



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 2, 2023

Jzsa-Jaza Gibson  
Pharaoh's Rest Haven, LLC  
1102 S. West Avenue  
Jackson, MI 49203

RE: License #: AS380412065  
Investigation #: 2023A0007021  
Pharaoh's Rest Haven I

Dear Ms. Gibson:

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 (313) 456-0380.

Sincerely,

*Mahtina Rubritius*

Mahtina Rubritius, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd., Ste. #9-100  
Detroit, MI 48202  
(517) 262-8604

Enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT  
THIS REPORT CONTAINS QUOTED SEXUAL CONTENT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS380412065
<b>Investigation #:</b>	2023A0007021
<b>Complaint Receipt Date:</b>	06/14/2023
<b>Investigation Initiation Date:</b>	06/15/2023
<b>Report Due Date:</b>	08/13/2023
<b>Licensee Name:</b>	Pharaoh's Rest Haven, LLC
<b>Licensee Address:</b>	1044 S. MLK Jr. Drive Jackson, MI 49203
<b>Licensee Telephone #:</b>	(517) 513-3381
<b>Administrator:</b>	Jzsa-Jaza Gibson
<b>Licensee Designee:</b>	Jzsa-Jaza Gibson
<b>Name of Facility:</b>	Pharaoh's Rest Haven I
<b>Facility Address:</b>	114 W. Biddle Street Jackson, MI 49203
<b>Facility Telephone #:</b>	(517) 962-4683
<b>Original Issuance Date:</b>	11/17/2022
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	05/17/2023
<b>Expiration Date:</b>	05/16/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

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**II. ALLEGATION(S)**

	<b>Violation Established?</b>
There is no food most of the time. The home is full of mice.	No
Residents (Resident A and Resident C) are having sexual relations with each other.	Yes
Home Manager #1 is sleeping with Resident A. Staff overly sexualize things with residents. HM #1 has physically assaulted multiple residents. HM #1 has a long horrible criminal record, and she is not supposed to be working in this field. She has pending felony charges.  Managers have shown up to work drunk.	No
Allegations that there are not enough staff on shift.	No
There have been multiple medication complications. Management advises staff to throw medication out if clients refuse, and just mark them as taken so an incident report does not have to be written.	No

**III. METHODOLOGY**

06/14/2023	Special Investigation Intake - 2023A0007021
06/15/2023	Special Investigation Initiated – Letter APS Referral
06/15/2023	APS Referral Made.
06/16/2023	Inspection Completed On-site - Unannounced - Face to face contact with APS Worker #1, Resident A, Resident B, Resident C, Resident D, and Employee #1.
06/21/2023	Inspection Completed On-site - Unannounced - Face to face contact with Jzsa-Jasa Gibson, Resident A, Resident B, Resident C, Resident D and Home Manager #1.
07/12/2023	Contact - Telephone call received from APS Worker #2. Case discussion.

07/25/2023	Inspection Completed On-site - Unannounced - No answer at the facility.
07/26/2023	Inspection Completed On-site - Unannounced - Face to face contact with Employee #1, Resident B, Resident C, Resident D, Resident E, Greg Jones and CMH Officers.
07/27/2023	Contact - Document Sent - Email sent to Guardian C - I requested a returned phone call.
07/27/2023	Inspection Completed On-site - Unannounced - Face to face contact with Jzsa-Jasa Gibson, Employee #1, Resident B, Resident D, Resident E and visitors.
07/27/2023	Contact - Telephone call made - Interview with Employee #2.
07/27/2023	Contact - Telephone call received - Interview with Guardian C.
07/28/2023	Contact - Telephone call made - APS Worker #1. Status update requested. The investigation is still pending.
07/28/2023	Contact - Telephone call made to Jzsa-Jasa Gibson and the facility. I left a message and requested a returned phone call to conduct the exit conference.
07/28/2023	Contact – Document – Email sent to Jzsa-Jasa Gibson. I requested a returned phone call to conduct the exit conference.
07/28/2023	Exit Conference conducted with Jzsa-Jasa Gibson, Licensee Designee.

#### **ALLEGATIONS:**

- **There is no food most of the time.**
- **The home is full of mice.**

#### **INVESTIGATION:**

On June 16, 2023, APS Worker #1 and I conducted an unannounced on-site investigation and made face to face contact with Resident A, Resident B, Resident C, Resident D, and Employee #1. Upon arrival to the home, Resident A and Resident B met us outside the house and began speaking to us.

