



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 9, 2024

Teresa Wendt
HGA Non-Profit Homes Inc.
917 West Norton
Muskegon, MI 49441

RE: License #:	AS610012194
Investigation #:	2024A0356022
	Lilac Street Home

Dear Ms. Wendt:

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 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. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Elliott".

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS610012194
Investigation #:	2024A0356022
Complaint Receipt Date:	02/08/2024
Investigation Initiation Date:	02/08/2024
Report Due Date:	04/08/2024
Licensee Name:	HGA Non-Profit Homes Inc.
Licensee Address:	917 West Norton Muskegon, MI 49441
Licensee Telephone #:	(231) 728-3501
Administrator:	Teresa Wendt
Licensee Designee:	Teresa Wendt
Name of Facility:	Lilac Street Home
Facility Address:	1901 Lilac Street Muskegon, MI 49442-6542
Facility Telephone #:	(231) 788-3750
Original Issuance Date:	09/26/1980
License Status:	REGULAR
Effective Date:	07/20/2022
Expiration Date:	07/19/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
The facility is not being adequately maintained.	No
Resident A & B are not receiving care according to their assessed needs.	Yes
Resident A & B's special diets are not followed.	No
Resident funds were mishandled by staff.	No
Facility paperwork is not updated as required.	Yes

III. METHODOLOGY

02/08/2024	Special Investigation Intake 2024A0356022
02/08/2024	APS Referral
02/08/2024	Special Investigation Initiated - Telephone Legal Guardian Christine Grant.
02/09/2024	Contact - Face to Face David Schmitz, Chief Operations Officer, May Scott, assistant home manager, Janiya Hawkins, Direct Care Worker, Residents A, B, C, D, E, Tasha Kuklewski, ORR, Health West.
02/12/2024	Contact - Document Received Office of Recipient Rights, Tasha Kuklewski.
02/20/2024	Contact - Telephone call made. Teresa Wendt, Licensee Designee.
03/08/2024	Contact - Document Received Facility documents received.
03/26/2024	Contact - Face to Face Teresa Wendt and David Schmitz.
04/03/2024	Contact-Telephone call made. JD Holmes-Goodwill.
04/03/2024	Contact-Telephone call made.

	Teresa Wendt, Sandy Kotecki, HW, Samantha Cummins, HW supports coordinator supervisor.
04/04/2024	Exit conference-Teresa Wendt, licensee designee.

ALLEGATION: The facility is not being adequately maintained.

INVESTIGATION: On 02/08/2024, I received a BCAL (Bureau of Children and Adult Licensing) complaint, the complainant reported that during a visit to the facility on 02/07/2024, there was garbage by the front door and the inside of the house was dirty including dirty carpet in the living area.

On 02/08/2024, I interviewed Christine Grant, legal guardian for Resident A & B. Ms. Grant confirmed that during a visit to the facility on 02/07/2024, she observed garbage by the front door, the yard in poor shape and the house and especially the carpet in the living room was dirty. Ms. Grant stated this issue has been ongoing for awhile as it does not seem as though the home has oversight or supervision.

On 02/09/2024, I conducted an unannounced inspection with Tasha Kuklewski, Health West, Office of Recipient Rights Advisor. Ms. Kuklewski stated she talked to Ms. Grant on 02/08/2024 when Ms. Grant contacted her to express her concern about the conditions she observed during her visit to the Lilac St. home on February 7th, 2024. She found the residence to be extremely dirty, with a pervasive smell of urine, and garbage scattered in the yard.

On 02/09/2024, I conducted an unannounced inspection at the facility with Ms. Kuklewski. Prior to Ms. Kuklewski's arrival to the facility, I inspected the outside of the facility and the yard. I did not observe any bags of garbage, bags of leaves, excessive leaves in the yard on the ground. The yard is filled with large pine trees making it shady and difficult to have grass. I observed a large trash container in the driveway of the facility, but I did not observe conditions on the outside of the facility that were egregious.

