



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 17, 2023

Thomas Quakenbush
Community Homes Inc
3925 Rochester Rd.
Royal Oak, MI 48073

RE: License #: AS630390444
Investigation #: 2023A0465004
Greer Home
AMENDED REPORT
Original Report dated December 15, 2022

Dear Mr. Quakenbush:

Attached is the Special Investigation Report for the above referenced facility. **A *previous recommendation of a six-month provisional license was made in the special investigation report #2022A0465043, dated 9/29/2022, which remains in effect.*** 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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan.

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.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, LCSW
Adult Foster Care Licensing Consultant
Bureau of Community and Health Systems
Department of Licensing and Regulatory Affairs
Cadillac Place, Ste 9-100
Detroit, MI 48202
Cell: 248-514-9391
Fax: 517-763-0204
gonzalezs3@michigan.gov

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630390444
Investigation #:	2023A0465004
Complaint Receipt Date:	10/18/2022
Investigation Initiation Date:	10/28/2022
Report Due Date:	12/17/2022
Licensee Name:	Community Homes Inc
Licensee Address:	3925 Rochester Rd. Royal Oak, MI 48073
Licensee Telephone #:	(248) 336-0007
Administrator:	Thomas Quakenbush
Licensee Designee:	Thomas Quakenbush
Name of Facility:	Greer Home
Facility Address:	2035 Lochaven Rd. West Bloomfield, MI 48324
Facility Telephone #:	(248) 336-0007
Original Issuance Date:	12/11/2018
License Status:	REGULAR
Effective Date:	06/11/2021
Expiration Date:	06/10/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
Licensee Designee/Administrator, Tom Quakenbush, has told direct care staff to not complete incident reports when Resident A elopes from the facility.	No
Additional Findings	Yes

III. METHODOLOGY

10/18/2022	Special Investigation Intake 2023A0465004
10/25/2022	Contact – Document This intake was re-assigned to AFC Licensing Consultant, Stephanie Gonzalez
10/28/2022	Special Investigation Initiated - Face to Face I conducted an onsite investigation, conducted a walkthrough of the facility, reviewed facility documents and Resident A’s record, observed the alarms on the exit doors, observed Resident A and interviewed direct care staff, Nicole Loafman
10/28/2022	Inspection Completed On-site I conducted a walk-through of the facility, reviewed Resident A’s file, observed Resident A and interviewed direct care staff, Jo Kennard and Nicole Loafman
10/28/2022	Contact - Document Received Facility documents received via email
11/04/2022	Contact - Document Received Facility documents received via email
11/10/2022	Contact - Telephone call made I spoke to Guardian A1 via telephone
12/06/2022	Contact - Telephone call made I spoke to direct care staff, Jonathon Cody, via telephone
12/12/2022	Contact - Telephone call made I spoke to direct care staff, Jo Kennard, via telephone

12/13/2022	Contact - Telephone call made I spoke to Guardian A1 via telephone
12/14/2022	Exit Conference I conducted an Exit Conference with licensee designee/administrator, Tom Quakenbush, via telephone.

ALLEGATION:

Licensee Designee/Administrator, Tom Quakenbush, has told direct care staff to not complete incident reports when Resident A elopes from the facility.

INVESTIGATION:

On 10/18/2022, a complaint was received, alleging that licensee designee/administrator, Tom Quakenbush has told direct care staff to not complete incident reports when Resident A elopes from the facility.

On 10/28/2022, I conducted an onsite investigation at the facility. The facility cares for the developmentally and cognitively impaired population. At the time of my onsite investigation, there were four residents residing in the home. I was unable to interview any residents for purposes of this investigation due to their medical diagnosis of cognitive and/or memory deficits. I conducted a walkthrough of the facility, reviewed Resident A’s record and facility documents, observed Resident A, and interviewed direct care staff, Nicole Loafman.

I observed Resident A to be appropriately dressed and with adequate hygiene.

The *Face Sheet* stated that Resident A was admitted to the facility on 6/19/2015 and has a legal guardian, Guardian A1. The *Health Care Appraisal* listed Resident A’s medical diagnosis as Dementia, Autism and Anxiety. The *Assessment Plan for AFC Residents*, dated 10/12/2022, indicated that Resident A requires supervision in the community, is non-verbal, has limited awareness of his surroundings, requires assistance with all self-care tasks and does not require use of assistive devices for mobility assistance. The *Macomb-Oakland Regional Center Crisis Prevention and Safeguard Plan*, dated 9/14/2022, indicated that Resident A has a history of elopement from the facility, with a current safety plan in place that includes door alarms, staff supervision, redirection, and community outings.

