



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 9, 2023

Bethany Mays
Resident Advancement, Inc.
PO Box 555
Fenton, MI 48430

RE: License #: AS250010823
Investigation #: 2023A0582038
Henderson AFC

Dear Ms. Mays:

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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Derrick L. Britton".

Derrick Britton, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-9721

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250010823
Investigation #:	2023A0582038
Complaint Receipt Date:	03/22/2023
Investigation Initiation Date:	03/23/2023
Report Due Date:	05/21/2023
Licensee Name:	Resident Advancement, Inc.
Licensee Address:	411 S. Leroy, PO Box 555 Fenton, MI 48430
Licensee Telephone #:	(810) 750-0382
Administrator:	Gloria Stogsdill
Licensee Designee:	Bethany Mays
Name of Facility:	Henderson AFC
Facility Address:	4074 S. Henderson Davison, MI 48423
Facility Telephone #:	(810) 653-0641
Original Issuance Date:	03/17/1989
License Status:	REGULAR
Effective Date:	02/27/2022
Expiration Date:	02/26/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED, MENTALLY ILL

II. ALLEGATIONS

	Violation Established?
The home is understaffed, and some staff are forced to work 24-hour shifts.	No
A staff member is coming into work high and smelling of marijuana.	No
Resident medical appointments are cancelled and not rescheduled.	No
Additional Findings	Yes

III. METHODOLOGY

03/22/2023	Special Investigation Intake 2023A0582038
03/22/2023	APS Referral Denied APS Referral
03/23/2023	Special Investigation Initiated - Telephone With Complainant
03/29/2023	Inspection Completed On-site Interviews with Home Manager Carlin Bailey, Direct Care Worker Thomyeisha Martin, Direct Care Worker Heather Lewis
05/03/2023	Contact - Telephone call made With Direct Care Worker Paris Folsom
05/04/2023	Inspection Completed On-site Interviews with Direct Care Worker Jasmine Gary, Resident A, Resident B
05/04/2023	Contact - Face to Face With Direct Care Worker Sharon Taylor
05/08/2023	Contact - Telephone call made With Administrator Gloria Stogsdill
05/08/2023	Contact - Document Received

	Personnel Policies received from Bethany Mays, Licensee Designee
05/09/2023	Exit Conference With Bethany Mays, Licensee Designee
05/09/2023	Inspection Completed-BCAL Sub. Compliance

ALLEGATION:

The home is understaffed, and some staff are forced to work 24-hour shifts.

INVESTIGATION:

I received this denied Adult Protective Services referral on 03/22/2023. I contacted Complainant on 03/23/2023. Complainant stated that the home manager Carlin Bailey admitted to staff overworked. Complainant stated that a staff member complained to her that she was tired during her shift.

On 03/29/2023, I conducted an unannounced, onsite inspection at the facility. I observed that Home Manager Carlin Bailey was at the facility with two other staff: Tamisha Martin and Heather Lewis. I interviewed Ms. Bailey, who stated that there are two residents that require a two-person assist. Ms. Bailey stated that each shift has two staff working. Ms. Bailey stated that there have been recent occasions where staff have worked a double shift, due to staff not showing up for work. Ms. Bailey stated that the flu bug was going around, and staff have volunteered to staff for double shifts. Ms. Bailey stated that another staff member was having car problems and could not make it into work, so staff stayed and worked an extra shift.

I interviewed Direct Care Worker Thomyeisha Martin, who stated that the home is not “fully staffed,” as workers are doing double shifts at times. Ms. Martin stated that she has only had one day off a week. Ms. Martin stated that shifts are covered by two staff per shift, but workers are doing double shifts. Ms. Martin denied working 24 hours.

I interviewed Direct Care Worker Heather Lewis, who stated that she has worked at the facility for three years. Ms. Lewis stated that shifts are covered by two staff, although sometimes staff work double shifts. Ms. Lewis denied working 24 hours.

I reviewed the staff scheduled for March 2023, which documented at least two direct care workers scheduled per shift. I reviewed Resident A’s and Resident B’s Individual Plan of Service, which documented that they require a two-person assist.

On 05/03/2023, I interviewed Direct Care Worker Paris Folsom, who stated that she has not worked at the facility alone. Ms. Folsom stated that she has had to work double shifts due to staff not showing up for shift. Ms. Folsom denied working 24 hours.

