



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 4, 2023

Kent Vanderloon
McBride Quality Care Services, Inc.
P.O. Box 387
Mt. Pleasant, MI 48804

RE: License #: AS290404417
Investigation #: 2024A1038007
Woodhaven AFC

Dear Mr. Vanderloon:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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.

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 black ink that reads "Johnnie Daniels". The signature is written in a cursive style with a large initial "J" and "D".

Johnnie Daniels, 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**

I. IDENTIFYING INFORMATION

License #:	AS290404417
Investigation #:	2024A1038007
Complaint Receipt Date:	11/02/2023
Investigation Initiation Date:	11/02/2023
Report Due Date:	01/01/2024
Licensee Name:	McBride Quality Care Services, Inc.
Licensee Address:	3070 Jen's Way Mt. Pleasant, MI 48858
Licensee Telephone #:	(989) 772-1261
Administrator:	Kent Vanderloon, Designee
Licensee Designee:	Kent Vanderloon, Designee
Name of Facility:	Woodhaven AFC
Facility Address:	1015 S. St. John Ithaca, MI 48847
Facility Telephone #:	(989) 388-4029
Original Issuance Date:	11/20/2020
License Status:	REGULAR
Effective Date:	05/20/2023
Expiration Date:	05/19/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Direct care staff member Tara Thompson did not give Resident A dinner or a snack to eat.	Yes

III. METHODOLOGY

11/02/2023	Special Investigation Intake 2024A1038007
11/02/2023	Special Investigation Initiated – Telephone call made to Complainant.
11/06/2023	Contact - Face to Face- interviews were conducted with Manager Cindy Robertson, Assistant manager Sarah Nawotny, Resident A and Resident B.
11/17/2023	Contact - Telephone call made to DCSM Judy McDonald
11/17/2023	Contact - Telephone call made to DCSM Tara Thompson
11/27/2023	Inspection Completed-BCAL Sub. Compliance
11/27/2023	Contact - Telephone call made to licensee designee Kent Vanderloon with no answer.
11/27/2023	Contact - Document Sent- Email sent to licensee designee Kent Vanderloon.
11/27/2023	Exit conference conducted with licensee designee Kent Vanderloon.

ALLEGATION: Direct care staff member Tara Thompson did not give Resident A dinner or a snack to eat.

INVESTIGATION:

On 11/2/2023 I received a complaint from Bureau of Community and Health Systems (BCHS) Online Complaint System which stated Resident A slept through dinner at Woodhaven AFC (facility), woke up at 7:48 p.m. on 10/26/2023 and asked for dinner, which the assistant manager denied, but offered a snack instead. According to the complaint, Resident A has significant health issues including diabetes.

On 11/2/2023, I conducted a telephone interview with Complainant who stated Assistant Manager and direct care staff member Tara Thompson admitted to not providing Resident A with dinner meal on 10/26/2023. According to Complainant Ms. Thompson stated facility direct care staff members did not have to give Resident A dinner since she slept through her meal. According to Complainant all the direct care staff members working thought they could deny residents meals if they sleep through a meal.

I conducted an unannounced onsite investigation to the facility on 11/06/2023. I conducted interviews with Direct Care Staff Member (DCSM)/house Manager Cindy Robertson, DCSM Assistant manager Sarah Nawotny and Resident A and Resident B.

I attempted to interview Resident A but she refused to wake up or acknowledge that I was there. Ms. Nawotny attempted to wake up Resident A but she refused to be interviewed.

I interviewed Resident B who stated he has lived in the home for one year. Resident B stated he receives three meals a day along with two snacks. Resident B stated all residents can eat and he has not observed any DCSM deny any resident any meal.

I interviewed DCSM Ms. Robertson who stated she was not at the home on 10/26/2023. Ms. Robertson stated according to the incident report (IR) DCSM Judy McDonald did not provide Resident A any dinner or snack on 10/26/2023. Ms. Robertson denied ever being directed by facility administrators to deny residents meals and she believes DCSMs understand that no more than 14 hours can elapse between meals being offered to residents. Ms. Robertson stated Resident A regularly oversleeps and does not want to wake up to eat the meal being served. Ms. Robertson provided over 30 IRs which documented Resident A's refusal of medication and meals. I reviewed the IR dated 10/26/2023 which stated the following:

“At 10pm [Resident A] asked Staff JMC (Judy McDonald) if she could have her dinner and staff JMC told her no, that it outside of mealtime. She then asked if she could have her snack at 10:10pm and was told that she is out of the window for that also.”

I interviewed DCSM Ms. Nawotny who stated Resident A refuses meals and medication often including regularly refusing to wake up to eat dinner. DCSM Ms. Nawotny stated Resident A is usually given a snack of peanut butter and jelly sandwich as an alternative to dinner. DCSM Ms. Nawotny stated she reviewed the IR which stated DCSM Ms. McDonald did not feed Resident A dinner nor a snack on 10/26/2023 after Resident A requested it upon awakening.

I interviewed DCSM Tara Thompson via telephone on 11/17/2023 who stated on 10/26/2023 Resident A refused to eat dinner at the regular time of 5pm. DCSM Ms. Thompson stated Resident A has a history of refusing to eat dinner. DCSM Ms. Thompson stated around 930pm Resident A sat at the dinner table and asked for food and was told “no” by DCSM Ms. Thompson. DCSM Ms. Thompson stated around 10:10pm Resident A asked to eat a snack and was also told “no” by DCSM Ms.

Thompson. DCSM Ms. Thompson stated they had a policy in place by Receipts Rights stating they only have a two-hour time period to feed residents and Resident A mostly refuses. DCSM Ms. Thompson stated she received disciplinary actions and was retrained on resident mealtimes. DCSM Ms. Thompson stated the facility no longer has that policy in place. DCSM Ms. Thompson stated she did tell Resident A she could eat her own personal food but could not eat the facility cooked food or snacks at that time.

I interviewed DCSM Judy McDonald via telephone on 11/17/2023 who verified Resident A was not given dinner or a snack on 10/26/2023 due to her sleeping past the posted mealtimes. DCSM Ms. McDonald stated the facility has currently change their policy on meals.

APPLICABLE RULE	
R 400.14313	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:	Based on my interviews with (DCSM)/house Manager Cindy Robertson, DCSM/Assistant manager Sarah Nawotny, DCSM Tara Thompson, DCSM Judy McDonald along with my review of facility documentation, Resident A was denied dinner and a snack by DCSMs on 10/26/2023.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon a receipt of an acceptable corrective action plan, no change in license status is recommended.

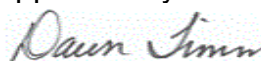


11/27/2023

Johnnie Daniels
Licensing Consultant

Date

Approved By:



12/04/2023

Dawn N. Timm
Area Manager

Date