GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 14, 2023

Lela Shank
Country House Care, L.L.C.
1395 Seneca Street
Adrian, MI 49221

RE: License #: AM460389110
Investigation #: 2023A1032032
Maple City Assisted Living

Dear Ms. Shank:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

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) 356-0183.

Sincerely,

Dwight Forde, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

## I. IDENTIFYING INFORMATION

| | |
|---|---|
| **License #:** | AM460389110 |
| | |
| **Investigation #:** | 2023A1032032 |
| | |
| **Complaint Receipt Date:** | 03/03/2023 |
| | |
| **Investigation Initiation Date:** | 03/07/2023 |
| | |
| **Report Due Date:** | 05/02/2023 |
| | |
| **Licensee Name:** | Country House Care, L.L.C. |
| | |
| **Licensee Address:** | 1395 Seneca Street<br>Adrian, MI 49221 |
| | |
| **Licensee Telephone #:** | (517) 442-2164 |
| | |
| **Licensee Designee:** | Lela Shank |
| | |
| **Name of Facility:** | Maple City Assisted Living |
| | |
| **Facility Address:** | 518 State Street<br>Adrian, MI 49221 |
| | |
| **Facility Telephone #:** | (517) 442-2161 |
| | |
| **Original Issuance Date:** | 09/17/2018 |
| | |
| **License Status:** | REGULAR |
| | |
| **Effective Date:** | 03/17/2021 |
| | |
| **Expiration Date:** | 03/16/2023 |
| | |
| **Capacity:** | 12 |
| | |
| **Program Type:** | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL<br>AGED |

## II. ALLEGATION(S)

| | **Violation Established**? |
|---|---|
| Employees do not know emergency plans. | No |
| Employees withhold mail and do not promote social interaction. | No |
| Employees did not report a serious incident. | No |
| Improper take away meals are supplied. | No |
| The kitchen stove is not vented. | No |
| Additional Findings | No |

## III. METHODOLOGY

| | |
|---|---|
| 03/03/2023 | Special Investigation Intake<br>2023A1032032 |
| 03/07/2023 | Special Investigation Initiated - On Site |
| 03/07/2023 | Contact - Telephone call made<br>with complainant |
| 03/20/2023 | Contact - Document Received |
| 04/10/2023 | Contact - Telephone call made<br>Call made to Resident A. Number no longer in service |
| 04/14/2023 | Exit Conference<br>With licensee Lela Shank |

**ALLEGATION:**

**Employees do not know emergency plans.**

**INVESTIGATION:**

On 3/7/23, I interviewed the complainant via telephone to review the accuracy of the information provided.

On 3/7/23, I interviewed employee Adriene Barnotas in the home. Ms. Barnotas was able to describe the fire drill meeting place, which was at a tree in the front yard.

I interviewed employee Rosemarie Whittington in the home. Ms. Whittington described the emergency plan as meeting at a tree in the front yard.

I interviewed Resident B in the home. Resident B reported that during fire drills, the residents meet at a tree in the front yard.

I reviewed the fire drills, and they were in compliance with the administrative rules for Adult Foster Care homes. I reviewed the Bureau of Fire Services report, which reflects compliance with the rules.

I interviewed licensee designee Lela Shank in the home. Ms. Shank stated that the employees are aware of the emergency plan.

I interviewed Adult Protective Services Specialist Melissa Auld in the home. Ms. Auld expressed satisfaction with the way the home operates. Ms. Auld was in the home conducting interviews with residents who receive services from the Michigan Department of Health and Human Services.

| **APPLICABLE RULE** | |
|---|---|
| **R 400.14209** | **Home records; generally.** |
| | **(1) A licensee shall keep, maintain, and make available for department review, all the following home records:**<br>**(k) Fire drill records.** |
| **ANALYSIS:** | Employees and a resident were able to describe the emergency plan. |
| **CONCLUSION:** | **VIOLATION NOT ESTABLISHED** |

**ALLEGATION:**

**Employees withhold mail and do not promote social interaction.**

**INVESTIGATION:**

On 3/7/23, Ms. Whittington denied that mail is withheld from residents until the licensee sees it. She denied that residents must get special permission to have

guests. She reported that residents attend programming in the community at Hope Community Center in Adrian. She reported that the home also supplies residents with a variety of crafts and board games. She denied that residents need permission to have guests come over, but stated that visiting hours end typically before 8 PM

Resident B stated that apart from attending activities at the Hope Community Center, the home has board and card games that residents can play.

Ms. Shank denied that she withholds mail and stated that the mail is handed out to the residents unopened. She stated that she does crafts with the residents from time to time.