On 05/04/2023, I conducted an unannounced, onsite inspection at the facility. I observed that there were two staff working at the time of the inspection. I interviewed Direct Care Worker Jasmine Gary, who stated that she has not worked alone on shifts. Ms. Gary stated that there are two residents that require two-person assist. Ms. Gary stated that although shifts are covered, she and other staff have worked double shifts. Ms. Gary denied working 24 hours.

I interviewed Resident A, who stated that there are always at least two staff on each shift. Resident A stated that she uses a Hoyer lift and sometimes has two staff members assisting her with transfers. Resident A stated that she had no concerns about the home having a lack of staff.

I interviewed Resident B, who stated that two staff work per shift. Resident B stated that she has no concerns about a lack of staff working at the facility.

I interviewed Direct Care Worker Sharon Taylor, who was arriving for shift. Ms. Taylor stated that she always works with another staff member. Ms. Taylor stated that she has worked double shifts. Ms. Taylor denied working 24 hours.

APPLICABLE RULE	
R 400.14206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	Based on interviews with staff, residents, and a review of the staff schedule, and observations during two unannounced onsite inspections, there is no evidence to suggest that the facility is short staffed or that staff are forced to work 24 hours. Staff interviewed admitted to working double shifts, but all shifts are covered by two staff, which is necessary for the residents that require two-person assist.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

A staff member is coming into work high and smelling of marijuana.

INVESTIGATION:

I received this denied Adult Protective Services referral on 03/22/2023. I contacted Complainant on 03/23/2023. Complainant stated that she witnessed a staff member coming to work who “reeked” of marijuana. Complainant stated that she addressed the issue with the home manager, who stated that it was the first time she noticed this occurring.

On 03/29/2023, I conducted an unannounced, onsite inspection at the facility. I interviewed Home Manager Carlin Bailey. Ms. Bailey stated that it was brought to her attention that Direct Care Worker Sharon Taylor was smelling of marijuana and high during her shift. Ms. Bailey stated that she informed her supervisor, who sent Direct Care Worker Sharon Taylor to be screened.

I interviewed Direct Care Worker Thomyeisha Martin, who stated that she was not aware of a staff member showing up high and smelling of marijuana. Ms. Martin stated that she had no knowledge of working with a staff member who was high.

I interviewed Direct Care Worker Heather Lewis, who stated that she was not aware of a staff member showing up high and smelling of marijuana. Ms. Lewis stated that she had no knowledge of working with a staff member who was high.

On 05/03/2023, I interviewed Direct Care Worker Paris Folsom, who stated that she had no knowledge of a staff member working while under the influence of marijuana.

On 05/04/2023, I conducted an unannounced, onsite inspection at the facility. I interviewed Resident A, who stated that she had no concerns about any staff and their abilities to meet her needs.

I interviewed Resident B, who stated that she had no concerns about any staff and their abilities to meet her needs.

I interviewed Direct Care Worker Sharon Taylor. Ms. Taylor stated that she was sent to be tested for marijuana by management in March 2023. Ms. Taylor stated that she received discipline as her test came back positive. Ms. Taylor stated that she has no issues performing her job duties.

On 05/08/2023, I interviewed Gloria Stogsdill, Administrator. Ms. Stogsdill stated that Direct Care Worker Sharon Taylor was suspected of being high and smelling of marijuana by a case worker who came to the home. Ms. Stogsdill stated that Ms. Taylor was sent for a drug test which came back positive. Ms. Stogsdill stated that

Ms. Taylor was disciplined. Ms. Stogsdill stated that Ms. Taylor had no prior disciplinary actions for drug use.

On 05/08/2023, I requested and received the Personnel Policies for the Licensee, which documented the following:

Drugs and Alcohol: No employee shall possess, consume, or carry with them, on their person or in their vehicle, alcoholic beverages of any kind, controlled substances not prescribed by a physician, or illegal drugs on the employer’s property or in the employer’s vehicle during working hours.

Drug Free Workplace: 1. No employee shall report to work after consuming alcoholic beverages, a controlled substance, or illegal drugs in a condition that makes them unsafe for full reliable performance of job responsibilities. 2. An employee suspected of being under the influence of drugs or alcohol, will be taken home and asked to submit to a drug test prior to returning to work.

