



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 14, 2023

Raekesha Mcmillian
1232 Kalamazoo Ave SE
Grand Rapids, MI 49507

RE: License #: AS410388538
Investigation #: 2023A0467048
Community Safe Keeping Home

Dear Raekesha Mcmillian:

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 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) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Mullins".

Anthony Mullins, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410388538
Investigation #:	2023A0467048
Complaint Receipt Date:	06/07/2023
Investigation Initiation Date:	06/07/2023
Report Due Date:	08/06/2023
Licensee Name:	Raekesha Mcmillian
Licensee Address:	1232 Kalamazoo Ave SE Grand Rapids, MI 49507
Licensee Telephone #:	(616) 719-3103
Administrator:	N/A
Licensee Designee:	Raekesha Mcmillian
Name of Facility:	Community Safe Keeping Home
Facility Address:	820 Watkins SE Grand Rapids, MI 49507
Facility Telephone #:	(616) 427-4570
Original Issuance Date:	08/14/2017
License Status:	REGULAR
Effective Date:	02/14/2022
Expiration Date:	02/13/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Resident A is not receiving her medication as prescribed.	Yes
Resident A is not receiving care per her assessment plan.	No
Additional Findings	Yes

III. METHODOLOGY

06/07/2023	Special Investigation Intake 2023A0467048
06/07/2023	APS Referral Complaint received from Kent County APS.
06/07/2023	Special Investigation Initiated - Telephone Spoke to Bryan Khaler with APS
06/08/2023	Inspection Completed On-site
06/08/2023	Exit conference completed with the owner/designee, Raekesha Mcmillian

ALLEGATION: Resident A is not receiving her medication as prescribed.

INVESTIGATION: On 6/7/23, I received a complaint from Kent County Adult Protective Services (APS) worker, Bryan Khaler. The complaint alleges that Resident A is prescribed Norco (Hydroco/APAP Tab 5-325MG) and she is not receiving it. The complaint states, “the facility is keeping it in a locked drawer and is not allowing (Resident A) to have her medication. The medication is being prescribed and refilled, but not provided to (Resident A).”

On 6/7/23, I spoke to Bryan Khaler with APS. Mr. Khaler spoke with Resident A’s guardian and the allegations appear to be “hearsay”. Resident A’s guardian stated that Resident A is telling him one story and staff member Debbie Long is telling him a different story. Mr. Khaler and I agreed to meet at Unlimited Alternatives tomorrow morning, which is a Day Program that Resident A attends to interview her.

On 6/8/23, Mr. Khaler and I made an unannounced onsite investigation to Unlimited Alternatives. Upon arrival, staff allowed entry into the facility and introductions were made with Resident A. Staff assisted Mr. Khaler and I to an office where we interviewed Resident A. Resident A confirmed that she is prescribed norco medication for pain and headaches. Resident A stated that the medication is prescribed as needed and this has been in place for the last few months. Resident A

was unable to state how often she needs the medication but knows it's not daily. Resident A was adamant that the AFC staff provide her with this medication when requested. Resident A denied that staff have ever refused to provide her with the norco medication when requested.

On 6/8/23, Mr. Khaler and I made an unannounced onsite investigation to the AFC. Upon arrival, we knocked on the door and rang the doorbell. Unfortunately, no one answered the door. While leaving the home, AFC owner Raekesha McMillian arrived at the home and she was interviewed regarding the allegation. Ms. Mcmillian was adamant that Resident A's norco medication is scheduled as opposed to as needed. Ms. Mcmillian stated that this has been in place for a couple of months, likely since February 2023. Ms. Mcmillian was adamant that Resident A receives her norco medication as prescribed daily. I reviewed Resident A's May and June 2023 Medication Administration Record (MAR), which indicated that she is receiving her medication as scheduled, which is 8:00 am, 4:00 pm, and 8:00 pm per her MAR.

