



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 15, 2023

Lijo Antony  
Oaktree Place Senior Living, LLC  
2695 Powderhorn Ridge Rd  
Rochester Hills, MI 48309

RE: License #: AS500390283  
Investigation #: 2023A0604015  
Oaktree Place Senior Living

Dear Mr. Antony:


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 cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 West Grand Blvd Ste 9-100  
Detroit, MI 48202  
(248) 285-1703

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500390283
<b>Investigation #:</b>	2023A0604015
<b>Complaint Receipt Date:</b>	03/21/2023
<b>Investigation Initiation Date:</b>	03/21/2023
<b>Report Due Date:</b>	04/20/2023
<b>Licensee Name:</b>	Oaktree Place Senior Living, LLC
<b>Licensee Address:</b>	38571 Union Lake Rd Clinton Township, MI 48036
<b>Licensee Telephone #:</b>	(586) 961-6955
<b>Administrator:</b>	Lijo Antony
<b>Licensee Designee:</b>	Lijo Antony
<b>Name of Facility:</b>	Oaktree Place Senior Living
<b>Facility Address:</b>	38571 Union Lake Rd Clinton Township, MI 48036
<b>Facility Telephone #:</b>	(586) 961-6955
<b>Original Issuance Date:</b>	10/25/2017
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	04/25/2022
<b>Expiration Date:</b>	04/24/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Staff hired without any information including background checks or training.	Yes
There are several residents who require two-person assist and only one staff person is working.	No
Additional Findings	Yes

## III. METHODOLOGY

03/21/2023	Special Investigation Intake 2023A0604015
03/21/2023	Special Investigation Initiated – Telephone TC and text message to Complainant. Received return text message.
03/21/2023	Contact - Document Received Email from Complainant. Sent return email.
03/23/2023	Inspection Completed On-site Completed unannounced onsite investigation. Interviewed staff and residents. Received copy of assessment plans and health care appraisals for Resident A and Resident D.
03/27/2023	Contact - Document Received Email from Lijo Antony
03/28/2023	Contact - Document Sent Email to Lijo Antony
03/30/2023	Contact - Face to Face Face to Face Meeting with Lijo Antony at Meadows Assisted Living.
04/03/2023	Contact - Document Sent Sent request for records to Lijo Antony
04/10/2023	Contact - Document Received Received employee records and schedules by email from Lijo Antony

04/19/2023	APS Referral Referral to Adult Protective Services (APS), referral denied.
05/12/2023	Exit Conference Completed exit conference with Licensee Designee, Lijo Antony, by phone.

**ALLEGATION:**

**Staff hired without any information including background checks or training.**

**INVESTIGATION:**

I received a complaint regarding Oaktree Place Senior Living on 03/21/2023. It was alleged that there are several residents who require a two-person assist and home only has one person working. The residents are living in the basement on the floor. They are understaffed and overworked. The conditions are bad for residents to live, and owner does not treat his staff well.

On 03/21/2023, I interviewed the Complainant by phone. She stated that the complaint is incorrect and there are no residents living in the basement. She reported that staff are sleeping in the basement. She stated that there is a lady named, Mishka, who lives in the basement. Mishka has been there for two months. She is not supposed to be alone with residents and can only do things like wash dishes. The Complainant stated that owner is hiring staff from a Craigslist ad. He does not request any identifying information such as date of birth, social security number or driver's license. He hired staff without background check or training and has no records. Shifts are from 7:00 am- 7:00 pm and 7:00 pm- 7:00 am. Staff cannot sleep during shifts and have worked for two days straight. Staff, Brittany, was present but does not always help and is on phone. Staff would have been left alone if they continued to work at home because Brittany was due to leave. The Complainant stated that all the residents are fall risks and there are a lot of two person assists.

On 03/23/2023, I completed an unannounced onsite investigation. I interviewed Staff, Morrecia Malcom, Resident A, Resident B, Resident C, Resident D, Resident E and observed Resident F. Staff, Zavia Boyd, was present when I arrived at the home, however, left during the investigation. Staff, Rita Kanan and Jen Hiller, arrived to assist during the onsite investigation.

On 03/23/2023, I interviewed Staff Morrecia Malcolm. Ms. Malcolm stated that she has worked at Oaktree Place Senior Living for less than a month. She believed she started on 03/04/2023. She stated that she lives in the basement. She has not been fingerprinted. She stated that her cousin, Zavia Boyd, also works with her and lives in the basement. She indicated that Ms. Boyd has also not been fingerprinted. Ms. Malcolm said that she is a traveling caregiver and has received training including First

Aid/CPR. She was trained at the home as well. She has also had a medical and TB test completed.

