



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 29, 2022

Cari Foerster  
Jacaloro LLC  
3045 Mannion Road  
Saginaw, MI 48603

RE: License #: AM560378418  
Investigation #: 2023A1033013  
Avielle Haven

Dear Ms. Foerster:

Attached is the Special Investigation Report for the above referenced facility. Due to the quality of care 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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Jana Lipps". The signature is written in a cursive, flowing style.

Jana Lipps, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM560378418
<b>Investigation #:</b>	2023A1033013
<b>Complaint Receipt Date:</b>	12/05/2022
<b>Investigation Initiation Date:</b>	12/05/2022
<b>Report Due Date:</b>	02/03/2023
<b>Licensee Name:</b>	Jacaloro LLC
<b>Licensee Address:</b>	3045 Mannion Road Saginaw, MI 48603
<b>Licensee Telephone #:</b>	(989) 798-6506
<b>Administrator:</b>	Cari Foerster
<b>Licensee Designee:</b>	Cari Foerster
<b>Name of Facility:</b>	Avielle Haven
<b>Facility Address:</b>	2760 E. Yoder Drive Midland, MI 48640
<b>Facility Telephone #:</b>	(989) 798-6506
<b>Original Issuance Date:</b>	04/29/2016
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	10/28/2022
<b>Expiration Date:</b>	10/27/2024
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Direct care staff, Natasha Brewster, is working at the facility without a completed criminal background check.	Yes

**III. METHODOLOGY**

12/05/2022	Special Investigation Intake 2023A1033013
12/05/2022	APS Referral- Referral not required. Complaint stemmed from a denied APS referral.
12/05/2022	Special Investigation Initiated - Telephone Interview with Licensing Consultant, Rodney Gill.
12/19/2022	Inspection Completed-BCAL Sub. Non-Compliance Interviewed Licensee Designee, Cari Foerster, and direct care staff, Renee Morgan. Review of employee files completed.
12/19/2022	Exit Conference completed on-site with Licensee Designee, Cari Foerster.

**ALLEGATION:**

**Direct care staff member Natasha Brewster is working at the facility without a completed criminal background check.**

**INVESTIGATION:**

On 12/5/22 I received an online complaint regarding Avielle Haven (the facility) adult foster care facility. The complaint alleged licensee designee Cari Foerster had knowingly employed direct care staff member, Natasha Brewster, without completing a criminal background check on this individual. On 12/19/22 I completed an on-site investigation at the facility. I interviewed direct care staff member Renee Morgan who reported direct care staff member Natasha Brewster worked at the facility providing direct care to residents from 9/12/22 through 12/6/22. Ms. Morgan reported Ms. Brewster's employment was terminated on 12/6/22 due to her lack of availability to work needed shifts. Ms. Morgan reported Ms. Brewster was hired by the former home manager, Rachel Mader. Ms. Morgan was asked to present the employee file for Ms. Brewster. Ms. Morgan reported the employee file had been

removed from the facility, due to Ms. Brewster's termination. Ms. Morgan made a telephone call to licensee designee Cari Foerster and requested she bring Ms. Brewster's employee file to the facility for review. Ms. Morgan reported Ms. Foerster was on her way to the facility with the employee file.

On 12/19/22, during on-site investigation, I interviewed licensee designee Cari Foerster who reported there was not an employee file for Ms. Brewster. Ms. Foerster further reported she ran Ms. Brewster's information through the Michigan Workforce Background Check system and the results came back that Ms. Brewster was not eligible to work at an adult foster care facility until March of 2023. Ms. Foerster reported she decided to go ahead and hire Ms. Brewster, despite knowing Natasha Brewster was not eligible for employment in an AFC setting, as she needed an extra staff member to work nights. Ms. Foerster reported she hired Ms. Brewster to fill this night staff position in hopes that she would be able to find someone qualified for the role and then cease employment with Ms. Brewster. Ms. Foerster reported Ms. Brewster worked for the facility from 9/12/22 through 12/6/22 at which time they had hired a new third shift direct care staff, Robert Bloom, to replace Ms. Brewster. Ms. Foerster reported she was aware that what she had done was a rule violation.

During on-site investigation, on 12/19/22, I reviewed the employee files for direct care staff members Robert Bloom, Crystal Gilbert, and Katelyn Gerulski. Each of these direct care staff members had a Michigan Workforce Background Check eligibility letter in their employee files.

<b>APPLICABLE RULE</b>	
<b>MCL 400.734b</b>	<b>Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.</b>
	<b>(3) An individual who applies for employment either as an employee or as an independent contractor with an adult foster care facility or staffing agency and who has not been the subject of a criminal history check conducted in compliance with this section shall give written consent at the time of application for the department of state police to conduct a criminal history check under this section, along with identification acceptable to the department of state police. If the individual has been the subject of a criminal history check conducted in compliance with this section, the individual shall give written consent at the time of application for the adult foster care facility or staffing</b>

