

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

February 15, 2023

Delissa Payne Spectrum Community Services Suite 700 185 E. Main St Benton Harbor, MI 49022

> RE: License #: AS410356636 Investigation #: 2023A0467032 Terrace Park Home

Dear Mrs. Payne:

Attached is the Special Investigation Report for the above referenced facility. Due to the violation 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 the rule will be achieved.
- Who is directly responsible for implementing the corrective action for the violation.
- Specific time frames for the 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 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,

anthony Mullim

Anthony Mullins, Licensing Consultant 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 #:	AS410356636
License #:	A541030030
Investigation #	202240467022
Investigation #:	2023A0467032
	00/40/0000
Complaint Receipt Date:	02/13/2023
	00/40/0000
Investigation Initiation Date:	02/13/2023
Report Due Date:	04/14/2023
Licensee Name:	Spectrum Community Services
Licensee Address:	Suite 700, 185 E. Main St
	Benton Harbor, MI 49022
Licensee Telephone #:	(734) 458-8729
-	
Administrator:	Delissa Payne
Licensee Designee:	Delissa Payne
Name of Facility:	Terrace Park Home
Facility Address:	5901 Terrace Park Dr. NE
	Rockford, MI 49341
Facility Telephone #:	(616) 884-5788
Original Issuance Date:	03/12/2014
Oliginal issuance Date.	03/12/2014
License Status:	REGULAR
	REGULAR
Effective Deter	10/24/2021
Effective Date:	10/24/2021
	40/00/0000
Expiration Date:	10/23/2023
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED
	MENTALLY ILL

II. ALLEGATION(S)

	Established?
Staff members Kevin Johnson and Rhonda Johnson Baker used excessive force while physically restraining Resident A on 02/10/2023.	Yes

III. METHODOLOGY

02/13/2023	Special Investigation Intake 2023A0467032
02/13/2023	Special Investigation Initiated - Telephone
02/14/2023	Inspection Completed On-site
02/14/2023	APS Referral Sent via email
02/15/2023	Exit conference completed with Program administrator, Jordan Walch on behalf of licensee designee, Delissa Payne.

ALLEGATION: Staff members Kevin Johnson and Rhonda Johnson Baker used excessive force while physically restraining Resident A on 02/10/2023.

INVESTIGATION: On 2/13/23, I received a recipient rights complaint stating that Resident A was restrained by staff members Kevin Johnson and Rhonda Johnson Baker on 2/10/23 after returning from an outing. Mr. Johnson reportedly had his legs wrapped around one of Resident A's legs and his hands on Resident A's jaw/throat area while pushing down and stating, "you're not going to bite me." Mrs. Johnson Baker assisted Mr. Johnson by grabbing Resident A's other leg and "holding him by his hip level and yelling what are you doing?" Mrs. Johnson Baker reportedly yelled at Resident A and threatened him by telling him that he's never going on another outing.

On 2/13/23, I spoke to Recipient Rights Officer, Michelle Richardson via phone. Mrs. Richardson confirmed the allegation and stated that she spoke to the complainant via phone, who is concerned for retaliation. Per Mrs. Richardson's contact with the complainant, Resident A "did not require physical management and would have calmed down on his own if (Mr. Johnson) would have simply left him alone." Mrs. Richardson and I agreed to meet at the home tomorrow, 2/14/23 at 10:00 am to address the complaint.

1.1.1.1.1.

On 2/14/23, Recipient Rights Officer Mrs. Richardson and I made an unannounced onsite investigation to the facility. Upon arrival, staff member Mrs. Johnson Baker answered the door and allowed entry into the home. Mrs. Johnson Baker stated that Resident A is away from the home due to a scheduled doctor's appointment in Grand Rapids. Mrs. Johnson Baker was interviewed in the basement of the home regarding the allegations. Mrs. Johnson Baker was asked to share what occurred this past Friday (2/10/23) between Resident A, herself, and her husband Mr. Johnson. Mrs. Johnson Baker stated that the residents had a dance that they attended at Greenville Community church. Staff and residents returned from the dance around 9:00 pm. Mrs. Johnson Baker stated, "(Resident A) smelled dirty" while Mr. Johnson was helping him take off his coat. Due to this, Resident A was told to go to the bathroom and he reportedly stated "no." Resident A reportedly became aggressive by pushing Mr. Johnson. Mrs. Johnson Baker A's) arms back to calm him down and (Resident A) threw himself on the ground."

Mrs. Johnson Baker stated that her colleague, Josh Carter asked Resident A to go to the bathroom and he refused. Mrs. Johnson Baker stated that Resident A eventually started crawling towards the bathroom. Mrs. Johnson Baker stated that Mr. Johnson was in the bathroom with Resident A. Mrs. Johnson Baker stated that she did not see it but she could hear the "ruckus" in the bathroom. After hearing the ruckus, Mrs. Johnson Baker went to the bathroom and observed Mr. Johnson with his legs over Resident A's legs while trying to hold him still. While this was occurring, Resident A was yelling "I hate you, you're going to jail." Mr. Johnson reportedly told Resident A to calm down and that he was not trying to hurt him. Mrs. Johnson Baker stated that Mr. Johnson had ahold of Resident A's wrist while his arms were near his chest. Mr. Johnson reportedly told Mrs. Johnson Baker that Resident A was trying to hit his head on the toilet. Mrs. Johnson Baker also stated that Resident A was trying to bite and kick Mr. Johnson in the head.