On 03/23/2023, I interviewed Staff, Rita Kanan and Jen Hiller, who arrived to assist during the onsite investigation. Ms. Kanan stated that Mishka worked as a floater. She worked with Brittany as “a sitter”. She did not provide any resident care such as bathing or assisting with activities of daily living. She would sleep in the basement. Mishka lived at the home for about three weeks, however, is no longer living in Michigan. There are currently two staff living in the home. She does not know if they have been fingerprinted. Depending on resident care, they typically have two staff during day and one at night.

On 03/30/2023, I interviewed Licensee Designee, Lijo Antony, at Meadows Assisted Living. He stated that he recently had a staff who refused to fill out paperwork. He stated that staff currently working at the home were not fingerprinted during the time of onsite investigation, however, did have onsite training. Mr. Antony stated that Mishka was not staff. She was at the home under three weeks, off and on, and stayed in the basement. She would sit up at night to watch residents.

On 04/03/2023, I requested copies of staff schedules and employee files for Staff, Brittany, Bianca, Mishka, Morrecia and Zavia. On 04/10/2023, I received employee files for Brittany, Morrecia and Zaria from Licensee Designee, Lijo Antony by email. Employee files were not provided for Bianca and Mishka. Mr. Antony stated in his email that Bianca was hired and only trained for 10 hours with Brittany and she walked out. He indicated that she did not fill out any papers. He stated that Mishka was not an employee for the adult foster care. He stated that he asked her to watch the door for a few nights due to an exit seeking resident. He stated that he did not have a file for her and if he uses her again, will have the file done before.

I reviewed employee files provided for Brittany, Morrecia and Zavia. Morrecia Malcolm and Zavia Boyd had medical statements dated 03/28/2023, TB tests dated 03/27/2023, fingerprinting dated 03/30/2023, receipt of personal polices dated 03/30/2023, references dated 03/06/2023 and training record dated 03/30/2023. Brittany’s employee file was current.

On 04/10/2023, I received copies of February 2023 and March 2023 staff schedules from Licensee Designee, Lijo Antony, by email. The schedules indicate that there is typically one staff per shift from 7:00 am- 7:00 pm and 7:00 pm-7:00 am. On the March 2023 schedule there were six days that had two staff on 7:00 am- 7:00 pm shift, which appeared to be for training new staff Bianca, Morrecia and Zaria.

<b>APPLICABLE RULE</b>	
<b>MCL 400.713</b>	<p>License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.</p>
	<p>(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following:</p> <p>(e) The good moral character of the licensee or licensee designee, owner, partner, director, and person responsible for the daily operation of the facility. The applicant is responsible for assessing the good moral character of the employees of the facility. The person responsible for the daily operation of the facility shall be not less than 18 years of age.</p>
<b>ANALYSIS:</b>	<p>On 03/23/2023, I completed an unannounced onsite investigation. Staff, Morrecia Malcolm stated that she and her cousin, Zavia Boyd were live in caregivers. Ms. Malcolm stated that they had not been fingerprinted. Employee records indicate they were not fingerprinted until after the inspection and their eligibility letters are dated 03/30/2023. Mr. Antony did not have clearances on file for Staff, Bianca or Mishka who was living in the basement of the home. Bianca only worked at home for two days and was not scheduled alone. Mishka was not cleared as a household member.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.14204</b>	<b>Direct care staff; qualifications and training.</b>
	<p><b>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</b></p> <ul style="list-style-type: none"> <li><b>(a) Reporting requirements.</b></li> <li><b>(b) First aid.</b></li> <li><b>(c) Cardiopulmonary resuscitation.</b></li> <li><b>(d) Personal care, supervision, and protection.</b></li> <li><b>(e) Resident rights.</b></li> <li><b>(f) Safety and fire prevention.</b></li> <li><b>(g) Prevention and containment of communicable diseases.</b></li> </ul>
<b>ANALYSIS:</b>	On 04/03/2023, I received training records for Morrecia Malcolm and Zavia Boyd Their training records were dated 03/30/2023. Staff schedules indicate that both staff have worked alone.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	<p><b>(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.</b></p>
<b>ANALYSIS:</b>	There is not enough information to determine that medical statements are not being obtained. Staff, Morrecia Malcolm, Zavia Boyd, Bianca and household member, Mishka were all reported to be at the home less than 30 days at the time of investigation. On 04/03/2023, medical statements were provided for Morrecia Malcolm and Zavia Boyd dated 03/28/2023.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>



<b>APPLICABLE RULE</b>	
<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	<b>(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.</b>
<b>ANALYSIS:</b>	On 04/03/2023, I received TB testing for Morrecia Malcolm and Zavia Boyd. They did not have TB tests until 03/27/2023. Mr. Antony did not have TB tests for former Staff, Briana or household member, Mishka.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.14208</b>	<b>Direct care staff and employee records.</b>
	<b>(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:</b> <b>(a) Name, address, telephone number, and social security number.</b> <b>(b) The professional or vocational license, certification, or registration number, if applicable.</b> <b>(c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.</b> <b>(d) Verification of the age requirement.</b> <b>(e) Verification of experience, education, and training.</b> <b>(f) Verification of reference checks.</b> <b>(g) Beginning and ending dates of employment.</b> <b>(h) Medical information, as required.</b> <b>(i) Required verification of the receipt of personnel policies and job descriptions.</b>

