

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

January 23, 2023

Jennifer Bhaskaran Alternative Services Inc. Suite 10 32625 W Seven Mile Rd Livonia, MI 48152

> RE: License #: AS630306072 Investigation #: 2023A0611008

Brandon Hills

Dear Ms. Bhaskaran:

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 (248) 975-5053.

Sincerely,

Sheena Bowman, Licensing Consultant Bureau of Community and Health Systems Cadillac Place 3026 W. Grand Blvd, Suite 9-100

Theory Browner

Detroit, MI 48202

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630306072
Investigation #:	2023A0611008
Investigation #:	2023A0011008
Complaint Receipt Date:	01/04/2023
Investigation Initiation Data:	01/05/2023
Investigation Initiation Date:	01/03/2023
Report Due Date:	03/05/2023
Licenses Names	Alternative Complete Inc
Licensee Name:	Alternative Services Inc.
Licensee Address:	Suite 10
	32625 W Seven Mile Rd
	Livonia, MI 48152
Licensee Telephone #:	(248) 471-4880
Administrator:	Jennifer Bhaskaran
Licensee Designee:	Jennifer Bhaskaran
Name of Facility:	Brandon Hills
Facility Address:	3187 Hummer Lake Rd.
-	Ortonville, MI 48462
Facility Telephone #:	(248) 627-4843
racinty relephone #.	(240) 021-4043
Original Issuance Date:	10/20/2011
License Status:	1ST PROVISIONAL
License Status.	131 PROVISIONAL
Effective Date:	01/03/2023
Evnivation Data:	07/02/2022
Expiration Date:	07/02/2023
Capacity:	6
	DEVELOPMENTALLY DICARLED
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
	TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

Violation Established?

Resident D is currently in jail for assaulting his roommate. Resident D has assaulted his roommate on at least three occasions. Resident D has hit his roommate with a dumbbell and punched him with a closed fist.	Yes
Additional Findings	Yes

III. METHODOLOGY

01/04/2023	Special Investigation Intake 2023A0611008
01/05/2023	APS Referral The assigned Adult Protective Services (APS) worker is Tina Edens.
01/05/2023	Special Investigation Initiated - On Site I completed an unannounced onsite. I interviewed the home manager, Tahisha Woods, Resident A, and Resident B. Resident D is currently in jail for assaulting his roommate (Resident B). I received copies of two incident reports.
01/06/2023	Contact - Telephone call received I received a return phone call from the licensee designee, Jennifer Bhaskaran. The allegations were discussed.
01/06/2023	Contact - Document Received I received a copy of an emergency discharge letter for Resident D.
01/10/2023	Contact - Telephone call made I made a telephone call to the Oakland County Sheriff office- Brandon Township substation. I spoke with Detective Nabozny regarding Resident D.
01/10/2023	Contact - Telephone call made I made a return phone call to Ebony Bertelmeyer from Training and Treatment Innovations (TTI). The allegations were discussed.
01/10/2023	Contact - Document Sent I emailed a request for police reports regarding Resident D to the Oakland County Sherriff office.

01/17/2023	Contact - Telephone call made I made a telephone call to staff member, DaQuesha Gray. Ms. Gray was not available to talk and requested to be reached at a
	different time.
01/17/2023	Contact - Telephone call made I attempted to reach staff member, Shatangelia Smith however; her phone went straight to voice mail.
01/17/2023	Contact - Document Sent I emailed the Adult Protective Services worker, Tina Edens regarding the outcome of her investigation.
01/17/2023	Exit Conference I completed an exit conference with the licensee designee, Jennifer Bhaskaran via email as she was not available over the phone.

ALLEGATION:

Resident D is currently in jail for assaulting his roommate. Resident D has assaulted his roommate on at least three occasions. Resident D has hit his roommate with a dumbbell and punched him with a closed fist.

INVESTIGATION:

On 01/05/23, I received an intake regarding the abovementioned allegations. I also received an incident report regarding the allegations. The assigned Adult Protective Services (APS) worker is Tina Edens.

