



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 7, 2023

Meaghan Rinaldi
Emmaus Corp.
2447 N Williamston Rd
Williamston, MI 48895

RE: License #: AM330407985
Investigation #: 2023A1033051
Country Creek

Dear Ms. Rinaldi:

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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Jana Lipps". The signature is written in a cursive style with a large initial 'J' and 'L'.

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM330407985
Investigation #:	2023A1033051
Complaint Receipt Date:	06/15/2023
Investigation Initiation Date:	06/16/2023
Report Due Date:	08/14/2023
Licensee Name:	Emmaus Corp.
Licensee Address:	2447 N Williamston Rd Williamston, MI 48895
Licensee Telephone #:	(517) 655-8953
Administrator:	Meaghan Rinaldi
Licensee Designee:	Meaghan Rinaldi
Name of Facility:	Country Creek
Facility Address:	2771 Lamb Rd Mason, MI 48854
Facility Telephone #:	(517) 676-1070
Original Issuance Date:	06/30/2021
License Status:	REGULAR
Effective Date:	12/31/2021
Expiration Date:	12/30/2023
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
Direct care staff, Carolyn Smith, was verbally abusive to Resident A.	Yes
Direct care staff used laundry pods in place of dish soap, to wash the dishes.	No
The direct care staff are not providing the care outlined in the Community Mental Health treatment plans.	Yes
Additional Findings	Yes

III. METHODOLOGY

06/15/2023	Special Investigation Intake 2023A1033051
06/16/2023	Special Investigation Initiated - Telephone Interview with Complainant, via telephone.
06/20/2023	Contact - Telephone call made Interview with former direct care staff, Sandra Tryon, via telephone.
06/20/2023	Contact - Document Received Email received from former direct care staff, Sandra Tryon, regarding allegations.
06/27/2023	Inspection Completed On-site Interviews conducted with licensee designee, Meaghan Rinaldi, direct care staff, Katie Kannawin & Tawney Bennett, Resident A, E, & F. Review of resident records initiated.
06/28/2023	Contact - Document Sent Email to licensee designee, Meaghan Rinaldi, requesting direct care staff files and phone numbers.
06/28/2023	APS Referral- Complaint stemmed from denied APS referral.
07/11/2023	Contact - Telephone call made Attempt to interview direct care staff, Carolyn Smith, via telephone. Voicemail message left.

07/11/2023	Contact - Telephone call made- Interview with direct care staff, Katie Kannawin, via telephone.
07/12/2023	Contact - Telephone call made Interview with direct care staff, Carolyn Smith, via telephone.
07/13/2023	Inspection Completed-BCAL Sub. Compliance
08/01/2023	Contact – Telephone call made- Interview with CEI-CMH Case Manager, Jessica Decker, via telephone.
08/07/2023	Exit Conference Conducted via telephone with licensee designee, Meaghan Rinaldi.

ALLEGATION: Direct care staff, Carolyn Smith, was verbally abusive to Resident A.

INVESTIGATION:

On 6/16/23 I received an online complaint regarding the Country Creek adult foster care facility (the facility). The complaint alleged that direct care staff, Carolyn Smith, was verbally abusive to Resident A. On 6/16/23 I interviewed Complainant, via telephone. Complainant reported former direct care staff, Sandra Tryon, had more detailed information regarding the allegation.

On 6/20/23 I interviewed Ms. Tryon, via telephone. Ms. Tryon reported she was working for the facility as a direct care staff for a short period of time before her employment was terminated. She reported that during this period she had witnessed Ms. Smith become verbally abusive with Resident A for taking too long to dress herself. Ms. Tryon reported Resident A moves and speaks slowly as this is her normal level of functioning. Ms. Tryon reported she witnessed Ms. Smith speaking in a derogatory manner with Resident A. She reported she would send, via email, an email exchange she had between herself and licensee designee, Meaghan Rinaldi, regarding the incident.

On 6/20/23 I received a forwarded copy of an email exchange between Ms. Tryon and Ms. Rinaldi, dated 5/1/23. Ms. Tryon corresponded the following, “I got to Country Creek before 9a and was checking to see if everyone that was going with me to the library was ready for the bus that would be there at 9:45a. I noticed that [Resident A] wasn’t in the living room and asked if she was awake. Katie said that she was and she was getting dressed. I knocked on [Resident A’s] door to see how she was coming with getting dressed as she has a history of taking hours to get dressed and I wanted to make sure she would be able to attend our library time.

