



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

November 21, 2023

Tammi Carey  
Carey's Young at Heart LLC  
2167 Vernor Road  
Lapeer, MI 48446

RE: License #: AL790342299  
Investigation #: 2024A0580005  
Carey's Young at Heart

Dear Tammi Carey:

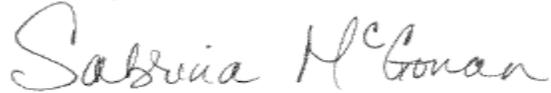
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan".

Sabrina McGowan, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 835-1019

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL790342299
<b>Investigation #:</b>	2024A0580005
<b>Complaint Receipt Date:</b>	10/10/2023
<b>Investigation Initiation Date:</b>	10/13/2023
<b>Report Due Date:</b>	12/09/2023
<b>Licensee Name:</b>	Carey's Young at Heart LLC
<b>Licensee Address:</b>	2167 Vernor Lapeer, MI 48446
<b>Licensee Telephone #:</b>	(181) 065-6356
<b>Administrator:</b>	Tammi Carey
<b>Licensee Designee:</b>	Tammi Carey
<b>Name of Facility:</b>	Carey's Young at Heart
<b>Facility Address:</b>	1341 S Colling Road Caro, MI 48723
<b>Facility Telephone #:</b>	(810) 656-3568
<b>Original Issuance Date:</b>	07/26/2013
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	01/26/2022
<b>Expiration Date:</b>	01/25/2024
<b>Capacity:</b>	20
<b>Program Type:</b>	MENTALLY ILL AGED ALZHEIMERS

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
The night staff is mean and causes Resident A to be afraid and she will not call for assistance and will urinate on herself.	No
The AFC has a strict visitor policy which inhibits providing proper therapy for Resident A.	No
Resident A was not awakened for breakfast on 9/20/23 and had to eat a microwaved breakfast.	No
Additional Findings	Yes

**III. METHODOLOGY**

10/10/2023	Special Investigation Intake 2024A0580005
10/10/2023	APS Referral This complaint was opened by APS for Investigation.
10/13/2023	Special Investigation Initiated - Telephone Call to Gerald Edwards, APS Investigator, Tuscola Co.
10/17/2023	Inspection Completed On-site An onsite inspection was conducted.
10/17/2023	Contact - Face to Face Interview with staff, Jennifer Wright, and Angelina Carey.
10/17/2023	Contact - Telephone call received Call from licensee, Tammi Carey, while onsite.
10/17/2023	Contact - Face to Face Interview with Resident A.
11/17/2023	Contact - Telephone call made Call to staff, Christina Trayster.
11/20/2023	Contact - Telephone call made Call to 1st State Home Health and Hospice Care.

11/20/2023	Contact - Telephone call made Call to Relative A.
11/21/2023	Contact – Document received Email from Gerald Edwards of APS in Tuscola County.
11/21/2023	Exit Conference Exit conference was held with the licensee designee, Tammi Carey.

**ALLEGATION:**

The night staff is mean and causes Resident A to be afraid and she will not call for assistance and will urinate on herself.

**INVESTIGATION:**

On 10/10/2023, I received a complaint via BCAL Online Complaints. This complaint was opened by APS for investigation. On 10/13/2023, I placed a call to Gerald Edwards, assigned APS investigator in Tuscola County.

On 10/17/2023, I conducted an onsite inspection at Carey’s Young at Heart AFC. Contact was made with staff, Jennifer Wright, and Angelina Carey. The licensee was not present; however, we spoke on the phone while I was onsite. She shared that Resident A was placed in the home by Caro Hospital’s “Swing Bed” program. She stated that Resident A has complained about 3<sup>rd</sup> shift staff Christina Trayster, however, she believes that it’s because she does not like her. She also works 3<sup>rd</sup> shift and has observed Resident A behave with a bad attitude towards Staff Trayster. Resident A does not want to be placed at the AFC. Resident A wants to return to her own home.

Tammi Carey adds that she has had issues with Resident A bringing medication in the home. Resident A has a relative that has brought her narcotics 3 times since she has been placed. Tammy Carey has explained to both Resident A and Relative A, that medication must be locked and administered, however, the relative continues to bring the medication in. Resident A has been given a 30-day discharge notice due to Resident A’s unwillingness to follow the rules and the home being unable to meet Resident A’s needs.

I reviewed the AFC Assessment Plan for Resident A. It indicates that she requires staff assistance with toileting. She uses a wheelchair for mobility assistance.

On 10/17/2023, while onsite I was able to interview Resident A, who had just returned to the AFC with a friend. During the interview, Resident A stated that her only complaint is that the 3<sup>rd</sup> shift staff, Christina Trayster has been bullying and mean to her a couple of

times. When asked, she did not have a specific example. Resident A stated that she is her own guardian and wants to return to her own home.

