GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 8, 2022

Karen Hoornstra
P.O. Box 362
Reese, MI 48757

RE: License #: AM730009493
Investigation #: 2023A0576003
Hoornstra AFC Home

Dear Ms. Hoornstra:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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,

Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 240-2478

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM730009493
Investigation #:	2023A0576003
Complaint Receipt Date:	10/13/2022
Investigation Initiation Date:	10/14/2022
Report Due Date:	12/12/2022
Licensee Name:	Karen Hoornstra
Licensee Address:	10015 E Washington, Reese, MI 48757-0362
Licensee Telephone #:	(989) 753-1368
Administrator:	Theresa Lewis
Licensee:	Karen Hoornstra
Name of Facility:	Hoornstra AFC Home
Facility Address:	704 S Michigan, Saginaw, MI 48602
Facility Telephone #:	(989) 790-4679
Original Issuance Date:	04/01/1985
License Status:	REGULAR
Effective Date:	09/12/2021
Expiration Date:	09/11/2023
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED, MENTALLY ILL, DEVELOPMENTALLY DISABLED, AGED

II. ALLEGATION(S)

	Violation Established?
Resident A is not getting enough to eat, and staff serve old food to the resident.	No
Resident B is smoking near his oxygen tanks.	No
The kitchen was unsanitary, there was food on the floor. The bathroom has fecal matter smears on the toilet seat.	Yes
Resident A's mattress has springs poking out and hurt Resident A's back.	No
Additional Findings	Yes

III. METHODOLOGY

10/13/2022	Special Investigation Intake 2023A0576003
10/13/2022	APS Referral
10/14/2022	Special Investigation Initiated - Letter Sent email to Mike Neilsen, Saginaw County Adult Protective Services (APS)
10/17/2022	Contact - Document Received Email received from Mike Neilsen
10/31/2022	Inspection Completed On-site Interviewed Staff, Denise Parker-Noah, Resident A, Resident B, and Resident C
12/08/2022	Contact - Telephone Call Made Interviewed Administrator, Theresa Lewis, and Resident B
12/08/2022	Exit Conference

ALLEGATION:

Resident A is not getting enough to eat, and staff serve old food (leftovers) to the resident.

INVESTIGATION:

On October 14, 2022, I sent an email to Mike Neilson, Saginaw County Adult Protective Services (APS) regarding any updates he can provide. On October 17, 2022, Mr. Neilson advised he interviewed Resident A at Hoornstra AFC home on October 13, 2022. Resident A denied being neglected at her home and did not voice any concerns. Resident A does not mind living at her home and does not want to move.

On October 31, 2022, I completed an unannounced inspection at Hoornstra AFC Home and interviewed Staff, Denise Parker-Noah regarding the allegations. Mr. Parker-Noah denied that residents are not provided adequate meals or that they are not getting enough to eat. Residents receive breakfast, lunch, dinner, and snacks. Ms. Parker-Noah advised that some resident snacks are locked up in a pantry area due to them being stolen. Snacks such as chips, cookies, and oatmeal are being stolen. There is a second refrigerator that is in locked in the laundry area and there is a refrigerator in the kitchen the clients have access to. Ms. Parker-Noah reported there is plenty of food for residents to freely access whenever they want. There are times when residents eat leftovers the following day for lunch if so desired.

While at the home, I viewed menus posted in the kitchen area. The refrigerator in the kitchen was not locked and there was adequate food available. There was also dry foods and canned goods in the kitchen. A second refrigerator was in the laundry room, which is a locked room. There was an abundance of dry foods and canned goods stored in this locked area as well. While at the home, I viewed resident weight records. Resident A weight record documented refusals to have her weight taken since January 2021. I viewed 4 other weight records, and no concerns were noted with respect to resident weights.

On October 31, 2022, I interviewed Resident B regarding the allegations. Resident B reported he has a small appetite and gets plenty of food to eat. Resident B receives breakfast, lunch, and dinner. Resident B also gets snacks. Resident B will eat leftovers if he wants, and he also likes to eat sandwiches. Resident B denied any concerns about his home and stated staff treat him well.

On October 31, 2022, I interviewed Resident C who reported she has lived at her home for 1 year. Resident C likes her home however she would like to live on her own. Resident C receives enough food to eat and the residents "get a lot of food." According to Resident C, "we get enough food for two people". Resident C denied ever being hungry. Resident C stated, "there are some residents who refuse to eat meals and there are some residents who overeat, and the food goes fast."

