GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

November 17, 2023

John S. Thornton
2508 McIlwraith
Muskegon Heights, MI 49444

| | |
|---|---|
| RE: License #: | AS610015096 |
| Investigation #: | 2024A0356003 |
| | J.B.C. Home |

Dear Mr. Thornton:

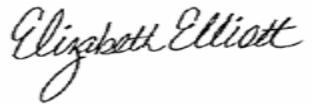
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.

A six-month provisional license continues to be recommended as in SI2023A0356055 dated 11/07/2023. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,



Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

enclosure

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

## I. IDENTIFYING INFORMATION

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| **License #:** | AS610015096 |
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| **Investigation #:** | 2024A0356003 |
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| **Complaint Receipt Date:** | 09/29/2023 |
| | |
| **Investigation Initiation Date:** | 09/29/2023 |
| | |
| **Report Due Date:** | 11/28/2023 |
| | |
| **Licensee Name:** | John S. Thornton & Rosie L. Thornton |
| | |
| **Licensee Address:** | 2508 McIlwraith, Muskegon Heights, MI 49444 |
| | |
| **Licensee Telephone #:** | (231) 739-8820 |
| | |
| **Administrator:** | Kaja Hunter |
| | |
| **Licensee Designee:** | John Thornton |
| | |
| **Name of Facility:** | J.B.C. Home |
| | |
| **Facility Address:** | 2508 McIlwraith, Muskegon Heights, MI 49444 |
| | |
| **Facility Telephone #:** | (231) 737-0015 |
| | |
| **Original Issuance Date:** | 12/01/1993 |
| | |
| **License Status:** | REGULAR |
| | |
| **Effective Date:** | 06/01/2022 |
| | |
| **Expiration Date:** | 05/31/2024 |
| | |
| **Capacity:** | 6 |
| | |
| **Program Type:** | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL, AGED |

## II. ALLEGATION(S)

| | **Violation Established**? |
|---|---|
| There were no staff present in the facility when supports coordinator Emily Kettlehut arrived on 09/28/2023. | Yes |
| Additional Finding | Yes |

## III. METHODOLOGY

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|---|---|
| 09/29/2023 | Special Investigation Intake<br>2024A0356003 |
| 09/29/2023 | APS Referral |
| 09/29/2023 | Special Investigation Initiated - Telephone<br>Emily Kettlehut, Health West clinician, Anna Mater, APS and Linda Wagner, ORR. |
| 10/05/2023 | Contact - Document Sent<br>Meeting set with D'Erika, home manager, Kaja Thornton Hunter, Program Director, Linda Wagner ORR and Anna Mater, APS. |
| 10/05/2023 | Contact - Face to Face<br>Met with D'Erika, home manager, Kaja Thornton Hunter, Program Director, Linda Wagner ORR and Anna Mater, APS. |
| 10/09/2023 | Contact-Document Sent<br>Kaja Hunter requesting resident assessment plans. |
| 10/10/2023 | Contact - Document Received<br>Resident's IPOS plans from HW. |
| 10/12/2023 | Inspection Completed On-site. |
| 10/12/2023 | Contact - Face to Face<br>DCW La'Drea Lewis, Resident's A, B, C, D, E with Anna Mater from APS. |
| 10/12/2023 | Contact - Face to Face<br>Kaja Thornton, D'Erika Lewis and Jeffery Walker, requested resident assessment plans. |
| 10/16/2023 | Contact - Document Sent |

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| | Email to Kaja Hunter requesting Serinus Hunter to contact me re: complaint. |
| 11/07/2023 | Contact-Document Sent<br>Kaja Hunter, requesting that Serinus Hunter call me. |
| 11/21/2023 | Exit Conference-Kaja Hunter as approved by Licensee, John Thornton. |

**ALLEGATION: There were no staff present in the facility when supports coordinator Emily Kettlehut arrived on 09/28/2023.**

**INVESTIGATION:** On 09/29/2023, I received a Health West Office of Recipient Rights complaint dated 09/29/2023. The complainant reported the following, *'The clinician arrived to the JBC Specialized AFC Home at 4:06pm on 9/28/2023 to visit clients, (Residents C & E). When this worker was walking down the sidewalk towards the door on the side of the house, this worker passed (Resident D) who was walking around in the yard. (Resident B) was standing at the side door when this worker approached, and he opened the door to invite this worker inside. (Resident E) was seen sitting at the kitchen table and (Resident C) was sleeping in his bed. This worker did not see (Resident A) so uncertain if this resident was home. This worker did not see any AFC staff so inquired with (Resident B) where his staff were and he replied, "they are next door." (House next door is owned by the family who runs the JBC home). (Resident B) asked this worker if they wanted him to go get his staff to which this worker replied yes. (Resident B) returned to JBC shortly after, followed by a staff of the home. This worker expressed concern to the staff that there were no staff present in the home when this worker arrived. The staff member responded that he was next door "writing his grandma's obituary." While expressing sympathy for the family's loss, this worker also again expressed concern for the residents being left unattended and the potential safety concerns. Shortly into the visit D'Erika Nichols-Lewis, who oversees the home, entered and the staff member mentioned previously in this report exited the home. This worker informed D'Erika that no staff were present in the home when this worker arrived and again expressed concern for the resident's safety when no staff are present. D'Erika states that the staff "probably ran next door for something" and asked "for a little grace" due to the recent loss of the grandmother. Ultimately, D'Erika did state understanding for this workers concern of having no staff in the home.*' *The coding of the residents A-E is based on the previous special investigation, 2023A0356055. *APS (Adult Protective Services) Worker, Anna Mater, Muskegon County DHHS (Department of Health and Human Services) was assigned for investigation.