On 02/09/2024, During the unannounced inspection inside the facility with Ms. Kuklewski, I did not smell urine or note anything malodorous in the facility. Ms. Kuklewski and I looked around the entire facility and observed the living room was the only room with carpet and observed the floor to be covered in a low pile carpet that appeared worn. Ms. Kuklewski and I interviewed David Schmitz, Chief Operations Officer in the living room. Mr. Schmitz stated he has been acting as the "temporary stand-in manager" of this facility for the past two weeks and has professional cleaning of the furniture and carpet scheduled for 02/12/2024. Mr. Schmitz stated this facility has recently been purchased by the corporation and there are plans for future updates for the entire building. Mr. Schmitz stated there was never garbage piled in the front yard nor were there bags of leaves or excessive

leaves on the ground in the yard. Mr. Schmitz mentioned the many pine trees in the front of the house and that it does not allow for having a healthy, full green lawn.

On 02/20/2024, I interviewed Teresa Wendt, Licensee Designee via telephone. Ms. Wendt stated she has been at the facility in the past month and did not see garbage outside, piles of leaves, and the house was not dirty. Ms. Wendt stated Mr. Schmitz had the carpet cleaning already scheduled prior to this complaint being filed and that the house is old and in need of repairs, but plans are being made to update the facility.

On 03/08/2024, I received the Health West report of investigative findings, Recipient Rights Investigative report from Ms. Kuklewski. Ms. Kuklewski documented on 02/12/2024, she interviewed Roshonna Dotson, case manager at Health West for Resident A & B. Ms. Dotson reported to Ms. Kuklewski that since July and August of 2023, the home has been more 'disheveled a bit, and the carpet is disgusting. The house is (overall) clean but could use some work.' Ms. Dotson reported that during her visit on February 7th, 2024, she did not notice any 'unusual scents in the home.' However, Ms. Dotson did confirm that a resident was defecating in the living room on the carpet. Ms. Kuklewski documented on 03/06/2024, she interviewed Myra Dutton, CEO, HGA support services and Ms. Dutton reported, the transition of the Lilac Home to HGA ownership is now official, contractors have been contacted and work is in progress for ongoing improvements such as an addition of a fourth bedroom and a new office. Also, the addition of Malka Coleman-Fisher as the house manager reflects a commitment to addressing and rectifying concerns to ensure the well being and safety of the residents.

On 03/26/2024, I followed-up with Ms. Wendt and Mr. Schmitz and both confirmed that the carpet at the facility was professionally cleaned on 02/12/2024.

On 04/04/2024, I conducted an exit conference with Licensee Designee, Teresa Wendt. Ms. Wendt stated she agreed with the information, analysis, and conclusion of this applicable rule.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	The complainant reported there was garbage by the front door, the inside of the house was dirty including the carpet in the living area.

	<p>Ms. Grant reported observing garbage by the front door, the yard in poor shape, the house and especially the carpet in the living room was dirty.</p> <p>I inspected the yard and found the premises to be adequate.</p> <p>Ms. Kuklewski and I observed the living room was the only room with carpet and the carpet appeared worn.</p> <p>Mr. Schmitz stated professional cleaning of the furniture and carpet is scheduled and there are plans for future updates to the entire home.</p> <p>Mr. Schmitz stated there was never garbage piled in the front yard nor were there bags of leaves or excessive leaves on the ground in the yard.</p> <p>Ms. Wendt stated she had been to the facility prior to the complaint and the facility was not dirty or unkempt.</p> <p>Ms. Dotson reported to Ms. Kuklewski that since summer of 2023, the home has been more disheveled, and the carpet is in poor condition.</p> <p>Ms. Dutton reported contractors have been contacted and work is in progress for ongoing improvements.</p> <p>Ms. Wendt and Mr. Schmitz confirmed the carpet was professionally cleaned on 02/12/2024.</p> <p>Based on investigative findings, there is not a preponderance of evidence to show that the condition of the facility is not adequate due to failure on the part of the licensee to maintain the property. Therefore, a violation of this applicable rule is not established.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Resident A & B are not receiving care according to their assessed needs.

