GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

September 20, 2023

Charles Cryderman
Haven Adult Foster Care Limited
73600 Church Road
Armada, MI 48005

RE: License #: AG500066337
Investigation #: 2023A0604026
Ridgeway

Dear Mr. Cryderman:

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,

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 West Grand Blvd Ste 9-100
Detroit, MI 48202
(248) 285-1703

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AG500066337
Investigation #:	2023A0604026
Complaint Receipt Date:	07/21/2023
Investigation Initiation Date:	07/21/2023
Report Due Date:	09/19/2023
Licensee Name:	Haven Adult Foster Care Limited
Licensee Address:	73600 Church Road Armada, MI 48005
Licensee Telephone #:	(586) 784-8890
Administrator:	Charles Cryderman
Licensee Designee:	Charles Cryderman
Name of Facility:	Ridgeway
Facility Address:	72188 Russ Road Richmond, MI 48062
Facility Telephone #:	(586) 727-7650
Original Issuance Date:	05/31/1995
License Status:	REGULAR
Effective Date:	08/15/2022
Expiration Date:	08/14/2024
Capacity:	31
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL; AGED TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
There is not enough staffing at facility.	No
Medications were sitting out unattended in kitchen. Residents were seen entering and exiting the kitchen during this time.	Yes
Additional Findings	Yes

III. METHODOLOGY

07/21/2023	Special Investigation Intake 2023A0604026
07/21/2023	Special Investigation Initiated - Letter Email to Complainant
07/21/2023	Contact- Telephone call received Received message from Complainant
07/24/2023	Inspection Completed On-site Completed unannounced onsite investigation. Interviewed Staff, Patricia Jackson, Amber Tuttle, Jim Sealey and Resident A, Resident B, Resident C and Resident D.
07/24/2023	Contact - Face to Face Face to Face Interview with Chuck Cryderman at Griffith Home
07/24/2023	Contact - Document Received Email from Complainant. Sent return email.
07/28/2023	APS Referral Adult Protective Services (APS) referral denied.
08/17/2023	Contact- Document Sent Sent status report letter to Complainant
09/18/2023	Contact- Document Sent Email to Chuck Cryderman
09/19/2023	Contact- Document Received Received copy of staff schedule by email from Cec Ball

09/20/2023	Exit Conference TC to Chuck Cryderman's Office. Completed exit conference with Assistant, Cec Ball.

ALLEGATION:

There is not enough staffing at facility.

INVESTIGATION:

I received a complaint regarding Ridgeway on 07/21/2023. Complainant alleged that during a visit they observed multiple filled medication cups sitting out on the kitchen counter in a tray that also contained glasses of juice. Cups appeared to have residents' names on them. Multiple residents were seen entering and exiting the kitchen during this time. Medications were still sitting out on the counter when they left the facility. The medication room door was observed to have been left ajar and unattended. Later in the visit the medication room was closed and locked. We were approached by a resident who complained that Paddie and Joyce are great but the facility does not have enough staff to provide care and assist them. Paddie and Joyce were the only two floor staff on shift during the visit and staff reported only one staff was on shift last night so they were "behind". On 7/18/23, RN on site Stacy Conn the facility census is 28 residents.

On 07/24/2023, I completed an unannounced onsite investigation. I interviewed Staff, Patricia Jackson and Amber Tuttle. Cook, Jim Sealey, was also present during investigation. I interviewed Resident A, Resident B, Resident C and Resident D.

On 07/24/2023, I interviewed Staff, Patricia Jackson. Ms. Jackson stated that there are typically two staff per shift, which is enough. She stated that she was worked by herself, however, there was also a manager and cook on shift. She indicated that there were two new staff starting.

On 07/24/2023, I interviewed Staff, Amber Tuttle. She stated that she is a college student who has worked at facility for two months. She helps change patients, serve food, and clean. Ms. Tuttle stated that it can be "pretty hard" with just two people working some days, however, they get it done. Some days are more difficult. Ms. Tuttle stated there are typically two to four staff at facility including two staff, manager and cook. Ms. Tuttle did not have any concerns regarding facility.

On 07/24/2023, I interviewed Resident A. She stated that she has lived at facility since October 2022 and it is terrible. Resident A did not want to be living at facility and expressed concern regarding communication with her guardian. Resident A stated that she does not need a lot of help. Staff help with getting her out of bed, bathing and bring her medications with meals in cups. Resident A felt that she does not get out enough. She also believed the food was not good and that there is not enough variety. She stated that there is not enough staff and meals can take a long time. She eats her meals

in her room because of her medical needs. Resident A also indicated that the facility needs to be updated and the bathrooms are a mess.

On 07/24/2023, I interviewed Resident B. She stated that she has lived at facility since April 2022. Resident B had no concerns about facility. She stated that staff help her with bathing and medications. She believes there is enough staff at facility.

