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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 19, 2022

Terrie Parker
Winter Wood Inc.
307 Broadway
Middleville, MI 49333

RE: License #: AM080007779
Investigation #: 2023A0584001
Middleville Afc

Dear Ms. Parker:

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. If I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Candace Coburn". The signature is written in a dark ink and is positioned above the typed name and address.

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

Email: coburnc3@michigan.gov
Fax: 517-763-0215
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM080007779
Investigation #:	2023A0584001
Complaint Receipt Date:	10/20/2022
Investigation Initiation Date:	10/20/2022
Report Due Date:	12/19/2022
Licensee Name:	Winter Wood Inc.
Licensee Address:	307 Broadway Middleville, MI 49333
Licensee Telephone #:	(269) 795-3011
Administrator:	Terrie Parker
Licensee Designee:	Terrie Parker
Name of Facility:	Middleville Afc
Facility Address:	307 Broadway Middleville, MI 49333
Facility Telephone #:	(269) 795-3011
Original Issuance Date:	12/08/1989
License Status:	REGULAR
Effective Date:	03/02/2022
Expiration Date:	03/01/2024
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
On 10/18/2022, direct staff members and/or the facility's licensee did not provide adequate supervision to protect Resident B from harm.	No
Additional Finding	Yes

III. METHODOLOGY

10/20/2022	Special Investigation Intake 2023A0584001 APS Referral sent to Central Intake Special Investigation initiated- letter sent to Complainant.
11/03/2022	Unannounced onsite inspection conducted. Face to Face interviews with Resident A and direct care staff member Denny Parker.
11/18/2022	Exit Conference with licensee designee Terry Parker.
12/08/2022	Telephone interview with Resident B.

ALLEGATION:

On 10/18/2022, direct staff members and/or the facility's licensee did not provide adequate supervision to protect Resident B from harm.

INVESTIGATION:

On 10/20/2022, the Bureau of Community and Health Systems (BCHS) received the above allegation via the BCHS online compliant system.

I forwarded the above complaint allegations to Adult Protective Services.

On 11/3/2022, I conducted an unannounced investigation onsite. I observed the facility to be clean and all residents present appeared to be well groomed.

I conducted a face-to-face interview with Resident A. Resident A stated he got up around 7am on 10/18/2022 to use the bathroom. Resident A stated he found the bathroom toilet smeared with feces and the only other resident awake at that time

was Resident B. Resident A stated he asked Resident B to clean up the mess he made in the bathroom and Resident B did not respond. Resident A stated Resident B started to walk through the entry door to go outside to smoke a cigarette and he followed him to the entry way to ask if he was going to clean up his mess in the bathroom. Resident A stated that Resident B turned in the entry way and hit him in the face. Resident A stated he hit Resident B back and Resident B slipped in the entry way as a result and injured his foot. Resident A stated he then saw direct care staff member Denny Parker at the entry way door inquiring about the incident. Resident A stated Mr. Parker assessed Resident B's foot and proceeded to call an ambulance. Resident A stated that he and Resident B told Mr. Parker they did not want to press criminal charges against each other. Resident A denied the allegation and stated he feels direct care staff members are available for his needs.

I conducted a face-to-face interview with Mr. Parker. Mr. Parker stated that at approximately 7:30am on 10/18/2022, he walked up the basement stairs to get breakfast ready for the residents. According to Mr. Parker, he heard a commotion upstairs. Mr. Parker stated by the time he got to the first floor, he saw Resident A standing in the entry way and Resident B sitting down on the entry floor. Mr. Parker stated Resident A told him what happened and he called an ambulance when he noticed Resident B's foot was injured. Mr. Parker confirmed that neither resident wished to press criminal charges against one another for the incident. Mr. Parker stated that both Residents A and B are their own representative and are not legally guarded.

I reviewed Resident A and B's *Assessment Plan for AFC Residents* (assessment plan) and Community Mental Health Treatment Plans, which indicated that both Residents A and B are independent and able to assist in keeping the premises in order. There was no documentation on any of the plans indicated that Residents A and B required enhanced supervision in the facility.

On 12/8/2022, I conducted a telephone interview with Resident B, whose statements regarding the incident between him and Resident A on 10/18/2022 were consistent with both Resident B and Mr. Parker's statements. Resident B confirmed Mr. Parker responded to the entry way door immediately following the altercation between him and Resident A on 10/18/2022. Resident B stated he wants to be at the facility, feels safe living there, and feels he is well supervised by facility staff members.

APPLICABLE RULE	
R 400.14305	Resident protection.
	(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.
ANALYSIS:	Based upon my investigation, which consisted of interviews with Resident A, Resident B, and direct care staff member Denny Parker, as well as a review of facility documentation relevant to this investigation, while it was established that on 10/18/2022, Residents A and B got into a physical altercation resulting in Resident B injuring his foot, there is no evidence to substantiate the allegation that on 10/18/2022, Mr. Parker did not provide adequate supervision to protect Resident B from harm. It has been established that neither Resident A nor Resident B required enhanced supervision while at the facility. It has also been established that following the altercation between Residents A and B on 10/18/2022, Mr. Parker responded appropriately.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

During my unannounced investigation at the facility on 11/3/2022, I discovered Resident B's assessment plan had not been updated in over a year.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
ANALYSIS:	On 11/03/2022, I established Resident B's assessment plan had not been updated in over one year.
CONCLUSION:	VIOLATION ESTABLISHED

On 11/18/2022, I conducted an exit conference with licensee designee Terrie Parker via telephone and shared with her the findings of this investigation.

IV. RECOMMENDATION

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



12/19/2022

Candace Coburn
Licensing Consultant

Date

Approved By:



12/19/2022

Michele Streeter
Area Manager

Date