



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

March 6, 2024

Sheana Waldburg
Heavenly Comfort LLC
19103 Woodmont
Harper Woods, MI 48225

RE: License #: AS820316694
Investigation #: 2024A0121011
Heavenly Comfort LLC

Dear Mrs. Waldburg:

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "K. Robinson". The signature is written in a cursive, flowing style.

K. Robinson, LMSW, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-0574

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820316694
Investigation #:	2024A0121011
Complaint Receipt Date:	01/05/2024
Investigation Initiation Date:	01/08/2024
Report Due Date:	03/05/2024
Licensee Name:	Heavenly Comfort LLC
Licensee Address:	19230 Silvercrest Drive Southfield, MI 48075
Licensee Telephone #:	(313) 307-0002
Administrator:	Sheana Waldburg, Designee
Name of Facility:	Heavenly Comfort LLC
Facility Address:	19103 Woodmont Harper Woods, MI 48225
Facility Telephone #:	(313) 307-0002
Original Issuance Date:	07/06/2012
License Status:	REGULAR
Effective Date:	01/15/2023
Expiration Date:	01/14/2025
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
The facility doesn't have the proper equipment to care for residents in wheelchairs.	Yes
The facility does not have enough food for residents.	No
The facility is not clean and has mold.	No
There are problems at the facility with residents getting locked inside their rooms and staff can't get them out.	Yes

III. METHODOLOGY

01/05/2024	Special Investigation Intake 2024A0121011
01/08/2024	Special Investigation Initiated - Telephone Sheana Waldburg, licensee designee
01/10/2024	Contact – Document received Grocery receipts
02/06/2024	Inspection Completed On-site (Unannounced) Interviewed Residents A-C and Direct care worker, Janis
02/15/2024	Referral - Recipient Rights Assigned to Jeri Sterett
02/15/2024	Contact - Telephone call made Staff 2, Staff 3, and Staff 4
02/15/2024	Contact - Telephone call made Left message for Resident A's guardian, Yolanda Williams with Allen May & Associates (Guardian A).
02/16/2024	Contact - Telephone call received Brian Harris with The Office of Recipient Rights (ORR)
02/20/2024	Contact - Telephone call received Return call from Guardian A

02/20/2024	Exit Conference Mrs. Waldburg
02/21/2024	Contact - Telephone call received Follow up call from Guardian A
02/23/2024	Contact - Telephone call made Mrs. Waldburg

ALLEGATION: The facility doesn't have the proper equipment to care for residents in wheelchairs.

INVESTIGATION: On 2/6/24, I completed an unannounced onsite inspection at the facility. I observed one resident sitting in a wheelchair inside the home. That resident identified himself as Resident A. Staff 1 reported Resident A fell during transport 2-3 years ago and broke his right knee; she said he hasn't walked ever since. Resident A told me that he gets around the house well in his wheelchair and that he can transfer in and out of the wheelchair on his own. I asked Resident A how he exits the home considering he's wheelchair bound and he replied, Mr. Waldburg tilts the wheelchair down the porch steps. Staff 2, 3, and 4 all reported Resident A cannot walk and that they have never seen him walk. Staff 2 said she thought Resident A used a wheelchair due to age related issues. Staff 3 said she expressed concern about evacuating Resident A in case of emergency and Mr. Waldburg assured her, assistance would be provided getting Resident A evacuated from the home. Staff 4 indicated Resident A needs assistance with toileting and bathing although he tries to be independent.

On 2/20/24, I completed an exit conference with Mrs. Waldburg. Mrs. Waldburg acknowledged Resident A has been using a wheelchair since 2021, but she insisted there is nothing medically wrong with him. Mrs. Waldburg stated doctors have determined Resident A is physically capable of walking, but the resident has convinced himself that he cannot. Mrs. Waldburg denies Resident A's right knee is broken. According to Mrs. Waldburg, Resident A didn't have an injury to his knee. However, Mrs. Waldburg indicated Resident A's doctor is considering him for surgery to possibly repair a muscle or tendon that may be causing the pain.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the

	<p>resident is suitable pursuant to all of the following provisions:</p> <p>(b) The kinds of services, skills, and physical accommodations that are required of the home to meet the resident's needs are available in the home.</p>
ANALYSIS:	<ul style="list-style-type: none"> • On 2/6/24, I observed Resident A inside the home using a wheelchair. • Resident A indicated he does regularly use a wheelchair. • Staff 1-4 reported Resident A cannot walk. • There are no wheelchair ramps installed at either exit. • Mrs. Waldburg acknowledged Resident A uses a wheelchair, but she said there is nothing medically wrong with him. • However, Mrs. Waldburg has maintained a resident in care without the appropriate physical accommodations for him, including ramps to exit the home.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: The facility does not have enough food for residents.