According to Resident A, he only receives \$40.00 each month, and this is not enough money. Resident A voiced that he was upset as Resident C threw a garbage can at him and spit on him. As a result, he was given a 30-day notice. Resident A reported that he did not want to remain in this home, and he provided contact information for his sister (Sister A), who he keeps in contact with, that she may be able to help. Resident A also complained that the staff did not take them anywhere. Regarding the food, Resident A complained that all they feed them is chicken. He would like more varieties of food. Resident A stated, "I don't want to eat chicken, hamburger helper, and burritos! That's all they give us; they only give us garbage to eat."

Both Resident A and Resident B reported that there were mice in the home.

While at the facility, we observed an adequate amount of food. Employee #1 informed us that the residents had eggs and bacon for breakfast. Resident A reported to help with breakfast. During the on-site investigation, I did not observe any mice droppings or evidence of infestation.

Regarding the food in the home, Resident C stated that they only spend about \$300 each month. She reported to be hungry and would like more food.

Jzsa-Jasa Gibson stated that they purchase about \$300 per week in groceries.

On July 25, 2023, I arrived at the facility to observe lunch; however, there was no one home.

On July 26, 2023, I conducted an unannounced on-site investigation and made face to face contact with Employee #1, Resident B, Resident C, Resident D, Resident E, Greg Jones and CMH Officers from St. Joseph County. Upon arrival, it was noted that the residents were getting ready to leave. I asked Employee #1 when she would return, and she said around 1:00 p.m. When I arrived, Resident D asked if I needed to speak with him and I said I did. Resident D stated that he wanted to speak with me before leaving for lunch. I explained that I could return to the facility later; however, Resident A wanted to get the interview done. Therefore, I interviewed the residents at that time.

Resident D immediately stated that he wanted out of this home, as they messed up his medications. Regarding the food, he stated that he gets enough to eat; however, he was a picky eater and he wished he had more pig feet and pig ears. He stated that Jzsa-Jasa provides the pig feet and pig ears sometimes, but he would like them more often. He had no additional concerns about the food provided. Regarding the mice, he stated that he had not seen mice but there was something in the home. When asked what he meant, Resident D stated that he has seen shredding and that something tried to eat the candy in his room.

Resident C refused to speak with me and did not want to be interviewed.

Resident E reported to move into the home recently. She reported so far things were going well, and she had no concerns. She has not seen any mice in the home.

When I entered the facility, it was observed to be neat, clean, cool, and orderly. While at the facility, I observed an adequate amount of food in the refrigerator, freezer, and cabinets. I also reviewed the menu for 6/26/23 and noted that the items listed for dinner were in the home. Greg Jones, Head of Maintenance, reported to be frustrated with the continued complaints and stated that they just want to give the residents a nice place to live. He does all the work on the homes, he has pulled permits and followed city ordinances. In addition, that they take care of the residents and they run the best homes in Jackson. He denied that the home is full of mice. Greg Jones reported to be tired of the “haters.” I informed him that I understood his frustration; however, if a complaint is made with potential rule violations, we must investigate the allegations. While walking through the home and completing observations, I did not see any mouse droppings or evidence of the home being full of mice.

On July 27, 2023, I conducted an on-site investigation and spoke with Jzsa-Jasa Gibson. She reported that there are no issues with mice in the home. We also discussed Resident A’s funding. She stated that Resident A never got a payee in order, and he handled his own cash. She stated that Resident A signed for his own check, cashed it, paid rent, and kept the rest. Resident A then took his money and purchased meth, sharing it with some of the residents. It should be noted that the residents move about independently in the community. I also reviewed the Resident Funds Part II forms, for Resident A, which documented the AFC Payments and other transactions, as reported by Jzsa-Jasa Gibson.

The weight records were reviewed for Resident A, Resident B, Resident C and Resident D, and no significant changes were noted.

On July 28, 2023, I conducted the exit conference with Jzsa-Jasa Gibson, Licensee Designee. She agreed with the conclusion of this investigation.

