



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 19, 2024

Hope Lovell
LoveJoy Special Needs Center Corporation
17101 Dolores St
Livonia, MI 48152

RE: License #: AS780413488
Investigation #: 2024A0584007
State Road Home

Dear Ms. Lovell:

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) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Candace Coburn". The signature is written in a dark ink on a light-colored background.

Candace Coburn, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

THIS REPORT CONTAINS PROFANITY

I. IDENTIFYING INFORMATION

License #:	AS780413488
Investigation #:	2024A0584007
Complaint Receipt Date:	11/22/2023
Investigation Initiation Date:	11/27/2023
Report Due Date:	01/21/2024
Licensee Name:	LoveJoy Special Needs Center Corporation
Licensee Address:	17101 Dolores St Livonia, MI 48152
Licensee Telephone #:	(517) 574-4693
Administrator:	Hope Lovell
Licensee Designee:	Hope Lovell
Name of Facility:	State Road Home
Facility Address:	10860 State Road Morrice, MI 48857
Facility Telephone #:	(517) 574-4693
Original Issuance Date:	10/01/2022
License Status:	REGULAR
Effective Date:	03/31/2023
Expiration Date:	03/30/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED. MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
On 11/19/2023, staff Sky Ember dragged Resident A by his ankles and twisted his arm behind his back.	Yes
On 12/04/2023, staff Lindsay Cutsinger used inappropriate language in front of Residents A and B.	No

III. METHODOLOGY

11/22/2023	Special Investigation Intake - 2024A0584007.
11/27/2023	Special Investigation Initiated - Email with Ardis Bates, Recipient Rights Officer, Shiawassee Health and Wellness.
11/29/2023	Contact - Face to Face interviews with direct care staff Veronica Ostipow, Janae Spencer, Lindsay Cutsinger, Jessica Wilbert, Selena Croyle, Samantha Rogers, Sky Ember, home manager Shelby Morse, and Area manager Christina Worthington.
12/01/2023	Inspection Completed On-site. Face to face with Resident A, B, C, D, E and F.
12/05/2023	Contact - Document Received email from Ardis Bates, new allegation added to this complaint.
12/06/2023	Contact - Face to Face interviews with direct care staff at Shiawassee Health and Wellness.
12/08/2023	Contact – Face to face interviews with Resident A, B, C, D, E, and F.
01/11/2024	Exit Conference with Licensee Designee Hope Lovell.

ALLEGATION:

On 11/19/2023, staff Sky Ember dragged Resident A by his ankles and twisted Resident A’s arm behind his back.

INVESTIGATION:

On 11/22/2023, the Bureau of Community and Health Systems (BCHS) received the above allegation via the BCHS online complaint system.

On 11/29/2023, I conducted face to face interviews with direct care staff Veronica Ostipow, Janae Spencer, Lindsay Cutsinger, Jessica Wilbert, Selena Croyle, Samantha Rogers, Sky Ember, home manager Shelby Morse, and area manager Christina Worthington.

Ms. Morse stated it was reported to her on 11/19/2023, that staff Sky Ember inappropriately twisted Resident A's arm behind his back, as well as grabbed him by the ankle and dragged him to his room. Ms. Morse stated she told area manager Christina Worthington and they both agreed to address the allegations at a 11/20/2023 staff meeting. Ms. Morse stated Ms. Ember was suspended from working at the facility as of 11/26/2023.

Ms. Ostipow stated that at a staff meeting held on 11/20/2023, Ms. Morse and Ms. Worthington informed the group a staff member twisted Resident A's arm behind his back, as well as dragged him around by his ankles, and that this type of interaction with any residents is prohibited. According to Ms. Ostipow, she did not witness the allegation, nor did she know anything about it, prior to 11/20/2023.

Ms. Spencer and Ms. Croyle's statements were consistent with Ms. Ostipow.

Ms. Wilbert stated she recently witnessed Ms. Ember grab Resident A by the ankle and drag him to his room. Ms. Wilbert stated she felt Ms. Ember did this with anger and not to "horseplay". Ms. Wilbert stated she did not recall the exact date this occurred but that she reported the incident to Ms. Morse.

