



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 15, 2023

Laura Hopkins
P O Box 728
Ewart, MI 496310728

RE: License #: AS670015899
Investigation #: 2023A0009023
Hopkins 20th Ave AFC

Dear Ms. Hopkins:

Attached is the Special Investigation Report for the above referenced facility. Due to the violation 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 the rule will be achieved.
- Who is directly responsible for implementing the corrective action for the violation.
- A specific time frame 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 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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Adam Robarge".

Adam Robarge, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 350-0939

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS670015899
Investigation #:	2023A0009023
Complaint Receipt Date:	04/18/2023
Investigation Initiation Date:	04/18/2023
Report Due Date:	05/18/2023
Licensee Name:	Laura Hopkins
Licensee Address:	1375 Chaput Sears, MI 49679
Licensee Telephone #:	(231) 734-6869
Administrator:	Laura Hopkins
Name of Facility:	Hopkins 20th Ave AFC
Facility Address:	8328 20th Avenue Sears, MI 49679
Facility Telephone #:	(231) 734-6846
Original Issuance Date:	01/25/1995
License Status:	REGULAR
Effective Date:	04/22/2023
Expiration Date:	04/21/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Resident A was able to get into a locked pantry unbeknownst to staff and steal a knife. He has made statements about using the knife to “defend himself” against Resident B.	Yes

III. METHODOLOGY

04/18/2023	Special Investigation Intake 2023A0009023
04/18/2023	Special Investigation Initiated – Telephone call made to Community Mental Health (CMH) recipient rights officer Rachel MacGregor
04/19/2023	Contact – Telephone call made to licensee Laura Hopkins
04/19/2023	Contact – Telephone call made to CMH caseworker Jon Artman
04/19/2023	Inspection Completed On-site Interviews with direct care worker Nardo Lemons, Resident A, home manager Ray Smith, licensee Laura Hopkins and Resident B
05/11/2023	Contact – Document (email) sent to CMH recipient rights officer Rachel MacGregor
05/11/2023	Contact – Document (email) sent to CMH caseworker Jon Artman
05/11/2023	Contact – Document (email with attachment) received from recipient rights officer Rachel MacGregor
05/12/2023	Contact – Document (email with attachments) received from CMH caseworker Jon Artman
05/12/2023	Contact – Telephone call made to licensee Laura Hopkins
05/12/2023	Exit conference with licensee Laura Hopkins
05/12/2023	Contact – Telephone call made to direct care worker Robert Hopkins

ALLEGATION: Resident A was able to get into a locked pantry unbeknownst to staff and steal a knife. He has made statements about using the knife to “defend himself” against Resident B.

INVESTIGATION: I spoke with CMH recipient rights officer Rachel MacGregor by phone on April 18, 2023. She said that Resident A has a knife in his possession and refuses to give it up. He said that he needed it to “defend himself” against Resident B. Resident A’s guardian said that he absolutely should not have a knife in his possession and that it needed to be taken away from him immediately. She said that it has also come to light that Resident A was able to get the knife by accessing a locked pantry where the knives are kept. The direct care worker who works the night shift has been sleeping during his shift. Resident A was able to get the keys from him and get into the locked pantry where the knives are kept. Ms. MacGregor said that she was in communication with Resident A’s CMH caseworker, Jon Artman, about a plan to get the knife from Resident A.

I spoke with licensee Laura Hopkins on the morning of April 19, 2023. She said that Resident A is saying he lost the knife but they suspect he still has it. Ms. Hopkins stated that she does not know how to get it away from him because she only has one staff at the home. She said she did not know how to proceed. I asked her if there is a staff person whom Resident A has a relationship with who could be at the home to assist with the situation. She agreed that direct care worker Nardo Lemons is such a person and could be at the home later that morning to help deal with the situation. Ms. Hopkins said that her staff did know to contact law enforcement if any safety issues arose in the meantime. I told Ms. Hopkins that I would be there later that morning to help deal with the situation.

