



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 12, 2023

Sherri Turner
Adult Learning Systems-Lower Michigan
Suite F
8170 Jackson Road
Ann Arbor, MI 48103

RE: License #: AS500412498
Investigation #: 2023A0611007
Evanston

Dear Ms. Turner:

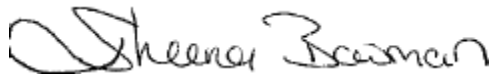
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (248) 975-5053.

Sincerely,

A handwritten signature in black ink that reads "Sheena Bowman". The signature is fluid and cursive, with the first name "Sheena" and last name "Bowman" clearly legible.

Sheena Bowman, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500412498
Investigation #:	2023A0611007
Complaint Receipt Date:	12/09/2022
Investigation Initiation Date:	12/16/2022
Report Due Date:	02/07/2023
Licensee Name:	Adult Learning Systems-Lower Michigan
Licensee Address:	Suite F 8170 Jackson Road Ann Arbor, MI 48103
Licensee Telephone #:	(734) 408-0112
Administrator:	Sherri Turner
Licensee Designee:	Sherri Turner
Name of Facility:	Evanston
Facility Address:	35161 Evanston Sterling Heights, MI 48312
Facility Telephone #:	(734) 408-0112
Original Issuance Date:	08/26/2022
License Status:	TEMPORARY
Effective Date:	08/26/2022
Expiration Date:	02/25/2023
Capacity:	6
Program Type:	MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
The staff are not following the menus, there was expired milk in the home, the residents are only allowed three pots of coffee each day, and there was only one roll of toilet paper in the home.	Yes
Additional Findings	Yes

III. METHODOLOGY

12/09/2022	Special Investigation Intake 2023A0611007
12/16/2022	Special Investigation Initiated - Letter I emailed the Recipient Rights Specialist, Amber Sultes regarding additional information pertaining to the allegations.
12/20/2022	Inspection Completed On-site I completed an unannounced onsite. I interviewed staff member Lateshia Brooks, the home manager, Donna Nickens, Resident S, and Resident E. I received a copy of the menus and the menu substitution form.
01/03/2023	Contact - Telephone call made I made a telephone call to the former home manager Dawn Wolf. The allegations were discussed.
01/03/2023	Contact - Telephone call made I left a voice message for staff member, Santore Thomas requesting a call back.
01/03/2023	Contact - Telephone call made I made a telephone call to the home manager, Donna Nickens. Ms. Nickens provided additional information.
01/03/2023	Contact - Document Sent I emailed the recipient rights specialist, Amber Sultes to inquire the outcome of her investigation.
01/03/2023	Contact – Telephone call made I made a telephone call to Resident S. Resident S provided additional information regarding the allegations.

01/03/2023	Exit Conference I made a telephone call to the licensee designee, Sherri Turner to complete an exit conference however; there was no answer. A voice message was left informing Ms. Turner an exit conference will be completed via email.
01/03/2023	Exit Conference I received a return phone call from the licensee designee. The allegations were discussed. Ms. Turner was advised of the outcome of the investigation.

ALLEGATION:

The staff are not following the menus, there was expired milk in the home, the residents are only allowed three pots of coffee each day, and there was only one roll of toilet paper in the home.

INVESTIGATION:

On 12/09/22, I received an intake regarding the abovementioned allegations. On 12/16/22, I contacted the recipient rights specialist, Amber Sultes. On 12/18/22, Ms. Sultes emailed copies of menus, grocery receipts and food stamp logs. Ms. Sultes stated "there were two weeks in November where no food was purchased, even though there were plenty of funds for food. There was a large food order at the end of October however, there are five men who live in the house, and I am told there are usually two large purchases per month for food and shopping for food will happen at other times as needed".

On 12/20/22, I completed an unannounced onsite. I interviewed staff member Lateshia Brooks, the home manager, Donna Nickens, Resident S, and Resident E. I received a copy of the menus and the menu substitution form.

