



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 11, 2023

Neiman Byerly  
Byerly Enterprises, LLC  
4759 Owasco Ct.  
Clarkston, MI 48348

RE: License #: AM630397532  
Investigation #: 2023A0605006  
Hidden Acres Manor

Dear Mr. Byerly:

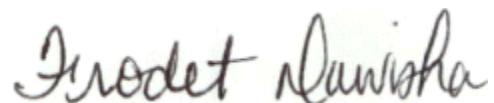
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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,

A handwritten signature in black ink that reads "Frodet Dawisha". The signature is written in a cursive style with a light green highlight behind the name.

Frodet Dawisha, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(248) 303-6348

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM630397532
<b>Investigation #:</b>	2023A0605006
<b>Complaint Receipt Date:</b>	11/28/2022
<b>Investigation Initiation Date:</b>	11/28/2022
<b>Report Due Date:</b>	01/27/2023
<b>Licensee Name:</b>	Byerly Enterprises, LLC
<b>Licensee Address:</b>	4759 Owasco Ct. Clarkston, MI 48348
<b>Licensee Telephone #:</b>	(810) 691-6400
<b>Administrator/Licensee Designee:</b>	Neiman Byerly
<b>Name of Facility:</b>	Hidden Acres Manor
<b>Facility Address:</b>	8616 Hidden Acre Court Clarkston, MI 48348
<b>Facility Telephone #:</b>	(248) 241-6507
<b>Original Issuance Date:</b>	08/07/2019
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	02/07/2022
<b>Expiration Date:</b>	02/06/2024
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL/AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
On 11/28/2022 around 9AM, Resident A was observed with two dark purple-black eyes and additional yellow bruising around edges of his eyes.	Yes

## III. METHODOLOGY

11/28/2022	Special Investigation Intake 2023A0605006
11/28/2022	Special Investigation Initiated - Letter Referral emailed to Office of Recipient Rights (ORR) Sarah Rupkus.
11/28/2022	APS Referral Adult Protective Services made referral.
11/28/2022	Contact - Document Received Email from ORR Sarah Rupkus.
11/30/2022	Inspection Completed On-site I conducted an unannounced on-site investigation. I interviewed the home manager (HM) Jennifer Stancroff, direct care staff (DCS) Simone Lewis and Ayesha Knight and Residents B, E, and G.
11/30/2022	Contact - Face to Face I observed Resident A who is non-verbal at Clarkston Junior High School.
12/13/2022	Contact - Telephone call made Interviewed Resident A's mother/guardian, DCS Joseph Russo, DCS Shavar Walker, Newaygo Office of Recipient Rights (ORR) worker Jill McKay regarding the allegations.
12/14/2022	Contact - Document Received Email from ORR worker Jill McKay.
12/20/2022	Contact - Telephone call made Follow-up with DCS Shavar Walker
12/20/2022	Contact - Document Received

	Email to and from ORR Jill McKay
12/20/2022	Contact - Telephone call made Informed Chief Financial Officer (CFO) Carl Byerly of my findings. He will have the licensee designee Neiman Byerly call to conduct the exit conference.
12/20/2022	Exit Conference Conducted exit conference via telephone with licensee Nieman Byerly with my findings

**ALLEGATION:**

**On 11/28/2022 around 9AM, Resident A was observed with two dark purple-black eyes and additional yellow bruising around edges of his eyes.**

**INVESTIGATION:**

On 11/28/2022, intake #191893 was received from Adult Protective Services (APS) who is investigating these allegations.

On 11/28/2022, I made a referral to Oakland County Office of Recipient Rights (ORR) and received an email from ORR worker stating that Resident A does not receive services through Oakland County Community Housing Network (OCHN).