INVESTIGATION: On 02/08/2024, I received a BCAL (Bureau of Children and Adult Licensing) complaint, the complainant reported that staff at the facility leave cleaning agents out on the counters and Resident A could easily gain access to them.

Resident B should be shaved daily however, he had not been shaved in several weeks and Resident A & B's nails were not cared for as they should have been.

On 02/08/2024, I interviewed Ms. Grant via telephone. Ms. Grant stated when she was at the facility on 02/07/2024, cleaning agents were left unattended on the counter that Resident A could ingest. Ms. Grant stated it is documented in Resident A's IPOS (individual plan of service) but not documented on his assessment plan that Resident A should have no access to items such as cleaning agents. Ms. Grant stated Resident B is supposed to be shaved daily and has not been shaved in several weeks, she reported that she observed food stuck in Resident A's beard during a recent visit. Ms. Grant stated Resident A had a bottle of water and was going to drink it, but requires a special pureed diet with honey thickened liquids because he aspirates on liquids and should not have had that bottle of water. Ms. Grant stated staff told her they do not buy bottled water at the facility and staff must have left their personal bottle of water out and Resident A got ahold of it. Ms. Grant reported resident nail care is poor, Resident B's personal hygiene is not being kept up.

On 02/09/2024, I conducted an unannounced inspection with Ms. Kuklewski, and we observed a large container of Clorox wipes and a bottle of Lysol spray cleaner on the counter in the kitchen unattended by staff.

On 02/09/2024, Ms. Kuklewski and I interviewed Mr. Schmitz and Ms. Scott at the facility. Ms. Scott stated Resident B is encouraged and assisted in shaving on a daily basis however, Resident B does not always allow staff to assist him with shaving, so they work with him daily on completing that task. Ms. Scott stated Resident A & B's nails are trimmed and groomed by staff at the facility. Mr. Schmitz and Ms. Scott stated they lock up the caustic chemicals in the office and laundry room and showed us a large, locked cabinet with cleaning agents and personal care, hygiene products in it. Ms. Scott stated staff assist Resident B with daily hygiene but some days he refuses, and staff have difficulty getting him to complete his ADL's (activities of daily living).

On 02/09/2024, I noted that Resident's A, C, D & E are not capable of providing pertinent information to this investigation due to cognitive impairment. Resident B greeted Ms. Kuklewski and I but did not want to engage in an interview.

On 02/09/2024, Ms. Kuklewski and I observed Resident A, B, C, D & E at the facility. The residents hygiene appeared adequate on this date. Resident B did not have an unkempt beard and his face appeared to be shaved. I observed residents' fingernails and Resident A and C's toenails as they did not have socks on, and their toenails are clean and groomed.

On 03/08/2024, I reviewed Resident A's assessment plan that documented Resident A's need for staff assistance with bathing, grooming, dressing and personal hygiene. The assessment plan documented that staff will assist Resident A with showering,

grooming, personal hygiene needs, and they will assist Resident A with buttons and zippers to make sure his clothes are on properly. Resident A's assessment plan documented Resident A's history of dysphasia and aspiration but does not document that Resident A tends to ingest inedible or caustic items.

On 03/08/2024, I reviewed Resident A's IPOS (individualized plan of service) dated 11/28/2023, written by Rashanna Dotson, Health West case manager. The IPOS documented that Resident A has *'a history of stealing food/drinks and stuffing food in his mouth, this is a potential choking/safety issue. Additionally, he has dysphagia and needs his food pureed and liquids thickened to honey consistency. He needs to be monitored while eating due to risk of choking and aspiration. He has safe swallowing guidelines that staff should be familiar with and follow. Resident A requires 24-hour wake staff due to occasionally getting up at night and the potential for him to take food/beverages that are not pureed, putting him at risk for aspiration. Staff locks up all chemicals as (Resident A) may quickly drink anything that he believed to be a beverage.'*

On 03/08/2024, I reviewed Resident B's assessment plan that documented Resident B needs staff assistance with bathing, grooming, dressing and personal hygiene. Specific instructions are given such as Resident B needs staff reminders to take a shower, use soap, shampoo and deodorant, reminders to choose clean clothes, to brush his teeth and complete oral care. Resident B's assessment plan documented Resident B can use a disposable razor and prefers to be shaved by a male staff. The assessment plan does not document that Resident B requires daily shaving.

