GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 20, 2023

Ronald Paradowicz
Courtyard Manor Farmington Hills Inc
Suite 127
3275 Martin
Walled Lake, MI 48390

RE: License #: AL630007352
Investigation #: 2024A0611005
Courtyard Manor Farmington Hills II

Dear Mr. Paradowicz:

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,

Sheena Worthy, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd, Suite 9-100
Detroit, MI 48202

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL630007352
Investigation #:	2024A0611005
Complaint Receipt Date:	11/02/2023
Investigation Initiation Date:	11/06/2023
Report Due Date:	01/01/2024
Licensee Name:	Courtyard Manor Farmington Hills Inc
Licensee Address:	Suite 127 - 3275 Martin Walled Lake, MI 48390
Licensee Telephone #:	(248) 926-2920
Administrator:	Ronald Paradowicz
Licensee Designee:	Ronald Paradowicz
Name of Facility:	Courtyard Manor Farmington Hills II
Facility Address:	29760 Farmington Road Farmington Hills, MI 48334
Facility Telephone #:	(248) 539-0104
Original Issuance Date:	08/25/1993
License Status:	REGULAR
Effective Date:	06/15/2022
Expiration Date:	06/14/2024
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL; AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The home is understaffed. Most staff ignore what the residents are doing including not feeding them or showering them due to having a skeleton crew constantly.	Yes
A resident has attacked another resident. A resident had a lift fall on him which prevented him from being able to walk for weeks. Physician orders are not communicated to staff thus causing significant patient decline.	No
A resident eloped from the home.	No

III. METHODOLOGY

11/02/2023	Special Investigation Intake 2024A0611005
11/03/2023	APS Referral An Adult Protective Services (APS) referral was made.
11/06/2023	Inspection Completed On-site I completed an unannounced onsite. I interviewed the home manager, Belinda Hunter, Resident D, staff member Sheila Porter, staff member Carrie Travis, and Resident M.
11/06/2023	Special Investigation Initiated - On Site I completed an unannounced onsite. I interviewed the home manager, Belinda Hunter, Resident D, staff member Sheila Porter, staff member Carrie Travis, and Resident M.
11/29/2023	Contact - Face to Face I completed an announced onsite. I received a copy of the staff schedule and a master shower schedule for all buildings from Ms. Hunter. I observed the kitchen and several residents eating in the lunchroom. I interviewed an anonymous person, staff member Sheila Porter, and Resident S.
12/05/2023	Contact - Telephone call made I made a telephone call to the home manager, Belinda Hunter. Ms. Hunter provided additional information regarding the staff schedule and confirmed a staff name on a shower sheet.

12/05/2023	Exit Conference I completed an exit conference with the licensee designee Ron Paradowicz via email. Mr. Paradowicz followed up with me via telephone and details were provided regarding the investigation.
12/08/2023	Contact – Telephone call made I made a telephone call to the building manager, Kallee Lizzamore. The allegations were discussed.
12/08/2023	Contact – Telephone call made I made a telephone call to the AFC group home. I spoke with the home manager, Belinda Hunter. Ms. Hunter provided additional information. Ms. Hunter stated she will provide copies of the physician orders. I interviewed Resident W and Resident S. I attempted to interview Resident N but, she did not want to be interviewed.
12/11/2023	Contact – Telephone call made I attempted to reach staff member Ebony Pritchett however; she was unavailable, and her mailbox was full.
12/11/2023	Contact – Telephone call made I made a telephone call to staff member, Tiffany Currie. The allegations were discussed.
12/11/2023	Contact – Telephone call made I made a telephone call to staff member, Caleis Hines. The allegations were discussed.
12/11/2023	Exit conference I completed another exit conference with the licensee designee, Ron Paradowicz via voice message.
12/18/2023	Contact – Telephone call made A telephone call was made to Marlene Jones. Ms. Jones provided more information.

ALLEGATION:

The home is understaffed. Most staff ignore what the residents are doing including not feeding them or showering them due to having a skeleton crew constantly.