NOTE: The home is currently on a provisional license effective 01/03/23 due to quality of care violations.

On 01/05/23, I completed an unannounced onsite. I interviewed the home manager, Tahisha Woods, Resident A, and Resident B. Resident D is currently in jail for assaulting his roommate which is Resident B. I received copies of two incident reports and Resident D's discharge letter.

On 01/05/23, I interviewed the home manager, Tahisha Woods. Regarding the allegations, Ms. Woods stated there has been three incidents regarding Resident D assaulting another resident. On 07/19/22, Resident D assaulted Resident A. Ms. Woods was not present during this incident as it occurred during the afternoon shift. Ms. Woods stated staff member, DaQuesha Gray was cleaning the bathroom when she heard Resident D yelling at Resident A in Resident A's bedroom. Ms. Gray saw Resident D punching Resident A while he was balled up in his bed. Ms. Gray separated Resident D

from Resident A. Ms. Gray contacted Ms. Woods and the administrator, Candy Hamilton. Resident A was asked if he wanted to go to the hospital and he stated no. Resident A had a small scar on his forehead but there were no skin tears. Ms. Woods stated she was advised by the licensee designee, Jennifer Bhaskaran that a 30-day discharge notice will be submitted for Resident D. Ms. Woods could not find a copy of the 30-day discharge from July 2022 however; she did provide a copy of a second discharge letter dated 11/01/22.

Ms. Woods stated the second incident involved Resident D assaulting his roommate Resident B. On 10/20/22, Ms. Gray was outside with another resident, and she heard Resident D yelling at Resident B in their bedroom. Ms. Gray observed Resident B's head bleeding and Resident D had a dumbbell in his hand. Resident B was taken to the hospital and received four stiches. It should be noted that a special investigation was completed on 11/10/22 regarding this incident and the allegations were not substantiated (2023A0612004). Resident D was arrested and released from jail about one to two days later. When Resident D returned to the AFC group home, he was still being aggressive towards staff and Resident B. On 11/04/22, a petition was filed to have Resident D go to Common Ground. Resident D returned to the AFC group home from Common Ground on Thanksgiving day. Ms. Woods stated Resident D is his own guardian. Resident D's case manager from Training and Treatment Innovations (TTI) is Ebony Bertelsymer. Resident D's psychiatrist from the VA discontinued Resident D's psychotropic medications in May 2022. Ms. Woods stated Resident D started to become aggressive after he stopped taking his psychotropic medications. Ms. Woods stated the incidents seem to happen around 8:00pm when the staff are getting ready to pass medications.

Ms. Woods stated the third incident occurred on 01/03/23. Resident D assaulted Resident B again by punching him on his face. The police were called, and Resident D was arrested. Resident D is still in jail and Resident B is pressing charges against him. Resident D has a court hearing today for an arraignment. Ms. Woods stated the administrator, Candy Hamilton is working with the nurse at the jail to have Resident D released to a hospital for psychiatric treatment.

On 01/05/23, I interviewed Resident A. It was hard to understand Resident A during his interview. Regarding the allegations, Resident A stated there was one incident where Resident D came into his bedroom and punched him in his ear twice. Resident A stated he tried to protect himself. Resident D left Resident A's bedroom and later apologized. Resident A stated there was a little blood from his ear.

On 01/05/23, I interviewed Resident B. I observed several small bruises and cuts on the left side of Resident B's face. I took pictures of Resident B's injuries. Regarding the allegations, Resident B stated he was in his bedroom watching T.V. and Resident D was upset and accused him of stealing things from their room. Resident D then started to hit Resident B with a closed fist multiple times on his face. Resident B stated he fell off his chair and was on his back trying to get Resident D off of him. Resident D stated the staff tried to separate Resident D from him. Resident D stated when the incident

was over he and Resident D remained in their bedroom together. The police were called and Resident D was arrested. Resident B stated this incident happened on 01/03/23.

Resident B stated there was a previous incident where Resident D hit him with a dumbbell on his face. Resident B stated Resident D hit him one time with the dumbbell. Resident B stated he didn't have any marks on his face. Resident B stated he told staff, but they did not do anything. Resident B stated Resident D was not arrested for this incident.