On 03/08/2024, I reviewed Resident B's IPOS dated 02/06/2024, written by Rashanna Dotson, documented, *'to increase independence in personal hygiene, with accepting home staff assistance, (Resident B) will independently complete grooming and other personal care tasks daily, with 2 or less verbal prompts from staff, with a success rate of 80% over the next 12 months.'*

On 03/08/2024, I received the Health West report of investigative findings, Recipient Rights Investigative report from Ms. Kuklewski. Ms. Kuklewski documented, *'Despite the overall good condition of the residents on this investigator's unannounced visit on 02/09/2024, concerns exist regarding (Resident B's) adherence to his daily shaving routine, the need for improved hygiene practices, and the concern for (Resident A's) dietary requirements specific to ingesting foods/liquids of honey consistency. There was evidence of accessible poisons, while chemicals are securely stored in locked cabinets in the main office and the laundry room, the observation of personal drinking containers, disinfecting wipes and spray cleaner on the counter upon entering the home, as witnessed by this investigator, raises potential concerns about safety hazards.'* In an interview Ms. Kuklewski conducted with Malka Coleman Fisher, new home manager, Ms. Fisher stated *'measures were discussed to enhance safety regarding accessible poisons, with an emphasis on secure storage and the introduction of a designated staff cabinet for personal items.'*

On 04/03/2024, I interviewed JD Holmes, Goodwill via telephone. Mr. Holmes stated Resident B is a Goodwill outlet center employee and his hygiene is “hit or miss.” Mr. Holmes stated Resident B’s hygiene can be good while other times it is not. In the past, they have had to send Resident B home due to personal hygiene issues that typically were body odor related and not due to shaving or facial care issues. Mr. Holmes stated Resident B works two days a week and is normally clean shaven, but a couple of weeks ago, Resident B’s hair was not groomed, and he was slightly unkempt when he arrived at work. Mr. Holmes stated Resident B is motivated to work so they can encourage him to keep up on his personal hygiene, so Resident B is able to continue working. Mr. Holmes stated that is a tool they use to encourage Resident B to strive for and maintain good personal hygiene. Mr. Holmes stated Resident A has been employed at the outlet since 01/17/2024, and there have not been any major concerns with Resident B’s hygiene.

On 04/04/2024, I conducted an exit conference with Licensee Designee, Teresa Wendt. Ms. Wendt stated after a review of the report, she will submit an acceptable corrective action plan.

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:	<p>The complainant reported that Resident A and Resident B’s care is not provided per their assessed needs.</p> <p>Ms. Grant reported cleaning agents were left unattended on the counter that Resident A could ingest, Resident B is supposed to be shaved daily and has not been shaved in several weeks, resident nail care is poor, Resident B’s personal hygiene is not being kept up.</p> <p>Ms. Kuklewski and I observed a large container of disinfecting wipes and a bottle of spray cleaner on the counter in the kitchen unattended by staff.</p> <p>Ms. Scott stated Resident A & B’s care is completed per their assessed needs.</p> <p>Ms. Kuklewski and I observed Resident A, B, C, D & E at the facility. The residents’ hygiene appeared adequate on this date.</p>