On October 31, 2022, I interviewed Resident A regarding the allegations. Resident A reported she has resided at her home for 2 years and it is okay. Resident A stated that staff cook enough to eat however she may not eat what is being served because she does not like it. Resident A can get an alternative meal, or she will sometimes buy herself something to eat. Resident A can get snacks if she wants such as cookies and

cakes. Resident A is offered breakfast, lunch, dinner, and snacks. Resident A denied any concerns regarding food or meals at her home.

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:	It was alleged that Resident A is not being provided enough to eat. Upon conclusion of an unannounced on-site inspection and resident and staff interviews, there is not a preponderance of evidence to conclude a rule violation. Resident A, Resident B, and Resident C denied any concerns regarding the food/meals in the home they are receiving. The residents report to receiving breakfast, lunch, dinner, and snacks. Residents will sometimes eat leftovers from the night before if they want. If residents do not like what is being served, they can receive an alternative meal. The residents report to receiving plenty of food to eat. An unannounced on-site inspection at the home revealed plenty of food in the home. There was a variety of food freely available to the residents. There is not a preponderance of evidence to conclude residents are not provided at minimum 3 nutritious meals per day.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Resident B is smoking near his oxygen tanks.

INVESTIGATION:

On October 31, 2022, I completed an unannounced on-site inspection at Hoornstra AFC Home and interviewed Staff, Denise Parker-Noah. Ms. Parker-Noah explained that Resident B is on oxygen and continues to smoke. Resident B knows how to hook up his oxygen from his tanks. On one occasion, oxygen tanks for Resident B were delivered to the home and the delivery person left the tanks on the porch unbeknownst to staff. Resident B went outside to the porch, hooked up one of his tanks, and proceeded to smoke. Ms. Parker-Noah discussed this with Resident B and advised him he is not to smoke with his oxygen or near the tanks and he has since abided by this

rule. According to Ms. Parker-Noah, Resident B does not normally go outside with his oxygen on. Ms. Parker-Noah advised Resident B's oxygen tanks are locked and stored in a back pantry room or basement. While at the facility, I viewed oxygen tanks stored in a back room/pantry area, which is a locked area.

On December 8, 2022, I interviewed Administrator, Theresa Lewis who reported Resident B does not smoke while using oxygen. Resident B has a "concentrator machine" that he uses while in the home and this machine sits in the dining room area of the home. When Resident B goes outside to smoke, he takes off his cannula and hangs it up on a hook that is by the front door. Resident B did have a hidden tank in his room that he got when tanks were delivered to the home however it was removed from his room when it was discovered. Resident B's oxygen tanks are stored in a locked pantry on the home, and he does not have access to the tanks. Bureau of Fire Services (BFS) was recently out to the home and viewed the storage of the tanks. According to Ms. Lewis, BFS had no concerns with how the oxygen tanks were being stored.

On December 8, 2022, I interviewed Resident B regarding the allegation. Resident B reported he does not smoke near his oxygen tanks. Resident B reported he does not use any oxygen when goes outside to smoke. Resident B reported he does not have his oxygen tanks and they are stored in the basement or laundry room.

APPLICABLE RULE	
R 400.14403	**Maintenance of premises.**
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	It was alleged that Resident B is smoking near oxygen tanks. Upon conclusion of investigative interviews and an unannounced on-site inspection, there is not a preponderance of evidence to conclude a rule violation. Staff reported Resident B obtained access to an oxygen tank unbeknownst to them after the tanks were left on the porch upon being delivered to the home. Once staff discovered Resident B had a tank it was removed and properly stored. Resident B reported he does not smoke with his oxygen at this time and that his tanks are stored in the basement or laundry room of the home. According to Administrator, Theresa Lewis, BFS was recently to the home and had no concerns with the storage of the oxygen tanks.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

The kitchen was unsanitary, there was food on the floor. The bathroom has fecal matter smears on the toilet seat.

INVESTIGATION:

On October 14, 2022, I sent an email to Mike Neilson, Saginaw County Adult Protective Services (APS) regarding any updates he can provide. On October 17, 2022, Mr. Neilson advised the home “was somewhat of a mess” and not clean.

On October 31, 2022, I interviewed Staff, Denise Parker-Noah. Ms. Parker-Noah reported staff regularly clean the bathroom however there are times the residents will get the toilets dirty, and staff cannot get to it right away. Staff will do their best to clean the bathroom when residents make them aware that it is dirty.

On October 31, 2022, I viewed the bathrooms. There is a ½ bathroom and full bathroom upstairs and both appeared clean. There is a 1/2 bathroom on the main floor that appeared clean. There is a full bathroom on the first floor that appeared dirty and unkept. The tub needed a thorough cleaning and there were dirty clothes on the floor.