When I opened her door she was naked and her clothes were lying on her bed still. She was mumbling and swinging her arm to the side. I asked her if I could help her get dressed and entered her room closing the door behind me. I put my hand on her elbow and encouraged her to step into her brief. In the next 10 minutes I managed to help get her briefs and pants on, we were working on getting her sweater on when Carolyn [Ms. Smith] swung open the door and said "[Resident A], why aren't you dressed? You've been in here since 6:30 and still aren't dressed! This is ridiculous!" She then spoke to me and said, "Sandra [Ms. Tryon], she should be doing that herself." I told her I understood that she can but I didn't want her to miss the bus that leaves for the library shortly. She then continued to speak in a harsh tone towards [Resident A] telling her "I can't wait to talk to Jessica about your PCP. This is on your PCP and it's not what you're suppose to be doing." Carolyn left the room and I closed the door behind her and [Resident A] and I continued to work together to get her dressed. [Resident A] was mumbling quite frequently and it took me several tries to get her focused enough to put on her bra, shirt, socks and shoes. Once we were out in the kitchen Carolyn said again "[Resident A], I can't wait to talk to Jessica Friday at our staff meeting. This is ridiculous! I guess next time I will get you up at 5am instead since you can't get ready." To which [Resident A] replied "No!" Carolyn then continued "Yup, and next time you won't be able to stay up and watch a movie. I was being nice but I guess it makes it too hard for you." [Resident A] replied "Be nice" Carolyn said, "What did you just say to me?"

I asked [Resident A] to sit down at the table and grab her a banana to have before the bus came. While she was in the process of sitting Carolyn kept saying "Sit down! Why won't you sit down?! Come on [Resident A]! Just sit down! This is ridiculous! [Resident A] eventually sat down, I gave her a banana and she ate it."

Ms. Rinaldi responded to this email correspondence on 5/2/23 with the following statement, "Thank you for bringing this to my attention. I will handle it from her.", signed Meaghan Rinaldi, Director, Country Creek AFC/Haven of Rest AFC.

Further correspondence from Ms. Rinaldi was received by Ms. Tryon in an email dated 5/3/23 in which Ms. Rinaldi responded, "I spoke with [Resident A] yesterday afternoon about the incident with her and Carolyn [Ms. Smith] on 5/1. [Resident A] confirmed that Carolyn did say the things that Sandra [Ms. Tryon] reported were said. I told [Resident A] I was sorry and would be talking to Carolyn because that is not how anyone should speak to someone in this house. [Resident A] went on to say she still liked Carolyn, she has been here since [Resident A] moved in. She would like Carolyn to remain employed at Country Creek. I spoke with Carolyn this morning regarding the events, she did say that she got frustrated and shouldn't have spoke that way to [Resident A]. [Resident A] can be frustrating because you have to ask her several times to do something and she still does not do it. Carolyn said she will go in and talk/apologize to [Resident A] for her behavior. Carolyn has worked at CC for 12 years and not once has she had an incident like this. Based on my conversations with [Resident A] and Carolyn, Carolyn received a verbal warning to watch how she speaks with our residents. If something like this happens again,

Carolyn will be receiving a write up. Carolyn and I also agreed that from now on [Resident A] will receive help in the morning getting dressed. This will be addressed to all staff on Friday during our staff meeting.” Signed, Meaghan Rinaldi, Director, Country Creek AFC/Haven of Rest AFC.

On 6/27/23 I completed an on-site investigation at the facility. I interviewed Ms. Rinaldi during this investigation. Ms. Rinaldi reported the alleged incident of Ms. Smith speaking to Resident A in a derogatory manner on 5/1/23 was reported to her by Ms. Tryon. Ms. Rinaldi reported she did not directly witness this incident. Ms. Rinaldi reported that she did speak with Ms. Smith about the allegation and Ms. Smith did acknowledge that she “lost her cool” with Resident A, referencing yelling at Resident A regarding taking too long to get herself dressed. Ms. Rinaldi reported Resident A *Person Centered Plan* (PCP), through Community Mental Health, states Resident A needs to attempt to dress herself as one of her goals. Ms. Rinaldi reported that there is not a timeframe listed on the PCP for how long to leave Resident A unattended to work on this task. Ms. Rinaldi reported that she had a verbal conversation with Jessica Decker, Clinton-Eaton-Ingham Community Mental Health (CEI-CMH) Case Manager for Resident A regarding a timeframe and she reported Ms. Decker advised to give Resident A one half hour to an hour to accomplish this task before intervening. Ms. Rinaldi reported that she explained this timeframe to the direct care staff through a staff meeting.

During on-site investigation on 6/27/23 I interviewed direct care staff, Katie Kannawin. Ms. Kannawin reported that she has worked at the facility for about two years. Ms. Kannawin reported that she has never witnessed Ms. Smith being verbally abusive, talking with residents in a derogatory manner while she has been employed. Ms. Kannawin reported that she feels all direct care staff are providing Resident A with adequate time for dressing.

During on-site investigation on 6/27/23 I interviewed direct care staff, Tawney Bennett. Ms. Bennett reported Ms. Smith trained her when she started as a direct care staff at the facility in January 2023. Ms. Bennett reported she has not ever heard Ms. Smith yell, swear, or speak with the residents in a derogatory manner.