I observed a variety of board games in the home.

| **APPLICABLE RULE** | |
|---|---|
| **R 400.14303** | **Resident care; licensee responsibilities.** |
| | **(4) A licensee shall provide all of the following:**<br>**(a) An opportunity for the resident to develop positive social skills.**<br>**(b) An opportunity for the resident to have contact with relatives and friends.**<br>**(c) An opportunity for community-based recreational activities.**<br>**(d) An opportunity for privacy and leisure time.**<br>**(e) An opportunity for religious education and attendance at religious services of the resident's choice.** |
| **ANALYSIS:** | Based on interviews with Resident B and the employees, there is insufficient evidence wo establish a violation. |
| **CONCLUSION:** | **VIOLATION NOT ESTABLISHED** |

**ALLEGATION:**

**Employees did not report a serious incident.**

**INVESTIGATION:**

On 3/7/23, Resident B stated that there was an incident where one resident provoked another resident, and that resident struck the aggressor. Resident B stated that the resident who struck the other has since been discharged. Resident B stated that she was unaware of the remaining resident needing any medical attention, and that this happened a while ago.

On 3/7/23, Ms. Shank stated that the incident was logged, but since it was not deemed serious aggression, and no one was hospitalized, an incident report was not made. However she stated that the resident who struck the other was discharged.

On 3/20/23, documentation was received regarding the resident's discharge.

On 4/10/23, I called a number provided for Resident A. The number was not in service.

| **APPLICABLE RULE** | |
|---|---|
| **R 400.14311** | **Investigation and reporting of incidents, accidents, illnesses, absences, and death.** |
| | **(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following:**<br>**(a) The death of a resident.**<br>**(b) Any accident or illness that requires hospitalization.**<br>**(c) Incidents that involve any of the following:**<br>**(i) Displays of serious hostility.**<br>**(ii) Hospitalization.**<br>**(iii) Attempts at self-inflicted harm or harm to others.**<br>**(iv) Instances of destruction to property.**<br>**(d) Incidents that involve the arrest or conviction of a resident as required pursuant to the provisions of section 1403 of Act No. 322 of the Public Acts of 1988.** |
| **ANALYSIS:** | Ms. Shank was able to provide documentation that a resident was discharged, for among other things, behavioral issues. There was no documentation to suggest that Resident A was hospitalized after being struck by another resident. |
| **CONCLUSION:** | **VIOLATION NOT ESTABLISHED** |

**ALLEGATION:**

**Improper take away meals are supplied.**

**INVESTIGATION:**

On 3/7/23, Resident B stated that sack lunches are provided to residents who attend community programming. Resident B expressed that she hopes that more variety is included. Resident B did not offer any choice for alternative lunches. Resident B stated that sometimes the home supplies fresh fruit but more often they eat the canned variety

On 3/7/23, Ms. Shank stated that the sack lunches provided meet the requirements for administrative rules, and that she was not aware until recently, of any issues with the lunches. She stated that she would examine other options for the residents. She stated that she was mindful of providing any meal that could potentially spoil or posed any health risk if not consumed quickly, given that there would be no refrigeration outside the home that she could control.

On 3/7/23, I observed the menus. They were varied and appeared nutritious, in keeping with current USDA guidelines.

| **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:** | Ms. Shank provided a rationale for the consistency of the sack lunches, but stated that she would make alterations since the issue was brought to her attention. The menus observed reflect meals in keeping with United States Department of Agriculture (USDA) guidelines. |
| **CONCLUSION:** | **VIOLATION NOT ESTABLISHED** |

**ALLEGATION:**

**The kitchen stove is not vented.**

**INVESTIGATION:**

On 3/7/23, during my onsite inspection, I observed a hood on the stove that was clean and functional. The kitchen was generally clean, as were tables and food preparation surfaces.

| APPLICABLE RULE | |
|---|---|
| **R 400.14402** | **Food service.** |
| | **(6) Household and cooking appliances shall be properly installed according to the manufacturer's recommended safety practices. Where metal hoods or canopies are provided, they shall be equipped with filters. The filters shall be maintained in an efficient condition and kept clean at all times. All food preparation surfaces and areas shall be kept clean and in good repair.** |
| **ANALYSIS:** | The hood was above the stove, clean and fully functional. |
| **CONCLUSION:** | **VIOLATION NOT ESTABLISHED** |

**INVESTIGATION:**
On 4/14/23, I conducted an exit conference with licensee designee Lela Shank. I shared my findings, and Ms. Shank agreed with the conclusions reached. Ms. Shank did agree to err on the side of caution when determining if an incident of aggression met the threshold of “serious hostility” for reporting purposes.

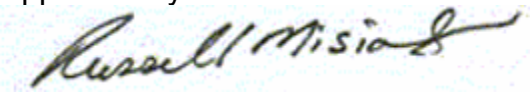
## IV. RECOMMENDATION

I recommend no change to the status of this license.

4/14/23

Dwight Forde Date
Licensing Consultant

Approved By:



4/17/23

Russell B. Misiak Date
Area Manager