INVESTIGATION:

On 11/02/23, a complaint was received from an anonymous source and assigned for investigation alleging that the facility is so understaffed. They keep saying they're hiring more staff, but it hasn't happened, and the staff are frustrated. A lady and a gentleman resident were attacked by another resident several times within a few days. A resident has escaped several times. Another resident that was attacked went into another residents room and had a lift fall on him. The man cannot walk from his injuries for weeks. We have all complained but it's fallen on deaf ears. This has become a regular routine of being lied to about having new workers start. They pull others from different buildings and those workers are pushed and don't do anything. Most staff ignores what the residents are doing including not feeding them or showering them due to having a skeleton crew constantly. Physician orders are not communicated to staff thus causing significant patient decline.

On 11/06/23, I completed an unannounced onsite. I interviewed the home manager, Belinda Hunter, Resident D, staff member Sheila Porter, staff member Carrie Travis, and Resident M.

I interviewed the home manager, Belinda Hunter. Ms. Hunter stated four staff members work on day and afternoon shifts and; three staff members on the midnight shift. There are 20 residents in the AFC group home. Ms. Hunter denied any issues with being understaffed. Ms. Hunter denied any issues with the residents being fed or showered. Ms. Hunter stated the staff use a shower schedule and every resident is showered at least twice a week and more if needed.

On 11/06/23, I interviewed Resident D. Resident D stated there is mostly enough staff at the AFC group home. Resident D stated he takes his own showers and; he takes one every day. Resident D eats three meals a day. Resident D stated the only thing he doesn't like about the AFC group home is that it needs better food.

On 11/06/23, I interviewed staff member, Sheila Porter. Ms. Porter has worked at the AFC group home for a year and three months. Ms. Porter works the day shift from 7:00am to 3:00pm. There are about two or three staff members who work on the day shift. Ms. Porter stated she sees about three staff members on the afternoon shift. Ms. Porter stated sometimes the home is understaffed if a staff member calls off. When a staff member calls off, another staff member is called in to work and arrives about an hour later. Ms. Porter stated staffing does not prevent any resident from receiving a shower because a lot of residents can shower themselves. Ms. Porter stated sometimes staff are pulled from a different building to fill in if the other building has four staff working. The residents receive showers on day and afternoon shifts. Ms. Porter stated the staff follow a shower schedule which is arranged for every resident to receive a shower every other day. Some of the residents are bed bound and they are bathed by

hospice twice a week. There is a bathroom in every resident bedroom. There is also a common bathroom with a bigger shower in it for residents who require more assistance.

Ms. Porter stated the residents are fed three meals a day and three snacks a day. The AFC group home never runs out of food. Ms. Porter stated the only time a resident is not fed is if they refuse to eat. Ms. Porter stated if a resident refuses to eat then the staff has to wrap up their food and put it up.

On 11/06/23, I interviewed staff member Carrie Travis. Ms. Travis stated the residents receive 2-3 showers a week based on the shower schedule. Ms. Travis stated the AFC group home is fully staffed. Ms. Travis stated other staff members are not pulled from other buildings to work at this AFC group home. Ms. Travis stated the residents are fed three meals a day and snacks in between. The staff follow the menu.

On 11/06/23, I interviewed Resident M. Resident M has lived at the AFC group home for three years. Resident M is fed three meals a day. Resident M also has a refrigerator in her bedroom that includes her own food. Resident M takes her own shower but sometimes she may ask for staff assistance. Resident M stated she sees three staff members work every day. Resident M stated the staff take care of her but, she does not bother them. Resident M stated her sister brings her stuff.

On 11/29/23, I completed an announced onsite. I received a copy of the staff schedule and a master shower schedule for all buildings from Ms. Hunter. I observed the kitchen and several residents eating in the lunchroom. Ms. Hunter stated a food truck delivers food once a week. There was an adequate supply of food in the refrigerator, freezer, and pantry. I observed peanut butter and jelly sandwiches in the pantry. Ms. Hunter explained those sandwiches were for substitutions if a resident did not want to eat what was on the menu. I observed the menu. According to the menu, the resident were eating roast beef and cheddar sandwich, stuffed green pepper soup, and saltine crackers. Resident L has a special diet that involves not eating beef or pork. I observed Resident L eating a sandwich that had meat on it. Ms. Hunter confirmed with the kitchen staff that she was eating turkey. The rest of the residents in the lunchroom appeared to be eating what was on the menu. Ms. Hunter was informed that any resident with a special diet should have a separate menu that explains what they are being served. Furthermore, it was explained that the menu cannot say “made to order” as specific meals must be listed three times a day.

