GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 22, 2023

Stephanie Riley
Valley Residential Serv Inc.
P O Box 186
St Charles, MI 486550186

RE: License #: AS250010880
Investigation #: 2023A0569024
Wilson Rd Home

Dear Ms. Riley:

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 (517) 643-7960.

Sincerely,

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 931-1092

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT
THIS REPORT CONTAIN QUOTED PROFANITY

I. IDENTIFYING INFORMATION

License #:	AS250010880
Investigation #:	2023A0569024
Complaint Receipt Date:	02/13/2023
Investigation Initiation Date:	02/13/2023
Report Due Date:	04/14/2023
Licensee Name:	Valley Residential Serv Inc.
Licensee Address:	300 S Saginaw St. Charles, MI 48655
Licensee Telephone #:	(231) 580-5204
Administrator:	Stephanie Riley
Licensee Designee:	Stephanie Riley
Name of Facility:	Wilson Rd Home
Facility Address:	3473 Wilson Rd Clio, MI 48420
Facility Telephone #:	(810) 687-1596
Original Issuance Date:	02/22/1991
License Status:	REGULAR
Effective Date:	11/05/2021
Expiration Date:	11/04/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
• **Angela Green, staff person, swore at Resident A.**	Yes
• **Resident funds are missing.**	Yes

III. METHODOLOGY

02/13/2023	Special Investigation Intake 2023A0569024
02/13/2023	APS Referral Complaint received from APS.
02/13/2023	Special Investigation Initiated - Letter email received from Michelle Salem, RRO.
02/13/2023	Contact - Document Received IR submitted to department.
03/14/2023	Contact - Telephone call received. Contact with Michael Grant, APS worker.
03/22/2023	Inspection Completed On-site
03/22/2023	Contact - Telephone call made. Contact with Michelle Salem, RRO.
03/22/2023	Contact - Telephone call made. Contact with Demarco Harris, staff person.
03/22/2023	Contact - Telephone call made. Contact with Sasha Dean, staff person.
03/22/2023	Contact - Telephone call made. Attempted contact with Angela Green, staff person. Left voicemail requesting return phone call.
03/22/2023	Contact - Telephone call made. Attempted contact with Tamara Knuckles, staff person. Left voicemail requesting return phone call.

03/22/2023	Contact - Telephone call made. Attempted contact with Pat Shepard, RRO. Left voicemail.
03/22/2023	Inspection Completed-BCAL Sub. Compliance
03/22/2023	Contact - Telephone call received. Contact with Pat Shepard, RRO.
03/22/2023	Exit Conference Exit conference with Stephanie Riley, licensee designee.

ALLEGATION:

Angela Green, staff person, swore at Resident A.

INVESTIGATION:

This complaint was received from the adult protective services central intake department. The complainant reported that Angela Green, staff person, was observed "being very aggressive towards the residents". The complainant reported that Ms. Green has been observed "yelling and swearing" at the residents. The complainant reported that Ms. Green has also slapped residents, but it is unknown if there have been any injuries to any of the residents.

Michael Grant, APS worker, stated on 3/14/23 that he investigated this allegation. Mr. Grant stated that Ms. Green denied that she has ever mistreated any of the residents and none of the residents were observed to have any injuries. Mr. Grant stated that he did not find any evidence to substantiate the allegation that Ms. Green has mistreated the residents. Mr. Grant stated that he was informed that video of the incident was submitted to the office of recipient rights, but he has not observed the video.

An unannounced inspection of this facility was conducted on 3/22/23. All the residents residing in this facility are non-verbal and could not give a reliable statement. All the residents were observed during the inspection on 3/22/23. All the residents were observed to be appropriately dressed and groomed with no visible injuries. All the residents were observed to be ambulating around the facility or sitting in the living room area watching television during the inspection.