During on-site investigation on 6/27/23 I interviewed Resident A. Resident A is difficult to interview due to delayed responses. Interviewing Resident A and allowing time for her to process questions and answer appropriately can be challenging. Resident A was asked if Ms. Smith yelled at her about not getting dressed fast enough. Resident A’s response was limited to “yeah.” Resident A did not elaborate on this answer.

On 7/12/23 I interviewed Ms. Smith via telephone. Ms. Smith reported that she has been employed at the facility for 12 years. Ms. Smith reported that she is aware of the allegation that on 5/1/23 she yelled at Resident A. Ms. Smith denied this allegation during this interview. Ms. Smith reported that she had been giving Resident A time to get dressed, per her PCP, and Ms. Tryon went in to dress her.

Ms. Smith reported that she did enter the room and state to Resident A that she needs to try to maintain her independence by dressing herself. She further reported that she feels Resident A should do these tasks as it is listed in her PCP and she is capable of dressing herself. Ms. Smith reported that this was not a negative interaction with Resident A and she did not speak with her in a derogatory manner. Ms. Smith denied admitting to Ms. Rinaldi that she had “lost her cool.”

During on-site investigation on 7/19/23 I reviewed the document, *Treatment Plan Annual/Initial*, dated 10/19/22, completed by Community Mental Health (CMH) Clinton/Eaton/Ingham staff. On page 4 of this document, under section, 3.03, it reads, “[Resident A] benefits from having the ability to make choices to direct her day. [Resident A] will have the opportunity to complete steps of her daily routine independently. These steps include brushing her hair, getting out of bed/dressed, brushing her teeth, and using the bathroom. It is important that staff provide [Resident A] with adequate time to complete each task prior to providing the prompt, in order to encourage independence and decision making for [Resident A]. Progress will be discussed in monthly visits with case manager and documented in PC logs.”

On 4/24/23 special investigation #2023A1033032 cited a rule violation for Rule R 400.14304 (1) (o), (2), the resident has the right to be treated with consideration and respect, with due recognition of personal dignity, individuality, and the need for privacy. Under the analysis section of this report, it identified that direct care staff members were speaking with residents in a derogatory manner and not providing for their personal dignity and respect. The Corrective Action Plan dated, 4/25/23, noted that the direct care staff member identified in the report had his employment at the facility terminated. The CAP further identified that any direct care staff found to be mistreating any residents will be terminated.

APPLICABLE RULE	
R 400.14304	Resident rights; licensee responsibilities.
	<p>(1) Upon a resident's admission to the home, a licensee shall inform a resident or the resident's designated representative of, explain to the resident or the resident's designated representative, and provide to the resident or the resident's designated representative, a copy of all of the following resident rights:</p> <p>(o) The right to be treated with consideration and respect, with due recognition of personal dignity, individuality, and the need for privacy.</p> <p>(2) A licensee shall respect and safeguard the resident's rights specified in subrule (1) of this rule.</p>

ANALYSIS:	Based upon interviews with Ms. Tryon, Ms. Rinaldi, Ms. Smith, Ms. Bennett, Ms. Kannawin, & Resident A, as well as review of the CMH <i>Treatment Plan Annual/Initial</i> for Resident A it can be determined that although Ms. Smith denied that she spoke with Resident A in a derogatory manner, when interviewed for this report, Ms. Rinaldi confirmed that Ms. Smith admitted to speaking with Resident A in a derogatory manner on 5/1/23. Furthermore, Ms. Rinaldi reported that she had spoken with Resident A and Resident A acknowledged the negative interaction from Ms. Smith at that time. When I interviewed Resident A, she reported that Ms. Smith did speak with her in a derogatory manner regarding not dressing herself in a timely manner. These reports by Resident A & Ms. Rinaldi, along with the statement from Ms. Tyron, who was an eyewitness to the event, provide a preponderance of evidence that Ms. Smith did not treat Resident A with dignity and respect on 5/1/23.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED [SEE SIR #2023A1033032 & CAP DATED 4/25/23].

ALLEGATION: Direct care staff used laundry pods in place of dish soap, to wash the dishes.

INVESTIGATION:

On 6/16/23 I received an online complaint alleging that the direct care staff at the facility were using laundry pods in place of dish soap to wash the dishes. On 6/20/23 I interviewed Ms. Tyron regarding the allegation. Ms. Tyron reported that while she was employed at the facility, she was responsible to pick up groceries and household supplies. She reported that she was informed direct care staff resorted to using laundry pods as dish soap because they ran out of dish soap. She reported direct care staff were breaking down laundry pods in the dish water and washing dishes with this substance. Ms. Tyron reported that she was not informed direct care staff were out of dish soap, or she would have gone to the store to purchase more.

