



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 28, 2022

Ira Combs, Jr.
Christ Centered Homes, Inc.
327 West Monroe Street
Jackson, MI 49202

RE: License #: AS460015676
Investigation #: 2022A1032006
Westhaven AFC

Dear Mr. Combs, Jr.:

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,

A handwritten signature in cursive script, appearing to read "Dwight Forde".

Dwight Forde, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616)-240-3850

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

I. IDENTIFYING INFORMATION

License #:	AS460015676
Investigation #:	2022A1032006
Complaint Receipt Date:	05/18/2022
Investigation Initiation Date:	05/20/2022
Report Due Date:	06/17/2022
Licensee Name:	Christ Centered Homes, Inc.
Licensee Address:	327 West Monroe Street Jackson, MI 49202
Licensee Telephone #:	(517) 499-6404
Administrator/ Licensee Designee:	Ira Combs, Jr.
Name of Facility:	Westhaven AFC
Facility Address:	1501 Westhaven Drive Tecumseh, MI 49286
Facility Telephone #:	(517) 423-4279
Original Issuance Date:	12/06/1993
License Status:	REGULAR
Effective Date:	02/24/2021
Expiration Date:	02/23/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED

	DEVELOPMENTALLY DISABLED MENTALLY ILL
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II. ALLEGATION(S)

	Violation Established?
Resident A was locked in his room.	No
Resident A is not being properly toileted.	No
Additional Findings	No

III. METHODOLOGY

05/18/2022	Special Investigation Intake 2022A1032006
05/19/2022	Contact - Telephone call made to RS
05/20/2022	Special Investigation Initiated – Telephone contact with Relative A1
05/20/2022	Inspection Completed On-site
05/24/2022	Contact - Telephone call received RS
06/07/2022	Contact - Telephone call made to Guardian A1
06/07/2022	Contact - Telephone call received from Guardian A1
06/27/2022	Contact - Document Sent ORR Email sent
06/27/2022	Contact - Document Received ORR
06/30/2022	Contact - Face to Face with Employee #1
07/01/2022	Exit Conference Conference with Home Manager Sabrina Boulbier via telephone

ALLEGATION:

Resident A was locked in his room.

INVESTIGATION:

On 5/20/22, I called Relative A1. She advised that the name of the home was Westhaven AFC.

On 5/20/22, I interviewed staff members Michael Clark and Jessica Creger. Mr. Clark gave a tour of the home. It appeared clean and well maintained. The bedroom doors were observed to be unlocked, and unlock against egress, meaning that were they locked, residents would still be able to exit by turning the handle. Mr. Clark denied that the residents are ever locked in their rooms. He explained that the doors are only locked when the residents are all in the common area because there is a resident who has stolen items from other residents' rooms.

Ms. Cregar denied that residents are locked in their rooms. Ms. Cregar was observed preparing for dinner.

On 5/20/22, I observed Resident A. He was in the living room watching TV. He was unable to provide any information as he was non-verbal. I was informed by Mr. Clark that Resident A shares a room with another person, Resident C who is also non-verbal.

On 5/20/22, I interviewed Resident B at the home. Resident B stated that she had been at the facility since February 2022. She reported that residents are well taken care of. She denied that she had ever been locked in her room and denied observing other residents being locked in their rooms.

On 5/24/22, I interviewed the referral source who confirmed the allegations as written.

On 6/7/22, I interviewed Guardian A1. He indicated that during the covid lock downs he would help with grocery shopping because he is a senior citizen and was able to shop early for the home. He stated that the doors would be locked to prevent another resident from taking items that did not belong to her and often, staff would go into her room and retrieve the items. He stated that he understood to some extent that the measure was necessary to protect the other residents.

On 6/27/22, office of recipient rights worker Stephen Mitchell responded by email that as of December 2021 the home was in full compliance.

APPLICABLE RULE	
R 400.14308	RESIDENT BEHAVIOR INTERVENTIONS PROHIBITIONS.
	<p>(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:</p> <p>(d) Confine a resident in an area, such as a room, where egress is prevented, in a closet, or in a bed, box, or chair or restrict a resident in a similar manner.</p>
ANALYSIS:	Staff reported that they do not lock residents in their rooms. One of the residents denied seeing anyone in the home lock residents in their rooms. Staff acknowledged that the rooms are locked when all the residents are in the common area to prevent a particular resident from going into rooms and stealing other people's items. Doors were unlocked during a visit.
CONCLUSION:	VIOLATION NOT ESTABLISHED.

ALLEGATION:

Resident A is not properly toileted.

INVESTIGATION:

On 5/20/22, Mr. Clark explained that residents are checked once an hour to assess whether they had any issues with urination or bowel movements. He denied that Resident A was left in soiled clothing.

Ms. Cregar denied that residents are not being properly toileted.

Resident A was observed to be clean and well dressed. There was no foul odor present that would suggest he needed toileting.

APPLICABLE RULE	
R 400.14314	RESIDENT HYGIENE
	(1) A licensee shall afford a resident the opportunity, and instructions when necessary, for daily bathing and oral and personal hygiene. A licensee shall ensure that a

	resident bathes at least weekly and more often if necessary.
ANALYSIS:	Staff members denied that Resident A was not properly toileted. They advised that residents who require assistance with toileting are checked once an hour. Resident A appeared clean and well dressed and did not present with any foul odor.
CONCLUSION:	VIOLATION NOT ESTABLISHED

On 7/28/22, I attempted to share my findings with licensee designee Ira Combs via telephone. Mr. Combs did not respond to my request for a return phone call.

IV. RECOMMENDATION

I recommend no change to the status of this license.

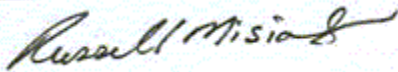


7/28/22

Dwight Forde
Licensing Consultant

Date

Approved By:



7/28/22

Russell B. Misiak
Area Manager

Date