



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 9, 2023

Amber Hernandez-Bunce  
Hernandez Home LLC  
P.O. Box 277  
Bloomingtondale, MI 49026

RE: License #: AS800316739  
Investigation #: 2023A1031009  
Baseline Home

Dear Ms. Hernandez-Bunce:

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 (616) 356-0183.

Sincerely,

Kristy Duda, Licensing Consultant  
Bureau of Community and Health Systems  
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**

<b>License #:</b>	AS800316739
<b>Investigation #:</b>	2023A1031009
<b>Complaint Receipt Date:</b>	01/25/2023
<b>Investigation Initiation Date:</b>	01/25/2023
<b>Report Due Date:</b>	03/26/2023
<b>Licensee Name:</b>	Hernandez Home LLC
<b>Licensee Address:</b>	44409 Baseline Road Bloomingtondale, MI 49026
<b>Licensee Telephone #:</b>	(269) 521-4130
<b>Administrator:</b>	Karmen Ball
<b>Licensee Designee:</b>	Amber Hernandez-Bunce
<b>Name of Facility:</b>	Baseline Home
<b>Facility Address:</b>	44409 Baseline Road Bloomingtondale, MI 49026
<b>Facility Telephone #:</b>	(269) 521-4130
<b>Original Issuance Date:</b>	04/23/2012
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	10/23/2022
<b>Expiration Date:</b>	10/22/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Staff are consuming alcohol while providing care to residents.	No
Staff are sleeping during their shift.	No
Resident A consumed alcohol that was brought into the home by staff.	No
Staff punched Resident A in the face.  Staff provided Resident B with a squirt gun and encouraged them to squirt Resident C.	Yes
Additional Findings	No

**III. METHODOLOGY**

01/25/2023	Special Investigation Intake 2023A1031009
01/25/2023	Special Investigation Initiated - Telephone interview completed with Karmen Ball.
01/25/2023	Contact - Documents Requested and Received.
01/25/2023	Contact - Document Reviewed.
01/26/2023	Contact - Document Received
02/01/2023	Contact - Telephone interview completed with Amber Bunce.
02/01/2023	Contact - Voicemail left with DCW Rachel Zellmer.
02/02/2023	Contact - Telephone interview completed with DCW Rachel Zellmer.
02/02/2023	Inspection Completed On-site
02/02/2023	Contact - Face to Face interview completed with home manager Anthony Kennedy. Residents A, B, and C were observed.

02/02/2023	Contact - Telephone interview completed with DCW Chelsea Hernandez.
02/02/2023	Contact - Documentation Received and Reviewed.
02/03/2023	APS referral not needed - referral received from APS.
02/03/2023	Email exchange with APS worker Mike Hartman.
02/03/2023	Exit Conference held with licensee designee.

**ALLEGATION:**

**Staff are consuming alcohol while providing care to residents.**

**INVESTIGATION:**

On 1/25/23, I received a telephone call from Administrator Karmen Ball. Ms. Ball reported she was informed by Direct Care Worker (DCW) Rachel Zellmer that DCW Chelsea Hernandez was drinking alcohol while working. Ms. Ball reported there have never been any reports or concerns that Ms. Hernandez consumed alcohol while working in the home. Ms. Ball reported Ms. Zellmer is currently under investigation due to abuse allegations made against her by Ms. Hernandez. Ms. Ball reported she believes Ms. Zellmer is making allegations as a form of retaliation against Ms. Hernandez. Ms. Ball reported Ms. Hernandez has not received any disciplinary action since working for the company.

On 2/2/23, I interviewed Ms. Zellmer via telephone. Ms. Zellmer reported she observed Ms. Hernandez arrive to work with a bottle of Coca-Cola that contained Hennessy and Ms. Hernandez was “drunk”. Ms. Zellmer reported Ms. Hernandez told her there was alcohol in her Coca-Cola bottle and she was intoxicated. Ms. Zellmer reported she did not smell alcohol on Ms. Hernandez’s breath and did not see any alcohol containers in Ms. Hernandez’s possession. Ms. Zellmer reported Ms. Hernandez did not appear to be intoxicated and she reported this due to Ms. Hernandez’s statements. Ms. Zellmer reported she has never observed Ms. Hernandez to consume alcohol or be under the influence of alcohol on any other shifts. Ms. Zellmer reported she is very upset with Cornerstone and how they address employee concerns and issues.

