



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 13, 2024

Joshua Cheff
Pearl Manor AFC, LLC
3017 Fenton Rd.
Flint, MI 48507

RE: License #: AL250388975
Investigation #: 2024A0580031
Pearl Manor

Dear Joshua Cheff:

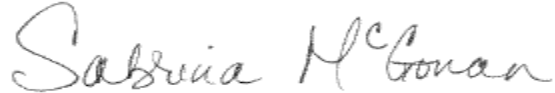
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan". The signature is written in black ink and is positioned above the typed name and address.

Sabrina McGowan, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 835-1019

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL250388975
Investigation #:	2024A0580031
Complaint Receipt Date:	04/18/2024
Investigation Initiation Date:	04/19/2024
Report Due Date:	06/17/2024
Licensee Name:	Pearl Manor AFC, LLC
Licensee Address:	3164 Flushing Road Flint, MI 48504
Licensee Telephone #:	(810) 441-8415
Administrator:	Joshua Cheff
Licensee Designee:	Joshua Cheff
Name of Facility:	Pearl Manor
Facility Address:	3164 Flushing Rd. Flint, MI 48504
Facility Telephone #:	(810) 820-6260
Original Issuance Date:	08/16/2019
License Status:	REGULAR
Effective Date:	02/16/2024
Expiration Date:	02/15/2026
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

	ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED
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II. ALLEGATION(S)

	Violation Established?
The managers all leave by 5pm and leave one staff member to care for all of the residents on their own.	Yes
The residents will often ask for more food but there is none.	No
There is a bug infestation.	No
The owners hunt deer and use the deer meat to feed the residents.	Yes
Some of the residents do not have any sheets on their beds.	Yes
Facility often does not have the necessary towels for residents.	No
Additional Findings	Yes

III. METHODOLOGY

04/18/2024	Special Investigation Intake 2024A0580031
04/18/2024	APS Referral Denied by APS for investigation.
04/19/2024	Special Investigation Initiated - On Site Unannounced onsite inspection.
04/19/2024	Contact - Face to Face Interview with Resident A.
04/19/2024	Contact - Face to Face Interview with Resident B.
04/19/2024	Contact - Face to Face Interview with Resident C.
04/19/2024	Contact - Face to Face Interview with Resident D.
04/19/2024	Contact - Face to Face Interview with Resident E.
04/19/2024	Contact - Face to Face Interview with Resident F.

05/01/2024	Contact - Document Received Email of requested documents received.
06/04/2024	Inspection Completed On-site Unannounced onsite.
06/04/2024	Contact - Face to Face Follow-up interview with Resident C.
06/04/2024	Contact - Face to Face Follow-up interview with Resident D.
06/04/2024	Contact - Face to Face Follow-up interview with Resident E.
06/04/2024	Contact - Face to Face Follow-up interview with Resident F.
06/04/2024	Contact - Face to Face Interview with Resident H.
06/04/2024	Contact - Face to Face Interview with Resident I.
06/12/2024	Exit Conference An Exit Conference was held with LD, Joshua Cheff.

ALLEGATION:

The managers all leave by 5pm and leave one staff member to care for all of the residents on their own.

INVESTIGATION:

On 04/18/2024, I received a complaint via BCAL Online Complaints. This complaint was denied by APS for investigation.

On 04/19/2024, I conducted an unannounced onsite inspection at Pearl Manor. Licensee Designee (LD), Joshua Cheff. LD Cheff denied that the facility is short-staffed. There are currently 19 residents in the facility. None of the residents require a 2-person assist.

On 05/01/2024, I received a copy of the staff schedule for the month of April 2024. The staff schedule reviewed for 04/01/2024-04/28/2024, indicates that a manager or staff

member is present, scheduled Monday through Sunday from 8am-8pm. Other staff work 24-hour shifts, or longer. One additional staff either arrives or departs a 2pm. The schedule does not contain the job titles, nor the last names of the staff.

On 06/04/2024, I conducted a follow up unannounced onsite inspection. While onsite I conducted an interview with Resident C who stated that there is 1 staff in the evening and at night.

On 06/04/2024, while onsite, I conducted an interview with Resident D who stated that there are usually 1 or 2 staff in the evenings and at night.

