

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

January 19, 2023

Chester Kwiatkowski South Coast Home LLC 72633 M 43 South Haven, MI 49090

> RE: License #: AS800397844 Investigation #: 2023A1030016

> > South Coast Home

Dear Mr. Kwiatkowski:

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.

Sincerely,

Nile Khabeiry, Licensing Consultant

We Khaberry, LMSW

Bureau of Community and Health Systems

Unit 13, 7th Floor 350 Ottawa, N.W.

Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS800397844
Investigation #:	2023A1030016
Commission Descript Dates	40/40/0000
Complaint Receipt Date:	12/19/2022
Investigation Initiation Date:	12/22/2022
investigation initiation bate.	12/22/2022
Report Due Date:	02/17/2023
•	
Licensee Name:	South Coast Home LLC
Licensee Address:	72633 M 43
	South Haven, MI 49090
Licensee Telephone #:	(269) 998-9349
Licensee Telephone #.	(209) 990-9349
Administrator:	Chester Kwiatkowski
Licensee Designee:	Chester Kwiatkowski
Name of Facility:	South Coast Home
Facility Address.	70000 1440 11:
Facility Address:	72633 M43 Highway South Haven, MI 49090
	South Haven, IVII 49090
Facility Telephone #:	(269) 767-7688
	(====)
Original Issuance Date:	05/09/2019
License Status:	REGULAR
Effective Date	11/00/2021
Effective Date:	11/09/2021
Expiration Date:	11/08/2023
Expiration bator	1.1750,2020
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED MENTALLY ILL
	TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

Violation Established?

The home did not provide supervision according to Resident B's Assessment Plan.	Yes
Additional Findings	

III. METHODOLOGY

12/19/2022	Special Investigation Intake 2023A1030016
12/22/2022	Special Investigation Initiated - Telephone Interview with complainant
01/04/2023	Contact - Face to Face Interview with Tracy Kostic
01/04/2023	Contact - Face to Face Interview with Desiree Rickett
01/04/2023	Contact - Document Received Received and reviewed documents on-site
01/04/2023	Contact - Face to Face Attempted interview of Resident B
01/04/2023	Contact - Face to Face Interview with Resident A
01/19/2023	Contact - Telephone call made Interview with Case Manager
01/19/2023	Exit Conference Exit conference by phone

ALLEGATION:

The home did not provide supervision according to Resident B's Assessment Plan.

INVESTIGATION:

On 12/22/22, I interviewed the complainant by phone. The complainant reported she spoke with the staff on duty who reported Resident B has a history of inappropriately touching residents at a previous AFC home.

On 1/4/22, I Interviewed home manager Tracy Kostic at the home. Ms. Kostic reported Resident A informed Direct Care Staff Member (DCSM) Desiree Rickett that Resident B went into his bedroom and "touched his crotch" and tried to kiss him. Ms. Kostic reported Resident A was able to tell Resident B no and Resident B left his bedroom. Ms. Kostic reported Resident A is disabled from a traumatic brain injury, is bed bound most of the time, and uses a wheelchair for mobility. Ms. Kostic reported Resident A has told the story several times, each time adding additional information such as "this has happened every day since I got here." Ms. Kostic reported she believes it did occur on 12/18/22 but does not believe it happened any other time as Resident A never said anything until that day. Ms. Kostic reported Resident B is developmentally disabled and has the "mind of a 3 or 4-year-old." Ms. Kostic reported Resident B does have a history of this type of behavior as is documented in his Community Mental Health (CMH) treatment plan and his Assessment Plan for AFC residents (AP.) Ms. Kostic reported they do not do anything "special" as far as supervision other than "try and keep a close eye" on Resident B.

On 1/4/22, I interviewed DCSM Desiree Rickett at the home. Ms. Rickett reported Resident A informed her that Resident B touched his private area and tried to kiss him. Ms. Rickett reported Resident A's story changed a couple of times after the initial conversation and he reported it happened "everyday" however she believes it only happened once.

On 1/4/22, I received and reviewed Resident B's Van Buren County Community Mental Health Treatment Plan (TP) and his Assessment Plan for AFC Residents (AP.) Resident B's TP indicated he exhibited aggressive sexual behavior in 2013 and 2015 towards male housemates in other AFC homes. Resident B's AP indicated he "needs supervision" regarding controlling his sexual behavior.

On 1/4/22, I attempted to interview Resident B at the home, however I was unable due his developmental disability.

On 1/4/22, I interviewed Resident A at the home. Resident A reported Resident B came into his room and "touched his groin and acted like he wanted to kiss him." Resident A reported he is bed bound and is unable to transfer without assistance and told Resident

B to stop what he was doing and leave his bedroom. Resident A reported Resident B also stole items out of his bedroom including \$18.00.

I followed up with Ms. Kostic to inquire about Resident A's stolen money and personal items. Ms. Kostic reported Resident A is not always able to distinguish reality from fantasy and knows this is not accurate as Resident A does not have any money to steal, and all of his possessions are in his bedroom.

On 1/19/23, I interviewed community mental health (CMH) case manager of Resident B's (CMB) by phone. CMB reported she is aware of Resident B's past sexual behavioral problems. CMB reported the CMH team will be meeting next week to discuss additional measures that can be taken and/or add to his person-centered plan.

APPLICABLE RULE		
R 400.14206	Staffing requirements.	
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.	
ANALYSIS:	It was alleged Resident B inappropriately touched Resident A's private area. Based on interviews with staff, Resident A and review of Resident B's TP and AP this violation will be established. According to documentation Resident B required supervision because he in unable to control his sexual behavior. In addition, Resident B has two prior incidents of inappropriate sexual behaviors in other homes which were document in his file and Ms. Kostic admitted knowing his history and not implementing additional safeguards.	
CONCLUSION:	VIOLATION ESTABLISHED	

On 1/19/23 I shared the findings or my investigation with license, Chester Kwiatkowski. Mr. Kwiatkowski acknowledged and agreed to submit a corrective action plan.

IV. RECOMMENDATION

Area Manager

Based on submission and acceptance of a corrective action plan, I recommend no change in the current license status.

We Khaberry, LMSW	
The processing is a second	1/20/23
Nile Khabeiry	Date
Licensing Consultant	
Approved By:	
Russell Misias	
Russell	1/23/23
Russell B. Misiak	Date