On 12/20/22, I interviewed staff member Lateshia Brooks. Ms. Brooks has worked at the AFC group home since 2017. There are four residents residing in the AFC group home. Regarding the allegations, Ms. Brooks stated currently the grocery shopping is mainly completed by the home manager, Donna Nickens and staff member, William Mercer. Ms. Nickens went grocery shopping three times in the last couple of days. Ms. Nickens was recently transferred to the AFC group home. Ms. Brooks stated she returned to work in November 2022 from being on maternity leave. Ms. Brooks stated when she returned to work there were issues with the AFC group home not having enough food. Ms. Brooks stated during this time Dawn Wolf was the home manager. Ms. Wolf would allow the AFC group home to run out of food. Ms. Brooks stated she is unsure as to why Ms. Wolf stopped going grocery shopping, she assumes Ms. Wolf just didn't want to. Ms. Brooks stated there is a budget for food and some of the residents in the home have a bridge card. Ms. Wolf was also keeping the residents snacks locked in the

employee office and; she was eating the snacks. Ms. Brooks stated since November 2022, the staff started following the menu in the home. Ms. Brooks stated when the staff do not follow the menu, they complete a menu substitution list.

Ms. Brooks stated she was informed by Ms. Wolf that per recipient rights, the residents are only allowed three pots of coffee each day. Ms. Wolf was also keeping the coffee locked in the employee office because she didn't want the residents to continuously drink coffee. The residents are now allowed to drink coffee without any restrictions. The AFC group home was also running out of toilet paper when Ms. Wolf was the home manager. The midnight staff, Santore Thomas was emailing Ms. Wolf notifying her that the home needed toilet paper however; Ms. Wolf would not respond. Ms. Brooks stated Ms. Wolf would wait until there was one toilet paper roll left before she would buy more toilet paper.

On 12/20/22, I interviewed the home manager, Donna Nickens. Regarding the allegations, Ms. Nickens stated she was transferred to the AFC group home as the home manager on 12/16/22. Ms. Nickens was transferred to the AFC group home to ensure the home is being ran properly as the previous home manager was not going grocery shopping, or making sure the residents had hygiene products, cleaning supplies, or paper products. Ms. Nickens does not know why Ms. Wolf was not buying food or supplies. Ms. Wolf stated as far as she knows this was an issue for a few months.

Ms. Nickens stated there are now snacks in the home, there are two extra freezers in the garage full of food, and the residents have no restrictions regarding drinking coffee or eating food. Ms. Nickens stated the home has funds for grocery shopping via Meijer certificates and some of the residents have food stamps. Ms. Nickens stated she will go grocery shopping at least once a week based on what is needed.

On 12/20/22, I interviewed Resident S. Regarding the allegations, Resident S has lived in the AFC group home since July 2022. Resident S described the house as run down because the kitchen cabinets are falling apart, and the back door frame is cracked. Resident S stated the residents are responsible for preparing their breakfast and lunch every day as the staff only cooks dinner for the residents. Resident S stated while Ms. Wolf was the home manger there wasn't enough food in the home. When Ms. Wolf did go grocery shopping, she would buy the same food. Ms. Wolf told Resident S that per recipient rights the residents could only have one pot of coffee for breakfast, lunch, and dinner. Resident S stated Ms. Wolf did not care about the residents. Resident S stated one of the residents could have died and Ms. Wolf would have not known because she stayed in the office the whole day. Resident S stated he has not been happy about living in the AFC group home until now because there is enough food in the home. Resident S stated the morale in the home is also better. The new staff members care about the residents and; Resident S feel like he can talk to them.

Resident S stated there was an instance where one of the bathrooms had one roll of toilet paper left and a resident had to resort to wiping themselves with a towel. Resident

S stated the AFC group home has enough toilet paper now. Resident S stated the AFC group home now has paper towel as well which is something Ms. Wolf would not buy.

On 12/20/22, I interviewed Resident E. Resident E has lived in the AFC group home for a year. Regarding the allegations, Resident E stated when Ms. Wolf worked in the AFC group home things were bad as she did not know what she was doing. Ms. Wolf was not management material as she did not go grocery shopping and she would lie. When Ms. Wolf was the home manager, the residents would go days without food, toilet paper, or paper towel. The staff would email Ms. Wolf about the needed items, and she still would not go shopping. Resident E stated he missed his doctor's appointment a couple weeks ago because Ms. Wolf would not take him. Resident E stated staff only prepares dinner for the residents and the residents have to cook their other meals. Resident E stated Ms. Nickens is awesome as she knows what she is doing and; the home has everything they need.

On 12/20/22, I observed the kitchen. I observed the refrigerator and freezer to be fully stocked with food. There was one gallon of milk and one-half gallon of milk. The half-gallon of milk expired on 12/17/22. The pantry was also observed to be stocked with food. I confirmed both outside freezers are fully stocked with food. I observed an adequate supply of paper towel, toilet paper, and cleaning supplies in the laundry room.