On 11/30/2022, I conducted an unannounced on-site investigation at Hidden Acres Manor. Present were Residents B, C, D, E, F, G, H, the home manager (HM) Jennifer Stancroff and direct care staff (DCS) Simone Lewis and Ayesha Knight. Resident A was at school during this visit. I reviewed Resident A's individual plan of service completed by Newaygo County Mental Health (NCMH) expired on 08/20/2022, November staff schedule, Resident A's skin integrity form completed on 11/24/2022 by Simone Lewis and incident report (IR) dated 11/11/2022 completed by Simone Lewis regarding Resident A.

The HM Jennifer Stancroff was interviewed regarding the allegations. The HM began working for this corporation on 10/24/2022. She works Monday-Friday first shift from 8AM-4PM. The HM stated there are bedrooms on the main floor (referred as upstairs) and bedrooms on the lower floor (referred as downstairs). On 11/23/2022, during first shift, the HM was working upstairs alone and DCS Shavar Walker was working downstairs alone. Resident A's bedroom is located downstairs; therefore, Mr. Walker was responsible for Resident A. The HM was upstairs with Residents D, G, and H when she heard commotion downstairs. She stated she went downstairs to see what was happening and observed Steven and Joshua fighting. The HM stated she did not intervene as she was more concerned about the other residents. The HM stated she ensured that Residents C, E, and F who were present were safe by having them go into their bedrooms. The HM stated that DCS Shavar Walker separated Resident A and

Resident B and had Resident B go into his bedroom. The HM stated she was informed by Mr. Walker that Resident A came out of his room and Resident B was heading back to his room when Resident A asked for more chips after finishing the chips he had. Resident B told Resident A, "No," and being that "No," is a trigger word for Resident A, Resident A went after Resident B, and both began fighting. Mr. Walker separated the two sending Resident B to his bedroom while Mr. Walker got Resident A to calm down and into the shower as showering is one of the coping mechanisms for Resident A. The HM stated she then asked Resident B what happened and Resident B told the HM that Resident A wanted more chips, Resident B stated "No," and then Resident A went after Resident B who felt threatened so Resident B punched Resident A. After Resident A's shower, the HM observed a cut above Resident A's left eye that was bleeding. She did not observe bruises, just the cut and some scratches.

The HM stated before the incident, Resident A was observed by Mr. Walker banging his head on the floor, so the HM is unsure if the cut she observed above Resident A's eye was due to Resident B or self-harm by Resident A. The HM stated Resident A refused ice to put on his eye but that it was cleaned up; however, Resident A was not taken to urgent care, the doctor, nor the hospital to have Resident A checked out since Resident B told the HM, "I punched Resident A." The HM stated that the de-escalation strategies used with Resident A to calm him down is usually getting Resident A into the shower. She stated this is the first time Resident A went after Resident B; however, within the last couple of weeks, Resident A went after staff and prior to that went after other residents. The HM reported that the incidents with Resident A usually occur around the holidays which is usually when Resident A wants to visit his mom. Resident A asks for his mom and when he does not see or talk to her, he acts out. The HM stated that due to mom being a trigger, Resident A's mom does not visit, nor does she call to speak with Resident A.

I interviewed DCS Simone Lewis regarding the allegations. Ms. Lewis stated she has been with this corporation since 2020. Ms. Lewis was the HM, but then stepped down to be a DCS. She too works the first shift from 8AM-4PM. Ms. Lewis is DCS downstairs. She stated that she was supposed to work on 11/23/2022 but switched with DCS Shavar Walker. Ms. Lewis stated she called the home on 11/23/2022 to speak with Mr. Walker, but the HM answered. The HM told Ms. Lewis that Mr. Walker was currently dealing with an issue with Resident A and that he could not talk. Ms. Lewis stated that the HM told Ms. Lewis that the issue was that Resident A saw that Mr. Walker had chips in Mr. Walker's bag and Resident A wanted the chips. The HM then reported to Ms. Lewis that Resident A took the chips from Mr. Walker's bag and both Resident A and Mr. Walker began arguing back and forth for the chips. Ms. Lewis stated that was the end of their conversation. Ms. Lewis worked on 11/24/2022 with Mr. Walker. She asked Mr. Walker what happened with Resident A after she observed Resident A's face to be swollen, two black eyes, and an abrasion to Resident A's left side. Mr. Walker told Ms. Lewis that Resident A wanted Mr. Walker's chips, Mr. Walker told Resident A, "No," and as Mr. Walker turned around to put the chips away, Resident A grabbed Mr. Walker's hoodie and began choking Mr. Walker. Mr. Walker told Ms. Lewis that Mr. Walker yelled out and that's when Resident B came out of his bedroom and pulled Resident A from

