GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 13, 2024

Michelle Jannenga
Thresholds
Suite 130
160 68th St. SW
Grand Rapids, MI 49548

RE: License #: AL410007103
Investigation #: 2024A0583032
Gladiola Home

Dear Ms. Jannenga:

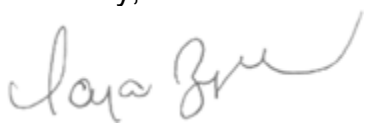
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.

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 (616) 356-0183.

Sincerely,



Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL410007103
Investigation #:	2024A0583032
Complaint Receipt Date:	04/25/2024
Investigation Initiation Date:	04/26/2024
Report Due Date:	05/25/2024
Licensee Name:	Thresholds
Licensee Address:	Suite 130 160 68th St. SW Grand Rapids, MI 49548
Licensee Telephone #:	(616) 466-5242
Administrator:	Cornelia Buggs
Licensee Designee:	Michelle Jannenga
Name of Facility:	Gladiola Home
Facility Address:	3210 Gladiola Avenue, SW Wyoming, MI 49519-3225
Facility Telephone #:	(616) 538-3067
Original Issuance Date:	12/01/1976
License Status:	REGULAR
Effective Date:	08/12/2022
Expiration Date:	08/11/2024
Capacity:	16
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Staff do not provide adequate personal care to Resident A.	Yes
Additional Findings	Yes

III. METHODOLOGY

04/25/2024	Special Investigation Intake 2024A0583032
04/26/2024	Special Investigation Initiated - Letter
04/26/2024	APS Referral
04/26/2024	Contact - Telephone call made Relative 1
04/29/2024	Inspection Completed On-site
05/01/2024	Contact – Telephone call made Administrator Cornelia Buggs
05/13/2024	Exit Conference Licensee Designee Michelle Jannenga

ALLEGATION: Staff do not provide adequate personal care to Resident A.

INVESTIGATION: On 04/25/2024 I received the complaint allegation from the BCAL online reporting system. The submitted complaint alleged that facility staff fail to assist Resident A with washing her hair and shaving.

On 04/26/2026 I emailed complaint allegations to Adult Protective Services Centralized Intake and to the Network 180 Office of Recipient Rights.

On 04/26/2024 I interviewed Relative 1 via telephone. Relative 1 stated that she is Resident A's mother and legal guardian. Relative 1 stated that Resident A's hand dexterity prevents her from being able to wash her own hair and shave her body. Relative 1 stated that last weekend she observed Resident A's hair was oily and dirty and Resident A's arm hair was "five inches long" requiring Relative 1 to cut the hair with scissors. Relative 1 stated that she recently addressed Resident A's hygiene issues with facility administrator Cornelia Buggs and was informed by Ms. Buggs that Resident A would need to learn to wash her own hair and shave her own body. Relative 1 stated that Resident A's Assessment Plan for AFC residents directs staff to assist Resident A with washing her hair and shaving her body.

On 04/26/2024 I interviewed staff Kiylah Sims via telephone. Ms. Sims stated that she has not observed Resident A with oily or dirty hair. Ms. Sims stated that Resident A washes her own hair and staff do not help. Ms. Sims stated that Resident A showers every day and never asks for help. Ms. Sims stated that Resident A primarily wears long pants and shirts therefore she has not observed Resident A with unshaven legs or under arms.

On 04/26/2024 I interviewed Licensee Designee Michellle Jannenga via telephone. Ms. Jannenga stated that Resident A's Assessment Plan for AFC Residents states that staff will assist Resident A with washing her hair and shaving however Resident A often refuses staff assistance. Ms. Jannenga stated that the facility has not been documenting Resident A's refusal to allow staff to assist her with personal hygiene.

On 04/26/2024 I received and reviewed an email from Licensee Designee Michelle Jannenga which included Resident A's Assessment Plan for AFC Residents. Resident A's Assessment Plan for AFC Residents, signed 01/17/2023, stated Resident A requires staff to "help shaving underarms and leg" and "washing hair".

On 04/29/2024 I completed an unannounced onsite investigation at the facility and interviewed staff Tenia Jackson, staff Darisha Stovell, Resident A, and Resident B. Adult Protective Services staff Bryan Kahler was present during the inspection and during each interview.

Staff Tenia Jackson stated that Resident A is always showered and dressed before Ms. Jackson arrives to the facility to start her shift at 8:00 AM. Ms. Jackson stated that she has not observed Resident A to display oily and/or dirty hair. Ms. Jackson stated that due to the weather conditions being cold; Ms. Jackson has not observed Resident A's legs or underarms because they are covered by long pants and long sleeve shirts. Ms. Jackson stated that she does not know if Resident A's underarms and legs were unshaven. Ms. Jackson stated that she unsure of Resident A's grooming needs and unsure of staff's role in providing for Resident A's grooming needs.

Staff Darisha Stovell stated that she has not observed Resident A's hair as oily and stated that Resident A washes her own hair. Ms. Stovell stated that if Resident A asks for assistance with washing her hair, facility staff will help. Ms. Stovell stated that Resident A does not request staff assistance with washing her hair. Ms. Stovell stated that Resident A stated that Resident A's sister assists her with shaving. Ms. Stovell stated that she has not observed Resident A's legs and underarms as unshaven.

Resident A stated that she washes her own hair because a long time ago she had asked a staff member for assistance but was told to "do it yourself". Resident A stated that facility staff "won't help me" with grooming. Resident A stated that her sister shaves Resident A's legs and underarms.

Resident B stated that Resident A asks staff to help with washing her hair but they know she can do it herself. Resident B stated that she has never observed Resident A request assistance from staff with shaving.