On 6/20/23 I received a forwarded email message from Ms. Tyron. This email was a correspondence from Ms. Rinaldi to Ms. Tyron, dated 4/20/23, which read, "Can you please make sure if we run out of something that we can not go without like dish soap or laundry soap etc., that you make a stop in between your weekly grocery trips to grab it. The girls have been having to break down laundry pods for dish soap because there is none. Thanks."

On 6/27/23 I completed an on-site investigation at the facility. I interviewed Ms. Rinaldi regarding the allegations. Ms. Rinaldi reported that she did recall a time when the direct care staff ran out of dish soap for the dishes. She reported direct

care staff used dish washer pods as dish soap, for a replacement. She reported that they did not use laundry pods.

During on-site investigation on 6/27/23 I interviewed Ms. Kannawin regarding the allegation. Ms. Kannawin reported that she does recall when the direct care staff ran out of dish soap and had to use Cascade dishwasher pods instead of dish soap. Ms. Kannawin reported that the direct care staff did not use laundry pods to wash the dishes.

During on-site investigation on 6/27/23 I interviewed Ms. Bennett. Ms. Bennett reported that she is not aware of an occurrence where direct care staff were substituting laundry pods for dish soap to wash the dishes.

On 7/12/23 I interviewed Ms. Smith regarding the allegation. Ms. Smith reported that she is not aware of an occasion where direct care staff substituted laundry pods for dish soap to wash the dishes.

During on-site investigation on 6/27/23 I observed that the facility was equipped with dish soap.

APPLICABLE RULE	
R 400.14402	Food service.
	(5) A home shall be properly equipped as required by the health authority, to prepare and serve adequate meals.
ANALYSIS:	Based upon interviews with Ms. Tyron, Ms. Rinaldi, Ms. Kannawin, Ms. Bennett, & Ms. Smith in addition to observations made during the on-site investigation. It can be determined that the direct care staff substituted a dishwasher pod for dish soap to wash the dishes and did not substitute a laundry pod to wash the dishes. Although, the email message from Ms. Rinaldi to Ms. Tyron notes the direct care staff were substituting laundry pods, Ms. Rinaldi reported that this was written in error and the staff were substituting dishwasher pods.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: The direct care staff are not providing the care outlined in the Community Mental Health (CMH) treatment plans.

INVESTIGATION:

On 6/16/23 I received an online complaint alleging direct care staff are not following the CMH treatment plans for the residents of the facility. On 6/20/23 I interviewed Ms. Tyron via telephone. Ms. Tyron reported direct care staff are not following the goals and interventions identified in resident PCP or treatment plans. Ms. Tyron

reported she had concerns about Residents A, B, C, D, & E. She reported that Resident D is non-verbal and relies on sign language cards to communicate with others. Ms. Tyron reported that it is listed in Resident D's assessment that the direct care staff work with Resident D by utilizing these sign language cards and this is not being done.

On 6/27/23 I completed an on-site investigation at the facility. I reviewed the document, *Treatment Plan Annual/Initial*, completed by CMH, for Residents A, B, C, D, & E. The following is an accounting of some of the goals identified on these documents:

- Resident A, *Treatment Plan Annual/Initial*, completed 10/19/22:
 - This treatment plan identified objectives for Resident A, which included but is not limited to:
 - Resident A will continue to explore new community activities that direct care staff will address with resident on a weekly basis, with progress discussed monthly with case manager and documented in Community Living Support (CLS) logs.
 - Resident A to be given opportunity to complete her daily routine independently, with progress discussed monthly with case manager and noted in Personal Care (PC) logs.
 - Direct care staff will assist in setting up visitations with Resident A's family, progress to be discussed in monthly visits with case manager and documented in CLS logs.

- Resident B, *Treatment Plan Annual/Initial*, completed on 7/11/22:
 - This treatment plan identified objectives for Resident B, which included but is not limited to:
 - Resident B would like to maintain connections with his previous home placement, on at least a monthly basis. Progress to be discussed monthly with case manager and documented in CLS logs.
 - Resident B would like to attend the Sam's Corey Community Center at least twice per month. Direct care staff to assist with locating the schedule of events and providing transportation to events. Progress discussed monthly with case manager and in CLS logs.
 - Resident B would like assistance in scheduling visits and interactions with his family. Direct care staff will assist with transportation and helping with phone interactions. Progress discussed monthly with case manager and documented in CLS logs.
 - Resident B would like to take music/art classes. Direct care staff to assist with identifying two classes per month. Progress discussed in monthly meetings with case manager and documented on CLS logs.

- Resident C, *Treatment Plan Annual/Initial*, completed on 6/9/22:
 - This treatment plan identified objectives for Resident C, which included but is not limited to:
 - Resident C will have community engagement at least two times per week. Direct care staff to assist with finding engagement activities and provide transportation as needed. Progress will be discussed in monthly case manager meetings and documented in CLS logs.
 - Resident C would like to go to a car show. Direct care staff to locate a car show and provide transportation if needed. Progress documented during monthly meetings with case manager and on CLS logs.
 - Resident C would like support managing his Diabetes. Direct care staff will check blood sugars daily and support Resident C in making healthy food choices. Progress discussed in monthly meetings with case manager and documented on PC logs.