Mr. Walker. Mr. Walker told Ms. Lewis that “Resident A choked me to the point I was going to black out.” Ms. Lewis stated that Resident B told Ms. Lewis that Resident B pulled Resident A off from Mr. Walker and that Resident A was going to bite Resident B so that is when Resident B punched Resident A.

Ms. Lewis stated she did not take Resident A to seek medical attention after she observed Resident A’s injuries. Ms. Lewis stated Resident A’s trigger word is “No,” and when Resident A hears that word, he becomes aggressive. Ms. Lewis stated on 11/11/2022, Resident A became aggressive towards her. She provided me with the IR dated 11/11/2022 along with her statement. Ms. Lewis stated on 11/17/2022, Resident A attacked DCS Joe Russo but did not have that IR on hand. Ms. Lewis stated that Resident A is very aggressive towards residents and staff. She stated showering was helping Resident A calm down in the beginning, but most recently, it has been difficult to get Resident A to calm down even with a shower. Ms. Lewis stated there are signs when Resident A becomes aggressive or if a situation will be escalating face scrimmage, pulls ears down and holds against his face, makes a fist and his entire body gets red. She stated that Resident A does self-harm by hitting his head on the floor or against something. Ms. Lewis stated that Resident A’s case manager through Newaygo County is aware of these behaviors and that this home is trying to find a psychiatrist closer to this home to have a face-to-face visit with Resident A instead of Zoom visits.

I interviewed DCS Ayesha Knight who was in training as she began working for this corporation on 11/28/2022. Ms. Knight stated she has completed her training; however, she is still shadowing staff. Ms. Knight stated she does not have any information regarding the incident with Resident A as she was not hired at that time, but that she is now getting to know the residents and their needs. Ms. Knight stated she did not hear about the incident with Resident A either; therefore, she has no information to provide.

I interviewed Resident B regarding the allegations. Resident B stated that on 11/23/2022, Resident A wanted chips, but DCS Shavar Walker told Resident A there were no more chips. Resident B stated he was in his bedroom when he heard Mr. Walker call for help. Resident B came out of his bedroom and saw that Resident A was holding Mr. Walker so Resident B grabbed Resident A and stated, “I punched him in the face a couple of times and punched his body a couple times.” He then said, “I put Resident A in a PRT (Resident B did not know what the abbreviation stood for) hold which is a restraint that prevents you from hitting yourself.” Resident B stated that Resident A was hitting Resident B, so Mr. Walker pulled Resident A from Resident B. Resident B stated he did not see Resident A choke Mr. Walker. Resident B stated, “Resident A tried to choke me, and I messed him up a bit.” Resident B stated he told the HM that Resident A should go to the doctor because Resident B stated, “I believe I broke his nose.” Resident B stated he does not know if Resident A was taken to be seen by a doctor because Resident B left for work. Resident B stated all the other residents were in their bedrooms and did not witness this incident. Resident B stated he has observed Resident A hit both residents and staff in the past. I did not observe any injuries on Resident A.

I was unable to interview Resident C as he was non-verbal. Resident C was sitting at the table rocking back and forth.

I attempted to interview Resident D, but Resident D did not want to be interviewed.

I interviewed Resident E; however, his responses to my questions were "I don't know."

I interviewed Resident F, but his response was "I don't want to talk about it," when asked if he witnessed an incident between Resident A, Resident B, and DCS Shavar Walker.

I attempted to interview Resident G, but he did not want to be interviewed.

I was unable to interview Resident H as he is non-verbal.