INVESTIGATION: Upon request on 1/10/24, I received grocery receipts for the months of December and January. The receipts demonstrate a sufficient amount of food was purchased to feed the residents. On 2/6/24, I conducted an unannounced onsite inspection at the facility. I observed the refrigerator and freezer had an adequate supply of food to feed all residents at the facility. The home currently has 3 residents in care per Staff 1. Resident A said he likes it here and had no complaints about the facility. Resident A said, "I eat very good ... I get enough." Resident A reported residents receive breakfast, lunch, and dinner on a daily basis. Resident B reported residents get 3 meals per day, plus snacks. Resident B reported the portion size of meals are good as well. Resident C confirmed that residents receive 3 meals per day, plus snacks. Resident C said residents "get more than enough," referring to the food service.

Staff 2 and Staff 4 reported that residents get 3 meals per day. Staff 4 said, "It's never been a time they don't have food." Staff 4 also reported the residents have never complained to her about being hungry.

On 2/20/24, Guardian A explained they use a third party, Salina's, to conduct home visits at the facility. The last home visit was conducted on 10/6/23. No unusual findings were reported to Guardian A.

On 2/20/24, I completed an exit conference with Mrs. Waldburg. Mrs. Waldburg is adamant that the allegation is false. Mrs. Waldburg emphasized that she goes over and beyond for the residents to ensure they have a good home environment.

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:	<ul style="list-style-type: none"> • Mrs. Waldburg provided grocery receipts to the department to demonstrate compliance with feeding the residents. • Guardian A explained no unusual finding were reported from the last home visit on 10/6/2023. • Residents A-C reported they receive 3 meals daily, in addition to snacks. • On 2/6/24, I completed an onsite inspection at the facility and observed the home was sufficiently stocked with food items to feed all residents. • Staff 2 and 4 confirmed residents are fed properly. • Therefore, there is insufficient evidence to support the allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: The facility is not clean and has mold.

INVESTIGATION: On 2/6/24, I observed the home was reasonably clean. However, the bathtub was observed with some sort of residue left in the basin. I also observed a broken window off the sunporch. Staff 1 said Resident B recently broke the window during a fit of rage. Resident B confirmed he broke the window by throwing a water bottle at it. Resident B acknowledged, “My anger is bad,” and that he doesn’t even remember why he was so angry that day. I completed a walk through of the facility and saw no signs of mold. Resident C reported the home is generally clean and he has not seen any evidence of mold. Staff 2, Staff 3, and Staff 4 denied the home has mold. Staff 2, Staff 3, and Staff 4 emphasized Mrs. Waldburg requires all staff to complete deep cleaning tasks on every shift that includes mopping, sweeping, dusting, and even washing windows.

Guardian A said she hasn’t received any reports of concern over the physical appearance of the home. Home visits are required at least quarterly. To date, Guardian A said she has no concerns about the cleanliness of the placement.

Mrs. Waldburg reported she completed an internal investigation and found no evidence of mold inside the home. Mrs. Waldburg explained the tub is not dirty and that it needs to be re-glazed. Mrs. Waldburg also said she is aware of the broken window, but she has been unable to repair it due to the frigid winter temperatures. Per Mrs. Waldburg, the window repair company requires the weather be at least 40 to 50 degrees outside to fix the window to allow the filling to dry. Mrs. Waldburg explained the windows are older, so they aren’t in a casing which requires the application to go on wet. Mrs. Waldburg indicated at no time is the home dirty. Mrs.

Waldburg maintains that a disgruntled staff person made these false allegations against her home.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.
ANALYSIS:	<ul style="list-style-type: none"> • On 2/6/24, I completed an unannounced onsite inspection and found the home to be in orderly, clean fashion. There was no evidence of mold. • Resident C reported the home is generally clean. • Staff 2 - 4 reported Mrs. Waldburg implements a strict cleaning schedule for all workers. Cleaning is required on each shift. • Guardian A said she has no concerns about the cleanliness of the placement. • Mrs. Waldburg completed an internal investigation and found no evidence of mold. Mrs. Waldburg explained the broken window is an isolated incident and not a reflection of how the facility is maintained on a regular basis. • Therefore, the department has determined there is insufficient evidence to support the allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: There are problems at the facility with residents getting locked inside their rooms and staff can't get them out.

INVESTIGATION: On 2/6/24, I observed locking against egress hardware on bedroom #1 where Resident A resides. On 2/20/24, I completed an exit conference with Mrs. Waldburg. Mrs. Waldburg acknowledged she changed the "original lock," but she said she only did so after prompting from her contract agency. According to Mrs. Waldburg, the Detroit Wayne Integrated Health Network (DWIHN) informed her that she had to afford residents the opportunity for privacy in their respective bedrooms in compliance with the "Final Rule." Mrs. Waldburg indicated she still has the original lock in the basement of the home.

APPLICABLE RULE	
R 400.14408	Bedrooms generally.
	(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware.
ANALYSIS:	<ul style="list-style-type: none"> • On 2/6/24, I observed locking against egress hardware on one bedroom door. • Mrs. Waldburg acknowledged changing the original bedroom lock. • Therefore, Mrs. Waldburg did equip an interior doorway occupied by Resident A with locking-against-egress hardware.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of this license remain unchanged.

K. Robinson

3/4/24

K. Robinson
Licensing Consultant

Date

Approved By:

A. Hunter

3/6/24

Adra Hunter
Area Manager

Date