On 11/17/2023, I placed a call to Chrisina Trayster, staff. Staff Trayster shared that she has worked at the facility for 9 years and has never had a complaint. Staff Trayster denied the allegations that she has been mean to Resident A. Staff Trayster stated that on the very first day that she met Resident A, Resident A asked for assistance and began yelling at her, trying to tell her how to do things, or telling her she's doing things wrong, insisting that she will "do it herself". Staff Trayster also shared that Resident A is no longer residing in the AFC home.

On 11/20/2023, I spoke with the licensee designee, Tammi Carey. Tammy Carey confirmed that Resident A is no longer residing in the home. Tammy Carey stated that to her knowledge, Resident A chose to return home. Tammy Carey stated that she, nor Relative A does not believe that Resident A should have left AFC care however Resident A is her own person and could not be stopped. Tammy Carey adds that Resident A does have some remaining items in the home. Resident A's 30-day discharge notice expires on 11/22/2023. To her knowledge, Resident A continues to receive 1<sup>st</sup> State Home Health services.

On 11/20/2023, I spoke with RN, Autumn Smith, at 1<sup>st</sup> State Home Health and Hospice Care, who stated that Resident A reported that she was scared of the night staff to the point where Resident A would urinate on herself to avoid asking for night assistance. RN Autumn adds that Resident A did not relay a specific incident, only citing that there is a female staff on 3<sup>rd</sup> shift who has yelled, screamed, and belittled her. Resident A continues to receive 1<sup>st</sup> State Home Health Care services while residing in her own home.

On 11/20/2023, I placed a call to Relative A. A voice mail message was left requesting a return call.

On 11/21/2023, I received an email from Gerald Edwards of APS in Tuscola County. Gerald Edwards indicated that there was no substantiation for neglect.

<b>APPLICABLE RULE</b>	
<b>R 400.15305</b>	<b>Resident protection.</b>
	<b>(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.</b>

<p><b>ANALYSIS:</b></p>	<p>It was alleged that night staff is mean to Resident A.</p> <p>Licensee, Tammi Carey stated that Resident A has complained about 3<sup>rd</sup> shift staff Christina Trayster, however, she believes that it's because she does not like her. She has observed Resident A behave with bad attitude towards staff Trayster.</p> <p>I reviewed the AFC Assessment Plan for Resident A. It indicates that she requires staff assistance with toileting. She uses a wheelchair for mobility assistance.</p> <p>Resident A stated that her only complaint is that the 3<sup>rd</sup> shift staff, Christina Trayster has been bullying and mean to her a couple of times.</p> <p>Staff, Chrisina Trayster, denied the allegations that she has been mean to Resident A, stating that on the very first day that she met Resident A she asked for assistance and began yelling at her, trying to tell her how to do things, or telling her she's doing things wrong, insisting that she will "do it herself".</p> <p>RN, Autumn Smith, at 1<sup>st</sup> State Home Health and Hospice Care, stated that Resident A reported that she was scared of the night staff to the point where she would urinate on herself to avoid asking for night assistance.</p> <p>Gerald Edwards of APS in Tuscola County, indicated that there was no substantiation for neglect.</p> <p>Based on interviews conducted with the licensee designee, Tammi Carey, Resident A, staff, Christina Trayster and 1<sup>st</sup> State Home Health and Hospice Care staff, and Gerald Edwards of APS in Tuscola County, there is not enough evidence to support the rule violation.</p>
<p><b>CONCLUSION:</b></p>	<p><b>VIOLATION NOT ESTABLISHED</b></p>

**ALLEGATION:**

The AFC has a strict visitor policy which inhibits providing proper therapy for Resident A.

**INVESTIGATION:**

On 10/17/2023 while onsite, I observed the visitor’s policy taped to the front door of the AFC home. It reads as follows: \*No more than 2 visitors at a time.

\*No more than 2 residents having visitors at a time.

\*No more than a 2-hour visit.

\*Appointments must be made in advance for proper scheduling.

\*Visits are to remain in the front room or resident’s room.

\*No visitors during meals.

\*No foot traffic throughout facility.

While observing the home, there were 9 bathrooms observed, available for resident use.

On 10/17/2023, while onsite, I spoke with Tammi Carey via telephone. She stated that all the in-house appointments for residents are scheduled by staff. A practice that’s she developed during the Covid-19 pandemic, to cut down on traffic in the home. Resident A is new to the facility and has been scheduling her own appointments during mealtimes. She informed Resdident A that the appointments needed to be scheduled based off the calendar of appointments kept in the home. She denied that Resident A is limited to her room when physical therapy comes in, citing access to the use of the halls and other areas that are accessible to residents.