I reviewed November 2022 staff schedule, and the HM was on the schedule working upstairs and DCS Shavar Walker was working downstairs on 11/23/2022. DCS Joe Russo was not scheduled to work on 11/23/2022.

I reviewed Resident A's IPOS, but the IPOS completed by Newaygo County expired on 08/20/2022. Resident A's diagnosis is Autism and Developmentally Disabled. According to the IPOS, Resident A did not have a behavioral plan in place other than taking showers to help calm him down.

I reviewed the altered skin integrity form for Resident A. "On 11/23/2022, skin observations were noted on Resident A's left side of head and both eyes. Abrasion and bruise were circled on the integrity form and the following description was noted: Resident A has two black eyes-color was dark blue/deep purple. Resident A also had an abrasion 3"x2" on the side of his left portion of his face. Coloring of abrasion was dark red. Looked like red rash." The integrity form was completed by Simone Lewis from 11/24/2022-11/29/2022 regarding the injuries from incident on 11/23/2022.

I also reviewed the IR dated 11/11/2022 completed by Simone Lewis regarding Resident A. The incident occurred when both Simone Lewis and Shavar Walker were working. Resident A became agitated when Ms. Lewis was making lunch and Resident A was trying to take the taco shells for all the residents. Ms. Lewis attempted to redirect him by offering him chips, but Resident A continued to take the taco shells. Resident A became aggressive and started headbutting Ms. Lewis. Mr. Walker was able to stop Resident A and got Resident A into his bedroom. Resident A then grabbed Mr. Walker's hoodie and Mr. Walker pulled out of his hoodie (took hoodie off) to prevent Resident A from choking him. Mr. Walker got Resident A back into his bedroom while Ms. Lewis gave Resident A the as needed medication Olanzapine. The child standing hold was used twice on Resident A and both times Resident A got out of the hold and would backwards headbutt staff.



On 11/30/2022, I along with APS worker Taneisha Sims conducted a face-to-face with Resident A at Clarkston High School. Resident A is non-verbal; therefore, I was unable to interview him. I did interview Resident A's speech pathologist Carrie Peters and his teacher Jamie Peters. On 11/28/2022, DCS Joe Russo dropped Resident A off at the office late. Mr. Russo left without informing office staff as to how Resident A sustained his injuries. Resident A was observed by Resident A's homeroom teacher Michelle Miller (not present during this visit) to have two black eyes, scratches on his forehead and an abrasion on the left side of his head. Pictures were taken by the teachers of Resident A's injuries. Jamie reported that the director of this program along with Oakland County Sheriff's Office went to the group home after observing Resident A's injuries. The HM reported to the officer that these injuries were a result of self-harm by Resident A and caused by another resident at the home. Jamie stated that Resident A has never had any self-harm while in her classroom. Jamie reported that the injuries sustained by Resident A are not consistent with self-harm. The officer asked the group home for the IR regarding the incident on 11/23/2022, and it took the group home 30-minutes to provide the officer with the IR. Jamie stated that the home did not seek medical attention for Resident A after he sustained these injuries.

On 12/13/2022, I interviewed via telephone DCS Joe Russo regarding the allegations. Mr. Russo has been with the corporation for three years. He stated he works Fridays-Mondays all shifts. Mr. Russo stated he did not work on 11/23/2022 because he was not scheduled to work. Mr. Russo stated he worked on 11/25/2022 and observed Resident A's injuries. Mr. Russo stated he heard that Resident A wanted chips and Resident B told Resident A, "No," so Resident A went after Resident B because "No," is a trigger word for Resident A. Mr. Russo stated that Resident A has "headbutt," Mr. Russo "a couple of times," in the past, "out of the blue." Resident A wanted to watch a specific show on TV and Mr. Russo told Resident A that show was not on TV and that is when Resident A "headbutted," Mr. Russo. Mr. Russo stated he has observed Resident A headbutt the wall, Resident A's headboard and other residents. Mr. Russo stated on 11/28/2022, Resident A was running late to get to school as Resident A missed the bus. Mr. Russo transported Resident A to school and dropped him off at the office and left. Mr. Russo stated he did not give anyone at the school any explanation as to how Resident A sustained his injuries, he (Mr. Russo) just left the school. Mr. Russo stated he did not ask the HM or any staff if Resident A was seen by a doctor for his injuries nor did Mr. Russo take Resident A to the doctor for his injuries.

