GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 19, 2024

Kehinde Ogundipe
Eden Prairie Residential Care, LLC
G 15 B
405 W Greenlawn
Lansing, MI 48910

RE: License #: AS250402729
Investigation #: 2024A0779021
Welch Home I

Dear Kehinde Ogundipe:

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) 643-7960.

Sincerely,

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 899-5659

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250402729
Investigation #:	2024A0779021
Complaint Receipt Date:	01/30/2024
Investigation Initiation Date:	01/31/2024
Report Due Date:	03/30/2024
Licensee Name:	Eden Prairie Residential Care, LLC
Licensee Address:	G 15 B 405 W Greenlawn Lansing, MI 48910
Licensee Telephone #:	(214) 250-6576
Administrator:	Kehinde Ogundipe
Licensee Designee:	Kehinde Ogundipe
Name of Facility:	Welch Home I
Facility Address:	913 Welch Blvd, Flint, MI 48503
Facility Telephone #:	(214) 250-6576
Original Issuance Date:	08/24/2021
License **Status:**	REGULAR
Effective Date:	02/24/2022
Expiration Date:	02/23/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
Resident A is not being provided his 1:1 staffing requirement.	No
Staff do not have adequate knowledge of Resident A's Individual Plan of Service (IPOS).	No
Additional Findings	Yes

III. METHODOLOGY

01/30/2024	Special Investigation Intake 2024A0779021
01/30/2024	APS Referral Complaint was referred to APS centralized intake.
01/31/2024	Special Investigation Initiated - Telephone Spoke to ORR.
02/01/2024	Inspection Completed On-site
02/13/2024	Inspection Completed On-site
02/13/2024	Contact - Telephone call made. Interview conducted with staff person, LaQuan Johnson.
02/20/2024	Contact - Telephone call made. Spoke to recipient rights investigator, Lindsay Hebel.
03/12/2024	Exit Conference Held with licensee designee, Kehinde Ogundipe.

ALLEGATION:

Resident A is not being provided his 1:1 staffing requirement.

INVESTIGATION:

Resident A's AFC assessment plan and Individual Plan of Service (IPOS) were reviewed. They confirmed that Resident A is required to have 24-hour 1:1 staffing.

On 2/1/24, an on-site inspection was conducted and Resident A was interviewed. Present during this interview was recipient rights investigator, Lindsay Hegel. Resident A stated that he always has one staff with him and does not remember a time when he did not have 1:1 staffing. Resident A stated that it is a different staff each shift, but that it is usually the same few staff all week. Resident A feels like the staff seem to know him well and are nice to him. Resident A reported that staff are with him when he is in his room and go with him outside when he goes for walks.

On 2/1/24, area supervisor, Jessica Ortiz, stated that Resident A is always being provided his 1:1 staffing 24-hours a day. Supervisor Ortiz stated that she is not aware of any time recently when Resident A did not have a 1:1 staff present with him.

On 2/1/24, home manager, Anthon Lewis, stated that he has been the home manager at this home for 3 weeks and that he makes the staff schedule. Manager Lewis confirmed that Resident A has never been without a 1:1 staff since he has been there and stated that he has actually filled in a few shifts as Resident A's 1:1. Manager Lewis stated that they currently have 16 staff at this home and that it has not been a problem meeting all the resident's staffing requirements and that they plan on doing some additional hiring. Manager Lewis reported that he has the staff schedule posting in the staff office and the daily assignments of all 1:1 staffing listed on a white board, so there is no confusion. Manager Lewis stated that he will make adjustments to Resident A's 1:1 staff if Resident A asks for specific staff and that he tries to use the same staff for Resident A as often as possible.

During the on-site inspection on 2/1/24, staff person, Brandon Stout was interviewed. Staff Stout stated that he has worked at this home for 1-month, works 5-days a week and is quite often Resident A's assigned 1:1 staff. Staff Stout reported that Manager Lewis has the staff schedule posted and will also text him on Monday to let him know which resident he is assigned to for that week. Staff Stout that he is not aware of a time when Resident A was not provided his 1:1 staff.

On 2/13/24, in-person interviews were conducted with staff persons, Kwante Barker, and Courtney Brown. They both stated that they have been Resident A's 1:1 staff and that they have not seen Resident A without a 1:1 staff. Staff Barker stated that he works 5-dyas a week and is assigned to be Resident A's staff most days on 2nd shift.

The two-week staff schedule starting 1/22/24 through 2/4/24 was reviewed. The schedule showed that Resident A had a 1:1 staff assigned to him each 24-hour day. On 2/13/24, a white board was observed on the wall of the dining area that listed each resident and who their assigned 1:1 staff were for that day.

APPLICABLE RULE	
R 400.14303	**Resident care; licensee responsibilities.**
	(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.
ANALYSIS:	Resident A has stated that he always has a 1:1 staff with him and does not remember a time when this was not provided. Management claims that they are meeting this staff requirement. Three separate staff stated that they are often assigned as Resident A's staff and that they have never seen Resident A without a 1:1 staff present. This home's staff schedule was reviewed and showed that Resident A is assigned a 1:1 staff 24-hours a day, 7-days a week. There was insufficient evidence found to support the allegation that Resident A is not being provided the required amount of staffing specified in his assessment plan and IPOS.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Staff do not have adequate knowledge of Resident A's Individual Plan of Service (IPOS).

