



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

August 28, 2023

Bianca Wilson  
Umbrellex Behavioral Health Services, LLC  
Suite 255  
13854 Lakeside Circle  
Sterling Heights, MI 48313

RE: License #: AS780400203  
Investigation #: 2023A0584039  
Umbrellex 1

Dear Ms. Wilson:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Candace Coburn". The signature is written in a dark ink and has a fluid, connected style.

Candace Coburn, 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**

<b>License #:</b>	AS780400203
<b>Investigation #:</b>	2023A0584039
<b>Complaint Receipt Date:</b>	06/27/2023
<b>Investigation Initiation Date:</b>	06/27/2023
<b>Report Due Date:</b>	08/26/2023
<b>Licensee Name:</b>	Umbrellex Behavioral Health Services, LLC
<b>Licensee Address:</b>	Suite 255 13854 Lakeside Circle Sterling Heights, MI 48313
<b>Licensee Telephone #:</b>	(586) 765-4342
<b>Administrator:</b>	Bianca Wilson
<b>Licensee Designee:</b>	Bianca Wilson
<b>Name of Facility:</b>	Umbrellex 1
<b>Facility Address:</b>	1207 Devonshire CT Owosso, MI 48667
<b>Facility Telephone #:</b>	(586) 765-4342
<b>Original Issuance Date:</b>	10/07/2019
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	04/07/2022
<b>Expiration Date:</b>	04/06/2024
<b>Capacity:</b>	5
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. ALLEGATION(S)

	<b>Violation Established?</b>
On 6/13/2023, the facility was not staffed sufficiently to carry out the directives in Resident A, B, and C's Community Mental Health Person Centered Plans.	No
Facility staff member Isaiah Cox was not trained on the details of Resident B's Community Mental Health Person-Centered Plan.	No
Facility staff members did not follow Resident A's Community Mental Health Person Centered Plan when they did not document their prompting of Resident A to bath and change his clothes from 6/5/2023 to 6/11/2023.	No
Additional Findings	Yes

## III. METHODOLOGY

06/27/2023	Special Investigation Intake- 2023A0584039.
06/27/2023	Special Investigation Initiated – Letter
06/27/2023	Contact – Email sent to Ardis Bates, Shiawassee Health and Wellness Recipient Rights officer.
07/07/2023	Contact - Face to Face interviews with Resident A, B, C, direct care staff Donovan Gerace, home manager Brandy Foster, and staff coordinator Anastasia Birge.
07/15/2023	Contact - Face to Face interview with Andrea Andrykovich, Shiawassee Health and Wellness Recipient Rights officer.
08/21/2023	Contact – Email sent to Joi Mitchell, Umbrellex office administrator and Cierra Tillis, Umbrellex Homes Manager.
08/23/2023	Contact – Email sent to Cierra Tillis and copied Damon Daniels, Executive Clinical Director of Umbrellex Homes.
08/24/2023	Exit conference via email with licensee designee Bianca Wilson.

### ALLEGATIONS:

- **On 6/13/2023, the facility was not staffed sufficiently to carry out the directives in Resident A, B and C's Community Mental Health Person Centered Plans.**

- **Facility staff member Isaiah Cox was not trained on the details of Resident B's Community Mental Health Person-Centered Plan.**
- **Facility staff members did not follow Resident A's Community Mental Health Person Centered Plan when they did not document their prompting of Resident A to bath and change his clothes from 6/5/2023 to 6/11/2023.**

## **INVESTIGATION:**

On 6/27/2023, the Bureau of Community and Health Systems received the above allegations via the online complaint system.

On 7/7/2023, I conducted an unannounced investigation at the facility and interviewed direct care staff members Anastasia Birge, Donovan Gerace, Diamond Mayfield, and Brandy Foster.

Ms. Birge, whose title is "Staff Coordinator", stated Residents A, B, and C were the only residents living at the facility. According to Ms. Birge, she schedules three direct care staff members to work in the facility on the facility's first and second shifts. Ms. Birge denied the allegation that on 6/13/2023, the facility was not staffed sufficiently to carry out the directives in residents' Community Mental Health Person Centered Plans (PCPs). According to Ms. Birge, on 6/13/2023, three direct care staff members worked at the facility during the first and second shift. However, on 6/15/2023, one of the three scheduled direct care staff members on the facility's second shift called in sick. Ms. Birge stated she was unable to locate coverage for the sick employee, leaving direct care staff members Donovan Gerace and Isaiah Cox to work the second shift without a third direct care staff member.

Ms. Birge also stated that direct care staff members may not always have time to document the care they provide to residents, per their PCPs.

Ms. Birge reported Mr. Cox is no longer employed by the facility and this was not the result of any disciplinary action.

