STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

February 16, 2023

Laura Hatfield-Smith
ResCare Premier, Inc.
Suite 1A
6185 Tittabawassee
Saginaw, MI 48603

RE: License #: AS780389700
Investigation #: 2023A0584016
Res-Care Premier Raymond

Dear Ms. Hatfield-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. If I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9727.

Sincerely,

Candace Coburn, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS780389700
Investigation #:	2023A0584016
Complaint Receipt Date:	12/20/2022
Investigation Initiation Date:	12/20/2022
Report Due Date:	02/18/2023
Licensee Name:	ResCare Premier, Inc.
Licensee Address:	9901 Linn Station Road Louisville, KY 40223
Licensee Telephone #:	(989) 791-7174
Administrator:	Laura Hatfield-Smith
Licensee Designee:	Laura Hatfield-Smith
Name of Facility:	Res-Care Premier Raymond
Facility Address:	715 Raymond Road Owosso, MI 48867
Facility Telephone #:	(989) 472-3829
Original Issuance Date:	11/29/2017
License Status:	REGULAR
Effective Date:	05/29/2022
Expiration Date:	05/28/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
On 12/15/2022, facility staff member Shelby Morse engaged in "horseplay" with Resident A even though the facility has a policy prohibiting this practice.	Yes

III. METHODOLOGY

12/20/2022	Special Investigation Intake - 2023A0584016 Special Investigation Initiated-Telephone call with Residential Director Davina McCaskey.
01/09/2023	Contact- Face to Face interview with Ardis Bates, Shiawassee Health and Wellness Recipient Rights Officer.
01/27/2023	Contact - Face to Face interview with Resident A
01/30/2023	Contact - Email sent to home manager Tiffany Baroski-Carsten.
02/13/2023	Exit Conference via telephone with licensee designee Laura Hatfield Smith.
02/15/2023	Contact – Telephone interview with direct care worker Shelby Morse.

ALLEGATION:

On 12/15/2022, facility staff member Shelby Morse engaged in "horseplay" with Resident A even though the facility has a policy prohibiting this practice.

INVESTIGATION:

On 12/20/2022, the Bureau of Community and Health Systems (BCHS) received the above allegation via the BCHS online complaint system.

I conducted a telephone interview with the Residential Director Davina McCaskey, who confirmed the allegation involving facility staff member Shelby Morse and Resident A on 12/15/2022 was true.

On 1/9/2023, I conducted a face-to-face interview with Shiawassee Health and Wellness Recipient Rights Officer Ardis Bates, who stated she investigated the

allegation, and as a result, established Resident A's dignity and respect was violated by Ms. Morse.

On 1/27/2023, I conducted an unannounced onsite investigation at the facility and conducted a face-to-face interview with Resident A. Resident A stated that on 12/17/2022, she Ms. Morse were playing with a cardboard tube when she was accidently hit under her left eye. Resident A stated she received a small scratch. I examined the area under Resident A's left eye and did not see any resulting mark or scratch in the area.

On 1/30/2023, home manager Tiffany Baroski-Carsten provided to me via email, a document titled, *Human Resources Policy and Practice Manual, Professional Boundaries, Policy Number 6.20, page 2.* which read;

"F. The following activities are expressly prohibited:

1. *Horseplay of any kind between staff members and clients."*

On 2/15/2023, I conducted a telephone interview with Ms. Morse, who stated she has been an employee with the facility since February 2022. Ms. Morse stated Resident A was in a "good mood" the afternoon of 12/17/2022 and they both were having fun tossing around a cardboard wrapping paper tube. Ms. Morse confirmed she tossed the tube back and it hit Resident A in the face under her left eye. Ms. Morse stated she was aware of the "no horseplay" policy and was "caught up in the fun of the exchange". Ms. Morse stated she was remorseful about the incident and personally reported the event to recipient rights as required.

APPLICABLE RULE	
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:	Based upon my investigation, which consisted of interviews with Residential Director Davina McCaskey, Shiawassee Health and Wellness Recipient Rights Officer Ardis Bates, Resident A, home manager Tiffany Baroski-Carsten, and direct care staff member Shelby Morse, as well as review of facility documentation, it has been established that on 12/17/2022, direct care staff Shelby Morse violated the facility's personnel policy on prohibited practices when she engaged in "horseplay" with Resident A.
CONCLUSION:	**VIOLATION ESTABLISHED**

On 2/13/2022, I conducted an exit conference with licensee designee Laura Hatfield Smith regarding the findings of this investigation. Ms. Hatfield Smith agreed with the findings.

IV. RECOMMENDATION

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

02/16/2023

Candace Coburn Date
Licensing Consultant

Approved By:

02/16/2023

Michele Streeter Date
Area Manager