I reviewed the *Staff Log Notes* and the *Incident/Accident Reports* for the months of September 2022, October 2022, November 2022, and December 2022, and did not locate any incident reports that confirmed Resident A has eloped from the facility during this time. I reviewed the *10-Minute Check Book*, which documented that direct care staff are completing 10-minute checks of Resident A.

During my onsite investigation, I interviewed direct care staff, Nicole Loafman, who stated that she is the home manager for the facility. Ms. Loafman stated, “I am familiar with Resident A. Resident A has had a history of eloping from the home in the past. But he has

not eloped from the home since August 2022. We have not been told by anyone, including Mr. Quakenbush, to not document elopements. We send incident reports only if Resident A elopes from the facility. If Resident A attempts to elope from the facility, for example, he opens the door and is redirected by staff back into the home, we do not send an incident report to LARA because he technically has not eloped from the home. We do document all attempted elopements in our Staff Log Notes. We are sending incident reports when required. It is not required that we send an incident report if a resident attempts to elope, only when they do elope from the home, and Resident A has not eloped from the home since August 2022, and we did send that incident report to LARA as required. We have sent a IR to licensing every time Resident A has eloped from the facility.” Ms. Loafman denied that this allegation is true.

On 11/10/2022 and 12/13/2022, I spoke to Guardian A1 via telephone. Guardian A1 stated, “I have a good relationship with the administration and staff at the facility. I do receive incident reports from the facility when Resident A has an issue or an elopement. As far as I am aware, the facility is completing incident reports each time Resident A elopes from the facility.”

On 12/6/2022, I spoke to direct care staff, Jonathon Cody, via telephone. Mr. Cody stated that he is familiar with Resident A and has provided direct care to him during the time that he has resided at the facility. Mr. Cody stated, “Resident A has a history of elopement. Whenever Resident A does elope from the facility, we complete an incident report. This is the process we are required to do for all resident elopements. We also document any attempted elopements in the *10-Minute Check Book*. But Resident A has not eloped from the facility in a while. He will stand by the back door, but he has not attempted to leave. I have never been told to not complete incident reports for elopements.” Mr. Cody denied knowledge of this allegation being true.

On 12/12/2022, I spoke to direct care staff, Jo Kennard, via telephone. Ms. Kennard stated that she is familiar with Resident A. Ms. Kennard stated, “We document all elopements for Resident A on incident reports. This is the process we complete for all elopements. However, Resident A has not eloped from the facility in several months. I have never been told to lie or falsify documents regarding elopements. We also document any attempted elopements in our staff log book and the 10-minute check book. But we do not report attempted elopements, only actual elopements. We have been carefully documenting all information related to Resident A’s behavior.” Ms. Kennard stated she does not believe this allegation is true.

On 12/14/2022, I spoke to licensee designee/administrator, Tom Quakenbush, via telephone. Mr. Quakenbush stated, “I have never been told staff that they should falsify or lie regarding elopements. I would never say this to anyone. This is not true. I encourage all staff to document and report all incidents they feel necessary without requiring my permission.”

APPLICABLE RULE	
R 400.14311	Investigation and reporting of incidents, accidents, illnesses, absences, and death.

	<p>(6) An accident record or incident report shall be prepared for each accident or incident that involves a resident, staff member, or visitor. "Incident" means a seizure or a highly unusual behavior episode, including a period of absence without prior notice. An accident record or incident report shall include all of the following information:</p> <p>(a) The name of the person who was involved in the accident or incident.</p> <p>(b) The date, hour, place, and cause of the accident or incident.</p> <p>(c) The effect of the accident or incident on the person who was involved, and the care given.</p> <p>(d) The name of the individuals who were notified and the time of notification.</p> <p>(e) A statement regarding the extent of the injuries, the treatment ordered, and the disposition of the person who was involved.</p> <p>(f) The corrective measures that were taken to prevent the accident or incident from happening again.</p>
	<p>(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.</p>
<p>ANALYSIS:</p>	<p>According to the <i>Staff Log Notes</i> and the <i>Incident/Accident Reports</i> for the months of September 2022, October 2022, November 2022, and December 2022, I did not locate any incident reports that confirmed Resident A has eloped from the facility.</p> <p>According to Ms. Loafman, Mr. Cody, and Ms. Kennard, they document all elopements on incident reports, as required per licensing. Ms. Loafman, Mr. Cody, and Ms. Kennard stated that they have never been told to lie or falsify documents by Mr. Quakenbush, nor any other facility staff. Ms. Loafman, Mr. Cody, and Ms. Kennard denied this allegation is true.</p> <p>According to Mr. Quakenbush, he has never told direct care staff to falsify or lie regarding elopement incidents for residents. Mr. Quakenbush denied this allegation is true.</p> <p>Based on the information above, there is not sufficient information to confirm that Mr. Quakenbush, nor any other facility staff, has asked direct care staff to falsify or not complete required incident reports.</p>
<p>CONCLUSION:</p>	<p>VIOLATION NOT ESTABLISHED</p>

