A licensee shall provide a resident with a bed that is not less than 36 inches wide and not less than 72 inches long. The foundation shall be clean, in good condition, and provide adequate support. The mattress shall be clean, comfortable, in good condition, well protected, and not less than 5 inches thick or 4 inches thick if made of synthetic materials. The use of a water bed is not prohibited by this rule.
ANALYSIS:	The complaint alleged Resident A does not have a bed. Resident A does not have a bed in his bedroom and stated that he did not want one in his room. He stated he has slept in a reclining chair for the past eight years. The administrator stated a bed was available if he would like one. There is not a preponderance of evidence that a bed was not provided. A bed is available for Resident A but he chooses not to have it in his room.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION: While at the facility on 10/27/2022 I observed a vitamin supplement on Resident B's dresser. It was an AZO cranberry vitamin supplement for urinary tract infections. Resident B stated she had her family buy it for her. I also observed stool softener in Resident A's cabinet cupboard. They were both informed that the medications would have to be kept in a locked cabinet by the licensee.

While at the facility on 10/27/2022 I interviewed the administrator, Sue Dingman. Ms. Dingman was not aware that there was vitamins and stool softener in Resident A and B's room. She stated she will remove them from their room and make sure they are locked.

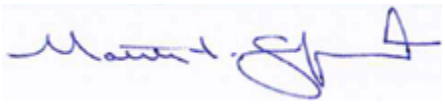
On 11/17/2022 I conducted another unannounced onsite inspection at the facility. Resident A and B both stated there are no longer any vitamins or stool softener in their bedrooms.

APPLICABLE RULE	
R 400.15312	**Resident medications.**
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.
ANALYSIS:	While at the facility on 10/27/2022 I observed vitamins and stool softener in Resident A and B's bedroom unlocked.
CONCLUSION:	**VIOLATION ESTABLISHED**

On 12/19/2022 I conducted an exit conference with the administrator Sue Dingman. Ms. Dingman concurred with the findings and stated she would submit a corrective action plan for approval.

IV. RECOMMENDATION

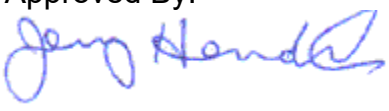
Upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.



12/19/2022

Matthew Soderquist Date
Licensing Consultant

Approved By:



12/19/2022

Jerry Hendrick Date
Area Manager