



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 20, 2023

Rebecca Forbes
130 45th Street
Bloomington, MI 49026

RE: License #: AS800336566
Investigation #: 2023A1031053
True Blue AFC

Dear Rebecca Forbes:

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 (616) 356-0183.

Sincerely,

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

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

I. IDENTIFYING INFORMATION

License #:	AS800336566
Investigation #:	2023A1031053
Complaint Receipt Date:	07/05/2023
Investigation Initiation Date:	07/05/2023
Report Due Date:	08/04/2023
Licensee Name:	Rebecca Forbes
Licensee Address:	130 45th Street Bloomingtondale, MI 49026
Licensee Telephone #:	(269) 521-4500
Administrator:	Charles Kelly
Licensee Designee:	Rebecca Forbes
Name of Facility:	True Blue AFC
Facility Address:	42124 38th Avenue Paw Paw, MI 49079
Facility Telephone #:	(269) 415-0014
Original Issuance Date:	02/19/2013
License Status:	REGULAR
Effective Date:	09/24/2021
Expiration Date:	09/23/2023
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
Resident A's bedroom is filthy, and staff do not assist with cleaning it.	No
Resident A is not receiving prescribed medications.	No
Staff are not ensuring that Resident A takes showers consistently.	No
Additional Findings	Yes

III. METHODOLOGY

07/05/2023	Special Investigation Intake 2023A1031053
07/05/2023	Special Investigation Initiated – Telephone Interview with Complainant.
07/05/2023	Contact – Documents Received.
07/05/2023	Contact - Telephone Interview with Candice Kinzler.
07/06/2023	Contact - Telephone Interview with Randy Johnson.
07/10/2023	Inspection Completed On-site
07/10/2023	Contact - Face to Face Interviews with Cheri Kliffman, Suzanne Boyer, Resident A, Resident B, Resident C, and Resident D.
07/10/2023	Contact - Telephone Interview with Licensee Rebecca Forbes.
07/10/2023	Inspection Completed-BCAL Sub. Compliance
07/18/2023	Contact – Email Exchange with Linda Davis.
07/20/2023	Exit Conference held with Licensee Rebecca Forbes.

ALLEGATION:

Resident A's bedroom is filthy, and staff do not assist with cleaning it.

INVESTIGATION:

On 7/5/23, I interviewed Complainant #1 via telephone. Complainant #1 reported Resident A's bedroom was filthy and smelled of urine. Complainant #1 reported the bedroom floor was covered with trash, clothing, and miscellaneous items. Complainant #1 reported a family member cleaned Resident A's bedroom as staff were not ensuring the bedroom was clean. Complainant #1 reported they went to the home a couple days later and Resident A's bedroom was messy again.

On 7/5/23, I received pictures of Resident A's bedroom. The pictures showed the room to be in disarray as there was clothing, papers, and cans covering the ground in the bedroom.

On 7/5/23, I interviewed Van Buren Recipient Rights Officer Candice Kinzler via telephone. Ms. Kinzler reported she was not aware of any concerns regarding the cleanliness of Resident A's bedroom.

On 7/6/23, I interviewed direct care worker (DCW) Randy Johnson via telephone. Mr. Johnson reported Resident A's bedroom was messy and he had stuff all over the floor in his bedroom. Mr. Johnson reported staff try to help Resident A clean his room, but he will deny staff access or tell staff he does not want help cleaning his room. Mr. Johnson reported he has providing prompting to Resident A to clean his room and he refused.

On 7/10/23, Ms. Kinzler and I conducted an unannounced visit to the home. Resident A's bedroom was observed to be generally clean. Resident A did have pencil shavings, paper, and some clothing on the floor. Resident B denied licensing access to their bedroom. All other bedrooms in the home were observed to be clean and organized.

On 7/10/23, Ms. Kinzler and I interviewed the home manager Cheri Kliffman in the home. Ms. Kliffman reported she primarily works at another home. Ms. Kliffman reported when she is working in the home, she and other staff ask Resident A if he would like assistance with cleaning his room. Ms. Kliffman reported Resident A will often refuse help or deny access to his bedroom. Ms. Kliffman reported staff are not able to clean or enter Resident A's bedroom without permission. Ms. Kliffman reported Resident A has a tendency to not keep his bedroom clean even when staff do assist with cleaning.