<b>APPLICABLE RULE</b>	
<b>R 400.14313</b>	<b>Resident nutrition.</b>
	<b>(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.</b>

<b>ANALYSIS:</b>	<p>Resident A complained that all they feed them is chicken. He would like more varieties of food. Resident A stated, "I don't want to eat chicken, hamburger helper, and burritos! That's all they give us; they only give us garbage to eat."</p> <p>Resident C reported to be hungry and would like more food. Resident D reported to get enough food, but he would like more pig feet and pig ears.</p> <p>Resident E reported to move into the home recently. She reported so far things were going well, and she had no concerns.</p> <p>Jzsa-Jasa Gibson stated that they purchase about \$300 per week in groceries.</p> <p>Adequate amounts of food were observed during both unannounced on-site investigations.</p> <p>Based on the information gathered during this investigation and provided above, it's concluded that there is not a preponderance of the evidence to support the allegations that there is no food in the home most of the time.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<b>(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b>



<b>ANALYSIS:</b>	<p>Both Resident A and Resident B reported that there were mice in the home.</p> <p>Resident D stated that he had not seen mice but there was something in the home, as he has observed shredding and something tried to eat the candy in his room.</p> <p>Greg Jones denied that the home is full of mice. Jzsa-Jasa Gibson denied that they have issues with mice in the home.</p> <p>On July 26, 2023, when I entered the facility, it was observed to be neat, clean, cool, and orderly.</p> <p>While walking through the home and completing observations during both inspections, I did not see any mouse droppings or evidence of the home being full of mice.</p> <p>Based on this information, there is not a preponderance of the evidence to support the allegations that the home is not being maintained to provide adequately for the health, safety, and well-being of the occupants.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATIONS:**

- **Residents (Resident A and Resident C) are having sexual relations with each other.**
- **Home Manager #1 is sleeping with Resident A. Staff overly sexualize things with residents.**
- **HM #1 has physically assaulted multiple residents. HM #1 has a long horrible criminal record, and she is not supposed to be working in this field. She has pending felony charges.**
- **Managers have shown up to work drunk.**

**INVESTIGATION:**

**Residents (Resident A and Resident C) are having sexual relations with each other.**

On June 16, 2023, when asked if residents were having sexual relations, Resident A stated, "They allow us to sleep together." Resident A recalled that they were downstairs having intercourse in his room, but others could hear them, so staff told them they had to go upstairs to Resident C's room. Resident A reported that he and Resident C had a relationship.

We interviewed Resident C. Resident C stated that she and Resident A had not been getting along and they're not sleeping together anymore. When specifically asked, Resident C confirmed that she and Resident A were having a sexual relationship in Resident A's room.

Jzsa-Jasa Gibson stated that Resident A and Resident C were boyfriend and girlfriend, and their interactions were consensual. Resident C's case manager (CM #2) was contacted to get her on birth control.

A review of the Michigan Sex Offenders Registry reflected that Resident A is a registered sex offender.

On July 12, 2023, I spoke with APS Worker #2, and she informed me that Resident A is no longer in the home.

On July 27, 2023, I spoke with Guardian C. She reviewed her notes and informed that in May, she was contacted by Jzsa-Jasa Gibson, who informed that Resident C had intercourse and asked about birth control. Case management was also contacted regarding this matter. On June 1, 2023, HM #1 called and informed that Resident C needed a pregnancy test, prior to receiving birth control. I inquired if Guardian C was contacted and aware of the situation, and able to make an assessment, prior to it occurring and she stated she was not. She voiced concerns as residents are being told that they have the right to do what they want, but they need to be safeguarded. She stated that Resident C has mental illness and delusions, and she does not have the ability to make choices about being in a sexual relationship. Guardian C was not aware that Resident C was involved with a registered sex offender.

On July 28, 2023, I conducted the exit conference with Jzsa-Jasa Gibson, Licensee Designee. She stated that as soon as she learned that Resident A and Resident C were boyfriend and girlfriend, she contacted the guardian. As far she knows, the residents did not have intercourse. I informed her that Resident A has a guardian and cannot consent to having a sexual relationship. In addition, Resident A is a registered sex offender, and the licensee is required to safeguard the other residents in the home. I informed Jzsa-Jasa Gibson that I would be requesting a written corrective action plan to address this established violation.