APPLICABLE RULE	
R 400.14204	Direct care staff; qualifications and training.
	<p>(2) Direct care staff shall possess all of the following qualifications:</p> <p style="padding-left: 40px;">(a) Be suitable to meet the physical, emotional, intellectual, and social needs of each resident.</p> <p style="padding-left: 40px;">(b) Be capable of appropriately handling emergency situations.</p>
ANALYSIS:	<p>There is evidence to confirm that Direct Care Worker Sharon Taylor tested positive for marijuana after being sent for a drug screen by the Administrator Gloria Stogsdill. However, interviews with staff and residents do not suggest that Ms. Taylor was in such a condition that she was not suitable to provide care or handle emergency situations while working. Ms. Stogsdill noted that Ms. Taylor had never previously been disciplined for working while under the influence of marijuana. According to their Personnel Policies, it was not established that Ms. Taylor’s positive test made her “unsafe for full reliable performance of job responsibilities.”</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident medical appointments are cancelled and not rescheduled.

INVESTIGATION:

I received this denied Adult Protective Services referral on 03/22/2023. I contacted Complainant on 03/23/2023. Complainant stated that medical needs are not being met by residents.

On 03/29/2023, I conducted an unannounced, onsite inspection at the facility. I interviewed Home Manager Carlin Bailey. Ms. Bailey stated that Visiting Physicians comes to the home for medical appointments with residents. Ms. Bailey stated that an appointment for a medication review for Resident A was cancelled due to the van lift not working properly. Ms. Bailey stated that the van lift has been repaired and the appointment was rescheduled for tomorrow (3/30/2023). Ms. Bailey stated that Resident D has a family doctor and family members take her to most appointments. Ms. Bailey stated that Resident E is on hospice, and a nurse comes to the home once a week and a nurse's aide comes to the home twice a week for him.

I interviewed Direct Care Worker Thomyeisha Martin, who stated that she had no concerns about residents missing appointments. Ms. Martin stated that Visiting Physicians comes to the home for most resident appointments. Ms. Martin stated that staff regularly take Resident C to dialysis on Tuesdays, Thursdays, and Saturdays. I interviewed Direct Care Worker Heather Lewis, who reported no concerns about residents missing appointments.

On 05/03/2023, I interviewed Direct Care Worker Paris Folsom, who stated that she had no concerns with residents missing medical appointments.

On 05/04/2023, I conducted an unannounced, onsite inspection at the facility. I interviewed Resident A, who stated that she makes it to medical appointments that are scheduled, and a nurse typically comes to the home to see her.

I interviewed Resident B, who stated that she attends all her scheduled medical appointments unless it must be rescheduled. Resident B stated that she has no concerns with staff getting her to appointments.

I reviewed the "Medical Appointment Information Records" for all residents, which documented recent appointments, physical findings, treatments, prognoses, and return appointment dates for residents.

APPLICABLE RULE	
R 400.14303	Resident care; licensee responsibilities.
	(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.
ANALYSIS:	Based on interviews and a review of resident "Medical Appointment Information Record," there is no evidence to suggest that resident medical appointments are cancelled and not rescheduled. Ms. Bailey noted that a medication review had to be rescheduled for a resident due to the van lift not working properly for transport. It was noted that most medical appointments are accomplished in the home by Visiting Physicians, Resident D has a family doctor and family take her to appointments, and Resident E receives hospice care in the home.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 05/04/2023, I reviewed the *Health Care Appraisals* for the residents. I observed that Resident B and Resident C's *Health Care Appraisal* were overdue. Resident B's most recent *Health Care Appraisal* was documented as accomplished on 01/31/2022. Resident C's most recent *Health Care Appraisal* was documented as accomplished on 01/31/2022. I interviewed Home Manager Carlin Bailey, who stated that the home was cited by Genesee Health Systems (GHS) for not having updated *Health Care Appraisals* for these two residents, and they submitted a corrective action to GHS.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of

	an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
ANALYSIS:	Based on a review of resident <i>Health Care Appraisals</i> , the appraisals for Resident B and Resident C were not accomplished annually. Both <i>Health Care Appraisals</i> were last completed on 01/31/2022, which is over the required year.
CONCLUSION:	VIOLATION ESTABLISHED

On 05/09/2023, I conducted an Exit Conference with Bethany Mays, Licensee Designee. I informed Ms. Mays of the findings from the investigation.

IV. RECOMMENDATION

Contingent upon an acceptable Corrective Action Plan, I recommend no change in the license status.



05/09/2023

Derrick Britton
Licensing Consultant

Date

Approved By:



05/09/2023

Mary E. Holton
Area Manager

Date