On 10/17/2023, Resident A stated that she does receive physical therapy via 1<sup>st</sup> State Home Health Care two times a week. She has not had any problems accessing the bathrooms or other areas of the home and wondered out loud who told me these things.

On 11/20/2023, I spoke with RN, Autumn Smith at 1<sup>st</sup> State Home Health and Hospice Care. She shared that it was relayed to her by her assistant that staff stated that she cannot walk throughout the facility. She did not have the name or any information regarding the staff that said this.

<b>APPLICABLE RULE</b>	
<b>R 400.15308</b>	<b>Resident behavior interventions prohibitions.</b>
	<b>(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following:</b> <b>(d) Confine a resident in an area, such as a room, where egress is prevented, in a closet, or in a bed, box, or chair or restrict a resident in a similar manner.</b>

<b>ANALYSIS:</b>	<p>It was alleged that AFC has a strict visitor policy which inhibits providing proper therapy for Resident A, due to the inability to move throughout the facility.</p> <p>Licensee, Tammi Carey denied the allegations that physical therapy is limited to Resident A's room.</p> <p>Resident A stated has not had any problems accessing the bathrooms or other areas of the home.</p> <p>1<sup>st</sup> State Home Health and Hospice Care RN, Autumn Smith, stated that it was relayed to her by her assistant that staff stated that she cannot walk throughout the facility.</p> <p>Based on the interviews conducted with the licensee Tammi Carey, Resident A and 1<sup>st</sup> State Home Health and Hospice staff, there is not enough evidence to support the rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

Resident A was not awakened for breakfast on 9/20/23 and had to eat a microwaved breakfast.

**INVESTIGATION:**

On 10/17/2023, I conducted an onsite inspection at Carey's Young at Heart AFC. While onsite I observed. The menu and mealtimes were visible posted in the home. The mealtimes are listed as, Breakfast-5:30am-7am, Lunch-9am-10:30am, Dinner-12:30pm-2pm. Snack is served from 4pm-4:30-pm. There is a 15hr and 30-minute time elapse between these 2 meals. The menu observed, contains healthy options for breakfast, lunch, and dinner, meeting the daily nutritional allowances. Tamii Carey denied the allegations, stating that Resident A typically refuses breakfast. She stated that only likes toast and maybe pancakes. She typically takes 1-2 bites and throws her food away.

On 10/17/2023, while interviewing Resident A, she stated that she has no problems with the mealtimes or the food.

<b>APPLICABLE RULE</b>	
<b>R 400.15313</b>	<b>Resident nutrition.</b>
	<b>(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.</b>
<b>ANALYSIS:</b>	<p>It was alleged that Resident A was not awakened for breakfast on 9/20/23 and had to eat a microwaved breakfast.</p> <p>Licensee Tammi Carey denied the allegations, stating that Resident A is a picky eater.</p> <p>Resident A stated that she has no problems with the food or the mealtimes.</p> <p>Based on the interviews conducted, there is not sufficient evidence to confirm the allegation Resident A was not served a nutritious breakfast on 9/20/23.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

On 10/17/2023, I conducted an onsite inspection at Carey's Young at Heart AFC. While onsite I observed. The menu and mealtimes were visible posted in the home. The mealtimes are listed as, Breakfast-5:30am-7am, Lunch-9am-10:30am, Dinner-12:30pm-2pm. Snack is served from 4pm-4:30-pm. There is a 15hr and 30-minute time elapse between these 2 meals. The menu observed, contains healthy options for breakfast, lunch, and dinner, meeting the daily nutritional allowances.

<b>APPLICABLE RULE</b>	
<b>R 400.15313</b>	<b>Resident nutrition.</b>
	<b>(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.</b>

<b>ANALYSIS:</b>	Mealtimes are listed as: Breakfast-5:30am-7am, Lunch-9am-10:30am, Dinner-12:30pm-2pm. Snack is served from 4pm-4:30-pm. There is a 15hr and 30-minute time elapse between these 2 meals.  Based on the mealtimes posted in the home, there is enough evidence to support this rule violation.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On 11/21/2023, I conducted an exit conference with the licensee designee, Tammi Carey. She was informed of the findings of the investigation.

#### IV. RECOMMENDATION

Upon the receipt of an approved corrective action plan, no change to the status of the license is recommended.

*Sabrina McGowan*

November 21, 2023

\_\_\_\_\_  
Sabrina McGowan  
Licensing Consultant

\_\_\_\_\_  
Date

Approved By:

*Mary Holton*

November 21, 2023

\_\_\_\_\_  
Mary E. Holton  
Area Manager

\_\_\_\_\_  
Date