- **Home Manager #1 is sleeping with Resident A. Staff overly sexualize things with residents.**

- **HM #1 has physically assaulted multiple residents. HM #1 has a long horrible criminal record, and she is not supposed to be working in this field. She has pending felony charges.**
- **Managers have shown up to work drunk.**

On June 16, 2023, Resident A informed us that he got along pretty good with staff, he just did not like it when staff put their hands in his face. When asked who did this, he stated it was a staff member who had recently been fired (name unknown). Resident A voiced his complaints about the facility and staff. Resident A stated that he has a quick temper, and he did not want to hurt anyone. He reported that he just wanted to leave the home. Resident A has been to prison. Resident A is a registered sex-offender.

During the interview, Resident A reported to have a relationship with Resident C. When asked about him having a relationship or being involved with staff, Resident A replied, "Hell no." When specifically asked if he was having any kind of relationship with HM #1, Resident A stated, "I would never do that." When asked about staff overly sexualizing things, Resident A stated they will make statements like "we didn't know a pretty guy was coming over." When asked which staff member made the statements, Resident A could not recall their name. Resident A also informed us that there is a staff member that wore short shorts. Resident A stated that this staff member's "titties show" and "their ass is all over the place."

Resident B confirmed that the staff in the home are half-dressed sometimes.

On June 16, 2023, APS Worker #1 and I interviewed Resident C. Resident C stated about a week ago, around 3:00 a.m., HM #1 "put her hands on me." Resident C stated that HM #1 beat her up and Jzsa-Jasa Gibson did nothing about it. Resident C stated she had marks on her arms from being grabbed but they're gone. I did not observe any marks on Resident C's arms. Resident C stated that HM #1 should not be putting her hands on her. While trying to gather additional information as to why Resident C was grabbed, she stated she didn't know because she blacked out. She also thought she might have seen a gun. Resident C informed that the confrontation occurred "because I'm white." Resident C stated that staff called her a rapist. Resident C stated that she showed her arms to her case manager and Jzsa-Jasa Gibson is aware of the incident. During the interview, Resident C also talked about imaginary things and said she was a different person.

Jzsa-Jasa Gibson stated that she did not see HM #1 grab Resident C. Jzsa-Jasa Gibson recalled that Resident C had got a hold of some meth. Resident C was acting differently, along with multiple personalities. Generally, Resident C is not aggressive.

During this on-site investigation, I did not observe any staff with low cut shirts or short shirts.

On June 21, 2023, I conducted an unannounced on-site investigation and made face to face contact with Jzsa-Jasa Gibson, Resident A, Resident B, Resident C, Resident D and Home Manager #1.

It should be noted that in February of 2022, HM #1's file was reviewed, which included review of required background checks and clearances. I spoke with HM #1 who informed me that she has felony criminal charges pending for a traffic ticket. The incident occurred in March of 2022, and she has a trial date set for August 23, 2023. When asked about being in a relationship with Resident A, HM #1 informed that was not true. When asked about staff overly sexualizing things, HM #1 stated that Resident D jokes and calls her his work wife. She tells him that she's not ready to be married. I inquired if there was a dress code for staff in the facility and HM #1 stated there was, which included work shirts that are provided. HM #1 stated that Jzsa-Jasa Gibson does pop-ups, daily, on each of the shifts and makes sure staff are dressed appropriately.

While at the facility, the managers did not appear to be under the influence of alcohol. The staff were observed to be dressed appropriately.

On July 12, 2023, I spoke with APS Worker #2, who was investigating the allegations regarding Resident C being hit by HM #1, as APS Worker #1 was not available. APS Worker #2 attempted to interview Resident C without success, and stated she did not have to talk to the worker. APS Worker #2 interviewed HM #1, who denied the allegations.

On July 26, 2023, during the on-site investigation, I interviewed Resident D, and he reported that he has not observed management coming into work intoxicated or being drunk in the facility.

Resident B reported that he has not seen staff mistreat the residents. When asked specifically about HM #1, he informed that he has seen her push Resident C. He reported this occurred in the home on the first floor. He did not provide any additional details. Resident B reported that he has not seen management drunk.

Resident C did not want to be interviewed.

Resident E has not witnessed any residents being pushed or physically assaulted. She stated that the staff sometimes have to be more assertive when redirecting, but nothing out of the ordinary. Resident E has not observed the management intoxicated in the facility.

While at the facility, the staff did not appear to be under the influence of alcohol.

