



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

November 21, 2023

Cornerstone II Inc
P. O. Box 277
Bloomington, MI 49026

RE: License #: AS800306200
Investigation #: 2024A1031003
Cornerstone

Dear Licensee Designee:

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 (616) 356-0183.

Sincerely,
Kristy Duda, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W. Unit 13, 7th Floor
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #:	AS800306200
Investigation #:	2024A1031003
Complaint Receipt Date:	10/11/2023
Investigation Initiation Date:	10/13/2023
Report Due Date:	12/10/2023
Licensee Name:	Cornerstone II Inc
Licensee Address:	44409 Baseline Rd. Bloomingtondale, MI 49026
Licensee Telephone #:	(269) 668-7070
Administrator:	Karmen Ball
Licensee Designee:	Tracie Hernandez
Name of Facility:	Cornerstone
Facility Address:	22858 West M-43 Kalamazoo, MI 49009-9208
Facility Telephone #:	(269) 668-3175
Original Issuance Date:	04/07/2010
License Status:	REGULAR
Effective Date:	10/21/2022
Expiration Date:	10/20/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
Resident A's gift card went missing.	Yes

III. METHODOLOGY

10/11/2023	Special Investigation Intake 2024A1031003
10/11/2023	Contact - Telephone call received from Amber Hernandez-Bunce.
10/13/2023	Special Investigation Initiated – Email sent to Amber Hernandez-Bunce.
10/25/2023	Inspection Completed On-site
10/25/2023	Contact - Face to Face Interviews with Jalen Johnson, Robbie Glenn, Resident A, and Resident B.
11/22/2023	Exit Conference held with Amber Hernandez-Bunce.

ALLEGATION:

Resident A's gift card went missing.

INVESTIGATION:

On 10/11/23, I received a telephone call from licensee designee Amber Hernandez-Bunce. Ms. Hernandez-Bunce reported that Resident A's Walmart gift card in the amount of \$20 is missing. Ms. Hernandez-Bunce reported law enforcement was contact as it was believed the gift card may have been stolen by staff.

On 10/25/23, I interviewed the manager Jalen Johnson in the home. Mr. Johnson reported Resident A's case manager dropped of a \$20 Walmart gift card at the home. Mr. Johnson reported the gift card was placed in a drawer located in the office that always remains locked. Mr. Johnson reported he went to get the gift card out of the drawer, and it was missing. Mr. Johnson reported residents do not have access to the office due to it being locked and he believes a staff member may have taken it. Mr. Johnson reported he told staff that the gift card needed to be put back by the end of the week. Mr. Johnson reported **Employee #1 a staff member "Maurice"** worked in the home for one week and then quit after the gift card went missing. Mr.

Johnson reported he cannot confirm if **Employee #1** took the gift card. Mr. Johnson reported the gift card was not documented on Resident A's funds and valuables form. Mr. Johnson reported he did not know how to document a gift card on the funds and valuables form. Mr. Johnson reported the home replaced Resident A's gift card due to it **going** missing.

On 10/25/23, I interviewed Resident A in the home. Resident A was not aware that her gift card was missing and reported she went shopping recently and used a Walmart gift card.

On 10/25/23, I interviewed Resident B in the home. Resident B reported she has not had any personal items stolen or missing.

APPLICABLE RULE	
R 400.14315	Handling of resident funds and valuables.
	(4) A listing of all valuables that are accepted by the licensee for safekeeping shall be maintained. The listing of valuables shall include a written description of the items, the date received by the licensee, and the date returned to the resident or his or her designated representative. The listing of valuables shall be signed at the time of receipt by the licensee and the resident or his or her designated representative. Upon return of the valuables to the resident or his or her designated representative, the listing shall be signed by the resident or his or her designated representative and the licensee.
ANALYSIS:	The home reported Resident A's gift card went missing and they replaced the gift card. The home did not properly document Resident A's valuables when the gift card was received by the home.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.

KDuda

11/21/23

Kristy Duda
Licensing Consultant

Date

Approved By:

Russell Misiak

11/22/23

Russell B. Misiak
Area Manager

Date