On 09/29/2023, I interviewed Health West clinician, Emily Kettlehut via telephone. Ms. Kettlehut reiterated the information documented in the recipient rights complaint. Ms. Kettlehut stated staff Serinus "Mooney" Hunter was next door reportedly assisting with writing his grandmothers obituary when Ms. Lewis came from next

door to the facility and told Ms. Kettlehut that Mr. Hunter ran over to get something quick and was returning to the facility. Ms. Kettlehut stated Resident E was sitting at the table in the facility, Resident C was in bed sleeping, Resident A was not in the facility at this time, Resident D was outside of the facility “pacing” around and Resident B was at the side door and let her into the facility when she arrived. Ms. Kettlehut stated the residents told her staff was next door.

On 10/05/2023, I met with Kaja Thornton-Hunter, Administrator, D’Erika Lewis, manager, Linda Wagner, Office of Recipient Rights, Anna Mater, APS, and Laura Ritchie, Health West supervisor at Health West conference room. Ms. Hunter and Ms. Lewis acknowledged on 09/28/2023 staff, Serinus Hunter (Kaja Hunters son) was working at the facility and went to the house next door, which is Ms. Hunters parents home, the Licensee’s Rosie, and John Thornton. Ms. Hunter explained that Mrs. Thornton recently passed away, so they had a lot of food and Mr. Hunter went over to get a pan of food. Ms. Hunter stated the set-up at this facility is the houses are “connected” by a sidewalk that runs outside, between the two houses and since this is a “mom and pop” style facility with the Licensees home right next door, they consider it one place. Ms. D. Lewis and Ms. Hunter stated Resident A was with his family and not in the home on 09/28/2023. Ms. D. Lewis and Ms. Hunter stated they were next door at the Thornton’s house when Mr. Hunter came over and Ms. Hunter stated Resident E was at the Thornton’s house with staff and within ‘line of sight.’ Ms. Hunter and Ms. Lewis stated Resident D was outside in the back yard near the swing walking around and all residents were within “line of sight.” Ms. Wagner and Ms. Ritchie stated according to the ORR report and from reported information from Ms. Kettlehut, Resident E was sitting at the kitchen table in the facility and was not at the Thornton’s house with staff, Resident C was in his bed sleeping, Resident D was walking in the backyard of the facility, and Resident B was at the side door of the facility and allowed Ms. Kettlehut to enter the facility where she found no staff present. Ms. Wagner stated Resident D was in the back yard of the facility and may have been able to be seen by staff from inside the Thornton’s house, but the remainder of the residents were in the facility, as reported by the clinician and could not be seen, or where not within “line of sight” from inside the Thornton’s house.

On 10/12/2023, Ms. Mater and I met Ms. Hunter, Ms. D. Lewis, Jeffery Walker, staff, and Sarah Cunningham, RN, Health West, at Ms. Hunter’s café. I reviewed the resident assessment plans for Residents A and C. Resident A’s assessment plan documented that Resident A is independent in his ability to care for himself and to be independent in the community, controlling self-injurious behaviors and aggressive behaviors.

Resident C’s assessment plan documented that Resident C cannot move independently in the community without staff assist, requires staff assistance with eating/feeding because the resident will put ‘hot items in mouth,’ other assistance, ‘don’t understand between hot and cold,’ exhibits self-injurious behavior and is ‘known to remove toenails.’ The assessment plan documented that Resident C

controls aggressive behavior by answering ‘yes and no’ and explains that Resident C ‘needs meds and redirecting.’

On 10/12/2023, Ms. Mater and I conducted an inspection at the facility and interviewed staff, La’Drea Lewis. Ms. Mater and I interviewed Ms. L. Lewis and she stated that she does not leave the facility while she is working. Ms. L. Lewis stated other staff may leave and go next door to Mr. “Pops” Thorntons house, but she does not.

On 10/12/2023, Ms. Mater and I interviewed Resident C in his room at the facility. Resident C answered “yea” when asked if staff go outside of the facility. Resident C answered “yea” when asked if he is alone in the facility without staff sometimes. Resident C answered “yea” when asked if staff go outside of the facility.

Ms. Mater and I interviewed Resident B in his room at the facility. Resident B stated he is not sure if he is ever in the facility alone, without staff. Resident B stated, “Mooney goes to pops.” Mooney is staff and Pops is Mr. Thornton.