On 7/10/23, Ms. Kinzler and I interviewed DCW Suzanne Boyer in the home. Ms. Boyer reported she has been working at the home for approximately three weeks. Ms. Boyer reported she has offered to help Resident A clean his room and he has denied assistance. Ms. Boyer also reported she has provided verbal prompts and encouragement for Resident A to clean his bedroom.

On 7/10/23, Ms. Kinzler and I interviewed Resident A in the home. Resident A reported a family member recently helped clean his room. Resident A reported staff do offer to help clean his room daily. Resident A reported he does accept help from the staff to clean his room. Resident A acknowledged that he needs to work on keeping his room clean and not throw things on the floor.

On 7/10/23, I interviewed Resident B, Resident C, and Resident D in the home. They reported staff help them keep their rooms clean and offer to clean their bedrooms when needed.

On 7/10/23, I interviewed Licensee Rebecca Forbes via telephone. Ms. Forbes reported staff often encourage Resident A to clean his room and he has refused help from staff. Ms. Forbes reported the home is working with Resident A's case manager to update his plan of service to address needs revolving the cleanliness of his room.

On 7/18/23, there was an email exchange with Resident A's case manager Linda Davis. Ms. Davis reported she was recently made aware that his bedroom was messy. Ms. Davis reported Resident A has too much stuff in his bedroom and refuses to allow staff to assist him with cleaning his bedroom. Ms. Davis reported she is working with Resident A's guardian to address this issue and to update his individual plan of service. Ms. Davis reported the plan is to have Resident A's family help him declutter his room and store his excess items in a designated area identified by his family. Ms. Davis reported his plan will be updated to reflect that Resident A will be asked to complete three easy tasks daily in his bedroom to help keep it clean. Ms. Davis reported the family will check in with Resident A when they visit the home to ensure that he is completing his tasks. Ms. Davis reported Resident A is having difficulty transitioning from his family home to an AFC.

On 7/19/23, I reviewed Resident A's *Individual Plan of Service* dated 1/12/23. The plan does not have an assessed area of need identified for staff to assist with the upkeep of Resident A's bedroom.

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, there is no indication that staff are not offering assistance or encouraging Resident A to clean his bedroom. Resident A's case manager and staff reported Resident A does not allow staff to help him clean his room. Resident A acknowledged that he needs to work on keeping his bedroom cleaned. There is no identified need within the assessment plan that Resident A requires additional assistance from staff to keep his bedroom clean. Resident A's case manager is in the process of updating his plan of service to address this need. Other bedrooms in the home were viewed to be clean and organized.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident A is not receiving prescribed medications.

INVESTIGATION:

Complainant #1 reported Resident A is prescribed a medication to take as needed for anxiety. Complainant #1 reported Resident A is not receiving this medication when needed.

Ms. Kliffman and Ms. Boyer reported Resident A is provided with his anxiety medication when requested or they will offer it to him if they notice he is becoming very anxious.

Resident A reported staff provide him with his anxiety medication when requested. Resident A reported he has never been denied his medication.

On 7/10/23, I reviewed Resident A's medication administration record (MAR) and progress summaries. The MAR and progress summaries reflect that Resident A has been receiving his medication on days where he is experiencing anxiety.

Ms. Davis reported she has not received any negative feedback from anyone regarding Resident A's medications. Ms. Davis reported staff have documented when Resident A is provided with medications.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

ANALYSIS:	Based on interviews and the review of medications, there is no indication that Resident A is not receiving his medications when requested or needed. Resident A reported staff provide him with his anxiety medication when requested or needed.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Staff are not ensuring that Resident A takes a shower consistently.

INVESTIGATION:

Complainant #1 reported that Resident A’s hygiene needs are not being met in the home.

Staff reported they encourage Resident A to take showers and maintain his daily hygiene. Staff reported Resident A will refuse at times and they cannot force him to take showers.

Resident A reported he felt that his hygiene needs were being met in the home. Resident A reported he will shower when he feels he needs to, and staff provide encouragement to take showers.

Ms. Davis reported Resident A does not like to complete his activities of daily living (ADL). Ms. Davis reported Resident A is working on an objective to complete ADL tasks. Ms. Davis reported Resident A has always presented to be clean, dressed neatly, and free of body odor. Ms. Davis reported she does not have concerns regarding his personal care and she has not been informed that staff are not offering him showers.

