GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 24, 2023

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

RE: License #: AS630305248
Investigation #: 2023A0612015
Kingsley Trail

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,

Johnna Cade, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
Phone: 248-302-2409

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630305248
Investigation #:	2023A0612015
Complaint Receipt Date:	02/15/2023
Investigation Initiation Date:	02/15/2023
Report Due Date:	04/16/2023
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:	Kingsley Trail
Facility Address:	637 Kingsley Trail Bloomfield Hills, MI 48304
Facility Telephone #:	(248) 593-9297
Original Issuance Date:	02/12/2010
License Status:	REGULAR
Effective Date:	08/14/2021
Expiration Date:	08/13/2023
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
Resident A alleged that the group home is not providing him medical care.	Yes

III. METHODOLOGY

02/15/2023	Special Investigation Intake 2023A0612015
02/15/2023	APS Referral Adult Protective Services (APS) denied the referral
02/15/2023	Special Investigation Initiated - Letter Email to Recipient Rights Specialist, Aaron Winston regarding the allegation
02/15/2023	Contact - Document Received Resident A's Individual Plan of Service & Crisis Plan
02/22/2023	Inspection Completed On-site I completed an unscheduled onsite investigation. I interviewed Resident A, Resident B, and med coordinator Trenton Slaughter
02/22/2023	Contact - Telephone call made Telephone interview completed with program coordinator Francis Hopkins
02/22/2023	Contact - Document Received Resident A’s health care appraisal and relevant Appointment Records
02/24/2023	Exit Conference Telephone call to licensee designee, Jennifer Bhaskaran to conduct exit conference

ALLEGATION:

Resident A alleged that the group home is not providing him medical care.

INVESTIGATION:

On 02/15/23, I received a complaint from Recipient Rights that indicated Resident A reported the group home was not providing him medical care. Resident A had a lump in his stomach that he thought was a hernia, but he did not get any medical attention. Resident A has not seen the dentist and has not seen the doctor about concerns he has with his ear. Resident A's medical issues have not been addressed for months. On 02/16/23, I received an additional allegation that indicated Resident A cannot go into the community on his own, and he feels that this violates his rights.

I initiated my investigation with an email to Recipient Rights Specialist, Aaron Winston to coordinate and reviewed Resident A's Individual Plan of Service (IPOS). Resident A has a Not Guilty by Reason of Insanity (NGRI) order in place. Due to health and safety concerns, staff are to monitor Resident A at all times while in the community. As this is a standard of care documented in Resident A's IPOS, the allegation regarding Resident A accessing the community independently will not be investigated. A referral was made to Adult Protective Services (APS). The referral was denied.

On 02/22/23, I completed an unscheduled onsite investigation. I interviewed Resident A, Resident B, and med coordinator Trenton Slaughter.

On 02/22/23, I interviewed Resident A. Resident A stated he has been living in this home for four years. About three years ago, he began to develop a medication build up in his stomach. He explained that it is on the inside of his stomach and therefore, it cannot be seen. Resident A stated he has had a hernia in the past however, this is different because it is located at a different spot on his body. Resident A stated he was taken to the doctor regarding this concern, he saw Dr. Mansour. He was diagnosed with a hernia. Resident A does not believe this diagnosis was accurate.

Resident A stated his ears are "plugged up." He cleans them using Q- tips and a cleaning tool. He is not experiencing any issues with his ears. He has no concerns regarding his ears.

Prior to living in this home, Resident A was in Caro Hospital. While there he had all his teeth pulled. He has two remaining teeth on the bottom left side of his mouth. Resident A has dentures, but he does not want to wear them. They make him gag; he does not like them. Resident A stated he has never worn his dentures and they no longer fit. Resident A stated he has not gone to the dentist in four to five years. Resident A was unable to provide a reason that he needed to go to the dentist. He denies any tooth pain. He denies that he was ever refused dental care.

Resident A stated he meets with his Easter Seals psychiatrist regularly. The medication she prescribes are not helping, it makes him feel lousy and he believes it is what's causing his hernia. Resident A stated he has no complaints regarding the staff in the home. They are good to him.

Throughout the interview, Resident A presented with paranoia. He paced the room and continuously indicated that he did not trust anyone. Resident A stated he had bumps on the top of his head and cuts on his legs. When he showed me the alleged injuries, there was no observed marks or injuries on his body.

On 02/22/23, I interviewed Resident B. Resident B stated this is the best home he has lived in thus far. He gets along well with the staff. Resident B stated if he has any medical concerns staff assist him with seeing a doctor or getting him medication if needed.

On 02/22/23, I interviewed med coordinator, Trenton Slaughter. Mr. Slaughter has been working at this home for eight years. He works day shift from 6:00 am – 2:00 pm. Mr. Slaughter stated Resident A hallucinates, he is hyper fixated on medical concerns, and he regularly has complaints about ailments to his body that cannot be seen. Mr. Slaughter stated Resident A became fixated on having a hernia one year ago. He took Resident A to the doctor, and they recommended an endoscopy. He took Resident A for the endoscopy. The results indicated that he did not have a hernia.