- Resident D, *Treatment Plan Annual/Initial*, completed 4/14/23:
 - This treatment plan identified objectives for Resident D, which included but is not limited to:
 - Resident D will have direct care staff use his personalized sign language cards daily to encourage growth and self-direction. Progress to be discussed during monthly meetings with case manager and documented in CLS logs.
 - Resident D will be able to attend weekly community activities. Resident D would like assistance to attend weekly music therapy classes through Michigan State University (MSU). Progress to be discussed during monthly meetings with case manager and documented on CLS logs.

- Resident E, *Treatment Plan Annual/Initial*, completed 3/10/23:
 - This treatment plan identified objectives for Resident E, which included but is not limited to:
 - Resident E would like to go bowling once per week, get his hair cut once per month, and take his girlfriend on a date once per month. Direct care staff to assist in planning and transportation.

On 6/27/23 during on-site investigation I interviewed Ms. Rinaldi. Ms. Rinaldi reported the following regarding the resident treatment plan objectives:

- Resident B: Ms. Rinaldi reported that Resident B just recently attended the MSU music camp and has plans to attend MSU Music School classes, every Thursday, through the Summer. Ms. Rinaldi reported that Resident B does make visits to his former adult foster care home to visit his friends there. She reported the last visit being in May 2023. Ms. Rinaldi reported that Resident B

has not yet attended the Sam's Corey Community Center as this is a new goal for him, and this is still being worked toward.

- Resident C: Ms. Rinaldi reported that Resident C goes out multiple times per week and on this date, he was at the movies with other residents. She reported that he can attend Lugnuts games and makes visits to another local adult foster care facility for companionship. Ms. Rinaldi reported that Resident C was not able to attend a car show last Summer, but there are plans for him to attend one this Summer, the date is yet to be determined. Ms. Rinaldi reported that Resident C does have his blood sugars checked by direct care staff and they maintain a log of these readings.
- Resident D: Ms. Rinaldi reported that Resident D attends weekly music therapy sessions at the MSU School of Music each Monday. She reported that his mother visits one time per week and the direct care staff are to communicate with Resident D using sign language cards his mother has provided.
- Resident E: Ms. Rinaldi reported that Resident E does go bowling at least one time per week with assistance from direct care staff. Ms. Rinaldi reported that Resident E's girlfriend is another resident of the facility, Resident G. Ms. Rinaldi is not aware of the last date that Resident E and Resident G were able to have together.

On 6/27/23 during on-site investigation I interviewed Ms. Kannawin. Ms. Kannawin reported the following regarding the resident treatment plan objectives:

- Resident A: Ms. Kannawin reported that all direct care staff are providing Resident A with adequate time and distance to complete her dressing and morning routine.
- Resident B: Ms. Kannawin reported that Resident B does make visits to his friends at his previous adult foster care home. She reported that the last time this was able to happen was about a month ago due to change in staffing at the facility. Ms. Kannawin reported that she was unaware of the goal for Resident B to visit the Sam's Corey Community Center and she does not know whether this goal is being met. Ms. Kannawin reported that Resident B attends a local adult day care, Forester Woods, once per week and has regular outings to the MSU School of Music.
- Resident C: Ms. Kannawin reported that Resident C was currently on an outing to a movie on this date. She reported that he has frequent outings and last week he was able to have his hair cut and attend the MSU School of Music. Ms. Kannawin reported that Resident C's blood sugar is checked daily and monitored on a log, by direct care staff. Ms. Kannawin reported no knowledge of whether Resident C was able to attend a car show.
- Resident D: Ms. Kannawin reported that Resident D's only way to communicate is by shaking his head "yes" and "no". When asked if this was the only way to communicate with Resident D, Ms. Kannawin replied, "yes." Ms. Kannawin reported that Resident D attends weekly music therapy sessions.

- Resident E: Ms. Kannawin reported that Resident E does go bowling at least weekly and he is scheduled to go bowling tomorrow. She further reported he is scheduled to go to the movies on Thursday of this week. When asked about whether Resident E and Resident G are scheduled to have their monthly date, Ms. Kannawin replied, "I have never heard of that."