On July 27, 2023, I conducted a follow-up investigation as I had some additional questions and made face to face contact with Jzsa-Jasa Gibson, Employee #1, Resident B, Resident D, Resident E and visitors.

While at the facility, I spoke to Employee #1 who denied observing staff being physically aggressive with the residents or mistreating them. Employee #1 also denied showing up to work intoxicated or that she has observed other staff members under the influence while at work. Employee #1 was wearing a work tee-shirt, pants, and a light knit cardigan.

Jzsa-Jasa Gibson reported that she did not have any issues with managers being drunk while on-duty. She stated that she completes “pop-up” visits, and the residents would also report if this was going on in the home.

Jzsa-Jasa Gibson reported that they have a dress code, which includes work shirts, which are provided, and jeans or khakis. She stated shorts are not appropriate work attire and if someone arrives to work in inappropriate attire, they are sent home to change. She expects her staff to act and dress in a professional manner.

Jzsa-Jasa Gibson informed me that HM #1 no longer works for the business, as her last day was June 29, 2023. She stated that she ran background checks and recalled that her file had been reviewed by licensing. She also stated that she contacted the background check unit for general information and was told she would get a wrap-back if there was an issue. Jzsa-Jasa Gibson spoke with HM #1 about the expectations for professionalism and standards, even on her own time, as she works for a home that cares for vulnerable populations. It was determined that she would no longer work for the home. Jzsa-Jasa Gibson was not aware of any issues with staff over sexualizing things with the residents. She reported to be in the homes on a regular basis and had not heard any issues. When asked about HM #1 being called the “work wife” Jzsa-Jasa Gibson stated she did not like that.

On July 27, 2023, I interviewed Employee #2 via telephone. She stated that she usually did not work with HM #1 (who usually works first shift) but that she has not seen her intoxicated at work, nor has she heard that this was an issue with anyone.

On July 28, 2023, I spoke to APS Worker #1 who reported that his case is still pending (Regarding Resident A). Regarding the allegations of Resident C being hit by HM #1, it was noted that APS Worker #2 interviewed HM #1 and Jzsa-Jasa Gibson. HM #1 reported that Resident A and Resident C used meth and came home high. During the middle of the night, they were outside yelling at 3:00 a.m. HM #1 was outside trying to deal with them, but they were having such a bad reaction to the drugs. Resident A got his check, cashed it, and purchased meth. HM #1 denied hitting or hurting Resident C. The allegations were not substantiated.

On July 28, 2023, I spoke to Jzsa-Jasa Gibson. I informed her that the HM #1’s file was reviewed prior to the incident occurring in March 2022. She reported that she

did not receive a wrap-back for HM#1 and she is not aware that HM #1 has been convicted of an exclusionary crime. Technical assistance was provided regarding staff professionalism when speaking with the residents. She agreed with the conclusion of this investigation.

<b>APPLICABLE RULE</b>	
<b>R 400.14305</b>	<b>Resident protection.</b>
	<b>(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.</b>

<b>ANALYSIS:</b>	<p><b>Residents (Resident A and Resident C) are having sexual relations with each other.</b></p> <p>A review of the Michigan Sex Offenders Registry reflected that Resident A is a registered sex offender.</p> <p>Resident A and Resident C reported to having sexual relations. Jzsa-Jasa Gibson stated that Resident A and Resident C were boyfriend and girlfriend, and their interactions were consensual.</p> <p>Resident C's case manager (CM #2) was contacted to get her on birth control.</p> <p>Guardian C stated that Resident C has mental illness and delusions, and she does not have the ability to make choices about being in a sexual relationship. Guardian C was not aware that the resident that Resident C was involved with was a registered sex offender.</p> <p>Resident C has been appointed a guardian, to make decisions for Resident C's best interest. Guardian C was not contacted to make an assessment prior to Resident A and Resident C being involved sexually.</p> <p>Jzsa-Jasa Gibson stated that as soon as she learned that Resident A and Resident C were boyfriend and girlfriend, she contacted the guardian. As far she knows, the residents did not have intercourse.</p> <p>Based on the information gathered during this investigation and provided above, it's concluded that Resident C was not treated with dignity and her personal needs, including protection and safety, were not attended to at all times, in accordance with the provisions of the act.</p> <p><b>Home Manager #1 is sleeping with Resident A. Staff overly sexualize things with residents.</b></p> <p>When asked about him having a relationship or being involved with staff, Resident A replied "hell no." When specifically asked if he was having any kind of relationship with HM #1, Resident A stated, "I would never do that." When asked about staff overly sexualizing things, Resident A stated they will make statements like "we didn't know a pretty guy was coming over." When asked which staff member made the statements, Resident A could not recall their name.</p>
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When asked about being in a relationship with Resident A, HM #1 informed that was not true. When asked about staff overly sexualizing things, HM #1 stated that Resident D jokes and calls her his work wife. She tells him that she's not ready to be married.