I spoke to Ms. Nickens about the staff not preparing three meals a day for the residents. Ms. Nickens stated it is written in the residents assessment plans that they are expected to prepare their own meals. Ms. Nickens attempted to locate that statement in one of the residents assessment plans and she could not find it. Therefore, I informed Ms. Nickens and Ms. Brooks that staff are expected to prepare three meals a day according to what is written on the menus.

On 12/20/22, I received copies of four menus. The first menu has the resident initials DG and RM (RM moved out of the AFC group home on 12/8/22), the second menu has the initials SA, the third menu has the initials EM, and the fourth menu has the initials CH. The first menu states at the bottom 1800 calorie controlled/diabetic diet (no added salt in preparation or at the table). The second menu states at the bottom 2000 calorie 1.5-gram low sodium regular diet (no added salt in preparation or at the table). The third menu states at the bottom low fat/low cholesterol diet (no added salt to be used in preparation or at the table). The fourth menu states mechanical soft diet (no added salt to be used in preparation or at the table). All the menus have October, November, and December typed at the top and; they all are dated the 19th through the 25th. The menus are not exactly the same, but they are all similar to each other.

On 12/20/22, I received a copy of a menu substitution form for the month of December 2022. The menu substitution form is dated 12/17/22. On 12/17/22, spaghetti was served in place of chicken and rice casserole, garlic bread was served in place of tossed salad, orange juice was served in place of milk, banana was served in place of cantaloupe. The menu substitution form is signed by staff K. Leduc.

On 01/03/23, I made a telephone call to the former home manager Dawn Wolf. Regarding the allegations, Ms. Wolf stated she was transferred from the AFC group home to a different AFC group (Meadow Lane) within the same company on 12/15/22. Ms. Wolf stated she does not know why she was transferred as she was never given a reason. Ms. Wolf was the home manager at the AFC group home for one year and she is one of the home manager's at Meadow Lane. Ms. Wolf denied there ever being an issue of not having any or enough food at the AFC group home. Ms. Wolf stated she was responsible for going grocery shopping and she went grocery shopping every two weeks. Ms. Wolf stated when she went grocery shopping, she bought enough food to last for two weeks. The snacks for the residents would only last for two or three days because the residents would eat them all. The snacks were kept in the pantry. Ms. Wolf denied putting and/or locking the residents snacks in her office. Ms. Wolf stated only the employee snacks would be in her office. Ms. Wolf denied eating the residents food or snacks. Ms. Wolf stated there was never any spoiled milk in the home. Ms. Wolf stated she would buy each resident their own half gallon of milk. Ms. Wolf stated the staff only cooked dinner for the residents and the residents were responsible to cook their breakfast and lunch. Ms. Wolf stated the staff only followed the menu pertaining to dinner. Ms. Wolf was not aware that staff were responsible for providing three meals a day.

Ms. Wolf stated she would buy hygiene products, toilet paper, and paper towel when needed. The food and supplies for the home were purchased with Meijer certificates. Ms. Wolf stated during the month of October 2022, Dona Nickens spent all the Meijer certificates on paper products and cleaning supplies. Ms. Wolf stated for the month of November 2022 she had to pay for paper products with her own money because she was busy at work and did not have time to mail in a request for more Meijer certificates. Ms. Wolf stated she was reimbursed for the money she spent on the paper products in November 2022. Ms. Wolf stated there was enough food in the home for the month of November because some of the residents had food stamps. Ms. Wolf stated the last time she went grocery shopping was 12/03/22.

Ms. Wolf stated a resident contacted recipient rights and was informed that the residents are only allowed three pots of coffee a day. Ms. Wolf stated she does not know which recipient rights specialist made that statement. Ms. Wolf stated she never spoke to a recipient rights specialist directly about any coffee restrictions and she never received an explanation as to why the residents could only have three pots of coffee a day. Ms. Wolf stated she held a meeting with all the residents regarding the coffee restrictions per recipient rights. Ms. Wolf stated the residents agreed to have two pots of coffee in the morning and the third pot for dinner. Ms. Wolf stated she would keep the coffee in her office.

Ms. Wolf stated staff would tell her when the AFC group home was running out of toilet paper. Ms. Wolf stated she would either buy toilet paper the next day or have it sent to the home the same day. Ms. Wolf was not aware of the AFC group home ever running out of toilet paper or only having one roll left. Ms. Wolf stated there was always paper

towel in the paper towel dispenser in the bathrooms. When the residents needed to dry their hands in the kitchen, they were expected to use a towel.