On 11/29/23, I interviewed a direct care worker who requested to be anonymous. The anonymous person stated the residents are fed three meals a day. However, the residents are not always fed a complete meal. A couple weekends ago, the residents were served one strip of bacon, cottage cheese, and a scoop of fruit for breakfast. The staff members are required to report any concerns to a medication technician. The anonymous person expressed her concerns about the food to staff member Carrie Travis who is also a medication technician. Ms. Travis response to the anonymous person was “ok”. Ms. Travis quit her job last weekend as she was offered a new job.

The anonymous person stated this was the only time the residents were not fed an adequate meal.

The anonymous person stated the residents are showered at least twice a week and as needed. The anonymous person stated some of the residents require assistance with showering and some residents can shower themselves in their private bathrooms. The anonymous person stated some staff members do not follow the shower schedule which causes a resident to miss a shower. The anonymous person has observed this to happen. There are three staff members on shift and each staff member is responsible to ensure six residents receive a shower. The staff are expected to sign the shower book each time a shower is given. The anonymous person stated if a resident refuses to take a shower, then the staff will write refused in the shower book. The anonymous person has seen missing staff initials in the shower book. The anonymous person stated only Resident W has not been showered for a whole week due to him eloping and not because staff was not doing their job. The anonymous person confirmed that the staff ensure that each resident is showered at least once a week.

The anonymous person stated the staffing for each shift varies between 2-3 staff members due to staff calling off. There is not always enough staff especially on afternoon shift. There is supposed to be three staff members on day shift, afternoon shift and two staff members on midnight shift. The anonymous person has not heard anything about the AFC group home hiring new staff members.

On 11/29/23, Resident S stated she is fed three meals a day. Resident S stated the food is lousy. Resident S stated the roast beef she ate today did not taste like roast beef and the soup was hot and spicey. Resident S is given snacks at night time. Resident S is showered twice a week.

On 11/29/23, I interviewed staff member Sheila Porter. Ms. Porter stated in general the residents are not getting enough food to eat. The residents constantly ask for a second or third portion of food because they are given small portions of food. Ms. Porter confirmed a couple weekends ago the residents were served one strip of bacon, cottage cheese, and a scoop of fruit. The food truck comes once a week on Wednesdays. The residents are given snacks twice on day shift and afternoon shift such as; chips, cookies, peanut butter and jelly sandwiches, and grilled cheese sandwiches.

Ms. Porter stated the residents are showered twice a week or as needed. Ms. Porter stated she does not know what happens on the afternoon shift but, on the day shift the staff follow the shower schedule unless a resident refuses to take a shower. The staff fill out a shower sheet daily.

On 11/29/23, I received copies of the shower sheets for the month of November from Nurse Marlene Jones. The building manager Kallee Lizzamore was present. Ms. Lizzamore stated some residents refuse to take showers. Ms. Lizzamore stated for the residents who do not require assistance with bathing, the staff check them to ensure they have showered at least once a week.

On 12/05/23, I reviewed the master shower schedule, the shower sheets, and the staff schedule. According to the shower schedule, a shower is scheduled twice a week for each bedroom. The shower sheets were entitled skin assessments and a body chart was included to document any marks or bruises. According to the shower sheets, there was 28 sheets that indicated a resident refused a shower, and 80 sheets indicated that showers were given.

According to the staff schedule for November 2023, there was one staff member on the schedule for the afternoon shift for 11/13/23, and 11/24/23.

On 12/05/23, I made a telephone call to the home manager, Belinda Hunter. I inquired about the staff schedule regarding 11/13/23 and 11/24/23. Ms. Hunter explained that the staff schedule is completed once a month however; there is a staffing sheet that is completed daily. Ms. Hunter looked at the staffing sheet and confirmed that on 11/13/23 two staff members worked on the afternoon shift (Caleis Hines, Angela Rodgers). Ms. Hunter also confirmed that three staff members worked on the afternoon shift on 11/24/23 (Latoya Jordan, Tiffany Currie, and Latoya Carrell).