Mr. Khaler and I spoke to staff member Debbie Long at the dining room table. Ms. Long was adamant that Resident A receives her norco and other medications as prescribed. Ms. Long went on to say that Resident A is scheduled to receive her norco daily at 8:00 am, 4:00 pm, and 8:00 pm. Ms. Long was adamant that she never exceeds three doses of norco for Resident A in a day, per her prescription. Ms. Long stated that this past Saturday (6/3), she gave Resident A her norco at 8:00 am, 12:00 pm, and again at 5:00 pm. Ms. Long stated that sometimes, Resident A will request to have her pain medication early, which led to her given Resident A the medication at 12:00 pm. I explained to Ms. Long that giving Resident A her medication four hours early (at 12:00 pm noon as opposed to 4:00 pm) and three hours early (at 5:00 pm as opposed to 8:00 pm) is not permitted. Ms. Long stated that she was trying to be helpful to Resident A. Regardless, this is a licensing violation as Ms. Long is not providing the medication to Resident A as scheduled. AFC owner Ms. Mcmillian stated that she had no knowledge that Ms. Long provided Resident A with her norco medication early. Ms. Mcmillian had a conversation with Ms. Long immediately after this was disclosed to educate her on the importance of residents receiving their medications as scheduled, regardless of resident's requests. Ms. Mcmillian stated that she plans to provide further education to Ms. Long to prevent a similar incident from occurring.

On 06/14/2023, an exit conference was completed with Raekesha Mcmillian. She was informed of the investigative findings and agreed to complete a Corrective Action Plan within 15 days of receipt of this report.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician

	or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.
ANALYSIS:	Staff member Debbie Long acknowledged that she gave Resident A her norco medication five hours early and three hours early on 6/3/23. Raekesha Mcmillian reportedly had no knowledge that this had occurred. Resident A made no mention of this during her interview. Based on the information provided, a preponderance of evidence exists to support the allegation.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Resident A is not receiving care per her assessment plan.

INVESTIGATION: On 6/7/23, I received a complaint from Kent County APS worker, Bryan Khaler. The complaint alleged that Resident A has a catheter due to bladder concerns and staff are required to help her empty the bag. However, staff are not assisting with this. Resident A has been to the emergency room 19 times in five months to get help with her catheter bag.

On 6/7/23, I spoke to Mr. Khaler with APS. Mr. Khaler stated that he spoke to Resident A’s guardian and the allegations appear to be “hearsay”. Resident A’s guardian stated that Resident A is telling him one story and staff member Debbie Long is telling him a different story. Resident A told her guardian that Ms. Long won’t help her place the larger catheter bag at night when needed. Mr. Khaler and I agreed to meet at Unlimited Alternatives tomorrow morning, which is a Day Program that Resident A attends to interview her.

On 6/8/23, Mr. Khaler and I made an unannounced onsite investigation to Unlimited Alternatives. Upon arrival, Mr. Khaler and I interviewed Resident A in an office. Resident A confirmed that she has bladder concerns, which is why she was given a catheter “a couple of days ago.” Resident A stated that she is unable to go to the bathroom like the average person. Therefore, she has a catheter in place to assist her. The catheter is connected to a bag, which she stated, “doesn’t want to cooperate.” Due to this, Resident A thinks that she will have this catheter in place for a long period of time. Resident A stated that the catheter bag must be emptied “all the time” but she was unable to give a more specific timeframe.

Resident A was adamant that she does all the care related to her catheter bag, including changing it. Resident A then changed her statement by saying that staff at

the AFC home are supposed to help her change the catheter bag, “but they don’t care.” Resident A stated that she asks staff, specifically Ms. Long for help once a day with her catheter bag and she refuses. Resident A again clarified that she herself is capable of providing the care she needs, such as emptying the catheter bag when it’s full and that she was never denied help from staff. Resident A’s statements were contradicting. Resident A went on to say that the owner of the AFC home, Ms. Mcmillian told her that she doesn’t care what happens to her and Ms. Long told her that she doesn’t “give a shit” what happens to her. Resident A is hopeful for a new AFC home soon.