On 2/2/23, I interviewed home manager Anthony Kennedy in the home. Mr. Kennedy reported he has never observed Ms. Hernandez to be under the influence of alcohol while working and has not observed her to bring alcohol into the home.

On 2/2/23, I observed Resident A, B, and C in the home. The residents were not able to be interviewed due to being nonverbal.

On 2/2/23, I interviewed Ms. Hernandez via telephone. Ms. Hernandez reported she has never consumed alcohol while working in the home. Ms. Hernandez denied bringing a Coca-Cola bottle with Hennessy into the home. Ms. Hernandez reported Ms. Zellmer is upset with her because she reported Ms. Zellmer for mistreating residents in the home and she believes this is why allegations were made against her.

On 2/3/23, I received an email from adult protective (APS) services worker Mike Hartman containing his findings regarding these allegations. APS did not have sufficient evidence to substantiate for the these allegations.

<b>APPLICABLE RULE</b>	
<b>R 400.14204</b>	<b>Direct care staff; qualifications and training.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	There was no evidence found to support that Ms. Hernandez consumes alcohol while working in the home. Ms. Zellmer was not able to provide evidence to support that Ms. Hernandez was consuming alcohol in the home. Ms. Zellmer reported she did not smell alcohol on Ms. Hernandez's breath when they were in contact with each other and did not observe Ms. Hernandez to be in possession of an alcohol container. Management and other staff that work directly with Ms. Hernandez have never observed Ms. Hernandez to be under the influence of alcohol while working.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Staff are sleeping during their shift.**

**INVESTIGATION:**

Ms. Ball reported Ms. Zellmer informed her that she has observed Ms. Hernandez to be sleeping while on shift. Ms. Ball reported she has never observed Ms. Hernandez

to be sleeping when she has visited the home. Ms. Ball reported Ms. Hernandez has never been reported to be sleeping while working and has not received any disciplinary action.

Ms. Zellmer reported she has observed Ms. Hernandez to be sleeping during her shift on multiple occasions and reported this to Mr. Kennedy. Ms. Zellmer reported she never reported Ms. Hernandez previously for sleeping. Ms. Zellmer reported there is one staff member scheduled to work in the home each shift along with the home manager. Ms. Zellmer reported herself, Mr. Kennedy, and Ms. Hernandez work day shift. Ms. Zellmer hesitated when she was asked how she observed Ms. Hernandez to be sleeping if there is only one staff on each shift. Ms. Zellmer stated she observed Ms. Hernandez to be sleeping when she arrived at the home for a shift change. Ms. Zellmer reported she took a video for evidence of Mr. Hernandez sleeping. Ms. Zellmer reported she no longer had the video saved on her cellphone to provide as proof of Ms. Hernandez sleeping.

Mr. Kennedy reported he has worked with Ms. Hernandez during many shifts and has never observed her to be sleeping. Mr. Kennedy reported Ms. Hernandez is a good worker and very involved with the residents. Mr. Kennedy reported he never received a complaint from Ms. Zellmer regarding Ms. Hernandez sleeping.

The residents were not able to be interviewed regarding the staff sleeping due to being nonverbal.

Ms. Hernandez denied sleeping during work hours.

<b>APPLICABLE RULE</b>	
<b>R 400.14206</b>	<b>Staffing requirements.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	Interviews with staff and management determined there is not sufficient evidence to support Ms. Hernandez is sleeping during work hours. Mr. Kennedy reported he has worked multiple shifts with Ms. Hernandez, and she is a strong worker that is involved with the residents. There have not been any reports to upper management concerning Ms. Hernandez sleeping.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**A resident consumed alcohol that was brought into the home by staff.**

**INVESTIGATION:**

Ms. Ball reported Ms. Zellmer informed her that when Ms. Hernandez brought a Coca-Cola bottle with Hennessey into the home, Resident A consumed the beverage. Ms. Ball reported she did not receive any reports that this occurred.

Ms. Zellmer reported when Ms. Hernandez brought alcohol into the home, Resident A took the Coca-Cola bottle and consumed the liquid inside it. Ms. Hernandez reported she did not see Ms. Hernandez add alcohol to the bottle or have alcohol in her possession. Ms. Zellmer reported she was informed by Ms. Hernandez there was alcohol in the beverage. Ms. Zellmer reported she did not observe Resident A consume the drink. Ms. Zellmer reported she saw the bottle in the trash can in the bathroom after Resident A exited the bathroom and assumed he drank it. Ms. Zellmer reported she did not smell alcohol on Resident A and his behavior did not change to indicate intoxication. Ms. Zellmer denied reporting this incident to management immediately.