During on-site investigation on 6/27/23 I interviewed Ms. Bennett. Ms. Bennett reported the following regarding the resident treatment plan objectives:

- Resident A: Ms. Bennett reported that Resident A does receive adequate time to complete her morning routine independently, but she does offer to assist Resident A when it appears she is taking longer and requires assistance.
- Resident B: Ms. Bennett reported that Resident B does attend art and music classes through MSU. She reported that he recently went to the MSU Music School Summer Camp. Ms. Bennett reported that Resident B does make visits to his friends at his previous placement. She reported that she was unaware of the goal for Resident B to plan outings to the Sam's Corey Community Center.
- Resident C: Ms. Bennett reported Resident C attends bowling and movie outings on a regular basis. She reported that the direct care staff are monitoring his blood sugar levels by keeping a log of the readings. Ms. Bennett reported no knowledge of whether Resident C was able to attend a car show.
- Resident D: Ms. Bennett reported that Resident D has a communication book in his room that his mother made for the direct care staff to communicate with him. She reported that this book has pictures of his mother signing the words to demonstrate to the staff how to better communicate with Resident D. Ms. Bennett reported that she is using the sign language cards for Resident D. Ms. Bennett cannot be sure about other direct care staff using this book as there is only one direct care staff scheduled per shift. Ms. Bennett further reported that Resident D does attend music therapy sessions at MSU School of Music.
- Resident E: Ms. Bennett reported that Ms. Tyron would make it a priority to ensure that Resident E and Resident G would be able to attend church together at least twice per month. She reported that since Ms. Tyron is no longer employed at the facility this has not been happening. She is not aware of any dates Resident E and Resident G have recently been on together.

During on-site investigation I interviewed Resident E. Resident E reported that he likes this adult foster care home and wants to stay at this facility. He reported that he is not receiving assistance with scheduling monthly dates with his girlfriend, Resident G, and he would like for this to happen.

During on-site investigation on 6/27/23 I requested to view the CLS logs for Residents A, B, C, D, & E for the month of June 2023. I was provided the document titled, *Clinton-Eaton-Ingham Community Mental Health Authority, Community Services for the Developmentally Disabled*, and it was explained to me, by Ms.

Rinaldi, that this is the form the progress for CMH goals/objectives is documented on by direct care staff. I reviewed this document for each resident stated, with the following notations:

- Resident A:
 - Documented by the goal, “Participating in activities in the community” for the month of June 2023, it was documented with a response of “M”, which was identified as meaning, “Monitoring Needed”, at least twice per week.
 - The progress for the goal for Resident A to have visitations arranged with her family, was not documented on the June 2023 CLS log. This progress was noted in the employee handwritten daily log notes that were provided by Ms. Rinaldi to accompany the CLS log.
 - The progress for the goal of Resident A to be given adequate time to attend to her daily routine and dressing/personal care was documented on the handwritten daily log notes provided by Ms. Rinaldi.
- Resident B:
 - Documented by the goal, “Maintaining connections with Rainbow Homes and his friends from there” for the month of June 2023, each entry for the month indicates a recorded response of “N”. The code for “N” reads, “Not applicable to the day”.
 - Documented by the goal, “Participating in activities in the community...” for the month of June 2023 it was documented that he completed this task 18 times, indicated by a recorded response of “M”.
 - The goal For Resident B to attend the Sam’s Corey Community Center twice per month was not documented on the monthly CLS log for the month of June 2023 or in the daily log notes provided by Ms. Rinaldi.
- Resident C:
 - Documented by the goal, “Picking the community outing/participating in outing...” each date for the time period 6/1/23 through 6/26/23 was documented with a response of “N”.
 - The goal for attending a car show was not documented on the June 2023 CLS log or in the daily log notes provided by Ms. Rinaldi.
 - Ms. Rinaldi did provide a blood sugar monitoring log for Resident C, for my review. It indicated that direct care staff are currently monitoring Resident C’s blood sugar levels at least three times per day.
- Resident D:
 - Documented by the goal, “Using verbalizations, cues, and “his” sign language to communicate wants/needs” it is documented on each date in the month of June 2023 the response of “G” which is identified as meaning “Gestural”.
 - Documented by the goal, “Music Therapy via Zoom or in person”, each date of the June 2023 log is documented with an “N” response, except 6/26/23 which is documented with an “M” response.

- Documented by the goal, “Going to the library and going bowling 1-2x week as possible”, from 6/1/23 thru 6/26/23 this is documented with an “N” response. Ms. Rinaldi supplied handwritten daily log notes to accompany the CLS log and it was documented on these notes that Resident D did have outings during the month for bowling, movies, and visits with family.
- Resident E:
 - When reviewing Resident E’s CLS log, the log for the month of June 2023, did not include the noted goals of going bowling once per week, receiving a haircut once per month, and going on a date with Resident G once per month.
 - Ms. Rinaldi did provide handwritten daily log notes to accompany the CLS log. On 6/13/23 it was documented by direct care staff that Resident E did receive a haircut. On 6/21/23 it was documented on these daily log notes that Resident E did go bowling.