Mr. Gerace confirmed he and Mr. Cox worked together at the facility on 6/15/2023 without a third coworker, and the shift was quiet with no issues to report. Mr. Gerace stated that during this shift, he provided "one-on-one enhanced supervision" to Resident A, per his PCP, while Mr. Cox provided Residents B and C with "line of sight supervision". Mr. Gerace confirmed three direct care staff members are scheduled to work at the facility on the facility's second and third shift. Mr. Gerace stated there had only been "a couple of times" in the past few months that two direct care staff members worked a single shift due to the third person not showing up or calling in as absent.

Mr. Gerace stated Resident A often changes his clothes on his own, sometimes more than once on the same day, without any prompting. Mr. Gerace stated he does not document his prompts to Residents A to bathe and change his clothes.

Ms. Foster's statements were consistent with the statement's Ms. Birge and Mr. Gerace provided to me.

Isaiah Cox was not interviewed; however, I requested and reviewed his employee training documentation, which confirmed that on 6/5/2023 he was trained on "Person Centered Planning".

I requested and reviewed the facility's *Resident Register*, which confirmed the facility's current census is three residents.

I inspected the facility's physical plant, which was neat and in good order. Staff are able to have direct visual contact with the three residents when they are not in their bedroom or bathroom. The entire kitchen and living areas are viewable from the dining room.

I reviewed a copy of the facility's direct care staff schedules for the week of 6/11/2023 to 6/17/2023. Documentation on the schedules confirmed three direct care staff members were scheduled to work in the facility on the facility's first and second shifts.

While onsite, I attempted to interview Residents A, B, and C. However, they were not willing or able to answer my questions. Residents A, B, and C all appeared cleaned, well-groomed and well cared for.

On 7/15/2023, I interviewed Shiawassee Health and Wellness Recipient Rights Director Andrea Andrykovich at her office. Ms. Andrykovich provided me with Resident A, B and C's current PCPs. Documentation on Resident A's PCP confirmed he is to have "one on one enhanced supervision" when he is not in his bedroom. There was no documentation in his PCP indicating facility staff members were to document every time they prompted Resident A to bathe or change his clothes. Documentation on Resident B and C's PCP confirmed they were to receive "line of sight supervision" when they are not in their bedrooms. Ms. Andrykovich stated it would be possible for one direct care staff member to provide "line of sight supervision" for both Residents B and C at the same time.

<b>APPLICABLE RULE</b>	
<b>R 330.1806</b>	<b>Staffing levels and qualifications.</b>
	<b>(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.</b>

<b>ANALYSIS:</b>	Based upon my investigation, which consisted of interviews with multiple facility staff members and Shiawassee Health and Wellness Recipient Rights Director Andrea Andrykovich, an observation of Residents A, B, and C, as well as a review of relevant facility documents pertinent to the allegation, there is no evidence to substantiate the allegations that on 6/13/2023, the facility was not staffed sufficiently to carry out the directives in Resident A, B and C's PCPs, facility staff member Isaiah Cox was not trained on the details of Resident B's PCP, and facility staff members did not follow Resident A's PCP when they did not document their prompting of Resident A to bath and change his clothes from 6/5/2023 to 6/11/2023.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

During my onsite investigation on 7/7/2023, I requested to review Resident A, B, and C's *AFC Resident Assessment Plans* (assessment plans). Facility staff members were unable to provide me with these documents, as they did not have access to the plans. According to facility staff members, the assessment plans are kept on a computer that Home Manager Cierra Tillis, who was not present at the time of my investigation, could access.

On 8/21/2023, I emailed Ms. Tillis and Ms. Birge and requested that they email me copies of Residents A, B, and C's assessment plans for review.

On 8/23/2023, I followed up with a reminder email to Ms. Tillis and included Executive Clinical Director Damon Daniels.

As of the end of the business day on 8/23/2023, I have not received a copy of Residents A, B, and C assessment plans for review.

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	<b>(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.</b>

<b>ANALYSIS:</b>	Based upon my investigation, which consisted of interviews with multiple facility staff members and Shiawassee Health and Wellness Recipient Rights Director Andrea Andrykovich, an observation of Residents A, B, and C, as well as a review of relevant facility documents pertinent to the allegation, there is no way to confirm that assessment plans were completed for Residents A, B, and C as facility staff members were unable to provide me with a copy of the plans to review. Additionally, if assessment plans were completed for Residents A, B, and C, they were not on file in the home during my onsite investigation on 7/7/2023.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On 8/17/2023, I conducted an exit conference with licensee designee Bianca Wilson and shared with her the findings of this investigation.

**IV. RECOMMENDATION**

After receipt of an acceptable corrective action plan, I recommend no changes in the status of this license.



8/24/2023

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Candace Coburn  
Licensing Consultant

Date

Approved By:



8/28/2023

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Michele Streeter  
Area Manager

Date