On 06/04/2024, while onsite, I conducted an interview with Resident E who stated that there are 2 staff at night.

On 06/04/2024, while onsite, I conducted an interview with Resident F while in his room. Resident F stated that there is 1 staff downstairs at night.

On 06/04/2024, while onsite, I interviewed Resident H, who stated that there is 1 staff in the evening and at night.

On 06/04/2024, while onsite, I interviewed Resident I, who stated that there is mostly 1 staff in the evening and at night.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 15 residents during waking hours or less than 1 direct care staff member to 20 residents during normal sleeping hours.
ANALYSIS:	<p>It was alleged that the managers all leave by 5pm and leave one staff member to care for all of the residents on their own.</p> <p>LD Josha Cheff denied that the facility is short-staffed at night. There are currently 19 residents in the facility.</p> <p>The staff schedule reviewed for 04/01/2024-04/28/2024, indicates that a manager or staff member is present, scheduled Monday through Sunday from 8am-8pm. Other staff work 24-hour shifts, with one additional staff either arriving or departing at 2pm.</p>

	<p>Resident C stated that there is 1 staff in the evening and at night. Resident D stated that there are usually 1 or 2 staff in the evenings and at night .Resident E stated that there are 2 staff at night. Resident F stated that there is 1 staff downstairs at night. Resident H stated that there is 1 staff in the evening and at night. Resident I stated that there is mostly 1 staff in the evening and at night.</p> <p>Based on the interviews conducted with LD, Joshua Cheff, Residents C, D, E, F, H, I, and a review of the April 2024 staff schedule which indicates that there is only 1 staff present after 8pm, there is enough evidence to support the rule violation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

The residents will often ask for more food but there is none.

INVESTIGATION:

On 04/19/2024, while onsite, LD Cheff, denied that there is no food or not enough food in the home, indicating that the facility orders groceries weekly, with the groceries arriving each Saturday to the home. This visit occurred on a Friday afternoon. The food supply in the home was observed as being very minimal. While there were several packages of frozen vegetables in the deep freezer, there was 2-3 packages of meat, enough to feed the residents for another day.

On 04/19/2024, while onsite, I interviewed Residents A-F regarding the allegations. Resident A stated that she gets enough food to eat. Resident B stated that she usually gets enough food. Resident C stated that he usually gets enough to eat. Resident D stated that he gets plenty of food to eat and the staff fix more than they need. Resident E stated that he gets enough to eat. Resident F stated that it depends on who’s cooking or what’s being served. Resident F adds that out of 12 meals that are served 6 to 7 of the meals are chicken, whether patties, strips, nuggets. Food in the facility is trash in his opinion. Resident F adds that he assists with bringing the groceries into the facility on Saturday’s when the weekly food is ordered.

On 05/01/2024, I received a copy of weekly Walmart grocery receipts for the facility and food menus. I viewed a food order delivered on 04/06/2024, with 321 items received. I viewed a food order delivered on 04/13/2024, with 272 items received and an order delivered on 04/20/2024, with 311 items. The menus observed for the facility, dated 02/26/2024-04/28/2024 demonstrate a variety of different meal options. Upon review, I

determined that the meals listed on the menu meets the nutritional allowances recommended, per the Recommended Dietary Allowances.

On 06/04/2024, I conducted a follow-up unannounced onsite inspection. The food supply was observed. Staff was observed stocking the groceries in the home. The deep freezer contained an ample number of frozen meats and processed food items, frozen vegetables, breakfast foods, etc. The kitchen cupboards and fridge were also stocked with necessary canned goods and perishable food items. While onsite I spoke with Jennifer Cheff, wife of LD Cheff, who indicated that she's mistakenly ordered the groceries in advance, which is why staff is being seen re-stocking the food. This visit occurred on a Tuesday. The food in the home was deemed sufficient to meet the needs of residents.