When asked about HM #1 being called the "work wife" Jzsa-Jasa Gibson stated she did not like that.

Based on the information gathered during this investigation and provided above, it's concluded that there is not a preponderance of the evidence to support the allegations that HM #1 was sleeping with Resident A. Technical assistance was provided regarding staff professionalism when speaking with the residents.

**HM #1 has physically assaulted multiple residents. HM #1 has a long horrible criminal record, and she is not supposed to be working in this field. She has pending felony charges.**

Resident C reported that around 3:00 a.m., HM #1 "put her hands on me." Resident C stated that HM #1 beat her up. While trying to gather additional information as to why Resident C was grabbed, she stated she didn't know because she blacked out. Resident C reported to have marks. No marks were observed on Resident C at the time of the interview.

When asked specifically about HM #1, Resident B informed that he has seen her push Resident C.

Jzsa-Jasa Gibson stated that she did not see HM #1 grab Resident C.

Resident E has not witnessed any residents being pushed or physically assaulted.

Employee #1 denied observing staff being physically aggressive with the residents or mistreating them.

APS Worker #2 interviewed HM #1. HM #1 reported to APS Worker #2 that Resident A and Resident C used meth and came home high. During the middle of the night, they were outside yelling at 3:00 a.m. HM #1 was outside trying to deal with them, but they were having such a bad reaction to the drugs. HM #1



	<p>denied hitting or hurting Resident C. The allegations were not substantiated.</p> <p>HM #1's file has been previously reviewed (February 2022), which included review of required background checks and clearances. I spoke with HM #1 who informed me that she currently has felony criminal charges pending for a traffic ticket. She will be going to court in August.</p> <p>Jzsa-Jasa Gibson informed me that HM #1 no longer works for the business, as her last day was June 29, 2023. She stated that she ran background checks and recalled that her file had been reviewed by licensing. She also stated that she contacted the background check unit for general information and was told she would get a wrap-back if there was an issue. Jzsa-Jasa Gibson has not received a wrap-back notice.</p> <p>Based on the information gathered during this investigation and provided above, it's concluded that there is not a preponderance of the evidence to support the allegations that HM #1 has physically assaulted several residents. As of the date of this investigation and according to Jzsa-Jasa Gibson she is not aware that HM #1 has been convicted of an exclusionary crime. Additionally, HM #1 no longer works for the business.</p> <p><b>Managers have shown up to work drunk.</b></p> <p>Each of the residents interviewed did not provide any information to confirm that managers have been intoxicated while at work.</p> <p>Staff interviewed have not observed management intoxicated at work.</p> <p>Jzsa-Jasa Gibson reported that she did not have any issues with managers being drunk while on-duty. She stated that she completes "pop-up" visits, and the residents would also report if this was going on in the home.</p> <p>Based on the information gathered during this investigation and provided above, it's concluded that there is not a preponderance of the evidence to support the allegations that managers have shown up to work intoxicated.</p>
<p><b>CONCLUSION:</b></p>	<p><b>VIOLATION ESTABLISHED</b></p>

**ALLEGATIONS:**

**Allegations that there are not enough staff on shift.**

**INVESTIGATION:**

On July 27, 2023, I spoke with Jzsa-Jasa Gibson about the staffing patterns. She stated there are no residents in the home that require 1:1 supervision in the home. She stated that there is one staff for each shift, and this staffing pattern is adequate to meet the needs of the residents. She reported that they are not short staffed. In addition, that she is in the home and can cover a shift or help if necessary. Jzsa-Jasa Gibson stated that the main issue is people not calling or showing up for work, and that's not taken lightly; therefore, they are terminated.

While at the home, I reviewed the staff schedules which was consistent to what Jzsa-Jasa Gibson reported.