On 07/24/2023, I interviewed Resident C. He stated that he has lived at facility for about two years. He stated that he is doing “ok”. He stated that it is boring and the food is terrible. Staff provide meals and medications. He believed there was enough staff at facility.

On 07/24/2023, I interviewed Resident D. He stated that he gets medications with meals. He does not need staff assistance with hygiene. He stated that there is enough staff to help him out. He stated that he is doing “ok” and had no concerns.

On 09/19/2023, I received a copy of the September staff schedule for Ridgeway. The facility has a day, afternoon and midnight shift and has two to three staff scheduled per shift. The facility has a cook and manager scheduled on daytime shift during the weekdays.

APPLICABLE RULE	
R 400.2407	**Staffing.**
	(1) The ratio of staff to residents shall be adequate to carry out responsibilities defined in the act and in these rules and staff ratios shall conform with requirements set by the department following study by the department and advice from the council.
ANALYSIS:	There is not enough information to determine that there is not enough staff at facility. The facility has two to three staff scheduled per shift. There is also a cook and manager present during weekdays.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Medications were sitting out unattended in kitchen. Residents were seen entering and exiting the kitchen during this time.

INVESTIGATION:

On 07/24/2023, I completed an unannounced onsite investigation. I observed medications set up in cups in the kitchen. The plastic cups had resident names written on them in black marker with pills inside. The cups were located on the kitchen counter next to bowls, tray of sandwiches and glasses of juice. The door to the kitchen was open and it was possible for cups to be accessed by residents and visitors. I also observed that the door to the medication room was propped open with a cane. Ms. Jackson stated that door was propped open because staff from previous shift accidently took key to medication room and needed to bring it back. I observed medication packs in the medication room that were not in the locked medication cart. Also, during the onsite investigation staff indicated that residents could be interviewed in the manager's office. I observed medication packs and medication bottles on the table in the manager's office. I informed staff that I would not interview residents in manager's office as there were medications that were not in a locked location.

On 07/24/2023, I interviewed Staff, Patricia Jackson. Ms. Jackson stated that medications are set up with meals. She stated that is how she was trained to pass medications at the facility.

On 07/24/2023, I interviewed Staff, Amber Tuttle. Ms. Tuttle stated that she is not trained to pass medications at the facility. Ms. Tuttle stated that medications are set up in cups during meals.

On 07/24/2023, I interviewed Resident A. She stated that medications are set up ahead of time in cups. She indicated that staff give her medications correctly.

APPLICABLE RULE	
R 400.2415	**Health care of residents.**
	(4) All prescription medication shall be prescribed by a licensed physician. Medication shall be administered and safeguarded in accordance with the instructions of a resident's physician.
ANALYSIS:	On 07/24/2023, I observed medications that were not being safeguarded at the facility. Medications were observed in cups in the kitchen with an open door. Medications could be assessed by residents and visitors. The door to the medication room was propped open with a cane and medication packs were observed in unlocked room. There were also medications observed on table in manager's office.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

On 07/21/2023, I received message from Complainant. She provided additional resident information and complaint information. Complainant also indicated facility has a strong urine odor. She did not see evidence of pull ups in garbage cans. On 07/24/2023, I received email from Complainant which noted additional licensing issues including Bathroom #2 did not have a shower head and Bathroom #3 did not have a compliant lock with single motion egress.

On 07/24/2023, I completed an unannounced onsite investigation. I did not smell urine during onsite the investigation. I did observe a broken shower head in Bathroom #2. Staff, Patricia Jackson, believed it had been broken for about one week. I also observed that the door to Bathroom #3 would not shut all the way. In addition, I observed damaged wood trim in bathrooms and cracked tile at bottom of bathroom wall.

I completed an exit conference by phone on 09/20/2023. I contacted Licensee Designee, Chuck Cryderman's office and completed an exit conference with Cec Ball. I informed Ms. Ball of the violations found and that a copy of the special investigation report would be mailed once approved.

APPLICABLE RULE	
R 400.2431	**Home environment.**
	(1) A congregate facility shall be so constructed, arranged and maintained as to provide adequately for the health, safety and well-being of occupants.
ANALYSIS:	On 07/24/2023, I completed an unannounced onsite investigation. I observed a broken shower head in Bathroom #2. I also observed that the door to Bathroom #3 would not shut all the way.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 400.2431	**Home environment.**
	(11) Floors, walls and ceilings shall be finished so as to be easily cleanable, and shall be kept clean and in good repair.

ANALYSIS:	On 07/24/2023, I observed damaged wood trim in bathrooms and cracked tile at bottom of bathroom wall.
CONCLUSION:	**VIOLATION ESTABLISHED**

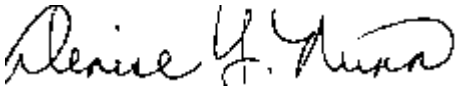
IV. RECOMMENDATION

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

09/20/2023

Kristine Cilluffo — Date
Licensing Consultant

Approved By:



09/20/2023

Denise Y. Nunn — Date
Area Manager