ADDITIONAL FINDINGS:

INVESTIGATION:

In prior special investigation #2022A0465043, the facility was cited for failure to have door alarms installed to alert direct care staff of Resident A's elopements from the facility and for failure to reference Resident A's elopement history in the *Assessment Plan for AFC Residents*.

During my onsite investigation on 10/28/2022, I reviewed Resident A's record and observed the alarms on the exit doors.

The *Assessment Plan for AFC Residents*, dated 10/12/2022, indicated that Resident A has a limited alertness and awareness of his surroundings. The *Assessment Plan for AFC Residents* did not reference Resident A's history of elopement from the facility.

The *Health Care Appraisal* listed one of Resident A's medical diagnosis as Dementia/Alzheimer's Disease and I reviewed the *Bureau of Information Tracking System*, which indicated that the facility is licensed to provide care for the developmentally disabled and physically handicapped populations. The facility has not applied for, nor been approved to provide care for the Alzheimer's/Dementia population program type.

I observed all three exit doors in the home, including the exit door nearest Resident A's bedroom area. I determined that the exit doors do not have door alarms installed, but rather door chimes. Each time I would open the exit doors, the chime would ring and then would turn off directly after the door was closed. The door chimes do not require staff response to turn off, as the sound stops on its own within a few seconds. In reference to the prior special investigation #2022A0465043, Mr. Quakenbush submitted a *Corrective Action Plan*, dated 10/11/2022, which indicated that the facility installed an active rear door alarm (exit door nearest Resident A's bedroom). However, during this onsite, I did not observe a door alarm installed on any of the exit doors that provided more sufficient safety measures than what was referenced and cited in special investigation #2022A0465043.

During the onsite investigation, I interviewed Ms. Loafman, who stated, "We do not have alarms on the doors, only doorbell ring/chimes. The door chimes are only held in place by adhesive, and they are prone to falling off. And as soon as the door opens and then closes, the chime will stop. So, if I am showering another resident or running the blender, I won't hear the chime to know that the door has been opened. I am concerned that Resident A is not able to receive the level of supervision he requires at this facility, but I've been told that we cannot discharge him because he has nowhere else to go. We do our best to keep Resident A busy and take him on outings to prevent him from eloping, but I am worried it is just a matter of time before he elopes again."

On 12/6/2022, I interviewed Mr. Cody via telephone. Mr. Cody stated, "The exit doors do not have alarms installed. The doors have a chime or doorbell sound that they make when opened, but the sound stops as soon as the door is closed. If we do not hear the sound before the door closes, we would not know that Resident A has eloped from the facility until

we complete our 10-minute check and notice he is missing. But he has not eloped from the home since I started working here three months ago.”

On 12/12/2022, I interviewed Ms. Kennard via telephone. Ms. Kennard stated, “We do not have alarms on any of our exit doors. Management did install a secondary door chime/ringer on the rear exit door, so when it opens, it buzzes a little louder than the prior door chime, but it is still not an alarm. As soon as the door is closed, the door chime/ring stops. So, if we are busy with another resident in the bathroom/shower, we might not hear it. The alarm does not continue going off long enough for us to hear it and to know that Resident A has left. It is just a louder doorbell.”

On 12/14/2022, I spoke to Mr. Quakenbush, via telephone. Mr. Quakenbush stated, “The rear exit door does have an alarm system in place. There was a previously installed alarm system (from prior owners) that we re-activated. The alarm sounds when the rear exit door is opened, and staff then respond to the sound. The alarm does stop once the door is closed. This alarm is sufficient and Resident A does not require a secured facility placement. I believe this alarm system is sufficient and has prevented Resident A from eloping from the home.”

