



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 8, 2023

Reeta Smith
Redwood Inc
PO Box 684
Oxford, MI 48371

RE: License #:	AM440290998
Investigation #:	2023A0872017
	Brookhaven A.F.C.

Dear Ms. Smith:

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. In the event that I am not available, and you need to speak to someone immediately, please contact the local office at (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Susan Hutchinson".

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM440290998
Investigation #:	2023A0872017
Complaint Receipt Date:	01/03/2023
Investigation Initiation Date:	01/06/2023
Report Due Date:	03/04/2023
Licensee Name:	Redwood Inc
Licensee Address:	3280 Trillium Lane Oxford, MI 48371
Licensee Telephone #:	(248) 625-1280
Administrator:	Reeta Smith
Licensee Designee:	Reeta Smith
Name of Facility:	Brookhaven A.F.C.
Facility Address:	4521 Stanley Rd Columbiaville, MI 48421-8421
Facility Telephone #:	(810) 793-7060
Original Issuance Date:	06/09/2008
License Status:	REGULAR
Effective Date:	12/09/2022
Expiration Date:	12/08/2024
Capacity:	11
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

	AGED TRAUMATICALLY BRAIN INJURED
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II. ALLEGATION(S)

	Violation Established?
Staff Andreana Jimenez was terminated due to verbal abuse allegations, but she was hired back and is now working with the residents.	Yes
There is black mold growing in the basement crawlspace.	No
The sliding glass door does not work, and the handle is broken.	Yes
The hot water heater is not working properly.	Yes

III. METHODOLOGY

01/03/2023	Special Investigation Intake 2023A0872017
01/03/2023	Contact - Telephone call received I spoke to former staff, Andreana Jimenez
01/03/2023	Contact - Telephone call received I spoke to staff Amy
01/06/2023	Special Investigation Initiated - On Site Unannounced
01/06/2023	Contact - Telephone call made I spoke to the licensee designee, Reeta Smith
01/09/2023	Contact - Document Sent I exchanged emails with Ms. Smith
01/17/2023	APS Referral I made an APS complaint via email
02/02/2023	Inspection Completed On-site Unannounced
02/07/2023	Exit Conference I conducted an exit conference with the licensee designee, Reeta Smith

02/07/2023	Inspection Completed-BCAL Sub. Compliance
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ALLEGATION: Staff Andreana Jimenez was terminated due to verbal abuse allegations, but she was hired back and is now working with the residents.

INVESTIGATION: On 01/04/23, I conducted an unannounced onsite inspection of Brookhaven Adult Foster Care facility. I interviewed staff Andreana Jimenez and Amanda Cates. I also conducted a visual inspection of the facility, interviewed Resident A and interacted with several of the residents.

Ms. Jimenez said that she has been back working at this facility for three days. She said that since the facility is under new owners, the new owner hired her back. Amanda Cates said that she has worked at this facility for two days.

On 01/06/23, I interviewed the licensee designee, Reeta Smith via telephone. I told her that I went to the facility on 01/04/23 and former staff, Andreana Jimenez was working. Ms. Smith said that she was not aware that the new owner rehired Ms. Jimenez and said that she would address the situation.

On 01/09/23, I exchanged emails with Ms. Smith. She said that staff Andreana Jimenez has once again been terminated.

On 02/02/23, I conducted another unannounced onsite inspection of Brookhaven AFC. I interviewed the new home manager, Tracy Hill, staff Kimber Ketelhut, and Resident A. I also conducted another visual inspection of the facility. I asked Resident A if staff Andreana Jimenez still works here, and she said no. Resident A said that she has not seen Ms. Jimenez "in a while." Staff Tracy Hill and Kimber Ketelhut confirmed that Andreana Jimenez does not work at this facility. Ms. Hill said that she was hired as the new home manager on 01/09/23 and she believes Ms. Jimenez was fired shortly before that.

On 11/22/22, I completed an investigation regarding staff, Andreana Jimenez (SIR #2023A0872001). I substantiated allegations regarding Ms. Jimenez being verbally inappropriate with the residents. The licensee designee, Reeta Smith, submitted a corrective action plan dated 11/22/22 stating that Ms. Jimenez was terminated.

APPLICABLE RULE	
R 400.14204	Direct care staff; qualifications and training.
	(2) Direct care staff shall possess all of the following qualifications: (a) Be suitable to meet the physical, emotional, intellectual, and social needs of each resident.

ANALYSIS:	<p>On 11/22/22, I completed an investigation regarding staff, Andreana Jimenez (SIR #2023A0872001). I substantiated allegations regarding Ms. Jimenez being verbally inappropriate with the residents. The licensee designee, Reeta Smith, submitted a corrective action plan dated 11/22/22 stating that Ms. Jimenez was terminated.</p> <p>On 01/04/23, I conducted an unannounced onsite inspection of Brookhaven Adult Foster Care facility. Staff Andreana Jimenez was working at the facility and said she had been for three days.</p> <p>On 01/09/23, I exchanged emails with Ms. Smith who stated that Ms. Jimenez has once again been terminated.</p> <p>I conclude that Ms. Jimenez is not suitable to meet the needs of the residents which is a direct violation of this rule.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: There is black mold growing in the basement crawlspace.