On 12/13/2022, I interviewed via telephone DCS Shavar Walker regarding the allegations. Mr. Walker has been working for this corporation for about five months. He too works first shift from 8AM-4PM. On 11/23/2022, Mr. Walker stated he worked with DCS Joe Russo even though according to the staff schedule, Mr. Russo was not scheduled to work. Mr. Walker stated he is not sure why Mr. Russo was there, but that Mr. Russo was certainly at the home on 11/23/2022. Around 10-10:30AM, Resident A was craving for hot chips after Resident A saw another staff (name unknown) bring hot chips for their own lunch. Mr. Walker did not believe this was a good idea to purchase Resident A hot chips, but the home did. Resident A finished a family size bag of hot chips while in his bedroom. Resident A came out of his bedroom and asked for more

chips. Mr. Walker told Resident A will have to get him more chips later as the home did not have anymore. Resident A went back into his bedroom and began headbutting his headboard. Mr. Walker redirected Resident A by offering a shower which Resident A agreed. As Resident A was walking out of his bedroom, Resident B was walking back to his bedroom and both residents crossed paths. That is when Resident B heard Resident A asking for more chips and Resident B told Resident A, "No." Resident A then went after Resident B.

Mr. Walker stated that Mr. Russo grabbed Resident B and had Resident B go into his bedroom and lock his door. Mr. Walker then stated that Resident A grabbed Mr. Walker by his hoodie and choked him. Mr. Walker stated he lost consciousness for about two minutes and when he regained consciousness, he observed Resident A run after Resident B. Mr. Walker stated that he separated Resident A and Resident B and had Resident B go into his bedroom. Mr. Walker stated he redirected Resident A by offering him a shower, which Resident A agreed. Mr. Walker set Resident A up in the shower by getting his clothes and his towel ready and made sure the water temperature is ok. Mr. Walker stepped out of the bathroom giving Resident A privacy. Mr. Walker then went into the laundry room and put a load into the washer. As he came out of the laundry room, Mr. Russo told Mr. Walker, "I hear something." Mr. Walker thought one of the residents put gym shoes into the washer, so he went back into the laundry room to check the washer and found nothing. Both Mr. Walker and Mr. Russo checked all the bedrooms making sure the residents were ok. When Mr. Walker went to check on Resident A, the bathroom door was locked. Mr. Walker stated he did not lock the bathroom door when he left and believes that Resident A locked the door. Mr. Walker stated he grabbed a small tool and opened the bathroom door. Mr. Walker stated he observed blood on Resident A's face and nose. He stated he cleaned Resident A up and told the HM what happened. Mr. Walker stated he asked the HM if Resident A should be seen by a doctor as he too believed that Resident A may have broken his nose, but the HM stated, "No." Mr. Walker was asked what policy is on seeking medical attention and he stated, "When it's something major." Mr. Walker stated he would consider Resident A's injuries major but because he had only been working with this corporation for about five months, he asked the HM and did what he was directed to, which is to document what happened on the IR which he did.

On 12/13/2022, I interviewed via telephone Resident A's mother who stated she is also the guardian of Resident A. Resident A's mother stated she was informed that the incident on 11/23/2022 was regarding chips. She stated that Resident A wanted chips from another resident and that resident stated, "No," then Resident A attacked the other resident. Resident A's mother stated that "No," is a trigger word for Resident A. She stated that she was informed that the other resident was afraid of Resident A and began punching Resident A to, "defend himself from Resident A." Resident A's mother stated she does not believe anyone took Resident A to the doctor to have his injuries examined. She stated she does not know the home's policy on when to seek medical treatment, but she knows that when she read the IR, she was upset that the IR had very minimal description of what happened on 11/23/2022.