APPLICABLE RULE	
R 400.15206	**Staffing requirements.**
	(1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 15 residents during waking hours or less than 1 direct care staff member to 20 residents during normal sleeping hours.
ANALYSIS:	Based on my findings and information gathered, the AFC group home is in compliance pertaining to the ratio of direct care staff to residents. According to the staff schedule, the AFC group home has at least two staff members working during each shift. Furthermore, the staff interviewed confirmed that there is at least two staff members on duty.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.15313	**Resident nutrition.**
	(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.
ANALYSIS:	There is sufficient evidence to support this allegation as Ms. Porter and an anonymous person confirmed an instance where the residents were not served a complete meal for breakfast. The residents were served one strip of bacon, cottage cheese, and a scoop of fruit.
CONCLUSION:	**VIOLATION ESTABLISHED**

R 400.15313	**Resident nutrition.**
	(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.
ANALYSIS:	On 11/29/23, I observed the menu. Resident L has a special diet that involves not eating beef or pork. I observed Resident L eating a sandwich that was reported to have turkey on it. A special diet menu was not posted for Resident L nor was any substitutions indicated on the menu for Resident L. Furthermore, I observed “made to order” on the menu for breakfast for the entire week.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 400.15314	**Resident hygiene.**
	(1) A licensee shall afford a resident the opportunity, and instructions when necessary, for daily bathing and oral and personal hygiene. A licensee shall ensure that a resident bathes at least weekly and more often if necessary.
ANALYSIS:	Based on my findings and information gathered, there is no sufficient evidence to support the allegations. It was verified through shower sheets, interviews with staff and residents that every resident receives at least one shower a week or more if necessary.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

- **A resident has attacked another resident.**
- **A resident had a lift fall on him which prevented him from being able to walk for weeks.**
- **Physician orders are not communicated to staff thus causing significant patient decline**.

INVESTIGATION:

On 11/06/23, Ms. Hunter does not know anything about a Hoyer lift falling on a resident and/or preventing them from walking. Ms. Hunter stated the type of residents in the AFC group home have dementia and/or behavior issues. The residents often wander in each other's bedrooms, and they are re-directed by staff. Ms. Hunter denied any resident being attacked by another resident.

On 11/06/23, Ms. Porter has never seen any resident attack another resident. Ms. Porter stated the residents may argue with one another. Ms. Porter denies knowing anything about a lift falling on a resident and/or preventing a resident from walking.

On 11/06/23, Ms. Travis does not know anything about a resident getting attacked by another resident. Ms. Travis does not know anything about a lift falling on a resident and/or preventing them from walking.

On 11/06/23, Resident M stated two years ago, a resident hit her on the head. Resident M stated she did not tell staff. Resident M stated this only happened one time. Resident M has not seen anyone get attacked.

On 11/08/23, Nurse Marlene Jones stated does not know anything about a resident attacking another resident. Ms. Jones stated there have been instances where a resident may hit a staff member due to their dementia or behavioral issues.

On 11/29/23, the anonymous person stated Resident S is the only resident who utilizes a Hoyer lift. The staff are all trained to use the Hoyer lift. Resident S recently received a new Hoyer lift because the old one did not work properly. The staff would have trouble lifting Resident S either due to her weight and/or the fact they had to manually crank up the lift. Resident S new Hoyer lift is an automatic and the staff only have to push a button to lift Resident S. The anonymous person denied Resident S ever falling or getting injured while being in the Hoyer lift. Resident S is a two person lift and sometimes there would be a third staff member to ensure Resident S is properly transferred.

The anonymous person stated there was an instance when Resident R walked into Resident S bedroom. Resident S was not in her bedroom during this time. The

anonymous person thinks Resident R pulled the Hoyer lift on top of himself. When the anonymous person walked passed Resident S bedroom, she saw Resident R lying flat on his back silently with the Hoyer lift on top of him. The anonymous person helped Resident R get up. This incident occurred in September 2023. The anonymous person was unable to ask Resident R what happened because he has dementia, and his speech is incoherent. Resident R was not injured, he did not break his femur bone, nor did he have any trouble walking afterwards. An incident report was written. The anonymous person stated nothing was put into place to prevent a similar incident from happening again. The staff members shut the resident's bedroom doors when they are not in them, but they are not expected to do this.

The anonymous person would like for the communication with staff regarding residents to improve. Staff are not always given a history about a new resident. The medication technicians work 12-hour shifts, and they are the only staff members authorized to administer medications. The anonymous person stated all communications regarding a resident goes through a medication technician and it is not always conveyed to the direct care staff. The anonymous person stated the lack of communication does not lead to a resident being neglected.