	<p>Resident A's assessment plan documented Resident A's history of dysphasia and aspiration but does not document that Resident A tends to ingest inedible or caustic items.</p> <p>Resident A's IPOS documented that Resident A has a history of stealing food/drinks and stuffing food in his mouth, creating a potential choking/safety issue. The IPOS documented that staff must lock up all chemicals as Resident A may quickly drink anything that he believed to be a beverage.</p> <p>Resident B's assessment plan does not document that Resident B required daily shaving but does document that Resident B requires assistance with personal care ADL's.</p> <p>Resident B's IPOS documented that he will independently complete grooming and other personal care tasks daily with verbal prompts from staff.</p> <p>Ms. Kuklewski documented concerns regarding Resident A's accessibility to cleaning agents that he could ingest and for staffs role in assisting Resident B with his hygiene.</p> <p>Mr. Holmes described Resident B's hygiene as "hit or miss" but he is typically clean shaven. Mr. Holmes stated Resident B had been sent home in the past due to personal hygiene issues but since 01/17/2024, there have not been any major concerns with Resident B's hygiene.</p> <p>Based on investigative findings, Resident B's ADL's are followed per his assessed need however, due to Resident B's refusal and occasional issues at work due to personal hygiene, a review of the assessment plan and reevaluation of Resident B's personal care needs is in order. Additionally, there is a preponderance of evidence to show that Resident A's care is not provided as documented in his IPOS based on cleaning agents left out and unattended where Resident A is able to access them and possibly ingest them. A review and update of Resident A's assessment plan to include this is necessary and therefore, a violation of this applicable rule is established.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Resident A & B's special diets are not followed.

INVESTIGATION: On 02/08/2024, I received a BCAL (Bureau of Children and Adult Licensing) complaint. The complainant reported that Resident A & B are diabetics, and the facility is not following diabetic diets for either resident.

On 02/08/2024, I interviewed Ms. Grant via telephone. Ms. Grant stated Resident A & B are diabetic and diabetic diets should be followed for both residents, but they are getting a general diet. Ms. Grant stated a portion control diet is being followed for Resident B but staff do not follow a diet plan specifically made for diabetics for Resident A or B.

On 02/09/2024, I conducted an unannounced inspection at the facility with Ms. Kuklewski and interviewed Mr. Schmitz, DCW (direct care worker) Jamasha (May) Scott and DCW Janiyah Hawkins. Ms. Scott and Ms. Hawkins stated neither Resident A nor B are diabetics. Ms. Scott stated Resident B sees a dietician and is given an 1800 calorie, restricted diet and Resident A is fed a pureed diet with honey thickened liquids. Ms. Scott stated other residents are on pureed diets or chopped diets and Resident C's blood sugar is monitored by staff but neither Resident A nor Resident B are diabetic. Ms. Scott and Ms. Hawkins stated that Resident B attends a work program and has access to his bank card and can buy food items he wants while he is out of the facility. As a result, he tends to eat and drink what he wants while he is away from the home making it difficult for staff to monitor what he is eating and drinking.

On 02/09/2024, I noted that Resident A, C, D & E are not capable of providing pertinent information to this investigation due to cognitive impairment. Resident B greeted Ms. Kuklewski and I but did not want to engage in an interview.

On 03/08/2024, I reviewed menus at the facility that showed a variety of meals served to the residents with special instructions to accommodate the residents' specific needs.

On 03/08/2024, I reviewed Resident A's Health Care Appraisal (HCA) signed by Marie Ritchard, NP (nurse practitioner). The HCA documented Resident A's diagnosis as 'seizure disorder, CP (cerebral palsy), HTN (hypertension/high blood pressure), GAD (generalized anxiety), hypotonic bladder.' The HCA documented a special diet of pureed foods and honey thickened liquids. The HCA does not have any information documented that stated Resident A is diabetic.

On 03/08/2024, I reviewed Resident A's assessment plan for AFC residents. Resident A's assessment plan documented that Resident A is on a special diet of '*pureed food, honey thickened liquids, low fat diet.*' The assessment plan does not have any information documented that stated Resident A is diabetic.

On 03/08/2024, I reviewed Resident A's IPOS that documented Resident A *'will eat pureed food and honey thick liquids with no signs or symptoms of increased difficulty for the next 12 months for the purpose of maintaining health and safety.'* The IPOS does not document that Resident A is diabetic or requires a diabetic diet.

On 03/08/2024, I reviewed Resident B's Health Care Appraisal signed by Tatiana Michura, DNP (Doctor of nursing practice). The HCA documented Resident B's diagnosis as acquired hypothyroidism, obesity morbid, moderate intellectual disability with intelligence quotient, autism, hyperlipidemia.' The HCA documented a special diet of 1800 calorie with 2000-gram sodium restriction. The HCA does not have any information documented that stated Resident B is diabetic.