On 01/05/23, I received a copy of two incident reports dated 07/18/22 and 10/20/22. The first incident report dated 07/18/22, indicates that staff member, DaQuesha Gray saw Resident D walking into Resident A's bedroom. Ms. Gray heard Resident A yelling. Ms. Gray ran into Resident A's bedroom and saw Resident D punching Resident A on his head and mouth. Ms. Gray separated Resident D from Resident A.

The second incident report dated 10/20/22, indicates that Ms. Gray was outside on the patio with a resident when she heard a resident yelling at Resident B. Ms. Gray ran into Resident B's room and saw he was bleeding from his head. Ms. Gray saw the other resident had a weight in his hand. The incident report does not provide a name for the resident who had a weight in his hand.

On 01/05/23, I received a copy of Resident D's emergency discharge notice dated 11/01/22. The letter was addressed to Ms. Bertelmeyer. The discharge notice requested an immediate discharge for Resident D. The discharge notice was requested due to Resident D's increasing levels of aggression and the vulnerability of the other residents.

On 01/05/23, I received a third incident report from the licensee designee, Jennifer Bhaskaran. The incident report is dated 01/04/23. The incident occurred on 01/03/23. According to the incident report, staff member Shatangelia Smith heard a loud disturbance coming from Resident D's bedroom. Ms. Smith entered Resident D's bedroom and saw Resident D hitting his roommate in the face. Resident D's roommate did not require outside medical treatment. Ms. Smith and staff member, DaQuesha Gray assisted Resident D away from his roommate. Staff called the police and Resident D was taken to jail.

On 01/06/23, I received a return phone call from the licensee designee, Jennifer Bhaskaran. Regarding the allegations, Ms. Bhaskaran stated Resident D was charged with two assault cases and his bond is \$500. Ms. Bhaskaran stated she has only submitted one discharge notice for Resident D which was completed on 11/01/22. Ms. Bhaskaran has been in contact with TTI however, a placement has not been located for Resident D. Ms. Bhaskaran is concerned that if Resident D returns to the AFC group home from jail, he may kill his roommate as his roommate suffers from seizures. Ms. Bhaskaran has been told by Resident B's guardian that if Resident D returns to the home, she will move Resident B out of the AFC group home. Ms. Bhaskaran was advised to submit another emergency discharge notice based on Resident D violent behaviors and due to his outstanding balance for cost of care. Ms. Bhaskaran was also

advised to schedule a meeting with TTI to develop a plan to locate an alternative placement and to ensure there is enough staff to supervise Resident D if he does return to the AFC group home prior to finding another placement.

On 01/10/23, I made a telephone call to Detective Nabozny from the Oakland County Sherriff office-Brandon Township substation. Detective Nabozny stated he is familiar with the AFC group home and Resident D. Resident D has been arrested twice for assault. Resident D was arrested on 10/26/22 and again on 01/03/23 for assaulting his roommate. Resident D is currently in custody at the Oakland County jail. Detective Nabozny stated after Resident D was arrested in October 2022, he did receive a court date. However, he did not show up to the court hearing. Resident D has a \$500 bond for each assault case. On 01/06/23, the jail documented an incident regarding Resident D soliciting another inmate for sex. Detective Nabozny stated he does not know if Resident D will be released from jail any time soon.

On 01/10/23, I made a return phone call to Ebony Bertelmeyer from Training and Treatment Innovations (TTI). Regarding the allegations, Ms. Bertelmeyer was made aware of the incident that occurred in October 2022 regarding Resident D assaulting his roommate; however, Resident D was transferred to a new case manager in November 2022. Resident D has a new case manager from the TTI's Troy office. Ms. Bertelmeyer does not know the new case manager's full name or phone number.

On 01/06/23, I received a copy of an emergency discharge letter for Resident D dated 01/06/23. An emergency discharge letter was completed regarding Resident D assaulting other residents and having an outstanding cost of care balance.