On 12/14/2022, I conducted an exit conference with Mr. Quakenbush, via telephone. Mr. Quakenbush stated that he is not in agreement with citing of R 400.14301(2), as he believes the corrective measures of the current alarm system is sufficient. Mr. Quakenbush also stated that he was not aware that a special program statement was required to care for the Dementia/Alzheimer’s population.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	<p>(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions:</p> <p>(a) The amount of personal care, supervision, and protection that is required by the resident is available in the home.</p> <p>(b) The kinds of services, skills, and physical accommodations that are required of the home to meet the resident's needs are available in the home.</p>
ANALYSIS:	<p>According to the <i>Health Care Appraisal</i>, Resident A has a medical diagnosis of Dementia. According to the <i>Bureau of Information Tracking System</i>, the facility has not been approved to provide care for the Alzheimer’s/Dementia population program type.</p> <p>The <i>Assessment Plan for AFC Residents</i>, dated 10/12/2022, does not reference Resident A’s history of elopement from the facility.</p>

	<p>During my onsite investigation on 10/28/2022, I determined that the exit doors do not have door alarms installed, but rather door chimes, that only chime/buzz when the door is opened, and the noise stops once the door is closed.</p> <p>According to Ms. Loafman, Mr. Cody and Ms. Kennard, the facility's doorbell/chimes system in place is not sufficient to alert staff if a resident elopes from the facility. Ms. Loafman, Mr. Cody, and Ms. Kennard stated that, because the doorbell/chime only sounds when the door is opened and immediately stops when the door is closed, there are times when they might not hear the sound if they are in an area with loud noise or an enclosed area of the home, such as the bathroom.</p> <p>Based on the information above, the facility has retained Resident A in the home without approval to care for the Dementia/Alzheimer's population, in addition to not completing an adequate assessment plan outlining Resident A's elopement history and failing to implement the kinds of safety measures and accommodations within the home that Resident A requires to prevent future elopement.</p>
CONCLUSION:	REPEAT VIOLATION ESTABLISHED: Reference Special Investigation Report dated 9/29/2022

IV. RECOMMENDATION

A previous recommendation of a six-month provisional license was made in the special investigation report #2022A0465043, dated 9/29/2022, which remains in effect.

Stephanie Gonzalez

12/14/2022

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

12/15/2022

Denise Y. Nunn
Area Manager

Date

**AMENDED REPORT
SIR #2022A0465043**

PURPOSE:

The purpose of the amended report is to add the updated medical diagnosis information for Resident A.

METHODOLOGY:

02/01/2023	Contact – Face to Face A Zoom conference call was held between Mr. Quakenbush, Area Manager, and Ms. Gonzalez
02/02/2023	Contact – Document received Mr. Quakenbush sent updated medical diagnosis documents for Resident A

DESCRIPTION OF FINDINGS AND CONCLUSIONS:

In SIR #2022A0465043 report, the additional findings section (R 400.14301(2)) indicated that Resident A’s medical diagnosis was Dementia/Alzheimer’s Disease, and that the facility has not applied for, nor been approved to provide care for the Alzheimer’s/Dementia population program type.

On 2/1/2023, a Zoom conference call was held with Mr. Quakenbush. During this conference call, Mr. Quakenbush stated that Resident A’s medical diagnosis of Dementia is tertiary and not a primary medical diagnosis.

On 2/2/2023, Mr. Quakenbush emailed me a copy of Resident A’s Macomb-Oakland Regional Center Individual Plan of Service dated 11/7/2022, which indicated that Resident A’s primary diagnosis is Intellectual Disability and his secondary diagnosis is Unspecified Disruptive Impulse Control Conduct Disorder. The document indicated that Resident A has Unspecified Dementia with unspecified severity, without behavioral disturbances, psychotic disturbance, mood disturbance and anxiety, and is listed as fourth tier diagnosis.

Based on the information above, the facility is not required to apply for, nor be approved to provide care for the Alzheimer’s/Dementia population program type, as Resident A primary medical diagnosis do not meet this definition.

RECOMMENDATION:

It is recommended that a corrective action plan be submitted related to SIR #2023A0465004, R 400.14301, with an exception of the corrective action plan related to submittal of an application for the Alzheimer's/Dementia program type which is not required.

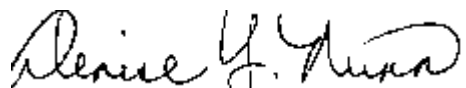


2/16/2023

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:



02/17/2023

Denise Y. Nunn
Area Manager

Date