On 03/08/2024, I reviewed Resident B's assessment plan for AFC residents. Resident B's assessment plan documented that Resident B is on a special diet with instructions that state 'keep encouraging him to stick to his 1800 calorie diet.' The assessment plan does not have any information documented that stated Resident B is diabetic.

On 03/08/2024, I reviewed Resident B's IPOS that documented Resident B 'for the purpose of learning healthy eating and healthy weight management with assistance from home staff, (Resident A) will prepare health meals/snacks, this includes following his 1800 calorie diet implemented by his physician and snacks with less than 150 calories, 2 times per week, with 3 or less verbal prompts from staff to engage, with 80% success of all trials over the next 12 months.' The IPOS does not document that Resident B is diabetic or on a diabetic diet.

On 03/08/2024, I received the Health West report of investigative findings, Recipient Rights Investigative report from Ms. Kuklewski. Ms. Kuklewski documented that neither Resident A or Resident B are diabetics requiring a diabetic diet.

On 04/04/2024, I conducted an exit conference with Licensee Designee, Teresa Wendt. Ms. Wendt stated she agreed with the information, analysis, and conclusion of this applicable rule.

APPLICABLE RULE	
R 400.14310	Resident health care.
	(1) A licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician or other health care professional with regard to such items as any of the following: (b) Special diets.
ANALYSIS:	The complainant reported that Resident A & B are diabetic, and the facility is not following diabetic diets for either resident.

	<p>Ms. Grant stated Resident A & B are diabetics and diabetic diets should be followed for both residents.</p> <p>Ms. Scott, Ms. Hawkins, and Mr. Schmitz stated Resident A & B have a special diet, but neither are diabetic or on a diabetic diet.</p> <p>The menus show a variety of meals with special instructions to accommodate the residents' specific needs.</p> <p>Resident A & B's HCA, assessment plans, and IPOS plans do not document that either resident is diabetic or that they require a diabetic diet.</p> <p>Ms. Kuklewski documented that neither Resident A nor Resident B are diabetic requiring a diabetic diet.</p> <p>Based on investigative findings, Resident A & B have special diets that are being followed by staff at the facility, however, Resident A & B are not documented as diabetics requiring a special diabetic diet. A violation of this applicable rule is not established.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Resident funds were mishandled by staff.

INVESTIGATION: On 02/08/2024, I received a BCAL (Bureau of Children and Adult Licensing) complaint. The complainant reported that funds were sent to the facility to celebrate Resident A's birthday, and nothing was done for Resident A's birthday and the funds were never accounted for.

On 02/08/2024, I interviewed Ms. Grant via telephone. Ms. Grant stated that \$150.00 was sent to the house to celebrate Resident A's birthday on 02/01/2024. Ms. Grant stated money was also sent for each resident to use for the birthday celebration, but no celebration ever occurred.

On 02/09/2024, I conducted an unannounced inspection with Ms. Kuklewski and interviewed Mr. Schmitz and Ms. Scott in the office. Mr. Schmitz and Ms. Scott stated the funds would not have been sent to the facility directly but rather Health West as the representative payee for Resident A would have deposited the funds into Resident A's account as well as the other resident's accounts for the birthday celebration. Ms. Scott stated checks from Health West go to Tina Campbell at the HGA office and are deposited onto a bank card for the residents. Ms. Scott stated

Resident A's birthday was celebrated and everyone except Resident B (because he chose not to participate) went to Pizza Ranch for Resident A's birthday.

On 02/09/2024, I noted that Resident A, C, D & E are not capable of providing pertinent information to this investigation due to cognitive impairment. Resident B greeted Ms. Kuklewski and I but did not want to engage in an interview.

On 02/09/2024, I reviewed the Resident Funds II for Resident A, B, C, D & E. The Resident Funds II documented on 01/17/2024, a \$100.00 deposit from Health West for Residents A, B & C, was deposited into their accounts. On 01/17/2024, an amount of \$150.00 for Resident D was deposited into his account and no deposit was made for Resident E as there were enough funds in his account. The Resident Funds II documented on 01/23/2024 that Resident A, C, D & E went to Pizza Ranch to celebrate Resident A's birthday.