On 11/29/23, I interviewed Resident S. Resident S does not know how long she has lived at the AFC group home. Resident S stated she hates living at the AFC group home because she is not like the other residents. Resident S is only at the AFC group home because she injured her foot. Resident S stated she likes the staff, and they treat her well. However, she does not like a staff member by the name of Anitra. Resident S stated Anitra is bossy. Resident S described an instance during the wintertime when Anitra came into her bedroom to change her, and Anitra opened the window because she said it was hot. Resident S stated Anitra closed the window after she finished changing her. Resident S stated Anitra has told her that she will not be able to put her in the Hoyer lift because she has gained weight. Resident S confirmed that she has a new Hoyer lift. The staff were taught yesterday on how to use the new Hoyer lift as they did not know the Hoyer lift had to be charged to prevent it from dying. Resident S stated she has never been injured while using the Hoyer lift.

On 11/29/23, Ms. Porter stated Resident S is the only resident that uses a Hoyer lift. Ms. Porter is unaware of anyone getting hurt by a Hoyer lift. Ms. Porter stated she is well informed about the resident's care and information is properly communicated.

On 12/08/23, I made a telephone call to the building manager, Kallee Lizzamore. Regarding the allegations, Ms. Lizzamore stated she is not aware of an incident involving a Hoyer lift falling on a resident. Ms. Lizzamore is not aware of an incident report being completed regarding a Hoyer lift. Ms. Lizzamore stated the residents do not attack each other but, a resident may invade another resident's personal space or push another resident. Ms. Lizzamore stated if a resident pushes another resident they are re-directed by staff and; it never escalates to a fight. All of the residents have behavioral issues in the AFC group home.

On 12/08/23, I made a telephone call to the home manager, Belinda Hunter. Ms. Hunter confirmed that Resident R is unable to be interviewed because he is not verbal. Ms. Hunter stated Resident L is unable to be interviewed because she would not understand any questions. Ms. Hunter stated she will provide physician orders and look into whether or not an incident report was completed regarding a Hoyer lift incident.

On 12/08/23, I made a telephone call to Resident W. Resident W stated he does not like living at the AFC group home. Resident W would not respond when I asked why he doesn't like living at the AFC group home. Resident W denied witnessing any residents fight each other. Resident W then stated someone has hit him before but, it wasn't a resident or a staff member. Resident W stated he does not like the staff but would not say why. During this interview it was hard to understand Resident W and it appeared he did not understand my questions.

On 12/08/23, I requested to interview Resident N but, she refused to be interviewed.

On 12/08/23, I interviewed Resident C. Resident C stated Resident S fell out of her Hoyer lift about a month ago. Resident C does not know if Resident S received any injuries. Resident C admitted that he did not see Resident S fall out of her Hoyer lift. Resident C stated he does not get along with Resident S. Resident C has never witnessed a resident hitting another resident. However, Resident C stated Resident N punched another resident in the face because the resident walked into her bedroom. Resident C confirmed that he did not witness this incident. Resident C stated the resident that was hit by Resident N was moved to another building.

On 12/08/23, I received copies of an incident report, and physician orders. The incident occurred on 10/14/23. According to the incident report, a staff reported that they observed Resident R laying on the floor on his left side with the Hoyer lift on top of him. Resident R is self-ambulatory and wanders. Resident R was assessed and there were no visible injuries. A hospice nurse was sent to see Resident R. The incident report was signed and completed by Ms. Jones.

I reviewed several physician orders for the month of November for Resident X, Resident T, Resident Y, Resident Z, Resident W, Resident L, Resident S, Resident Q, and Resident R. All of the physician orders were signed and dated by a physician.

On 12/11/23, I made a telephone call to staff member, Tiffany Currie. Ms. Currie has worked at the AFC group home for a couple of months. Ms. Currie is fully trained. Ms. Currie stated she is properly informed about the resident's physician orders. Ms. Currie stated she is updated on the resident's physician orders by reading a daily log book at the beginning of her shift. Ms. Currie denied knowing about any resident attacking each other nor has she witnessed any resident hitting each other. Ms. Currie is not aware of any incident regarding a Hoyer lift.