Mr. Kennedy reported he had no knowledge or reports received regarding Resident A consuming alcohol or staff bringing alcohol into the home. Mr. Kennedy reported there were not any concerns reported regarding Resident A having disoriented behavior that may have been associated with intoxication.

Resident A was not able to be interviewed due to being nonverbal.

Ms. Hernandez denied bringing alcohol into the home.

<b>APPLICABLE RULE</b>	
<b>R 400.14305</b>	<b>Resident protection.</b>
	<b>(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.</b>

<b>ANALYSIS:</b>	Interviews with staff and management determined there is not sufficient evidence to support Resident A consumed alcohol. Ms. Zellmer did not witness alcohol to be added to the beverage and did not witness Resident A consume the beverage. Ms. Zellmer reported Resident A did not smell of alcohol and did not appear to be disoriented from intoxication. Ms. Hernandez denied bringing alcohol into the home. Mr. Kennedy reported he did not receive any complaints or concerns from staff regarding Resident A consuming alcohol or being disoriented.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Staff punched Resident B in the face.**

**Staff provided Resident B with a squirt gun and encouraged them to squirt Resident C.**

**INVESTIGATION:**

Ms. Ball reported she was informed by Ms. Hernandez that Ms. Zellmer sent her a text message stating she punched Resident B in the face. Ms. Ball reported she reviewed a screenshot of the text messages Ms. Zellmer sent to Ms. Hernandez. Ms. Ball reported the text message sent by Ms. Zellmer stated she punched Resident A in the eye. Ms. Ball reported she was informed that Ms. Zellmer reported to Ms. Hernandez that Resident B had become physically aggressive, and Ms. Zellmer had enough and hit her in the eye. Ms. Ball reported Ms. Zellmer has been pulled from the schedule and is not working in the home pending an investigation. Ms. Ball reported Resident B was not observed to have any marks or bruises on her face.

On 1/25/23, I reviewed a screenshot of the text message conversation held between Ms. Zellmer and Ms. Hernandez. Ms. Zellmer sent the following text message to Ms. Hernandez: Resident B “just attacked me in the laundry room and wouldn’t stop hitting and kicking me. I snapped and punched her in the face. I couldn’t get her off of me. I’m shaking. I might have given her a black eye. I didn’t want to hit her I snapped I’m just glad it was only 1 punch. I’m freaking out”. Ms. Zellmer sent a second text message that stated the following: “I’ve been blowing up on everyone today for how they treat me so [Resident B] picked a VERY bad day to fight”.

On 2/1/23, I interviewed licensee designee Amber Bunce via telephone. Ms. Bunce reported she was aware of the allegations involving Ms. Zellmer hitting Resident B. Ms. Bunce reported she received additional information that Ms. Zellmer had given

Resident B a squirt gun to squirt Resident C. Ms. Bunce reported Mr. Kennedy provided her with a video recorded by Ms. Zellmer of her encouraging Resident B to squirt Resident C with a squirt gun. Ms. Bunce reported Ms. Zellmer was heard saying “get him, get him”. Ms. Bunce reported Resident B was observed to be squirting Resident C and Resident C was visibly upset. Ms. Bunce reported the company will be terminating employment for Ms. Zellmer due to the contents of the video and the text messages stating she assaulted Resident B.

Ms. Zellmer reported she only remember “bits and pieces” regarding what happened between her, and Resident B. Ms. Zellmer reported she “accidentally hit” Resident B in the eye. Ms. Zellmer reported she was doing dishes and Resident B attacked her from behind and hit her in the back. Ms. Zellmer reported she turned around and Resident B had knocked her glasses off her face, so she was unable to see. Ms. Zellmer reported she grabbed Resident B’s arm and Resident B kept punching her. Ms. Zellmer reported she believes her hand “slipped” and hit Resident B in the eye. Ms. Zellmer reported she did not hit Resident B on purpose. Ms. Zellmer reported she then panicked and sent a text message to Ms. Hernandez stating she “snapped and hit” Resident B. Ms. Zellmer reported she did provide Resident B with a squirt gun, and she directed her to squirt Resident C with water because he would not leave her alone. Ms. Zellmer reported Resident B was upset so she thought providing Resident B with a squirt gun would make her feel better. Ms. Zellmer reported “someone who doesn’t work at Cornerstone” told her to do this. Ms. Zellmer reported Resident C was in the bathroom and closing his eyes when Resident B was squirting him. Ms. Zellmer reported she sent the video to Mr. Kennedy because she thought it was funny. Ms. Zellmer reported Mr. Kennedy told her to “never do this again” and she did not understand what she had done wrong. Ms. Zellmer further admitted Resident C did appear to be bothered by the water. Ms. Zellmer reported she now understands that what she did was not appropriate as this caused Resident C to become uncomfortable.