On 04/03/2024, I interviewed Ms. Wendt via telephone. Ms. Wendt provided a credit card receipt, from the HGA company account showing on 01/23/2024, staff Jamasha Scott, James Coleman and Janiya Hawkins had Pizza Ranch and the receipt is documented as Resident A's birthday party.

On 04/04/2024, I conducted an exit conference with Licensee Designee, Teresa Wendt. Ms. Wendt stated she agreed with the information, analysis, and conclusion of this applicable rule.

APPLICABLE RULE	
R 400.14315	Handling of resident funds and valuables.
	(1) Upon a request from a resident or the resident's designated representative, a licensee may accept a resident's funds and valuables to be held in trust with the licensee.
ANALYSIS:	<p>The complainant reported funds were sent to celebrate Resident A's birthday, and nothing was done for Resident A's birthday and the funds were never accounted for.</p> <p>Ms. Grant stated that \$150.00 was sent to the house to celebrate Resident A's birthday, but no celebration ever occurred.</p> <p>Mr. Schmitz and Ms. Scott stated Resident A's birthday was celebrated and residents went to Pizza Ranch</p> <p>A review of Resident Funds II for Residents A-E document deposits on 01/17/2024 from Health West and Pizza Ranch on 01/23/2024.</p>

	I reviewed a credit card receipt from the HGA company account showing on 01/23/2024, staff went to Pizza Ranch and the receipt is documented as Resident A's birthday party. Based on investigative findings, there is not a preponderance of evidence to support that funds were not received or that a birthday outing for Resident A did not occur. Therefore, a violation of this applicable rule is not established.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Facility paperwork is not updated as required.

INVESTIGATION: On 02/08/2024, I received a BCAL (Bureau of Children and Adult Licensing) complaint, the complainant reported that the necessary AFC documents are not completed and up to date for Resident A & B.

On 02/08/2024, I interviewed Ms. Grant, who stated the "books" at the facility are not kept up to date and documents are not maintained for Resident A & B.

On 02/09/2024, Ms. Kuklewski and I conducted an unannounced inspection at the facility, and I reviewed required AFC documents. Mr. Schmitz stated they are updating all required annual AFC paperwork for each resident and staff are keeping logs on resident care for resident PCPs (person centered plans). Mr. Schmitz and Ms. Scott stated there have been a lot of management changes over the past year, and facility paperwork and documentation is being reviewed to make sure all staff are documenting as required.

On 03/08/2023, I reviewed required documents for Resident A and Resident B. Resident A's overdue documents include a Resident Care Agreement, signed on 01/03/2020 by Darreco Scott, former home manager, Ms. Grant, and an unknown case manager (signature not legible). Also included was Resident A's Assessment Plan for AFC Residents, signed on 11/29/2022 by Ms. Grant, Janice Schaub, case manager, Christina McGuffey, former home manager. Resident B's overdue document included his Resident Care Agreement, signed on 1/31/2022 by Darreco Scott.

On 04/04/2024, I conducted an exit conference with Licensee Designee, Teresa Wendt. Ms. Wendt stated after a review of the report, a corrective action plan will be submitted.

APPLICABLE RULE

R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
ANALYSIS:	It was confirmed through this investigation that Resident A's assessment plan for AFC residents is not up to date. Based on investigative findings, Resident A's required written assessment plan has not been updated per the applicable rule and therefore, a violation of this applicable rule is established.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.
ANALYSIS:	A review of Resident A & B's resident care agreement confirmed they are not up to date. Based on investigative findings, Resident A & B's required resident care agreement has not been updated per the applicable rule and therefore, a violation of this applicable rule is established.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Elizabeth Elliott

04/09/2024

Elizabeth Elliott
Licensing Consultant

Date

Approved By:

Jerry Hendrick

04/09/2024

Jerry Hendrick
Area Manager

Date