I spoke with CMH caseworker Jon Artman by phone on April 19, 2023. I asked him to meet me at the Hopkins 20th Ave. AFC home to assist with Resident A and the issue of him being in possession of a knife. He agreed to cancel his other appointments and meet me at the home.

I arrived at the Hopkins 20th Ave. AFC home later that morning. I spoke with direct care worker Nardo Lemons outside the home. He said that he had been working two weeks ago and observed that Resident A had a knife. He took it away from him at that time and told him he is not supposed to have a knife. Mr. Lemons said that he explained to Resident A that he signed an agreement when he came to the home that he would not be in possession of any weapons. Mr. Lemons said that he locked the knife in the pantry after he took it from Resident A. He said that he told direct care worker Robert Hopkins when he came to work that he took the knife from Resident A and that it was locked in the pantry. I asked him how he thought Resident A was able to get the knife back. He replied that he believed that Resident A somehow snuck into the pantry or swiped the keys to access that room. Mr. Lemons said that the only reason that Resident A might feel that he had to “defend himself” from Resident B would be because Resident A has been stealing from Resident B.

CMH caseworker Jon Artman was also present at the home. I told him and Mr. Lemons that I thought we should speak with Resident A and see if he was willing to give us the knife.

The three of us spoke with Resident A at that time. We asked him why he felt that he would need to have a knife on his person. He said that he was accused of stealing cigarettes from Resident B. Resident A said that he was worried that the two of them might get into a fight. After some further discussion about Resident A being safe in the home and not needing to worry about being hurt by Resident B, we asked if he had the knife. He admitted that he did. Resident A agreed to give the knife over. He brought out a small, folding knife and handed it to Mr. Lemons. Resident A would not say how he able to get the knife but Mr. Lemons stated that he knew the knife had been in the locked pantry. Resident A did not say that he stole the knife but did say that the staff working the night shift was sleeping on duty. He said that direct care worker Robert Hopkins comes in at 7:00 or 7:30 p.m. and then falls asleep at around 11:30 p.m., after he thinks everyone else is asleep. Mr. Hopkins keeps the keys in his front pants pocket. Resident A said that he had gotten up in the night on several occasions and observed Mr. Hopkins sleeping. He also said that Resident B is sometimes allowed to take the keys and get into the pantry to retrieve his own cigarettes.

I spoke with home manager Ray Smith at that time. He said that Mr. Hopkins is awake when he, Mr. Smith, comes in for his own shift in the morning. Mr. Hopkins hands the keys to him at that time. He has heard from Resident A that Mr. Hopkins sometimes sleeps during his shift. I asked Mr. Smith if there was any other way that Resident A would have come into possession of the knife other than him getting into the pantry. Mr. Smith said that he was unaware of how else Resident A might have gotten the knife. When they go on shopping trips, Mr. Smith said that he is right there with Resident A and there is no possibility that he could have stolen or bought the knife at that time.

I then spoke with licensee Laura Hopkins. She said that Resident A's guardian denied that Resident A had the knife when he came to the home. She said that it was possible the knife that Resident A had that day was a different one than that which Mr. Lemons had initially taken away from him. Mr. Artman said that Mr. Lemons confirmed that it is the same knife. Ms. Hopkins said that sometimes Resident B is allowed to go into the pantry to get his cigarettes. It is possible that Resident A followed him in there and snatched the knife. I told her that another possibility was that Resident A had gotten the keys to the pantry from Mr. Hopkins because it had been reported that he was sleeping during the night shift. She replied, "I'm not saying either way because I'm not here. He has been going through some (medical) treatments that make him sleepy so I can't say exactly." Ms. Hopkins said that she was aware that it is a CMH requirement that they provide awake staff at all times in the home. She also agreed that Resident A needs supervision at all times. We talked of a plan to bring in staff for the night shift who would be awake at all times.