Resident A's mother stated she expressed her concerns with the HM regarding the documentation and about what happened to her son. Resident A's mother stated when Resident A was first admitted into this home, Resident A was "beating on staff and residents," whenever Resident A did not get what he wanted. She stated that Resident A would put holes in the walls of his bedroom from headbutting the walls. Resident A's mother stated that Resident A was living with her until Resident A began attacking her and the home environment becoming unsafe for everyone. Resident A's mother stated that Resident A was taken to urgent care yesterday because Resident A tested positive for Covid, but Resident A's mother is unsure if the doctor examined Resident A's face and nose to ensure there were no concerns because of the incident on 11/23/2022.

On 12/13/2022, I interviewed Newaygo County ORR worker Jill McKay via telephone. Ms. McKay stated after she interviewed staff, Shavar Walker, Joe Russo and the HM Jennifer Stancroff, the stories were very inconsistent. Ms. McKay was also informed by Mr. Walker that Mr. Russo was present during the incident on 11/23/2022, but according to the staff schedule and Mr. Russo, Mr. Russo was not present. Ms. McKay was informed that the injuries sustained by Resident A were due to Resident A "banging his head on the floor and the wall and in the bathroom downstairs." She stated that no one informed her on 11/28/2022 when she went out to the home that another resident may have caused these injuries. Ms. McKay also expressed concern that no one took Resident A to the doctor to have his injuries examined. She will follow-up with staff again regarding these inconsistencies.

On 12/13/2022, I followed up with the HM via telephone regarding Resident A. The HM stated that Resident A went to urgent care and tested positive for Covid. She stated during that visit, the doctor checked Resident A's face and stated, "everything was ok." The HM stated that Resident A did not sustain any fractures or a broken nose.

On 12/14/2022, I received Resident A's current IPOS dated 08/28/2022 from Newaygo County ORR worker Jill McKay via email along with the IR dated 11/23/2022. I reviewed the IPOS, and it states that snacks and showers are a calming mechanism for Resident A. It further states that Resident A has physical outburst or physical aggression which includes, pinching, hitting, shoving, slapping, throwing objects, head butting, and/or property damage. In addition, there are indications when Resident A can become frustrated or agitated and to remove any potential items that can be used as weapons. I reviewed the IR, and it stated that Resident A was upset about his chips and tried going after resident. Resident felt afraid and had to protect himself. Staff redirected both residents; one to his room and Resident A took a shower then went back to room. He had marks on his body was attended too. HM was notified.

Note: there was no mention of Resident A head butting the shower pole in the bathroom or head butting the wall or floor as reported by staff. In addition, there were no specifics as to the injuries Resident A sustained. This IR is inconsistent with the reporting by staff of what happened to Resident A on 11/23/2022.

On 12/20/2022, I received an email from Newaygo County ORR worker Jill McKay stating she followed up with the HM regarding Joe Russo being at the home on 11/23/2022 and according to the HM, Mr. Russo was not present when she came downstairs after hearing the commotion. The HM told Ms. McKay that if Mr. Russo was at the home, which is possible she did not see him. Ms. McKay stated she will be substantiating her case for not seeking medical attention.

On 12/20/2022, I followed up with DCS Shavar Walker via telephone. Mr. Walker stated that he did not argue with Resident A regarding the chips and that he told Resident A he would go to the store and get him more. Mr. Walker stated, "I would never argue with any resident." Mr. Walker stated in addition to filling out the IR, he completed the skin integrity form. He stated that he believes the injuries to Resident A were due to self-harm because Mr. Russo told Mr. Walker that Mr. Russo observed Resident A head butting the wall and then the floor. Mr. Walker denied seeing Resident B punch Resident A in the face or anywhere else. Mr. Walker stated he believes the bruising on Resident A's face around the nose area was when Resident A locked himself in the bathroom and began head butting the shower pole. Again, Mr. Walker stated he wanted to get medical attention for Resident A but followed the direction of the HM who stated not to.