APPLICABLE RULE	
R 400.15313	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:	<p>It was alleged that residents will often ask for more food but there is none.</p> <p>LD Cheff, denied that there is no food or not enough food in the home, indicating that the facility orders groceries weekly, with the groceries arriving each Saturday to the home. The food supply in the home was observed as being very minimal, enough to feed the residents for another day.</p> <p>I interviewed Residents A-F regarding the allegations. Resident A-E all stated that they get enough food. Resident F stated that food in the facility is trash. Resident F adds that he assists with bringing the groceries into the facility on Saturday's when the weekly food is ordered.</p> <p>Weekly Walmart grocery receipts for the facility reflect weekly grocery orders for 04/06/2024, 04/13/2024, and 04/20/2024.</p> <p>The menus observed for the facility, dated 02/26/2024-04/28/2024 demonstrate a variety of different meal options that the meals listed on the menu meets the nutritional allowances recommended, per the Recommended Dietary Allowances.</p>

	<p>At the follow-up unannounced onsite inspection conducted on 06/04/2024, the food supply in the home was deemed sufficient to meet the needs of residents.</p> <p>Based on the interviews conducted with LD Joshua Cheff, Residents A-F, a review of the food supply, weekly grocery receipts and the homes menu there is not enough evidence to support the rule violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

There is a bug infestation.

INVESTIGATION:

On 04/19/2024, while onsite, LD Cheff denied a current bug infestation, stating that he has a contract with Orkin Exterminators, who provide monthly treatments and spot checks in the home.

While onsite I was able to inspect the kitchen, living and dining room area, and several resident bedrooms. No bugs were observed during the onsite inspection.

On 05/01/2024, I received a copy of the Orkin Exterminator account for the facility located at 3164 Flushing Rd., Flint. The information reviewed shows a bi-monthly standard treatment service being provide to the facility. Dates listed are 3/13/2024, 03/27/2024, and 04/10/204.

On 06/04/2024, while onsite, I interviewed Residents C, D, E, H, and I regarding the allegations. Resident C stated that he has not seen any bugs recently, adding that the facility is sprayed about once a month to try and stay on top of the problem. Resident D stated that he has not seen any bugs. The facility is regularly sprayed. Resident E stated that he has not seen any bugs in the home. Resident H stated that he has not seen any bugs in the facility. Resident I stated that the facility gets sprayed regularly and has not seen any bugs in the facility.

While onsite I was able to inspect the kitchen, living and dining room area, and several resident bedrooms. No bugs were observed during the onsite inspection.

APPLICABLE RULE	
R 400.15401	Environmental health.
	(5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner that continually protects the health of residents.
ANALYSIS:	<p>It was alleged that there is a bug infestation.</p> <p>No bugs were seen during the onsite inspections conducted on 04/19/24 and 06/04/2024.</p> <p>LD Joshua Cheff denied a current bug infestation, stating that he has a contract with Orkin Exterminators, who provide monthly treatments and spot checks in the home.</p> <p>The Orkin Exterminator account reviewed shows a bi-monthly standard treatment service being provide to the facility.</p> <p>I interviewed Residents C, D, E, H, and I regarding the allegations. Each resident stated that they have not seen any bugs in the facility.</p> <p>Based on the interviews conducted with LD Cheff, Residents C, D, E, H, I, a review of the Orkin contract and an observation of the facility, there is not enough evidence to support the rule violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The owners hunt deer and use the deer meat to feed the residents.

INVESTIGATION:

On 04/19/2024, LD Cheff indicates that the residents are served Venison. He shared that the meat is processed via a licensed butcher before being served to the residents.

APPLICABLE RULE	
R 400.15402	Food service.
	(1) All food shall be from sources that are approved or considered satisfactory by the department and shall be safe for human consumption, clean, wholesome and free from spoilage, adulteration, and misbranding.

ANALYSIS:	<p>It was alleged that the owners hunt deer and use the deer meat to feed the residents.</p> <p>LD Cheff indicates that the residents are served Venison, which is processed via a licensed butcher before being served to the residents.</p> <p>Based on the interview conducted with the LD Cheff, there is enough evidence to support the rule violation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Some of the residents do not have sheets on their beds.

INVESTIGATION:

On 04/19/2024, LD Cheff, denied the allegations that there are no sheets. While onsite, staff was observed doing laundry in the laundry area, where towels and sheets are stored. There was a limited number of clean sheets being stored. Staff indicated that she was in the process of washing these items, hence why the supply seems so low.