Cora Curry, facility manager, stated on 3/22/23 that Angela Green was the assistant home manager. Ms. Curry stated that she has never observed Ms. Green physically or verbally mistreat the residents and Ms. Green has never been disciplined in the six years she has worked at this facility for mistreating any of the residents. Ms. Curry

stated that she was then informed that someone had submitted video to the recipient rights office recording Ms. Green verbally and physically mistreating Resident A and Resident B. Ms. Curry stated that she then confronted Ms. Green with the fact that video had recorded Ms. Green mistreating the residents and Ms. Green then admitted that she had “lost it” and yelled at Resident A and Resident B. Ms. Curry stated that Ms. Green was then immediately terminated from employment.

Pat Shepard, recipient rights officer, stated on 3/22/23 that she had been given video that was recorded by a person hired from a temporary, “temp”, service and worked with Ms. Green for one shift. Ms. Shepard stated that she has watched three videos submitted to her, and that Ms. Green can be observed verbally mistreating residents, and that in one video a sound can be heard off screen that sounded like a resident was being slapped. Ms. Shepard played the audio from the videos while I was interviewing Ms. Shepard on 3/22/23. The first video was played, and I could hear Ms. Green yelling in an aggressive manner at Resident A to “sit down” and then she yelled in the same tone at Resident B to “come to the table”. The audio of the second video was then played. Ms. Green was observed to yell at Resident B in an aggressive tone to “get the fuck up and put your pull up on”. The second video also recorded Ms. Green yelling at Resident B several more times and then a sound similar to the sound of a slap could be heard. The audio for the third video was then played. Ms. Green was observed to be complaining and yelling about Resident C stating, “he keeps eating everything in this damn house”. Ms. Shepard stated that when she interviewed Ms. Green, she initially denied that she mistreated any of the residents, then when she was confronted with the videos, Ms. Green admitted to the verbal mistreatment, but still denied slapping any of the residents. Ms. Shepard stated that she will be substantiating class III abuse against Ms. Green.

An attempted contact was made to Ms. Green and a voicemail was left requesting a return phone call. Ms. Green has not responded to this request for a statement.

Stephanie Riley, licensee designee, stated on 3/22/23 that she observed the videos submitted to Ms. Shepard. Ms. Riley stated that Ms. Green was observed verbally mistreating the residents and possibly slapping a resident. Ms. Riley stated that she immediately terminated Ms. Green from employment.

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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: **(f) Subject a resident to any of the following:** **(i) Mental or emotional cruelty.** **(ii) Verbal abuse.**

	(iii) Derogatory remarks about the resident or members of his or her family. **(iv) Threats.**
ANALYSIS:	The complainant reported that Ms., Green verbally and physically mistreated residents. Ms. Shepard and Ms. Riley observed the videos and observed Ms. Green verbally and possibly physically mistreat Resident A, Resident B, and Resident C. The audio of the three videos were observed to record Ms. Green verbally and possibly physically mistreat residents. Based on the statements given and video reviewed, it is determined that there has been a violation of this rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

Resident funds are missing.

INVESTIGATION:

The complainant reported that a review of the residents' funds on 2/9/23 disclosed that the residents' funds were missing over $400. The complainant reported that it is unknown what happened to the resident funds.

An incident report (IR) was submitted to the department on 2/10/23. The incident report documents that Sarah Smith, staff person, reviewed the residents' funds on 2/9/23 and found that Resident A was missing $149.00, Resident B was missing $100.00, Resident C was missing $27.00, Resident D was missing $100.00, Resident E was missing $49.00, and Resident F was missing $46.00. The IR documents that Ms. Smith then contacted the Genesee County Sheriff department, APS, recipient rights, and this department to report the missing money. No corrective measures were documented on the IR.

Ms. Curry stated that she was off of work due to being COVID positive when this incident occurred. Ms. Curry stated that she did take note of the locked file cabinet that the safe with the resident funds inside. Ms. Curry stated that the cabinet appeared to have been tampered with so that the drawer could be opened without a key. Ms. Curry then displayed the cabinet. The top drawer was observed to have been pried open and there was damage to the top of the drawer. Ms. Curry stated that none of the staff have offered any explanation for the missing funds, but that all the missing money has been replaced by Valley Residential Services.