Ms. Mater and I interviewed Resident E at the dining room table. Resident E stated staff “goes to pops.”

Ms. Mater and I interviewed Resident A in his room at the facility. Resident A stated staff are always “here when we need them, when a new staff goes, a new one comes, when staff leave to go next door, they let us know and they don’t leave for a long time, it’s a short time they go next door.” Resident A stated he trusts all the staff at the facility, he feels at ease with the staff and is never afraid.

On 11/21/2023, I reviewed the Integrated biopsychosocial assessment for Resident E written by Carly Campbell, BS, Health West supports coordinator on 03/31/2023. The biopsychosocial report documented on page 10 at the top of the page that Resident E requires ‘line of sight’ supervision.

On 10/16/2023 and 11/07/2023, I requested that Ms. Hunter have Mr. S. Hunter call me. As of the date of the writing of this report, 11/21/2023, I have not interviewed Mr. S. Hunter.

On 11/21/2023, I conducted an exit conference, as approved by the Licensee, John Thornton, with Kaja Hunter via telephone. Ms. Hunter stated she will submit an acceptable corrective action plan.

| **APPLICABLE RULE** | |
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| **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 |

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| | attended to at all times in accordance with the provisions of the act. |
| **ANALYSIS:** | Health West Office of Recipient Rights complaint documented that on 09/28/2023, a Health West clinician went to the facility and found the residents in the facility with no staff supervision.<br><br>Ms. Kettlehut confirmed that on 09/28/2023, she went to the facility, was let in by a resident and she did not find any staff in the facility with the residents.<br><br>Ms. Hunter and Ms. Lewis acknowledged on 09/28/2023 staff, Serinus Hunter was working at the facility and went to the house next door.<br><br>Resident A's assessment plan documented that Resident A is independent in his care and ability to be in the community without staff supervision.<br><br>Resident C's assessment plan documented that Resident C needs close supervision in many aspects and is not capable of being independent in the community without staff supervision.<br><br>Ms. L. Lewis and she stated that she does not leave the facility while she is working but other staff may leave and go next door to Mr. "Pops" Thorntons house.<br><br>Residents A, B, C & E reported staff sometimes go next door to Mr. Thornton's house while they stay in the facility.<br><br>Resident E's biopsychosocial report written by Carly Campbell, Health West support coordinator on 03/31/2023 documented that Resident E requires 'line of sight' supervision.<br><br>Based on investigative findings, there is a preponderance of evidence to show that on 09/28/2023, when Ms. Kettlehut entered the facility, residents were unsupervised because staff, Serinus Hunter had gone next door to the licensees house. Therefore, a violation of this applicable rule is established. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

**ADDITIONAL FINDING**

**INVESTIGATION:** On 10/09/2023, I requested resident assessment plans from Ms. Hunter and Ms. D. Lewis. I sent an email requesting they either print off and send copies to me or have the assessment plans available for a scheduled meeting on 10/12/2023.

On 10/12/2023, Ms. Mater and I met Ms. Hunter, Ms. D. Lewis, Jeffery Walker, staff, and Sarah Cunningham, RN, Health West, at Ms. Hunter's café. I reviewed the resident assessment plans for Residents A and C. Mr. Walker stated at this time these are the only assessment plans he has available for review, and the rest of the resident assessment plans will be provided later.

On 10/12/2023, a review of Resident A's assessment plan documented a date of 01/14/2022, signed by Resident A's legal guardian and Mr. Walker.

On 10/12/2023, a review of Resident C's assessment plan documented a date of 01/10/2020, signed by Resident C's legal guardian and Ms. Hunter.

As of the writing of this report on 11/21/2023, I have not received any other resident assessment plans for review.

On 11/21/2023, I conducted an exit conference, as approved by the Licensee, John Thornton, with Kaja Hunter via telephone. Ms. Hunter stated she will submit an acceptable corrective action plan.

| **APPLICABLE RULE** | |
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| **R 400.14301** | **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.** |
| | (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. |
| **ANALYSIS:** | On 10/09/2023, I requested copies of Resident's A, B, C, D and E's assessment plans for review. On 10/12/2023, I met with Ms. Hunter, Ms. D. Lewis, and Mr. Walker and reviewed Resident's A & C's assessment plans but Resident's B, D & E's assessment plans were not available for review. I requested the assessment plans be sent to me for review and as of the conclusion of this report on 11/21/2023, the assessment plans have not been received. In addition, the resident assessment plans reviewed for Residents A & C had not been updated |

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| | annually as required by this rule. Therefore, A violation of this applicable rule is established. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

## IV. RECOMMENDATION

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| Special Investigation Report SI2023A0356055 (completed on 11/07/2023) recommended a provisional license upon the receipt of an acceptable Corrective Action Plan. The above-cited quality of care violations results in no change of that previous recent recommendation. The licensee's Corrective Action Plan must also address the violations cited in this most recent Special Investigation Report. |

11/21/2023

Elizabeth Elliott — Date
Licensing Consultant

Approved By:

11/21/2023

Jerry Hendrick — Date
Area Manager