On 05/01/2024 I interviewed administrator Cornelia Buggs via telephone. Ms. Buggs stated that Resident A can wash her hair herself and doesn't request staff assistance. Ms. Buggs stated that if staff notice Resident A's leg hair is unshaven staff will say, "hey let's go shave". Ms. Buggs stated that Resident A has allowed her to assist Resident A with shaving "once or twice" but often refuses staff assistance with shaving and washing her hair. Ms. Buggs stated that she has not observed Resident A's hair to be oily or unkept and has not observed Resident A's leg hair as "five inches long".

On 05/13/2024 I completed an Exit Conference with Licensee Designee Michelle Jannenga via telephone. Ms. Jannenga stated that she agreed with the Special Investigation findings and would submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.15303	**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's Assessment Plan for AFC Residents, signed 01/17/2023, stated Resident A requires staff to "help shaving underarms and legs" and "washing hair". Resident A stated that she washes her own hair because a long time ago she had asked a staff member for assistance but was told to "do it yourself". Resident A stated that facility staff won't help her with grooming. Resident B stated that Resident A asks staff to help with washing her hair but they know she can do it herself. A preponderance of evidence was discovered during the Special Investigation to substantiate violation of the applicable rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS: Resident A's Assessment Plan was not updated annually.

INVESTIGATION: On 04/26/2024 I received and reviewed an email from Licensee Designee Michelle Jannenga. The email stated that Resident A's Assessment Plan for AFC Residents had not been updated annually and was signed on 01/17/2023.

On 05/13/2024 I completed an Exit Conference with Licensee Designee Michelle Jannenga via telephone. Ms. Jannenga stated that she agreed with the Special Investigation findings and would submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.15301	**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:	Resident A's Assessment Plan for AFC Residents was signed on 01/17/2023. A preponderance of evidence was discovered during the Special Investigation to substantiate violation of the applicable rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS: Resident A is denied immediate access to her personal resident funds.

INVESTIGATION: On 04/26/2024 I interviewed Relative 1 via telephone. Relative 1 stated that she was recently informed by administrator Conelia Buggs and Resident A that facility staff withhold Resident A's "allowance" as a consequence for negative behaviors. Relative 1 stated that she informed Ms. Buggs that this practice was not appropriate however Ms. Buggs stated that she would continue doing so.

On 04/26/2024 I interviewed staff Kiylah Sims via telephone. Ms. Sims stated that she does not have access to Resident A's personal resident funds and therefore has no knowledge of staff withholding Resident A's "allowance".

On 04/26/2024 I interviewed Licensee Designee Michellle Jannenga via telephone. Ms. Jannenga stated that she was recently informed from administrator Cornelia Buggs that facility staff have been withholding Resident A's allowance as a

consequence for negative behaviors. Ms. Jannenga stated that Ms. Buggs was informed that this practice was not allowed per licensing rules.
On 04/29/2024 I completed an unannounced onsite investigation at the facility and interviewed staff Tenia Jackson, staff Darisha Stovell, Resident A, and Resident B. Adult Protective Services staff Bryan Kahler was present during the inspection and during each interview.

Staff Tenia Jackson and staff Darisha Stovel each stated that they have no knowledge of staff withholding Resident A's "allowance" as a consequence for negative behaviors.

Resident A stated that administrator Cornelia Buggs and staff Darisha Stovell withhold her allowance as a consequence for "tantrums". Resident A stated that Ms. Buggs and Ms. Stovell informed Resident A that if Resident A displays "tantrums" Resident A doesn't get her allowance. Resident A stated that Ms. Buggs and Ms. Stovell informed Resident A that she must earn her allowance and last week Resident A earned her allowance for positive behaviors.

Resident B stated that she has overheard staff tell Resident A that she can't have her allowance if Resident A is acting up.

On 05/01/2024 I interviewed administrator Cornelia Buggs telephone. Ms. Buggs stated that Resident A's "allowance" is not withheld as a consequence for negative behaviors however it is "used as an incentive". Ms. Buggs stated that if Resident A is having a meltdown staff tell her to "act like an adult, if you want your money". Ms. Buggs stated that Resident A is given her allowance after her behaviors have improved.

On 05/13/2024 I completed an Exit Conference with Licensee Designee Michelle Jannenga via telephone. Ms. Jannenga stated that she agreed with the Special Investigation findings and would submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.15315	**Handling of resident funds and valuables.**
	(7) A resident shall have access to and use of personal funds that belong to him or her in reasonable amounts, including immediate access to not less than $20.00 of his or her personal funds. A resident shall receive up to his or her full amount of personal funds at a time designated by the resident, but not more than 5 days after the request for the funds. Exceptions to this requirement shall be subject to the provisions of the resident's assessment plan and the plan of services.

ANALYSIS:	Relative 1 stated that she was recently informed by administrator Conelia Buggs and Resident A that facility staff withhold Resident A's "allowance" for negative behaviors. Resident A stated that administrator Cornelia Buggs and staff Darisha Stovell withhold her allowance. Resident A stated that Ms. Buggs and Ms. Stovell informed Resident A that if Resident A displays "tantrums" Resident A doesn't get her allowance. Resident A stated that Ms. Buggs and Ms. Stovell informed Resident a that Resident A must earn her allowance. Resident B stated that she has overheard staff tell Resident A that she can't have her allowance if Resident A is "acting up". A preponderance of evidence was discovered during the Special Investigation to substantiate violation of the applicable rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

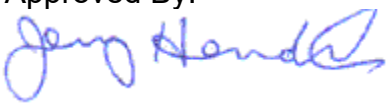
IV. RECOMMENDATION

Upon receipt of an acceptable Corrective Action Plan, I recommend no change to the license.

05/13/2024

Toya Zylstra Date
Licensing Consultant

Approved By:



05/13/2024

Jerry Hendrick Date
Area Manager