Mrs. Johnson Baker assisted Mr. Johnson by holding one of Resident A's legs for approximately five minutes to prevent him from kicking Mr. Johnson. While holding Resident A's legs, Mrs. Johnson Baker stated that she simply mentioned the word cookies and Resident A asked if she brought him some. Mrs. Johnson Baker stated that once she began talking about cookies, Resident A calmed down. Mrs. Johnson Baker stated that the physical intervention with Resident A lasted a total of 10-15 minutes. Mrs. Johnson Baker denied Mr. Johnson having his hands on Resident A's throat/jaw area. She also denied threatening Resident A that he would not be able to go on another outing. Mrs. Baker Johnson confirmed that staff in the home use MANDT De-escalation training and Mr. Johnson having his legs over Resident A's leg is not taught during MAMDT training. Mrs. Johnson Baker stated that she doesn't recall if Resident A has a behavioral plan that addresses this.

Mrs. Johnson Baker admitted that she yelled at Resident A by telling him that he will go to jail after Resident A initially told her and Mr. Johnson that they would go to jail. Mrs. Johnson Baker denied that she or Mr. Johnson told others not to say anything about what occurred. Mrs. Johnson Baker stated that she and Resident A have had previous incidents before that have led to her being taken away by an ambulance after being assaulted by him. Mrs. Johnson Baker was thanked for her time as this interview concluded.

While leaving the home, Program Manager Melissa Stewart arrived and spoke to Mrs. Richardson and I briefly. Mrs. Stewart stated that staff did not reach out to the on-call manager when this incident occurred but she is now aware of it. I explained to Mrs. Stewart that I would return to the home later today to interview Resident A when he is available. Mrs. Stewart stated that Resident A is non-verbal and that I would not be able to complete an interview with him. Despite this, I explained that I would attempt to speak with Resident A as he is able to communicate some words based on the allegations. Due to Mrs. Stewart stating that she knew about the incident this past Friday, I asked if there were any discussions made about the physical intervention used on Resident A. Mrs. Stewart stated once Resident A becomes aggressive, staff have to use physical intervention. Mrs. Stewart agreed to email me Resident A's behavioral plan.

On 2/14/23, I returned to the home around 12:00 pm to speak to Resident A and staff allowed entry into the home. Mrs. Johnson-Baker introduced me to Resident A and I attempted to interview him privately in his bedroom. Resident A stated that he was "doing good." Resident A was asked to share what occurred this past Friday with staff. Resident A stated that he went to see fire trucks as part of his outing. Resident A also stated that he went to a dance this past Friday and had fun. I directly asked Resident A questions about the reported physical intervention between he and Mr. Johnson and Mrs. Johnson Baker this past Friday. Resident A stated that he went is easier that he went to elaborate further and stated "yes" when asked if he wanted the interview to be done. Resident A was observed wearing a green long-sleeve shirt and blue cargo pants. There were no visible marks or bruises observed on Resident A. Resident A was thanked for his time as this interview concluded.

Prior to leaving the home, Program manager Mrs. Stewart stated that Mr. Johnson and Mrs. Johnson Baker will be moved to another AFC home until this investigation concludes. Mrs. Stewart stated that there are always two people working at the other AFC home so Mr. Johnson and Mrs. Johnson Baker will not be left alone with residents. Mrs. Stewart also provided me with copies of Resident A's Behavioral Plan, Individualized Plan of Service (IPOS), biopsychosocial, and the incident report associated with this complaint.

On 2/14/23, I spoke to staff member Kevin Johnson via phone. Mr. Johnson was asked to share what occurred this past Friday (2/10/23) with Resident A. Mr. Johnson stated that the residents returned from a dance. When they returned, he assisted Resident A with taking his coat off. While doing so, he noticed that Resident A had an odor as if he had a bowel movement. Mr. Johnson stated that he asked

Resident A to go to the bathroom so he could assist him and get him ready for bed. Mr. Johnson stated that Resident A told him no and became upset and started slamming doors. Mr. Johnson stated that he walked away to attend to another Resident in the home. Mr. Johnson stated Resident A eventually made his way to the bathroom after being redirected. While in the bathroom, Mr. Johnson stated that Resident A was trying to hit his head on the bathtub and kept stating that he hates his parents. Mr. Johnson stated that Resident A was also trying to bite himself.