On 12/20/2022, I attempted to contact licensee designee Neiman Byerly but his brother Carl Byerly who is the vice president answered the call. Carl stated he was aware of the incident that occurred on 11/23/2022 regarding Resident A. He stated that the issue was that DCS Joe Russo dropped Resident A off at school on 11/28/2022 and did not inform the school how Resident A sustained the injuries. Carl stated the injuries were sustained by Resident A himself. Carl stated that medical attention was not sought because the "black eye did not show up until days later." Carl stated that Mr. Russo will be receiving a reprimand due to him dropping Resident A off at school and not explaining the injuries. Carl stated that the home received the updated assessment plan for Resident A and that the staff will be in serviced on the plan. I advised Carl of my findings and informed him that I would need to conduct the exit conference with Neiman Byerly. He stated he will have his brother call me.

On 12/20/2022, I conducted the exit conference via telephone with licensee designee Neiman Byerly with my findings. Mr. Byerly stated his brother Carl informed him of the findings and that he is all set and will be submitting a corrective action plan.

<b>APPLICABLE RULE</b>	
<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	<b>(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall</b>

	<b>maintain a copy of the resident's written assessment plan on file in the home.</b>
<b>ANALYSIS:</b>	During my on-site investigation on 11/30/2022, Resident A's IPOS completed by Newaygo County had expired on 08/22/2022. Hidden Acres Manor did not have a current IPOS available for my review.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

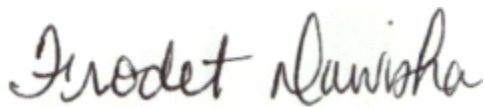
<b>APPLICABLE RULE</b>	
<b>R 400.14305</b>	<b>Resident protection.</b>
	<b>(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.</b>
<b>ANALYSIS:</b>	Based on my investigation and information gathered, Resident A's personal needs, including protection and safety was not attended to at all times on 11/23/2022. Resident A was dropped off at school on 11/28/2022 with significant injuries to his face. Resident A had two black eyes, a cut above his left eye, scratches and abrasions on his face and nose. There were inconsistencies with staff as to how Resident A sustained these injuries. DCS Shavar Walker stated that DCS Joe Russo informed Mr. Walker that Mr. Russo observed Resident A head butting the floor and wall on 11/23/2022, but according to Mr. Russo, he was not present during the incident. The staff reported to Newaygo County ORR worker Jill McKay that all the injuries were a result of self-harm, but staff informed me that some of the injuries were due to Resident A and Resident B fighting on 11/23/2022. It is unclear how Resident A sustained these injuries; therefore, Resident A was not protected at all times by staff.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.14310</b>	<b>Resident health care.</b>
	<b>(4) In case of an accident or sudden adverse change in a resident's physical condition or adjustment, a group home shall obtain needed care immediately.</b>

<b>ANALYSIS:</b>	Based on my investigation and information gathered, Hidden Acres Manor's staff including the HM did not obtain needed medical care for Resident A on 11/23/2022 immediately. Resident A sustained significant injuries to his face and nose on 11/23/2022 due to either self-harm or an altercation between Resident A and Resident B; however, no staff or the HM had Resident A examined by a medical professional after the incident. Resident B reported to me that he punched Resident A in the face multiple times and believed that Resident A may have a broken nose. DCS Shavar Walker also reported to me that he believed Resident A's nose may have been broken after Resident A locked himself in the bathroom during his shower and was head butting the shower pole. Both Resident B and Mr. Shavar informed the HM that they believed Resident A should seek medical attention, but the HM stated, "No." Resident A was taken to urgent care on 12/13/2022 because he tested positive for Covid and during that time, staff had the doctor check Resident A's face. According to the HM, the urgent care doctor reported that "everything was ok."
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**II. RECOMMENDATION**

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



01/04/2023

Frodet Dawisha  
Licensing Consultant

Date

Approved By:



01/11/2023

Denise Y. Nunn  
Area Manager

Date