On October 31, 2022, I interviewed Resident B regarding the allegations. Resident B reported the bathrooms get cleaned by staff however there is fecal matter on the toilets after certain people use them. Resident B will tell staff when the bathroom is messy, and staff will clean it for him to use.

On October 31, 2022, I interviewed Resident C regarding the allegation, and she reported that sometimes residents get the toilets dirty or clogged. When this happens, she will tell staff the bathroom is dirty, and they will do their best to clean it.

On October 31, 2022, I interviewed Resident A regarding the allegation. Resident A reported there are times when the toilet has fecal matter on it. When this happens, she will complain to staff, and staff will clean it so she can use it.

On October 31, 2022, I completed an unannounced on-site inspection at the facility at approximately 12:05pm. My inspection revealed concerns with respect to the cleanliness of the home. Upon entering the home via the back porch/mud room area, several large trash bags were viewed. The trash provided a strong odor in the room that could be discerned even though I had a mask on. In the dining room, there was food, leaves, and other small debris on the floor. The kitchen floor was not clean and needed to be swept and mopped. The kitchen table, stove, and refrigerator were dirty and in need of a thorough cleaning. The table and stove had food (eggs) and dirty dishes strewn about from what appeared to be breakfast earlier that day. There were several dirty dishes in the sink as well.

APPLICABLE RULE	
R 400.14403	**Maintenance of premises.**
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.
ANALYSIS:	It was alleged that the bathrooms and kitchen were unsanitary. Upon conclusion of an unannounced on-site inspection, there is a preponderance of evidence to conclude a rule violation. I completed an unannounced on-site inspection at the facility on October 31, 2022, at around 12pm. There was food (eggs) viewed on the kitchen table and stove. Dirty dishes were on the table and sink. The kitchen and dining room floors were dirty with debris and needed a thorough cleaning. The refrigerator was dirty and there were several bags of garbage in the back porch area of the home causing a strong odor in the room. There is a preponderance of evidence to conclude the housekeeping standards do not present a clean and orderly appearance.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

Resident A's mattress has springs poking out and hurt Resident A's back.

INVESTIGATION:

On October 31, 2022, I viewed Resident A's bed. Resident A had a new mattress that was clean, firm, and comfortable. The mattress was in excellent condition and there were no springs poking out. I interviewed Resident A about her bed, and she advised she sleeps "okay".

On October 31, 2022, I interviewed Resident B in his bedroom. Resident B reported his bed is comfortable and does not hurt his back. Resident B's bed was viewed with no concerns noted.

On October 31, 2022, I interviewed Resident C. Resident C reported her bed is comfortable and she sleeps well. Resident C's bed does not bother her or cause her discomfort. I viewed and inspected Resident C's bed and no concerns were noted. Resident C's bed felt comfortable, firm, and appeared to be a new mattress.

APPLICABLE RULE	
R 400.14410	**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:	It was alleged that Resident A's mattress has springs poking out and hurting Resident A's back. Upon conclusion of an unannounced on-site inspection of the home and investigative interviews with residents, there is not a preponderance of evidence to conclude a rule violation. Resident A's mattress was viewed and inspected, and it appeared to be a brand-new mattress. The mattress was in excellent condition and no springs were visible or poking out of the mattress. The mattress was clean and firm. I also viewed Resident C's mattress and it also appeared to be a new mattress with no concerns noted. Resident C advised her mattress is comfortable and she sleeps well. Resident B's bed/mattress was viewed with no concerns noted. There is not a preponderance of evidence to conclude Resident A's mattress was not in good condition or does not provide adequate comfort.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

On October 31, 2022, I completed an unannounced on-site inspection to the home and requested to view resident weight records. Staff were able to provide 6 weight records in total however there were currently 12 residents. The sixth weight viewed for Resident D had no weight documented since July 2022.

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:	On October 31, 2022, I requested to view resident weight records. The facility did not have 6 resident weight records available for review. Resident D did not have a weight recorded since July 2022. There is a preponderance of evidence to conclude resident weights had not been recorded monthly.
CONCLUSION:	**VIOLATION ESTABLISHED**

On December 8, 2022, I conducted an Exit Conference with Administrator, Theresa Lewis. I advised Ms. Lewis I would be requesting a corrective action plan for the cited rule violations.

IV. RECOMMENDATION

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

12/8/2022

Christina Garza Date
Licensing Consultant

Approved By:

12/8/2022

Mary E. Holton Date
Area Manager