INVESTIGATION: On 01/04/23, I conducted an unannounced onsite inspection of Brookhaven Adult Foster Care facility. I spoke to staff Andreana Jimenez and Amanda Cates. I asked them if there is black mold growing in the basement crawlspace and they both said no, not to their knowledge.

I examined and took pictures of the crawlspace. I did not see any evidence of mold and I did not detect any odor of mold or mildew although it did smell slightly damp. I later examined the pictures I took of the back of the crawlspace and did not see any evidence of mold or mildew.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
ANALYSIS:	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
	On 01/04/23, I interviewed staff Andreana Jimenez and Amanda Cates. Both women stated that to their knowledge, there is not black mold growing in the basement crawlspace.

	<p>On 01/04/23, I examined and took pictures of the crawlspace. I did not see any evidence of mold and I did not detect any odor of mold or mildew although it did smell slightly damp. I later examined the pictures I took of the back of the crawlspace and did not see any evidence of mold or mildew.</p> <p>I conclude that there is insufficient evidence to substantiate this rule violation at this time.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: The sliding glass door does not work, and the handle is broken.

INVESTIGATION: During my onsite inspection on 01/04/23, I examined the sliding glass door and noted that the handle is broken. Staff Andrea Cates and Andreana Jimenez said that it has been broken for a while but is supposed to be fixed soon. I spoke to Resident A who confirmed that the sliding glass door is currently inoperable. She said that she and the other residents cannot use that door. I tried opening the door and was unable to do so.

On 02/02/23, I conducted another unannounced onsite inspection of Brookhaven AFC. I interviewed the new home manager, Tracy Hill, staff Kimber Ketelhut, and Resident A. I observed the sliding glass door which appeared to be new. Resident A, Ms. Hill, and Ms. Ketelhut confirmed that the door and track have been replaced and it is now in working order. I opened and closed the door to confirm it is working properly.

On 10/04/22, I completed a renewal inspection of Brookhaven AFC. At the time of my onsite inspection, I noted that the sliding glass door was broken so I substantiated R 400.14403 (4). The licensee, Reeta Smith submitted a corrective action plan stating that the door would be repaired by a contractor by 11/30/22.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.

ANALYSIS:	<p>During my onsite inspection on 01/04/23, I examined the sliding glass door and noted that the handle is broken. Staff Andrea Cates and Andreana Jimenez said that it has been broken for a while but is supposed to be fixed soon. I spoke to Resident A who confirmed that the sliding glass door is currently inoperable. She said that she and the other residents cannot use that door. I tried opening the door and was unable to do so.</p> <p>Although I noted that on 02/02/23 during my onsite inspection the sliding glass door has been replaced, the licensee designee knew that it was broken for several months which is a direct violation of this rule.</p>
CONCLUSION:	REPEAT VIOLATION ESTABLISHED Renewal LSR dated 10/04/22

ALLEGATION: The hot water heater is not working properly.

INVESTIGATION: During my onsite inspection on 01/04/23, I asked staff Andreana Jimenez and Amanda Cates if the hot water heater is broken and both individuals said no. They said that several of the residents had showers yesterday and there was hot water. Resident A said that the water gets “hot enough” and said that she does not know if the hot water heater is broken or not. I checked the water temperature at the kitchen faucet and noted that it only got as high as 103 degrees Fahrenheit. I went in the basement and took a picture of the hot water heater, noting that it is set to “very hot.”

On 02/02/23, I conducted another unannounced onsite inspection of Brookhaven AFC. I interviewed the new home manager, Tracy Hill, staff Kimber Ketelhut, and Resident A. I also conducted another visual inspection of the facility. I took the temperature of the hot water at the kitchen sink, and it was 103.5 degrees Fahrenheit. Ms. Hill said that the hot water heater is set to “very hot”, and it does not get up to the required 105 degrees Fahrenheit even if staff lets it run for a long time. Ms. Hill said that the new owner has notified the current licensee designee, Reeta Smith, on several occasions about the problems with the hot water but as of this date, Ms. Smith has not yet arranged to have the hot water heater fixed or replaced.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.

ANALYSIS:	<p>On 01/04/23 and 02/02/23, I took the hot water temperature at the kitchen faucet and noted that it did not get higher than 103.5 degrees Fahrenheit.</p> <p>On 01/04/23 I examined the hot water heater and noted that it was set to "very hot." On 02/02/23, staff said that the hot water heater is set to "very hot" but the hot water does not reach the required 105 degrees Fahrenheit regardless of how long staff lets the hot water run.</p> <p>I conclude that there is sufficient evidence to substantiate this rule violation at this time.</p>
CONCLUSION:	VIOLATION ESTABLISHED

On 02/07/23, I conducted an exit conference with the licensee designee, Reeta Smith. I discussed the results of my investigation and explained which rule violations I am substantiating. Ms. Smith agreed to complete and submit a corrective action plan upon the receipt of my investigation report.

IV. RECOMMENDATION

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

Susan Hutchinson

February 7, 2023

Susan Hutchinson Licensing Consultant	Date
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Approved By:

Mary Holton

February 8, 2023

Mary E. Holton Area Manager	Date
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