



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 5, 2024

Bianca Wilson
Umbrellex Behavioral Health Services, LLC
Suite 255
13854 Lakeside Circle
Sterling Heights, MI 48313

RE: License #: AS780400203
Investigation #: 2024A0584021
Umbrellex 1

Dear Ms. Wilson:

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 and is positioned above the typed name and address.

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**

I. IDENTIFYING INFORMATION

License #:	AS780400203
Investigation #:	2024A0584021
Complaint Receipt Date:	02/28/2024
Investigation Initiation Date:	02/28/2024
Report Due Date:	04/28/2024
Licensee Name:	Umbrellex Behavioral Health Services, LLC
Licensee Address:	Suite 255, 13854 Lakeside Circle Sterling Heights, MI 48313
Licensee Telephone #:	(586) 765-4342
Administrator:	Bianca Wilson
Licensee Designee:	Bianca Wilson
Name of Facility:	Umbrellex 1
Facility Address:	1207 Devonshire CT Owosso, MI 48667
Facility Telephone #:	(586) 765-4342
Original Issuance Date:	10/07/2019
License Status:	REGULAR
Effective Date:	04/07/2022
Expiration Date:	04/06/2024
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
The facility has holes in the walls, dirty mattresses and bed pillows, broken furniture, and no towels or washcloths.	No
Client services manager Cierra Tillis will not allow the use of the facility vehicle for outings as a punishment.	No
Additional Findings	Yes

III. METHODOLOGY

02/28/2024	Special Investigation Intake - 2024A0584021.
02/28/2024	Special Investigation Initiated – Letter to complainant.
03/05/2024	Contact – Face to face interviews with direct care staff Jayden Thomas, LeeAnne Little, Samantha Sawvel, and home operations manager Anastasia Foster with Ardis Bates at Shiawassee Health and Wellness. Onsite inspection and face to face interviews with Resident A, B, C, direct care staff Jessica Fritz and Mandy Albring.
03/08/2024	Contact – Face to face interview with client services manager Cierra Tillis at Shiawassee Health and Wellness.
03/12/2024	Exit Conference With licensee designee, Bianca Wilson.

ALLEGATION:

- **The Facility has holes in the walls, dirty mattresses and bed pillows, broken furniture, and no towels or washcloths.**
- **Client services manager Cierra Tillis will not allow the use of the facility vehicle for outings as a punishment.**

INVESTIGATION:

On 2/28/2024 the Bureau of Community and Health Systems (BCHS) received the above allegations via the BCHS online complaint system.

On 3/5/2024, I conducted face to face interviews with direct care staff members Jayden Thomas, LeeAnne Little, Samantha Sawvel, and home operations manager Anastasia Foster at the Shiawassee Health and Wellness office.

Mr. Thomas, Ms. Little, and Ms. Sawvel comments were consistent regarding the condition of the facility. They all stated the facility can vary between being very clean or get damaged due to the extreme behaviors of the residents. All three direct care staff members were aware that there is a process in place to report items that have been damaged or need replacement. Mr. Thomas, Ms. Little, and Ms. Sawvel all denied the allegation that Cierra Tillis will not allow use of the facility vehicle for outings as a form of punishment.

Ms. Foster stated she is responsible for monitoring the physical plant and reporting on any physical plant issues that need to be addressed. According to Ms. Foster, there is also a new software system in place for all staff to report on any physical plant items that need attention in the facility. Ms. Foster stated that she has not recently inspected the condition of the residents' mattresses due to being scheduled to work as a direct care staff member at other facilities. Subsequently, she was not aware of the condition of the residents' bedding. Ms. Foster stated she does not have any knowledge of Ms. Tillis denying the use of the facility vehicle for outings to punish the residents.

I conducted an unannounced onsite inspection of the facility and interviewed Residents A, B, and C and direct care staff members Mandy Albring and Jessica Fritz.

Resident A was unwilling or unable to answer questions.

Residents B and C stated that in the past week, their bedding, mattresses, towels, and washcloths had been replaced. Both Resident B and C stated they have never been denied an outing in the facility vehicle, unless the outing was a last-minute request, and time would not allow.

Ms. Albring and Ms. Fritz both stated they have witnessed bedding, mattresses, towels, washcloths and other items being replaced or bought for resident use and managers recently obtaining repairs to the facility.

I inspected the facility and observed all the facility furniture to be in good condition as well as clean mattresses, pillows with cases, bedding of two sheets, blankets, towels, and washcloths. I observed no wall damage and the floors to be clean.

On 3/8/2024, I conducted face to face interviews with client services manager Cierra Tillis at the Shiawassee Health and Wellness office. Ms. Tillis stated that items do get damaged by extreme behavior outburst by the residents in the facility, however, the damage is repaired immediately. Ms. Tillis was not aware of residents' mattresses being dirty or towels not being available. Ms. Tillis confirmed that the

only time residents have ever been denied an outing in the facility vehicle, was when the outing was requested last-minute, and time would not allow.

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: (a) Use any form of punishment.
ANALYSIS:	Based upon my investigation, which included interviews with direct care staff, and Residents B and C, there is no evidence to substantiate the allegation that client services manager Cierra Tillis will not allow the use of the facility vehicle for outings as a resident punishment.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.14411	Linens.
	(1) A licensee shall provide clean bedding that is in good condition. The bedding shall include 2 sheets, a pillow case, a minimum of 1 blanket, and a bedspread for each bed. Bed linens shall be changed and laundered at least once a week or more often if soiled.
	(2) A licensee shall provide at least 1 standard bed pillow that is comfortable, clean, and in good condition for each resident bed.
	(3) A licensee shall provide bath towels and washcloths. Towels and washcloths shall be changed and laundered not less than twice weekly or more often if soiled.
ANALYSIS:	Based upon my investigation, which included interviews with direct care staff, and Residents B and C, as well as an inspection of the facility, there is no evidence to substantiate the allegations the residents' bedding and pillows require cleaning and bedding, towels and washcloths were not available for resident use.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance. (5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.
ANALYSIS:	Based upon my investigation, which included interviews with direct care staff, and Residents B and C and an inspection of the facility, there is no evidence to substantiate the allegation of broken furniture or holes in the walls.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS

INVESTIGATION:

During my unannounced investigation on 3/5/2024, I observed the following items that require repair or replacement:

- Door on the top landing of the basement stairs does not latch properly due to damage to the entire door latching mechanism.
- Electric outlet in the kitchen is missing a cover plate.
- The bedroom doors are not equipped with non-locking against egress hardware.

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:	It has been established the door on the top landing of the basement stairs does not latch properly due to damage to the entire door latching mechanism and an electric outlet in the kitchen is missing a cover plate.
CONCLUSION:	VIOLATION ESTABLISHED

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, nonlocking-against-egress hardware.
ANALYSIS:	It has been established the residents' bedroom doors are not equipped with non-locking against egress hardware.
CONCLUSION:	VIOLATION ESTABLISHED

On 3/12/2024, I conducted an exit conference via phone with licensee designee Bianca Wilson to inform her the findings of this investigation.

IV. RECOMMENDATION

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



4/2/2024

Candace Coburn
Licensing Consultant

Date

Approved By:



4/5/2024

Michele Streeter
Area Manager

Date