On 8/1/23 I interviewed Clinton/Eaton/Ingham Community Mental Health (CEI-CMH) Case Manager, Jessica Decker, regarding the allegation. Ms. Decker reported that she is the current CEI-CMH Case Manager for Residents A, B, C, D, & E. Ms. Decker reported that she assumed responsibility for these residents around January 2023. She reported that she has been in the process of updating the treatment plans for these residents as well as their CLS log notes as the CLS log notes have not proven to correlate with the current treatment plans. Ms. Decker reported that some of the goals and objectives, found in the treatment plans, will appear on the CLS log notes and others have been left off. She reported she is in the process of making sure that the CLS log notes and the treatment plans correlate completely to make documentation easier for the direct care staff. Ms. Decker reported that when the CLS log notes do not correlate, the direct care staff have been advised to document their observations and progress toward goals and objectives in the treatment plans, on a regular handwritten progress note. Ms. Decker reported that each direct care staff has signed off on the treatment plans for Residents A, B, C, D, & E, and therefore they should all be aware of each goal and objective on the treatment plan as they provided their signatures stating they had read and understood the treatment plans. Ms. Decker reported that the treatment plans are updated when a resident achieves a goal and is working toward a new goal. She reported that if the goal/objective is still listed on the treatment plan then the direct care staff should be actively working with the resident to achieve their stated goals.

On 8/2/23 I reviewed the *PCP/POS Inservice Sign in Sheets* for Residents A, B, C, D, & E. This is the document Ms. Decker referred to indicating, by signature, that a direct care staff has read the treatment plan and understands the contents of the treatment plan. I made the following observations:

- Resident A’s form was signed by:
 - Carolyn Smith (11/7/22), Katie Kannawin (11/7/22), and Frostie Russell (11/11/22).
- Resident B’s form was signed by:

- Nancy Eaton (no date provided), Carolyn Smith (7/12/22), Katie Kannawin (7/12/22), Frostie Russell (10/11/22), Kyle Kruizenga (7/11/22), and Meaghan Rinaldi (9/22/22).
- Resident C's form was signed by:
 - Kyle Kruizenga (6/8/22), Nancy Eaton (no date provided), Carolyn Smith (6/10/22), Katie Kannawin (6/10/22), & Frostie Russell (10/11/22).
- Resident D's form was signed by:
 - Katie Kannawin (4/20/23), Tawney Bennett (4/21/23), Frostie Russell (4/22/23), Meaghan Rinaldi (4/20/23), Sandra Tryon (4/20/23), and Carolyn Smith (4/24/23).
- Resident E's form was signed by:
 - Meaghan Rinaldi (4/13/23), Katie Kannawin (4/13/23), Frostie Russell (4/13/23), Carolyn Smith (no date provided), Tawney Bennett (4/14/23).

APPLICABLE RULE	
R 330.1806	Staffing levels and qualifications.
	(1) Staffing levels shall be sufficient to implement the individual plans of service and plans of service shall be implemented for individuals residing in the facility.

<p>ANALYSIS:</p>	<p>Based upon interviews with Ms. Rinaldi, Ms. Bennett, Ms. Kannawin, Ms. Decker, & Resident E, as well as review of the CLS logs, daily log notes from the direct care staff, & the <i>PCP/POS Inservice Sign in Sheets</i>, there is sufficient evidence direct care staff are not properly reviewing the <i>Treatment Plan Annual/Initial</i>, provided by CMH, and logging resident progress on the CLS logs or in progress notes for all residents. Specifically, Resident B had a goal/objective stated to attend the Sam’s Corey Community Center at least twice per month. This objective was written in his <i>Treatment Plan Annual/Initial</i> document that was dated for 7/11/22. This objective does not appear on the CLS log for June 2023, as his <i>Treatment Plan Annual/Initial</i> document identified, and neither, Ms. Rinaldi, Ms. Bennett, or Ms. Kannawin, reported having knowledge of this objective even though Ms. Rinaldi & Ms. Kannawin both provided signatures stating they had read the treatment plan. Ms. Rinaldi reported that this was a “new goal” for Resident B when this goal had been established on 7/11/22 with a “target date” of 7/10/23. In addition, Resident D’s <i>Treatment Plan Annual/Initial</i> dated 4/14/23 documented the need to use sign language cards with this Resident to enhance communication. Ms. Kannawin reported that she was not aware of any other way to communicate with Resident D, beyond nodding his head “yes” and “no” to questions asked of him. She noted not being aware of sign language cards that had been provided by Resident D’s mother. However, Ms. Kannawin did initial this objective on Resident D’s CLS log, indicating she was working with Resident D on this task and had provided her signature on the <i>PCP/POS Inservice Sign in Sheet</i> for this resident indicating she had read the treatment plan. Furthermore, Resident E’s <i>Treatment Plan Annual/Initial</i> dated for 3/10/23 indicated a goal of Resident E having a monthly date with his girlfriend, Resident G. When interviewed, Ms. Rinaldi, Ms. Kannawin, Ms. Bennett, as well as Resident E reported that this goal is not being met and has not been met consistently. The CLS log and the handwritten daily notes did not indicate any progress made toward this goal. Finally, Resident C’s <i>Treatment Plan Annual/Initial</i> dated 6/9/22 had an objective listed for Resident C to be able to attend a car show with a target date of 6/8/23. When interviewed Ms. Rinaldi reported that this event was not accomplished for Resident C and Ms. Bennett and Ms. Kannawin reported no knowledge of this objective, however Ms. Kannawin provided signature on the <i>PCP/POS Inservice Sign in Sheet</i> indicating she had read this treatment plan.</p>
<p>CONCLUSION:</p>	<p>VIOLATION ESTABLISHED</p>