Ms. Rogers stated that on 11/19/2023, she witnessed Ms. Ember grab Resident A by his arms and twist his arms behind his back "police style". Ms. Rogers stated Ms. Ember pushed Resident A away from the living room and he purposely sat down on the floor in the hallway.

Ms. Cutsinger's statements were consistent with Ms. Rogers' statements.

Ms. Ember stated that on unknown date previous to 11/20/2023, she grabbed Resident A by the ankle as a joke or "horsing around". Ms. Ember stated on 11/19/2023, Resident A pushed her against the wall, so she spun him around, locked her arms around his elbows while standing behind him, and physically pushed him from the living area until he fell to the hallway floor.

Ms. Worthington stated that after the staff meeting on 11/20/2023, Ms. Ember spoke with her and admitted to the allegations. However, according to Ms. Worthington, Ms. Ember stated she was "joking around" and did not commit the allegations out of

anger. Ms. Worthington stated she assessed Resident A on 11/20/2023, and found no bruising or injuries as a result of the incident.

On 12/1/2023, I conducted an unannounced onsite investigation and observed the facility to be clean. I observed Residents A, B, C, D, E, and F, who all appeared well groomed. Resident A, B, C, D, and E were unable or unwilling to be interviewed. Resident F stated he was not able to recall any incidents regarding Resident A and facility staff members.

APPLICABLE RULE	
R 400.14308	Resident behavior interventions prohibitions.
	1) A licensee shall not mistreat a resident and shall not permit the administrator, direct care staff, employees, volunteers who are under the direction of the licensee, visitors, or other occupants of the home to mistreat a resident. Mistreatment includes any intentional action or omission which exposes a resident to a serious risk or physical or emotional harm or the deliberate infliction of pain by any means.
ANALYSIS:	Based upon my investigation, which consisted of interviews with facility staff members, and Resident F, it has been established, by Ms. Ember’s own admission, that on 11/20/2023, she dragged Resident A by his ankles and twisted his arm behind his back.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

On 12/04/2023, staff Lindsay Cutsinger used inappropriate language in front of Residents A and B.

INVESTIGATION:

On 12/06/2023, the Bureau of Community and Health Systems (BCHS) received the above allegation via the BCHS online complaint system.

On 12/06/2023, I conducted in person interviews with direct care staff Veronica Ostipow, Samantha Rogers, Janae Spencer, and Lindsay Cutsinger.

Ms. Ostipow stated that she and Ms. Rogers were working the afternoon shift on 12/4/2023 when they heard Ms. Cutsinger say to Ms. Spencer, “one day off a week is not enough of a break from these mother fuckers”. Ms. Ostipow stated she saw Ms. Spencer laugh. Ms. Ostipow stated Residents A and B were in the living room at

the time Ms. Cutsinger made this statement, but she was not able to determine if they overheard the comment.

Ms. Roger's statements were consistent with the statements Ms. Ostipow provided.

Ms. Cutsinger stated that on 12/04/2023, she arrived at the facility to start her overnight shift. According to Ms. Cutsinger, she has been mandated to work continuous shifts due to lack of staff. Ms. Cutsinger admitted to saying to Ms. Spencer that "one day off in 9 days is not enough". However, she denied saying "one day off a week is not enough of a break from these mother fuckers".

Ms. Spencer's statements were consistent with the statements Ms. Cutsinger provided.

On 12/8/2023, I conducted an unannounced onsite investigation. I attempted to interview Residents A, B, C, D, and E. However, they were unwilling or unable to answer questions. I interviewed Resident F, who stated he had not witnessed any staff members physically or verbally mistreating any residents.

R 400.14308	Resident behavior interventions prohibitions.
	(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: (f) Subject a resident to any of the following: (i) Mental or emotional cruelty.
ANALYSIS:	Based upon my investigation, which consisted of interviews with facility staff members and Resident F, there is not enough evidence to substantiate the allegation that on 12/04/2023, Ms. Cutsinger used inappropriate language in front Resident A and B.
CONCLUSION:	VIOLATION NOT ESTABLISHED

On 1/12/2024, I conducted an exit conference with licensee designee Hope Lovell via email and informed her the findings of this investigation.

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend no changes in the status of this license.



1/16/2024

Candace Coburn
Licensing Consultant

Date

Approved By:



1/19/2024

Michele Streeter
Area Manager

Date