Mr. Slaughter stated immediately upon returning home from the appointment, Resident A said the doctor did not do anything and he did not believe the doctor's diagnosis. Regarding Resident A's dental care, Mr. Slaughter stated Resident A has dentures. Resident A told him that he was never going to wear them. Resident A has never asked to go to the dentist or expressed any issues with not receiving dental care. Mr. Slaughter reviewed Resident A's medical records on file at the home and stated there is no documentation that indicated Resident A has seen a dentist.

On 02/22/23, I interviewed program coordinator Francis Hopkins. Ms. Hopkins stated the home previously had a home manager, however that staff recently resigned. As such, she is the acting home manager until a replacement is hired. Ms. Hopkins stated she is regularly at the Kingsley Trail home. She has a good relationship with Resident A, and she believes that if he felt like he was not getting the medical care he required he would inform her. Ms. Hopkins stated Resident A receives all necessary medical treatment. Resident A is fixated on health concerns and money. Resident A has a history of hernias. He goes in for follow up care one or two times a year. Resident A was scheduled for a colonoscopy on 10/21/22, however, he refused to complete the mandatory prep so he could not have the procedure done. Staff are in the process of rescheduling. There was a mix up with his physician and a new order was needed. On 02/24/23, Ms. Hopkins informed me that Resident A's colonoscopy was rescheduled for 04/03/23.

Regarding Resident A's dental care, Ms. Hopkins stated Resident A has dentures. He chooses not to wear them. Ms. Hopkins stated Resident A has gone to the dentist within the last year. Ms. Hopkins has no concerns that Resident A is not receiving the medical treatment he needs.

On 02/22/23, I reviewed the following relevant documentation:

- Resident A's health care appraisal was completed on 03/31/22, by Dr. Falz Mansour. Resident A's physical exam including his skins, ears, nose, throat, mouth, etc. was within normal range. There are no other health related concerns documented.
- Appointment Record dated 04/13/22, indicated that Resident A was seen by Dr. Hasan with complaints of a hernia and a lump in his stomach. He was diagnosed with abdominal pain, unspecified.
- On 05/20/22, Resident A had a colonoscopy at St. Joseph Mercy Oakland completed by Dr. Ramy Mansour. It was recommended that he repeat the colonoscopy in three months because the bowel preparation was poor.
- Appointment Record dated 06/30/22, indicated Resident A was seen by Dr. Falz Mansour. He was diagnosed with constipation and directed to follow up with Dr. Ramy Mansour to repeat the colonoscopy in two months.
- Health Care Chronical dated 10/21/22, indicated Resident A was scheduled for a colonoscopy however, he refused to complete the mandatory prep so he could not have the procedure. Staff will reschedule.

On 02/24/23, I reviewed Resident A's Individual Plan of Service (IPOS) dated 02/04/23 and Resident A's crisis plan dated 07/07/22. In summary, the IPOS indicated Resident A will go to his primary health care provider yearly or as needed. Group home staff are responsible for assisting Resident A with coordinating all of his health care needs. Staff will transport Resident A to and from all appointments and be present in the exam room to ensure all information is provided to the doctor. Resident A's crisis plan identifies medical problems as a trigger for Resident A. Resident A is to inform his home staff when he is not feeling well. If Resident A has a medical concern staff are to call his primary care doctor to see if an appointment can be made.

On 02/24/23, I called licensee designee, Jennifer Bhaskaran to conduct an exit conference. There was no answer. I left a detailed message regarding my findings. I informed Ms. Bhaskaran that a corrective action plan would be needed.

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 the information gathered through my investigation there is sufficient information to conclude, Kingsley Trail staff failed to attend to Resident A's personal needs. Resident A's Individual Plan of Service indicated that staff are responsible for assisting Resident A in coordinating all his health care needs. On 05/20/22, Resident A had a colonoscopy. It was recommended that he repeat the colonoscopy because the bowel preparation was poor. The colonoscopy was rescheduled for 10/21/22. Resident A refused to complete the mandatory prep so he could not have the procedure. Staff were to reschedule the appointment. According to the program coordinator Francis Hopkins, Resident A's colonoscopy was rescheduled for 04/03/23. Although the procedure has been rescheduled, it has been four months since staff were instructed to reschedule the appointment. During those four months there is no indication or documentation that suggest staff made any attempts to reschedule Resident A's colonoscopy prior to the initiation of this investigation.
CONCLUSION:	**VIOLATION ESTABLISHED**

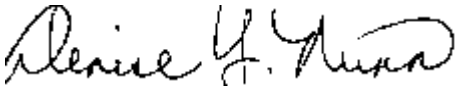
IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend that the status of this license remains unchanged.

02/24/2023

Johnna Cade — Date
Licensing Consultant

Approved By:



02/24/2023

Denise Y. Nunn — Date
Area Manager