On 12/11/23, I made a telephone call to staff member, Caleis Hines. Ms. Hines has worked at the AFC group home for a month. Ms. Hines is fully trained. Ms. Hines stated

the resident's physician orders are properly communicated to her by speaking with a co-worker who worked the previous shift. Ms. Hines stated she also reviews a log book that is referred to as a daily listing book at the beginning of her shift. Ms. Hines stated a resident may walk pass another resident and push them but, it does not escalate to a fight because it could have been an accident. Ms. Hines stated this does not happen often. Ms. Hines stated the resident who pushes the resident or the resident that gets pushed may not even know what happened due to their Dementia. Ms. Hines stated the residents do not try to hurt each other. Ms. Hines is not aware of any incident regarding a Hoyer lift. Ms. Hines stated only Resident S has a Hoyer lift and it stays in her bedroom.

On 12/18/23, A telephone call was made to Ms. Jones. Ms. Jones confirmed that she did not witness a hoyer lift falling on Resident R as per the incident report a staff reported it to her and then she completed the incident report.

APPLICABLE RULE	
R 400.15305	**Resident protection.**
	(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.
ANALYSIS:	Based on my findings and the information gathered, there is no sufficient evidence to support the allegations pertaining to residents attacking each other or a decline in residents due to lack of communication. The anonymous person stated the lack of communication does not lead to a resident being neglected. Ms. Porter stated she is well informed about the resident's care and information is properly communicated. Every staff and resident interviewed denied knowing anything about a resident attacking another resident. However, there is no sufficient evidence to support a Hoyer lift falling on a resident. A copy of the incident report was received which was completed by Ms. Jones. According to the incident report, the incident occurred on 10/14/23. The anonymous person witnessed Resident R lying flat on his back with the Hoyer lift on top of him. However, there were no witnesses or other evidence to support what occurred.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

A resident eloped from the home.

INVESTIGATION:

On 11/06/23, Ms. Hunter stated no resident has ever successfully eloped from the AFC group home. The AFC group home doors have alarms on them and there are perimeter alarms on the windows that go off immediately.

Ms. Porter stated Resident W attempts to elope from the AFC group home every weekend by climbing out of his bedroom window. An alarm goes off any time a window is opened. Resident W only makes it as far as reaching the front of the building before staff brings him back inside the AFC group home. Ms. Porter stated some residents may hit the door alarm but no resident successfully elopes from the AFC group home.

On 11/06/23, Ms. Travis stated Resident W attempts to elope from the home but, he is always caught by staff. I observed Resident W in the AFC group home wandering around.

On 11/06/23, Resident M stated she does not know if anyone runs away from the AFC group home.

On 12/05/23, I completed an exit conference with the licensee designee Ron Paradowicz via email. Mr. Paradowicz was informed of which rules will be cited and that a corrective action plan will be required. Mr. Paradowicz followed up with me via telephone and details were provided regarding the investigation.

On 12/08/23, Resident C stated Resident W has eloped from the AFC group home through a window and; staff caught him.

On 12/11/23, Ms. Currie has not seen any residents elope from the AFC group home but, she has heard of Resident W eloping from the home through a window. Ms. Currie is not aware of any details regarding Resident W eloping. Ms. Currie has not heard of any other resident eloping from the home.

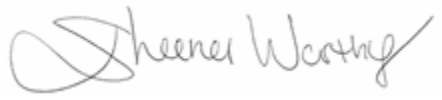
On 12/11/23, Ms. Hines is not aware of any resident eloping from the group home.

On 12/11/23, I completed another exit conference with the licensee designee, Ron Paradowicz via voice message. Mr. Paradowicz was informed that additional information was received but, the outcome and recommendation remains the same.

APPLICABLE RULE	
R 400.15311	**Investigation and reporting of incidents, accidents, illnesses, absences, and death.**
	(3) If a resident is absent without notice, the licensee or direct care staff shall do both of the following: **(a) Make a reasonable attempt to contact the resident's designated representative and responsible agency.** **(b) Contact the local police authority.**
ANALYSIS:	There is no sufficient evidence to support any resident has successfully eloped from the AFC group home. The AFC group home doors have alarms on them and there are perimeter alarms on the windows that go off immediately. Resident W attempts to elope from the AFC group home on a regular basis but, staff always find him on the AFC group home property.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

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

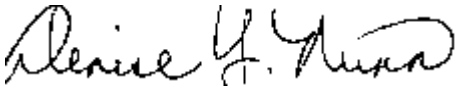


12/11/23

Sheena Worthy
Licensing Consultant

Date

Approved by:



12/20/2023

Denise Y. Nunn
Area Manager

Date