In an attempt to keep Resident A safe, Mr. Johnson stated that he grabbed his arms to keep them away from his mouth. Mr. Johnson stated that Resident A scratched him all over his arms and, "I just took it." Mr. Johnson was asked if he had his legs over Resident A's legs at any point. Mr. Johnson stated "yes, I may have. That may have happened." Mr. Johnson adamantly denied having his hands on Resident A's jaw/throat. Mr. Johnson stated that his hands were near Resident A's jaw while he was holding his arms to stop him from harming himself and others. Mr. Johnson stated that Resident A was trying to bite him and kick him in the face. Mr. Johnson stated that this physical intervention lasted approximately 10-15 minutes. Mr. Johnson confirmed that his wife, Mrs. Johnson Baker came in the bathroom and held one of Resident A's legs to stop Resident A from kicking him in the face. Mr. Johnson stated he does not believe that his wife held Resident A's legs for a long time. Mr. Johnson was adamant that he was not trying to hurt Resident A. Mr. Johnson stated that he is MANDT trained for de-escalation. When asked if the physical intervention he used on Resident A is part of MAMDT training, Mr. Johnson stated "probably not." Mr. Johnson stated that Resident A was "all of the place" when this physical intervention was occurring. Mr. Johnson stated there have been issues with Resident A's aggression in the past but it has never got to this point.

Mr. Johnson stated that Resident A told him that he was going to jail and he doesn't recall if he or his wife told Resident A he would go to jail. Mr. Johnson stated that everything happened so quickly. Mr. Johnson denied telling Resident A that he can't go on another outing. Mr. Johnson also denied yelling or screaming at Resident A. Mr. Johnson stated that he is hard of hearing in both ears, so he may have a louder pitch when speaking. Mr. Johnson stated that his wife started talking about cookies and this calmed Resident A down. After Resident A calmed down, Mr. Johnson stated that he talked about the outing. Mr. Johnson was thanked for his time.

On 2/14/23, I spoke to Program Administrator, Jordan Walch through Spectrum Community Services. She informed me that licensee designee, Delissa Payne is out of the office for two weeks. She also informed me that Mr. Johnson and Mrs. Johnson Baker will be placed in a different home until this investigation concludes and that they will not work alone with residents. During this call, Mrs. Walch confirmed that Spectrum Community Services utilizes MANDT De-escalation training and she did not believe staff putting their leg over a resident's leg was part of the training. Mrs. Walch was thanked for her time.

On 2/15/23, I reviewed Resident A's behavioral health plan (BHP) through Sparks

Behavioral Services. The BHP lists reactive strategies for staff to appropriately respond to property destruction, physical aggression, and verbal aggression. The list includes the statement that staff are to redirect Resident A, remain unbothered by his target behaviors, speak to him in a calm voice, and create distance between themselves and Resident A.

The BHP states that the above protocol should also be followed for an occurrence of self-injury behaviors and staff should provide an "alternative behavior request (incompatible behavior) that Resident A cannot complete at the same time as the self-injury behavior." The BHP also states that "if after two attempts to request (Resident A) to engage in an incompatible behavior and he does not comply, staff should put a shield in between (Resident A) and the area. A shield should be a soft object, such as a foam pad or a small pillow." Nowhere in Resident A's BHP does it state that staff should utilize a physical intervention when Resident A displays aggression or self-injury behaviors.

On 2/15/23, I conducted an exit conference with program administrator, Jordan Walch on behalf of licensee designee Delissa Payne. Mrs. Walch was informed of the investigative findings and agreed to complete a CAP within 15 days of receipt of this report. I also informed Mrs. Walch that if Resident A requires physical interventions, his behavioral health plan should reflect this. Mrs. Walch denied having any questions.

APPLICABLE R	APPLICABLE RULE	
R 400.14308	Resident behavior interventions prohibitions.	
	 (2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following: (b) Use any form of physical force other than physical restraint as defined in these rules. (f) Subject a resident to any of the following: (iv) Threats. 	
ANALYSIS:	Mr. Johnson acknowledged that he may have had his legs over Resident A's legs in an attempt to stop him from harming himself or others. He also acknowledged to holding Resident A's arms.	
	Mrs. Johnson Baker acknowledged to holding Resident A's leg to stop him from kicking Mr. Johnson. Both Mr. Johnson and Mrs. Johnson Baker acknowledged that their MANDT de- escalation training does not include the physical intervention that they utilized with Resident A on 2/10/23. Mrs. Johnson also	

CONCLUSION:	VIOLATION ESTABLISHED
	From speaking to staff and reviewing Resident A's behavior plan, the behaviors he displayed are not new and are well documented. Based on the information provided, there is a preponderance of evidence to support the allegation.
	Resident A's behavior plan did not indicate that any form of physical intervention shall be used on Resident A, regardless of what behaviors he's displaying.
	acknowledged to yelling at Resident A and telling him that he was going to jail for his actions.

IV. RECOMMENDATION

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

anthony Mullim

02/15/2023

Anthony Mullins Licensing Consultant

Date

Approved By:

02/15/2023

Jerry Hendrick Area Manager Date