	<p>agency to obtain the criminal history record information as prescribed in subsection (4) or (5) from the relevant licensing or regulatory department and for the department of state police to conduct a criminal history check under this section if the requirements of subsection (11) are not met and a request to the federal bureau of investigation to make a determination of the existence of any national criminal history pertaining to the individual is necessary, along with identification acceptable to the department of state police. Upon receipt of the written consent to obtain the criminal history record information and identification required under this subsection, the adult foster care facility or staffing agency that has made a good faith offer of employment or an independent contract to the individual shall request the criminal history record information from the relevant licensing or regulatory department and shall make a request regarding that individual to the relevant licensing or regulatory department to conduct a check of all relevant registries in the manner required in subsection (4). If the requirements of subsection (11) are not met and a request to the federal bureau of investigation to make a subsequent determination of the existence of any national criminal history pertaining to the individual is necessary, the adult foster care facility or staffing agency shall proceed in the manner required in subsection (5). A staffing agency that employs an individual who regularly has direct access to or provides direct services to residents under an independent contract with an adult foster care facility shall submit information regarding the criminal history check conducted by the staffing agency to the adult foster care facility that has made a good faith offer of independent contract to that applicant.</p>
<p><b>ANALYSIS:</b></p>	<p>Based upon interviews with licensee designee Cari Foerster and direct care staff member Renee Morgan, as well as results from on-site investigation on 12/19/22, licensee designee Cari Foerster employed Ms. Brewster from 9/12/22 through 12/6/22, knowing that she was not eligible to work in an adult foster care setting due to her criminal history record. Ms. Foerster reported that she authorized the hiring of Ms. Brewster, to fill a hole in the current staffing schedule, while they searched for other available direct care staff candidates to fill this position.</p>
<p><b>CONCLUSION:</b></p>	<p><b>VIOLATION ESTABLISHED</b></p>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

During on-site investigation, on 12/19/22, I reviewed the employee files for direct care staff members Ms. Brewster, Ms. Gilbert, Mr. Bloom, and Ms. Gerulski. Ms. Gilbert's hire date was noted as 12/6/22, Ms. Gerulski's hire date was noted as 11/10/22, and Ms. Brewster's hire date was noted as 9/12/22. There was no documentation of completed required trainings in the files of Ms. Brewster and/or Ms. Gerulski, including missing CPR training.

During the on-site investigation, I interviewed Ms. Foerster, regarding the missing trainings. Ms. Foerster reported that she does the CPR trainings for the staff, and she has fallen behind in teaching these classes. She further reported additional staff trainings are handled by Ms. Thurston. Ms. Foerster reported Ms. Brewster did not receive her trainings as they did not anticipate she would be employed long enough to require these trainings.

<b>APPLICABLE RULE</b>	
<b>R 400.14204</b>	<b>Direct care staff; qualifications and training.</b>
	<b>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</b> <b>(a) Reporting requirements.</b> <b>(b) First aid.</b> <b>(c) Cardiopulmonary resuscitation.</b> <b>(d) Personal care, supervision, and protection.</b> <b>(e) Resident rights.</b> <b>(f) Safety and fire prevention.</b> <b>(g) Prevention and containment of communicable diseases.</b>
<b>ANALYSIS:</b>	Based upon the interview with Ms. Foerster and review of the employee files, direct care staff member provided direct care to residents prior to completing required trainings.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**INVESTIGATION:**

During on-site investigation, on 12/19/22, I reviewed the employee files for direct care staff members Ms. Brewster, Ms. Gilbert, Mr. Bloom, and Ms. Gerulski. Ms. Brewster and Ms. Gerulski's files were missing a completed new hire physical.

During on-site investigation, I interviewed Ms. Foerster. Ms. Foerster reported she did not have Ms. Brewster complete a new hire physical as she did not anticipate Ms. Brewster would be employed long enough to require this component. Ms. Brewster was scheduled for work and worked shifts from 9/12/22 through 12/6/22. Ms. Foerster reported that Ms. Gerulski had her physical completed but they had not received the paperwork back from the physician yet. Ms. Gerulski was hired on 11/10/22.

<b>APPLICABLE RULE</b>	
<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	<b>(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.</b>
<b>ANALYSIS:</b>	Based upon my interview with licensee designee Cari Foerster and my review of employee files, direct care staff members Ms. Brewster and Ms. Gerulski provided direct care to residents without having documentation of completed new hire physical examinations available for review at the time of the on-site investigation. Ms. Brewster was reported to have never completed a new hire physical examination and was employed by the facility from 9/12/22 through 12/6/22. Each of these staff members worked beyond their 30 day hire date without documentation of a completed physical examination.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**INVESTIGATION:**

During on-site investigation, on 12/19/22, I reviewed the employee files for direct care staff members Mr. Bloom, Ms. Gilbert, Ms. Gerulski, and Ms. Brewster. There



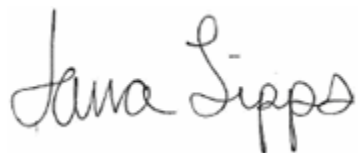
was no evidence of completed negative TB testing in the files of Ms. Brewster & Ms. Gerulski.

During on-site investigation, I interviewed licensee designee Cari Foerster who reported that she administers the TB testing to all employees at the facility. Ms. Foerster reported she had fallen behind on the TB testing administration for some of the employees. Ms. Foerster further reported Ms. Brewster did not receive TB testing as she hired Ms. Brewster as a temporary employee and did not anticipate she would need the TB testing completed.

<b>APPLICABLE RULE</b>	
<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	<b>(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.</b>
<b>ANALYSIS:</b>	Based upon interview with Ms. Foerster and review of employee files, licensee designee Cari Foerster knowingly allowed direct care staff to provide direct care without evidence of a negative TB test prior to assumption of direct care responsibilities.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon the approval of an acceptable corrective action plan, due to the multiple quality of care violations I recommend this license be modified to a six-month provisional license.



12/21/2022

---

Jana Lipps  
Licensing Consultant

Date

Approved By:



12/29/2022

---

Dawn N. Timm  
Area Manager

Date