Resident A’s *Individual Plan of Service* has an identified objective that states “[Resident A] needs to improve his bathing, personal hygiene, and grooming skills”. The plan read that Resident A can be “fairly cooperative at times”. The identified objective read to increase personal hygiene and good health, Resident A will shower/bathe, brush his teeth, and put on clean clothes daily. Resident A requires staff to model and encourage these tasks.

APPLICABLE RULE	
R 400.14314	Resident hygiene.
	(1) A licensee shall afford a resident the opportunity, and instructions, when necessary, for daily bathing and oral

	and personal hygiene. A licensee shall ensure that a resident bathes at least weekly and more often if necessary.
ANALYSIS:	Staff, Ms. Davis, and Resident A reported he is provided with the opportunity and encouragement for bathing and personal hygiene. Resident A's service plan read that personal hygiene is an identified area of need for Resident A. Staff reported they encourage him to meet his personal hygiene goals.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

The home was observed to have three chairs which is not enough seating for the residents in the living area. The dining room chairs were observed to be dirty and not in good condition as the material was cracked and peeling. The blinds in the living area and in Resident A and Resident F's bedroom were broken and not in good condition. There were areas of the home accessible to the residents that included a ladder, gallons of paint, bed frames and large pieces of dry wall. The main bathroom in the home has no light fixture above the sink and exposed wiring. A drawer in the kitchen is broken and collapsed within the cabinet. The kitchen island has a countertop that is not affixed to the base.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.
ANALYSIS:	Based on observations made in the home, home furnishings and housekeeping standards were not met. There was not adequate furniture in the living room to accommodate all the residents. The home has six residents and three recliners available for seating. The dining room chairs are not in good condition as they are dirty, and the material is peeling and cracked. The living area and two resident bedrooms were observed to have broken blinds which does not allow the residents privacy. There is exposed wiring in the main bathroom and no light fixture. There were areas of the home accessible to the residents that included a ladder, gallons of paint, bed frames and large pieces of dry wall. The main bathroom in the home has no light fixture above the sink and exposed wiring. A drawer

	in the kitchen is broken and collapsed within the cabinet. The kitchen island has a countertop that is not affixed to the base.
	VIOLATION ESTABLISHED

INVESTIGATION:

The two bathrooms in the home did not have nonskid surfacing installed in the showers.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.
ANALYSIS:	Both bathrooms in the home did not have nonskid surfacing installed in the showers.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

The home was observed to have holes in the walls and peeling paint. There was a large hole observed near the main entrance door. The bathroom used primarily by the residents has a wall that was unfinished with spackle that is not sanded or painted. There was paint peeling from the ceiling in the bathroom. There is a part of the wall next to the toilet that has laminate that is peeled halfway down the wall and hanging next to the toilet. The home was also observed to have dirty walls and floor trim in the dining area.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

ANALYSIS:	The home was observed to have walls and ceilings that were not in good repair. There were holes in the walls and peeling paint. There was a large hole observed near the main entrance door. The bathroom used primarily by residents has a wall that was unfinished with spackle that is not sanded or painted. There was paint peeling from the ceiling in the bathroom. The home was also observed to have dirty walls and floor trim in the dining area.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

The toilet was observed to have a missing tank lid.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.
ANALYSIS:	The toilet was observed to have a missing tank lid.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

Resident A's bedroom door was observed to have a broken latch and did not close properly. The framing of the door was observed to be broken, detached, and had exposed nails.

APPLICABLE RULE	
R 400.14408	Bedrooms generally.
	(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.

ANALYSIS:	Resident A's bedroom door was observed to have a broken latch and did not close properly. The framing of the door was observed to be broken, detached, and had exposed nails.
CONCLUSION:	VIOLATION ESTABLISHED

On 7/20/23, I completed an exit interview with Ms. Forbes. Ms. Forbes acknowledged that repairs are needed in the home and she has a maintenance worker actively working in the home to remedy the mentioned concerns.

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.

7/14/23

Kristy Duda
Licensing Consultant

Date

Approved By:

7/19/23

Russell B. Misiak
Area Manager

Date