Mr. Kennedy reported he did not witness Ms. Zellmer punch Resident B in the eye. Mr. Kennedy reported Ms. Zellmer sent him a video via text message. Mr. Kennedy reported the video showed Resident B with a squirt gun squirting Resident C in the bathroom. Mr. Kennedy reported Resident C was visibly upset by this. Mr. Kennedy reported Ms. Zellmer was heard in the background to tell Resident B to “get him” and encouraging her to continue to squirt Resident C with the squirt gun. Mr. Kennedy reported he informed Ms. Zellmer that she is to never do that again. Mr. Kennedy then provided the video to upper management.

Resident B and Resident C were not able to be interviewed regarding the incident due to being nonverbal.

Ms. Hernandez reported she received a text message from Ms. Zellmer stating she hit Resident B in the eye. Ms. Hernandez reported she went to the home to check on Ms. Zellmer and Resident B following the receipt of the text message. Ms. Hernandez reported Ms. Zellmer was fine when she arrived. Ms. Hernandez

reported she did not observe any marks or bruises on Resident B. Ms. Hernandez reported she informed management regarding the incident and sent a screenshot of the text messages she received. Ms. Hernandez reported she was not working when Ms. Zellman provided Resident B with the squirt gun.

On 2/2/23, I viewed the video Ms. Zellman sent to Mr. Kennedy. The video showed Resident B and Resident C in the bathroom of the home. Resident B had a squirt gun pointed at Resident C and she was squirting him with water. Ms. Zellman stated in the video, "you squirt him [Resident B], squirt him [Resident B], get him". Resident C was observed to press his body against the wall with his head down and closing his eyes. Resident C was visibly bothered when being squirted with the water as he was flinching and moving backwards to avoid the water.

Ms. Zellmer informed Mr. Hartman that she could not remember all the details regarding the incident that occurred with Resident B. Ms. Zellmer reported she was in the kitchen and felt a punch to her back. Ms. Zellmer reported she turned around and Resident B was punching her. Ms. Zellmer stated, "I was scared, so I snapped". Ms. Zellmer reported she grabbed Resident B's hand and pushed her to the table. Ms. Zellmer reported her hand slipped and she hit Resident B in the eye. Ms. Zellmer reported she then went to the medication room and locked the door behind her. Ms. Zellmer reported she sent text messages to everyone and stated to Ms. Hernandez "I snapped".

On 2/2/23, Ms. Ball reported Ms. Zellmer's employment was terminated on 2/2/23 as there was enough information received to determine Ms. Zellmer was mistreating the residents in the home.

<b>APPLICABLE RULE</b>	
<b>R 400.14305</b>	<b>Resident protection.</b>
	<b>(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.</b>

<b>ANALYSIS:</b>	<p>There is sufficient evidence to support Ms. Zellmer did not treat Resident B and C with dignity and ensure their protection and safety.</p> <p>Ms. Zellmer admitted and documented in a text message sent to Ms. Hernandez that she punched Resident B in the face. Ms. Zellmer also admitted to licensing and APS to accidentally hitting Resident B in the face because she “snapped”.</p> <p>Ms. Zellmer admitted that she provided Resident B with a squirt gun to squirt Resident C. Ms. Zellmer admitted these actions negatively impacted Resident C and caused emotional harm.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

An exit interview was held with the licensee designee, Amber Bunce, on 2/3/23. Ms. Bunce agreed with the findings of the investigation. Ms. Bunce reported they have taken the actions of Ms. Zellmer very seriously and they terminated her employment at the agency on 2/1/23.

**IV. RECOMMENDATION**

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



2/3/23

Kristy Duda  
Licensing Consultant

Date

Approved By:



2/9/23

Russell B. Misiak  
Area Manager

Date