All the resident part II forms and cash envelopes were reviewed during the inspection on 3/22/23. The cash amounts contained in each resident's envelope matched the amount documented on their funds form. Ms. Curry stated that the funds are stored in a locked safe box and the box has been moved to a more secure closet with a locked door that she has the only key for.

Sarah Smith, staff person, stated that she and Ms. Green counted all the resident funds together at the end of the first shift on 2/9/23. Ms. Smith stated that the amount of cash documented on each Residents' part II form matched the cash that they had in their envelope when she left her first shift on 2/9/23. Ms. Smith stated that she returned on 2/10/23 to work the first shift and each resident had a hair cut from a visiting beautician. Ms. Smith stated that she then went to get the residents' cash envelopes to pay for the hair cuts and she observed large sums of money to be missing. Ms. Smith stated that several residents had large bills in their envelopes the day prior such as &100, $50, and $20 denominations that were missing on 2/10/23. Ms. Smith stated that she immediately notified management, law enforcement, APS, recipient rights, and this department. Ms. Smith stated that the staff who worked the second shift after she left were Ms. Green and Sasha Dean, staff person. Ms. Smith stated that the third shift staff were Demarco Harris and Tamara Knuckles. Ms. Smith stated that she does not know what happened to the money but believes that a staff member must have taken the money as the residents have no access or knowledge of the money.

Demarco Harris, staff person, stated on 3/22/23 that he worked the third shift on 2/9/23-2/10/23. Mr. Harris stated that he does not know what happened to the money. Mr. Harris stated that he did not see anyone take the money, and he did not take the money. Mr. Harris stated that the money was kept, locked, in the office and he does not go into the staff office.

Sasha Dean, staff person, stated on 3/22/23 that she worked the second shift with Ms. Green on 2/9/23. Ms. Dean stated that she doe does not know what happened to the money. Ms. Dean stated that she did not take the money and that she did not observe Ms. Green take the money. Ms. Dean stated that she has not heard any rumors or other staff admit to taking the money.

Attempted contacts were made with Ms. Green and Ms. Knuckles. Voice mails were left requesting a return phone call. Those requests have not been returned.

Mr. Grant stated on 3/14/23 that all the staff denied taking the money when he interviewed them. Mr. Grant stated that he could not find any evidence to substantiate financial exploitation and that all the resident funds have been replaced.

Michelle Salem, recipient rights officer, stated on 3/22/23 that she has investigated this allegation. Ms. Salem stated that all the staff are denying that they took the money or know who did. Ms. Salem stated that she is citing a violation of the residents' rights in her investigation.

APPLICABLE RULE	
R 400.14315	**Handling of resident funds and valuables.**
	(10) A licensee, administrator, direct care staff, other employees, volunteers under the direction of the licensee, and members of their families shall not accept, take, or borrow money or valuables from a resident, even with the consent of the resident.
ANALYSIS:	The complainant reported that resident funds were observed to be missing on 2/9/23. The IR documents that a total of $471.00 was missing from the residents' cash envelopes on 2/10/23. Ms. Smith stated that she counted the money with Ms. Green on 2/9/23 at the end of the first shift, and when she returned for the first shift on 2/10/23 she found the missing funds while paying for the residents' haircuts. Ms. Smith stated that she immediately noticed the money was missing because she had counted large denomination bills the day prior and they were missing from the residents' envelopes. All the staff interviewed denied knowing what happened to the residents' funds, but the locked cabinet drawer where the cash envelopes were secured was observed to be damaged during the inspection on 3/22/23 and appeared to have been pried open. Based on the statements given and observations made, it is determined that there has been a violation of this rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

An exit conference was conducted with Stephanie Riley on 3/22/23. The findings in this report were reviewed.

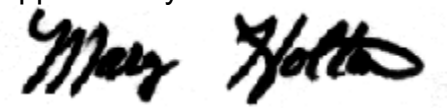
IV. RECOMMENDATION

I recommend that the status of this license remain unchanged with the receipt of an acceptable corrective action plan.

03/22/2023

Kent W. Gieselman Date
Licensing Consultant

Approved By:



03/22/2023

Mary E. Holton Date
Area Manager