ADDITIONAL FINDINGS:

INVESTIGATION:

During on-site investigation on 6/27/23, I requested to view the *Resident Register* form. Ms. Rinaldi reported that there is not a current *Resident Register* to review.

APPLICABLE RULE	
R 400.14210	Resident register.
	A licensee shall maintain a chronological register of residents who are admitted to the home. The register shall include all of the following information for each resident: (a) Date of admission. (b) Date of discharge. (c) Place and address to which the resident moved, if known.
ANALYSIS:	<i>A Resident Register</i> was not available for review during the on-site investigation.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

During on-site investigation on 6/27/23 I interviewed Ms. Bennett. Ms. Bennett reported that Resident F reported to her that Ms. Kannawin, on an unknown date, aggressively sat Resident A down at the table for lunch and the force of this action caused the entire table to shake and spilled Resident E’s drink. Ms. Bennett reported that she did not witness the alleged incident.

During on-site investigation I interviewed Resident F. Resident F reported that she did not recall the date of the event but does recall the events. Resident F reported that that residents were sitting down to lunch and Ms. Kannawin brought Resident A to the table and pushed Resident A into the table, causing Resident E’s drink to spill. Resident F reported that she has not reported this to Ms. Rinaldi as she is worried about people being mad at her.

During on-site investigation I interviewed Resident E. Resident E reported that he is not sure of the exact date, but he does recall the event. Resident E reported that Ms. Kannawin did push Resident A into the table to make her sit down. Resident E reported that this spilled his water and upset him because his drink had been spilled.

During on-site investigation on 6/27/23 I interviewed Resident A. I asked Resident A the following questions and received the following responses:

- Did Ms. Kannawin push you into the table?
 - Resident A: “Yes”
- Did it hurt you when Ms. Kannawin pushed you into the table?
 - Resident A: “She pushed me to sit down at the table. I got help, but not in a nice way.”
- Did it spill [Resident E’s] water when Ms. Kannawin pushed you into the table?
 - Resident A: “It might have.”

On 7/11/23 I interviewed Ms. Kannawin via telephone. Ms. Kannawin reported she has not aggressively pushed Resident A into her seat at the table. She reported that she must push Resident A’s chair in, and this could have caused the drink to spill. She reported that she was not aware of Resident E’s drink spilling.

On 4/24/23 special investigation #2023A1033032 cited a rule violation for Rule R 400.14304 (1) (o), (2), the resident has the right to be treated with consideration and respect, with due recognition of personal dignity, individuality, and the need for privacy. Under the analysis section of this report, it identified that direct care staff members were speaking with residents in a derogatory manner and not providing for their personal dignity and respect. The Corrective Action Plan dated, 4/25/23, noted that the direct care staff member identified in the report had his employment at the facility terminated. The CAP further identified that any direct care staff found to be mistreating any residents will be terminated.

APPLICABLE RULE	
R 400.14304	Resident rights; licensee responsibilities.
	<p>(1) Upon a resident's admission to the home, a licensee shall inform a resident or the resident's designated representative of, explain to the resident or the resident's designated representative, and provide to the resident or the resident's designated representative, a copy of all of the following resident rights:</p> <p>(o) The right to be treated with consideration and respect, with due recognition of personal dignity, individuality, and the need for privacy.</p> <p>(2) A licensee shall respect and safeguard the resident's rights specified in subrule (1) of this rule.</p>

ANALYSIS:	Based upon interviews with Ms. Bennett, Ms. Kannawin, Resident A, F, and E, there is sufficient evidence, from the three resident statements, that Ms. Kannawin did not treat Resident A with dignity and respect by forcefully pushing her into her seat at the dining room table. Despite Ms. Kannawin denying this occurrence, all three residents maintained the same accounting of the event with the same details reported.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED [SEE SIR #2023A1033032 & CAP DATED 4/25/23].

IV. RECOMMENDATION

Contingent upon receipt of an approved corrective action plan, no change to the status of the license recommended at this time.



08/03/23

Jana Lipps
Licensing Consultant

Date

Approved By:



08/07/2023

Dawn N. Timm
Area Manager

Date