I then spoke with Resident B. I asked him about the night shift. He said that Mr. Hopkins comes in for the night shift and will watch television. Resident B will get him a blanket at around 12:30 or 1:00 a.m. He thinks that Mr. Hopkins falls asleep at around 2:00 or 2:30 a.m. I asked him how he knew that. He replied he gets up during the night and sees Mr. Hopkins sleeping. Mr. Hopkins sleeps until around 6:00 or 6:30 a.m. before the rest of them wake up for the day. I asked him about the knife that Resident A had and how he might have gotten it. Resident B said that Resident A went into the pantry and took it from there. He said that he thought that it was his, Resident B's, knife that he brought with him and had agreed to keep locked in the pantry. He said that he thought that Resident A got the keys from Mr. Hopkins while Mr. Hopkins was sleeping. Mr. Hopkins used to keep the keys on the stand next to him. He now keeps them in his pocket. Resident B said that he knows for sure that Resident A has been in the pantry because he steals his, Resident B's, cigarettes from there as well.

I received Resident A's CMH Person-Centered Plan (PCP) dated February 1, 2023, from recipient rights officer Rachel MacGregor on May 11, 2023. It indicated that the "Hopkins will provide consumer (Resident A) with 24/7 care." Ms. MacGregor also reported that she was substantiating a recipient rights case on the Hopkins for allowing access to a potentially dangerous item. This was in regard to Resident A being in possession of the knife.

I received Resident A's CMH Intake Assessment dated February 1, 2023, from CMH caseworker Jon Artman on May 12, 2023. The assessment indicated that Resident A has been diagnosed with Major Depressive Disorder. He has a history of suicidal ideation and aggressive behavior. I also spoke with Mr. Artman by phone. He said that either the PCP or Intake Assessment could be considered Resident A's written assessment. He said that the PCP did indicate that Resident A have 24/7 care. He said that it was part of their contract with Ms. Hopkins that she provide 24/7 awake staff and that Resident A does require that level of care.

I spoke with licensee Laura Hopkins by phone on May 12, 2023. She said that she believed that Mr. Hopkins is now always awake during his shift. She said that she is no longer receiving any incident reports involving Resident A. Ms. Hopkins said that Mr. Hopkins now "buries" the keys in his pocket. We again spoke of a plan for her to have other awake staff at the home during the night shift.

I spoke with direct care worker Mr. Hopkins by phone on May 12, 2023. I asked him about Resident A being in possession of the knife after it had been locked in the pantry by Mr. Lemons. He said that he wasn't sure it was the same knife but agreed that Mr. Lemons reported that it was. He said that he felt that Resident A must have gotten into the pantry somehow and that he is "pretty clever" and will steal things. I asked Mr. Hopkins about his dozing off during the night shift. He replied, "I wouldn't say I didn't." He said that he hears whenever anybody moves, though. He keeps the keys to the pantry in his pocket and can't believe that Resident A would be able to get them from him. He said that he thought it more likely that Resident A followed

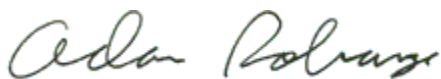
Resident B into the pantry when Resident B was getting cleaning supplies out and then stole the knife. I told him that CMH required that they provide awake staff at all times. I asked him what he believed might be the solution to fulfilling that requirement. He said that he would ensure that when he is working, he will remain awake at all times.

I conducted an exit conference with licensee Laura Hopkins by phone on May 12, 2023. I told her of the findings of my investigation and gave her the opportunity to ask questions.

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:	<p>Resident A had a knife in his possession and spoke of needing to defend himself against Resident B. He was able to obtain the knife on at least two separate occasions by getting into an area which is usually locked. He has been diagnosed with a Major Depressive Disorder and has a history of suicidal ideation and aggressive behavior. Resident A's guardian reported that Resident A should not have a knife and wanted the knife taken away from him immediately. Resident A's CMH Person-Center Plan indicates that the home is to provide him with 24/7 care and his CMH caseworker reported that he requires 24/7 awake staff. It was reported that the direct care worker who works the night shift sometimes falls asleep during his shift.</p> <p>The licensee did not provide supervision, protection and personal care as defined in the act and as specified in the resident's written assessment plan.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend no change in the license status.



05/15/2023

Adam Robarge

Date

Licensing Consultant

Approved By:



05/15/2023

Jerry Hendrick
Area Manager

Date