Ms. Wolf stated the day after recipient rights came to the AFC group home in November 2022 regarding the allegations, Resident E told her that he wanted to recant what he said to the recipient rights specialist. Resident E said he was mad, and he realized what he said was wrong.

On 01/03/23, I made a telephone call to the home manager, Donna Nickens to receive additional information. Ms. Nickens stated she worked the following days during the month of October 2022:

- 10/03/22 worked for two hours
- 10/10/22 worked for three hours
- 10/11/22 used Meijer certificates and spent \$300 on cleaning supplies and paper products.
- 10/17/22 worked for three hours and bought food with a bridge card. Ms. Nickens stated she spent \$563.09 on food.

On 01/03/22, I made a telephone call to Resident S. Resident S provided additional information regarding the instance where a resident wiped himself with a bath towel because there wasn't any toilet paper in the bathroom. Resident S stated he does not know which resident wiped himself with a bath towel however; the soiled bath towel was placed in the bathroom hamper for about 24 hours. Resident S was made aware of the soiled bath towel by another resident who could smell the bath towel in the bathroom. Resident S did observe the soiled bath towel in the hamper. Resident S notified a staff member, and the bath towel was eventually removed from the bathroom. Resident S does not remember which staff member he notified. Resident S stated this was an isolated incident.

On 01/03/22, I received a return phone call from the licensee designee, Sherri Turner. I completed an exit conference with Ms. Turner. Ms. Turner was advised that the allegations will be substantiated, and a corrective action plan will be required. Ms. Turner stated she was not aware of the allegations until recipient rights started their investigation as none of the residents reported what was going on in the AFC group home. Ms. Turner stated when she was made aware of the allegations, Ms. Wolf was transferred to another home and received disciplinary action by being suspended. Ms. Turner could not complete an internal investigation with Ms. Wolf because she was advised by recipient rights to wait until their investigation was completed. I informed Ms. Turner that staff are expected to provide three meals a day and follow the menus per licensing rules.

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.
ANALYSIS:	It was confirmed during interviews that the staff were not following the menus. Ms. Brooks stated since November 2022, the staff started following the menu in the home and when the staff do not follow the menu, they complete a menu substitution list. The menus were also not being updated accurately as one of the menus included a resident who no longer resides in the AFC group home.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14402	Food service.
	(1) All food shall be from sources that are approved or considered satisfactory by the department and shall be safe for human consumption, clean, wholesome and free from spoilage, adulteration, and misbranding.
ANALYSIS:	During the onsite on 12/20/22, I observed a half-gallon of milk that expired on 12/17/22.
CONCLUSION:	VIOLATION ESTABLISHED

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 the information above, there is sufficient information to confirm housekeeping standards were not presenting a clean environment. Resident S confirmed there was one instance where a resident had to wipe himself with a bath towel because there was no toilet paper in the bathroom. The soiled bath towel was placed in a hamper in the bathroom for about 24 hours before it was removed by a staff member.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	Based on the information above, there is sufficient information to confirm the residents personal needs were not being attended to at all times. Resident S and Resident E confirmed that the AFC group home would either not have enough toilet paper and/or run out of toilet paper. Ms. Brooks stated Ms. Wolf would wait until there was one toilet paper roll left before she would buy more toilet paper.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(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.
ANALYSIS:	It was confirmed during interviews that the staff only provide dinner for the residents as the residents are expected to prepare their own breakfast and lunch. The home manager, Ms. Nickens, the previous home manager, Ms. Wolf, staff member, Ms. Brooks, and the licensee designee, Ms. Turner were all unaware that they were required to provide three meals a day for each resident according to what is written on the daily menus.

CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

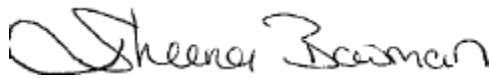
INVESTIGATION:

On 12/20/22, I observed one kitchen cabinet to be falling apart and two other cabinets that did not close completely. The back door was observed to have a severe crack near the interior hinges.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	During the onsite, one kitchen cabinet was falling apart, and two other kitchen cabinets did not close completely. The back door has a severe crack near the interior hinges.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

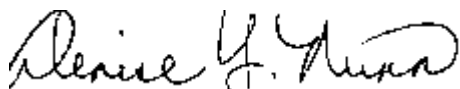
Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the license status.



Sheena Bowman
Licensing Consultant

01/03/23
Date

Approved By:



01/12/2023

Denise Y. Nunn
Area Manager

Date