<b>ANALYSIS:</b>	Mr. Antony did not have an employee file for former staff, Bianca. He stated that she only worked at the home for 10 hours. Staff, Morrecia Malcom and Zavia Boyd did not sign receipt of personnel polices until after onsite investigation on 03/30/2023.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**There are several residents who require two-person assist and only one staff person is working.**

**INVESTIGATION:**

On 03/23/2023, I interviewed Staff Morrecia Malcom. Ms. Malcom indicated that there are always two staff at the home. She and her cousin live at Oaktree Place Senior Living in the basement. The shifts are 7:00 am- 7:00 pm and 7:00 pm- 7:00 am. She indicated that there are no residents that require a two-person transfer.

On 03/23/2023, I interviewed Staff, Rita Kanan and Jen Hiller, who arrived to assist during the onsite investigation. Ms. Kanan stated that Resident D is a two person transfer or one staff can use Hoyer lift. They have a Hoyer lift available in the home for one staff to use. She indicated that Resident A has dementia and at times two staff assist her, however, it is not required. Depending on resident care, they typically have two staff during day and one at night.

On 03/23/2023, I interviewed Resident A. She stated that she has lived at home for three years and it is "ok". She indicated there are two staff and she gets the help she needs.

On 03/23/2023, I interviewed Resident B. He did not know how long he has lived at home. He stated that he is doing ok but wanted different socks. Ms. Malcolm promptly brought Resident B the socks he wanted. He did not answer questions regarding investigation.

On 03/23/2023, I interviewed Resident C. She stated that she has lived at the home a couple of years. She indicated there are two staff working.

On 03/23/2023, I attempted to interview Resident D. He requested water and indicated he had pain behind his back. Staff assisted Resident D with adjusting pillow. He did not answer questions regarding the investigation.

On 03/23/2023, I interviewed Resident E. She indicated she has lived in home for three months and was doing ok. She did not answer questions regarding investigation.

On 03/23/2023, I observed Resident F. I was told that Resident F was non-verbal. I observed Resident F sleeping in a wheelchair.

On 03/23/2023, I received copies of Resident A and Resident D’s health care appraisals and assessment plans. Resident A had a current health care appraisal dated 05/06/2022 that indicated she uses a walker and wheelchair. Resident D had a current health care appraisal dated 02/03/2023 which indicated he uses a wheelchair. I reviewed Resident A’s assessment plan dated 05/27/2022. Her plan also indicates that she uses a wheelchair. Her assessment plan does not indicate that she requires a two person assist. I reviewed Resident D’s assessment plan dated 12/16/2021. The plan indicates that Resident D is unable to walk and staff will assist him with transfers and being repositioned. His plan indicates that he has a hospital bed, wheelchair, over bed table and Hoyer lift. The plan does not indicate that he requires a two person assist.

On 03/30/2023, I interviewed Licensee Designee, Lijo Antony, at Meadows Assisted Living. He stated that there are no residents who require a two person assist.

<b>APPLICABLE RULE</b>	
<b>R 400.14206</b>	<b>Staffing requirements.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	There is not enough information to determine that residents in the home require two-person assists and there is insufficient staff. Resident A and Resident D’s assessment plans do not indicate that two-person assist is required. Staff schedules indicate that one staff is typically scheduled from 7:00 am-7:00 pm and 7:00 pm-7:00 am. However, there are two staff, Morrecia Malcolm and Zavia Boyd living in the home.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

On 03/23/2023, during the onsite investigation, I received copies of Resident A and Resident D’s health care appraisals and assessment plans. Resident D’s assessment plan was dated 12/16/2021.

I completed an exit conference with Licensee Designee, Lijo Antony, by phone on 05/12/2023. I informed him of the violations found and that a copy of the special investigation report would be mailed once approved. I also informed him that a

corrective action plan would be requested, and I would contact him if there were any changes to findings or recommendation.

<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 maintain a copy of the resident’s written assessment plan on file in the home.</b>
<b>ANALYSIS:</b>	Resident D did not have a current assessment plan. Resident D’s assessment plan was dated 12/16/2021.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon an acceptable corrective action plan, I recommend no change in license status.

*Kristine Cilluffo*

05/12/2023

Kristine Cilluffo  
Licensing Consultant

Date

Approved By:

*Denise Y. Nunn*

05/15/2023

Denise Y. Nunn  
Area Manager

Date