INVESTIGATION:

Resident A's AFC assessment plan was reviewed. It states that Resident A is very independent and only requires prompts and redirection from staff in order to complete all his activities of daily living. Resident A's Individual Plan of Service (IPOS) was also reviewed. The IPOS confirmed that Resident A is required to have 24-hour 1:1 staffing and suggests several different techniques and ways that staff should interact with Resident A.

On 2/1/24, area supervisor, Jessica Ortiz, stated that all staff review each resident's IPOS upon hire and sign a document confirming that fact. Supervisor Ortiz stated that the resident's case manager will typically train the home manager, who will then train the staff on the content of resident's IPOS. Supervisor Ortiz stated that Resident A is very smart and very manipulative and that many of the suggested techniques in his IPOS do not seem to work for him. Supervisor Ortiz feels that the current group of staff working with Resident A seem to be doing a good job.

On 2/1/24, Manager Lewis stated that he has trained all the current staff on Resident A's IPOS and that he just completed this training with staff on 1/30/24. Manager Lewis reported that staff are told that they have to have full knowledge of resident's IPOS's and are encouraged to read IPOS's daily during any available down time. Manager Lewis stated that one staff per shift have keys for the staff office, which is where the resident's IPOS's are kept.

This home provided a copy of a IPOS training record form regarding Resident A. The form had signatures of 16 staff confirming that they have been trained on Resident A's IPOS.

On 2/1/24, Staff Stout stated that he works 5-days a week and is often assigned as Resident A's 1:1 staff. Staff Stout confirmed he was trained on Resident A's IPOS by Manager Lewis on 1/30/24 and that the IPOS is available in the staff office if he wanted to read it. Staff Stout was questioned regarding the specifics of the IPOS and he appeared knowledgeable about the techniques suggested in the IPOS. Staff Stout reported that he basically hangs out with Resident A and helps keep him busy. Staff Stout stated that Resident A likes watching TV, coloring, help cook breakfast, and go for walks.

On 2/13/24, Staff Barker and Staff Brown both stated that they had read Resident A's IPOS and were trained on the IPOS by Manager Lewis. They both stated that they have worked as Resident A's 1:1 staff and stated that you have to have patience and remain calm when dealing with Resident A. Staff Barker and Staff Brown appeared adequately knowledgeable about the techniques that are suggested in Resident A's IPOS.

On 2/13/24, a phone interview was conducted with staff person, LaQuan Johnson, who stated that he is often assigned as Resident A's 1:1 staff during 3rd shift. Staff Johnson stated that he has not yet attended a formal training on Resident A's IPOS, but that he was required to read it. Staff Johnson stated that Resident A sleeps the majority of 3rd shift, but he did seem fairly knowledgeable of the content of Resident A's IPOS.

On 2/20/24, a phone conversation took place with recipient rights investigator, Lindsay Hebel, who stated that she had interviewed to different staff persons regarding Resident A's IPOS. Investigator Hebel stated that staff persons, Keondre Betts, and Jaylen Randle, both stated that they have never been assigned as Resident A's 1:1 staff, but

they both confirmed that they have been trained on Resident A's IPOS. Investigator Hebel stated that these staff seemed knowledgeable on Resident A's IPOS.

APPLICABLE RULE	
R 400.14307	**Resident behavior interventions generally.**
	(3) A licensee and direct care staff who are responsible for implementing the resident's written assessment plan shall be trained in the applicable behavior intervention techniques.
ANALYSIS:	Management of this home claim that all staff are required to read all resident's IPOS's upon hire and were trained by home manager, Anthon Lewis, on Resident A's IPOS. The home provided a copy of a IPOS training record form regarding Resident A, which had 16 staff signatures confirming that they have been trained on Resident A's IPOS. A total of 6 staff, 4 of which are commonly assigned as Resident A's 1:1 staff, were interviewed and appeared adequately knowledgeable about the contents of Resident A's IPOS. There was insufficient evidence found to support that staff at this home are not adequately provided training on applicable behavior intervention techniques suggested in Resident A's IPOS.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

During the on-site inspection on 2/1/24, when asked to provide a copy of their staff schedule, the home could only provide a staff schedule for a two-week period. The area supervisor, Jessica Ortiz, and home manager, Anthon Lewis, could only find a schedule for 1/22/24 through 2/4/24. Supervisor Ortiz stated that the home manager is responsible for making the staff schedule and that Manager Lewis only started there a few weeks ago. Supervisor Ortiz reported that they cannot find the previous staff schedules that the old home manager had created.

APPLICABLE RULE	
R 400.14208	**Direct care staff and employee records.**
	(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information: **(a) Names of all staff on duty and those volunteers who are under the direction of the licensee.** **(b) Job titles.** **(c) Hours or shifts worked.** **(d) Date of schedule.** **(e) Any scheduling changes.**
ANALYSIS:	On 2/1/24, the home only had a two-week staff schedule available for review and did not know where the previous weeks/month's worth of schedules were. The licensee failed to meet the requirements of having 90-days' worth of past staff schedules available for review.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an approved written corrective action plan, it is recommended that the status of this home's license remain unchanged.

3/19/2024

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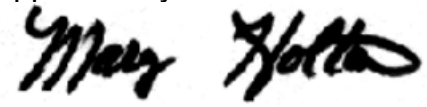
Christopher Holvey Date
Licensing Consultant

Approved By:



3/19/2024

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Mary E. Holton Date
Area Manager