On 6/8/23, Mr. Khaler and I made an unannounced onsite investigation to the AFC and interviewed AFC owner Raekesha McMillian regarding the allegation. Ms. Mcmillian confirmed that Resident A has a catheter in place. Ms. Mcmillian stated that Resident A is responsible for the care of her catheter. Ms. Mcmillian stated that she told Resident A’s guardian that the AFC home is not a nursing home and she and her staff do not provide care for catheters. Ms. Mcmillian also let the guardian know that she does not do any care related to anyone’s private area to prevent any false accusation towards her. Ms. Mcmillian stated that staff member Ms. Long does it “to be a good person” although she is not required to do it. Ms. Mcmillian was adamant that Resident A knows how to change her catheter bag herself and she has been doing this since she received the catheter bag.

After speaking to Ms. Mcmillian, Mr. Khaler and I spoke to staff member Debbie Long. Ms. Long stated that Resident A has had a catheter in place for approximately six months due to bladder concerns. Ms. Long stated that Resident A’s guardian has sent her to the hospital several times to put the catheter in place. Ms. Long stated that Resident A was supposed to have surgery to remove the catheter from her urethra and place it through her stomach. However, this was held off due to Resident A complaining of chest pain. Ms. Long thinks that Resident A has some anxiety surrounding the surgery as opposed to chest pains.

Ms. Long stated that since the catheter has been in place, Resident A has emptied it herself. Ms. Long stated that this is not something she typically does for Resident A, but she does remind her to empty the bag full of urine. Ms. Long showed Mr. Khaler and I two different urinary drainage bags that Resident A is supposed to use. The bag used during the daytime is a lot smaller than the bag that she is supposed to use at night. Although Resident A is supposed to use the bigger drainage bag at night, Ms. Long stated that she often refuses to use it, causing the smaller bag to leak. Ms. Long was adamant that she encourages Resident A to use the bigger drainage bag but stated, “we can’t make her do anything.” Ms. Long stated she has assisted Resident A with her catheter care at times although she is capable of doing this herself. Ms. Long denied that she has ever refused to help Resident A change her catheter bag. I reviewed Resident A’s assessment plan, which indicated that Resident A does not need assistance with personal hygiene or toileting.

On 06/14/2023, I conducted an exit conference with the owner, Raekesha Mcmillian.

She was informed of the investigative findings and denied having any questions.

APPLICABLE RULE	
R 400.14305	Resident protection.
	(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.
ANALYSIS:	<p>Resident A initially stated that she is solely responsible for changing her catheter bag. She then contradicted herself by stating that staff are responsible and refuse to help her.</p> <p>Ms. Mcmillian and Ms. Long were both stated that Resident A is responsible for the care of her catheter bag. Ms. Long has assisted Resident A before but this is not something she is required to do.</p> <p>Resident A's assessment plan included no indication that Resident A requires assistance with toileting or personal hygiene. Therefore, there is not a preponderance of evidence to support the allegation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDING: Resident A's assessment plan was not updated.

INVESTIGATION: While investigating the allegations listed above, I observed Resident A's assessment plan, which was last signed on 3/31/22. This form is required to be completed annually.

On 06/14/2023, I conducted an exit conference with the owner, Raekesha Mcmillian. She was informed of the investigative findings and agreed to complete a Corrective Action Plan within 15 days of receipt of this report.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(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.
ANALYSIS:	Resident A's assessment plan was last signed on 3/31/22. This is an annual form and should have been updated nearly three months ago. Based on the information provided, a preponderance of evidence exists to support a violation.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Anthony Mullins

06/14/2023

Anthony Mullins
Licensing Consultant

Date

Approved By:

Jerry Hendrick

06/14/2023

Jerry Hendrick
Area Manager

Date