On 01/17/23, I completed an exit conference with the licensee designee, Jennifer Bhaskaran via email as she was not available over the phone. Ms. Bhaskaran was informed that the allegations will be substantiated.

R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(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: (a) The amount of personal care, supervision, and protection that is required by the resident is available in the home.
 (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. (c) The resident appears to be compatible with other residents and members of the household. 	

ANALYSIS:	Based on Resident D's history of physical aggression and threats towards staff and residents it appears he is not compatible with other residents in the home, nor can the staff provide the supervison and/or services to meet his required needs.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RU	ILE
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:	The home manager, Tahisha Woods confirmed there has been three incidents involving Resident D physically assaulting another resident. The first incident involved Resident D assaulting Resident A. The second incident involved Resident D hitting Resident B with a dumbbell on his head causing severe bleeding. Resident B required four stiches. Resident D was arrested for this assault and later released back to the AFC group home. Resident D continued to share a bedroom with Resident B. The third incident involved Resident D punching Resident B on his face with a closed fist. Resident D was arrested for this incident and is currently in jail. Despite multiple incidents involving Resident D violently attacking other residents, the AFC group home did not implement any safety measures to safeguard the other residents in the home to ensure their protection and safety was attended to at all times.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 01/06/23, I received a return phone call from the licensee designee, Jennifer Bhaskaran. Ms. Bhaskaran confirmed that she submitted an immediate discharge notice for Resident D on 11/01/22. However, it was verified that a copy of that discharge notice was not sent to the adult foster care licensing consultant.

APPLICABLE RUI	LE
R 400.14302	Resident admission and discharge policy; house rules; emergency discharge; change of residency; restricting resident's ability to make living arrangements prohibited; provision of resident records at time of discharge.
	 (5) A licensee who proposes to discharge a resident for any of the reasons listed in subrule (4) of this rule shall take the following steps before discharging the resident: (a) The licensee shall notify the resident, the resident's designated representative, the responsible agency, and the adult foster care licensing consultant not less than 24 hours before discharge. The notice shall be in writing and shall include all of the following information: (i) The reason for the proposed discharge, including the specific nature of the substantial risk. (ii) The alternatives to discharge that have been attempted by the licensee. (iii) The location to which the resident will be discharged, if known.
ANALYSIS:	The licensee designee, Jennifer Bhaskaran submitted an immediate discharge notice for Resident D on 11/01/22. However, Ms. Bhaskaran did not provide a copy of the emergency discharge notice to the adult foster care licensing consultant.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

During an onsite on 01/05/23, I received a copy of an incident report dated 07/18/22. I verified that this incident report was not sent to the adult foster care licensing consultant.

APPLICABLE F	RULE
R 400.14311	Investigation and reporting of incidents, accidents, illnesses, absences, and death.
	(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following:

	(c) Incidents that involve any of the following:(i) Displays of serious hostility.
ANALYSIS:	An incident report was completed on 07/18/22 regarding Resident D attacking Resident A. However, a copy of this incident report was not provided to the adult foster care licensing consultant within 48 hours of the incident.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 01/05/23, I reviewed a copy of an incident report regarding Resident D hitting Resident B with a dumbbell. However, the incident report did not indicate whether or not Resident D was arrested for assaulting Resident B nor was there a separate incident report completed regarding Resident D's arrest.

APPLICABLE RUI	APPLICABLE RULE		
R 400.14311	Investigation and reporting of incidents, accidents, illnesses, absences, and death.		
	(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following: (d) Incidents that involve the arrest or conviction of a resident as required pursuant to the provisions of section 1403 of Act No. 322 of the Public Acts of 1988.		
ANALYSIS:	An incident report was not completed and/or provided to the adult foster care licensing consultant when Resident D was arrested in October 2022 for attacking Resident B.		
CONCLUSION:	VIOLATION ESTABLISHED		

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, the recommendation for a 1st provisional license remains in effect.

Sheena Bowman Licensing Consultant	01/17/23 Date
Approved By:	
Denice G. Hum	01/24/2023