On July 27, 2023, I interviewed Employee #2. She informed that one staff on duty is adequate when working in the home and she can complete her job duties.

On July 28, 2023, I conducted the exit conference with Jzsa-Jasa Gibson, Licensee Designee. She agreed with the conclusion of this investigation.

<b>APPLICABLE RULE</b>	
<b>R 400.14206</b>	<b>Staffing requirements.</b>
	<b>(1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 12 residents and children who are under the age of 12 years.</b>

<b>ANALYSIS:</b>	<p>Jzsa-Jasa Gibson stated there are no residents in the home that require 1:1 supervision in the home. There is one staff for each shift, and this staffing pattern is adequate to meet the needs of the residents. Jzsa-Jasa Gibson reported that they are not short staffed.</p> <p>Jzsa-Jasa Gibson is also in the home, and she can cover a shift or help if necessary.</p> <p>The staff schedules were reviewed, and they were consistent to what Jzsa-Jasa Gibson reported.</p> <p>Employee #2. She informed that one staff on duty is adequate when working in the home and she can complete her job duties.</p> <p>Based on the information gathered during this investigation and provided above, it's concluded that there is not a preponderance of the evidence to support the allegations that the ration of direct care staff to residents is inadequate.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATIONS:**

**There have been multiple medication complications. Management advises staff to throw medication out if clients refuse, and just mark them as taken so an incident report does not have to be written.**

**INVESTIGATION:**

On July 26, 2023, I interviewed Resident D. He stated that he was taking his old pills and the new pills, as the old pills never got cancelled out. When he spoke to staff about this, they said they were giving him his medication by the book.

Resident E reported that she is getting her medications and she did not have concerns regarding this matter.

On July 27, 2023, I spoke with Jzsa-Jasa Gibson. She stated that there would be no purpose to just marking the medication log as given, so an incident report does not have to be written. She stated that the residents are prescribed the medications for a reason, and it does them no good if they're not receiving their medications as prescribed. When a resident refuses the medication, they throw the medication in the sharps box and write an incident report. When asked about Resident D and what he reported about his medication, she informed that he was really not creditable

when discussing his medications. Jzsa-Jasa Gibson stated that he received his medications as prescribed.

When at the facility, I reviewed Resident C's medications and medication logs. Staff documented when the medication was refused. No discrepancies were noted.

Employee #2 stated that if a resident refuses medication, she will wait and try again, within the allotted timeframes, and notify Jzsa-Jasa Gibson. If they still don't take the medication, then she will put the medication in the sharps box and write an incident report for the medication refusal. She has never been told to just mark the log as taken.

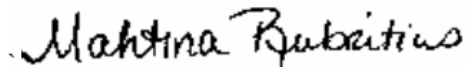
On July 28, 2023, I conducted the exit conference with Jzsa-Jasa Gibson, Licensee Designee. She agreed with the conclusion of this investigation.

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</b> <b>(b) Complete an individual medication log that contains all of the following information:</b> <b>(i) The medication.</b> <b>(ii) The dosage.</b> <b>(iii) Label instructions for use.</b> <b>(iv) Time to be administered.</b> <b>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</b> <b>(vi) A resident's refusal to accept prescribed medication or procedures.</b>

<b>ANALYSIS:</b>	<p>Resident D stated that he was taking his old pills and the new pills, as the old pills never got cancelled out. When he spoke to staff about this, they said they were giving him his medication by the book.</p> <p>Resident E reported that she is getting her medications and she did not have any concerns regarding this matter.</p> <p>Per Jzsa-Jasa Gibson, when a resident refuses the medication, they throw the medication in the sharps box and write an incident report. She also informed that Resident D was really not creditable when discussing his medications. Jzsa-Jasa Gibson stated that he received his medications as prescribed. I reviewed Resident C's medications and medication logs. No discrepancies were noted.</p> <p>Employee #2 reported to follow the medication protocol for medication refusals, and she denied being told to just mark the log as taken, when they refuse medications.</p> <p>Based on the information gathered during this investigation and provided above, it's concluded that there is not a preponderance of the evidence to support the allegations that staff are not following the procedures for medication refusals.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable written corrective action plan, it's recommended that the status of the license remains unchanged.



07/28/2023

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Mahtina Rubritius  
Licensing Consultant

Date

Approved By:



08/02/2023

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Ardra Hunter  
Area Manager

Date