While onsite I observed several resident rooms, all with the sheets on the beds in the occupied rooms, with the exception of the sheets being washed.

On 06/04/2024, I conducted a follow up onsite inspection. While onsite I conducted an interview with Residents C, D, E, H, and I regarding the allegations. Resident C stated that everyone receives sheets as needed. Resident D stated that he has no issues getting clean sheets. Resident E stated that he gets clean sheets. Resident H stated that everyone receives sheets as needed. Resident I stated that everyone receives sheets as needed.

On 06/04/2024, while onsite, I conducted a follow-up interview with Resident F while in his room. He did not have a sheet on his bed. When asked, where his sheet was, he could not locate it and indicated, "it's just going to come off anyway".

While onsite, I again observed staff doing laundry in the laundry area, where towels and sheets are stored. Again, there was a limited number of clean sheets being stored in excess while doing resident laundry.

APPLICABLE RULE	
R 400.15411	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.
ANALYSIS:	<p>It was alleged that some of the residents do not have sheets on their beds.</p> <p>LD Cheff denied the allegations that there are no sheets.</p> <p>I interviewed Residents C, D, E, H, and I regarding the allegations. Each resident stated that everyone receives sheets as needed.</p> <p>While onsite I observed several resident rooms, all with the sheets on the beds in the occupied rooms, except for the bed belonging to Resident F. Resident F did not have a sheet on his bed.</p> <p>Extra sheets in the home are limited in supply as there are 2-3 clean sheets being stored when staff are doing laundry.</p> <p>Based on the interviews conducted with LD Cheff, Residents C, D, E, H, I, and an observation of Resident F's bed observed without sheets, there is enough evidence to support the rule violation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Facility often does not have the necessary towels for residents.

INVESTIGATION:

On 04/19/2024, LD Cheff, denied the allegations that there are no towels for residents. While onsite, staff was observed doing laundry in the laundry area, where towels and sheets are stored. There was a limited number of clean towels being stored. Staff indicated that she was in the process of washing these items, hence why the supply seems so low.

On 06/04/2024, I conducted a follow up onsite inspection. While onsite I conducted an interview with Residents C, D, E, H, and I. Resident C stated that everyone receives towels as needed. Resident D stated that he has no issues getting clean towels. Resident E stated that he gets clean towels. Resident F stated that he buys his own towels. Resident H stated that everyone receives towels as needed. Resident I stated that everyone receives towels as needed.

While onsite, I again observed staff doing laundry in the laundry area, where towels and sheets are stored. Again, there was a limited number of clean towels being stored in excess while doing resident laundry.

APPLICABLE RULE	
R 400.15411	Linens.
	(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:	<p>It was alleged that the facility often does not have the necessary towels for residents.</p> <p>LD Cheff denied the allegations that there are no towels for residents.</p> <p>At both onsite inspections, I observed that there was a limited number of clean towels being stored.</p> <p>Resident C stated that everyone receives towels as needed.</p> <p>Resident D stated that he has no issues getting clean towels.</p> <p>Resident E stated that he gets clean towels.</p> <p>Resident F stated that he buys his own towels.</p> <p>Resident H stated that everyone receives towels as needed.</p> <p>Resident I stated that everyone receives towels as needed.</p> <p>Based on the interviews conducted with LD Cheff, Residents C, D, E, H, I, and an observation of the homes towel supply, there is not enough evidence to support the rule violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 05/01/2024, the copy of the April 2024 staff schedule received, maintained by the facility, does not the job titles of staff on duty.

APPLICABLE RULE	
R 400.15208	Direct care staff and employee records.
	(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information: (b) Job titles.
ANALYSIS:	Based on the observation of the facility's staff schedule, dates 04/01/2024-04/28/2024, there is enough evidence to support the rule violation.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 06/04/2024, while onsite, I observed the bedroom shared between Residents F and G.

The bed on Resident G's side of the room was observed in complete disarray, with no sheets and clothes strewn all about. There are also miscellaneous items, i.e. bags, pop bottles, shoes, that are being stored on the floor behind a reclining chair. The room does not present in a neat an orderly fashion. While in the room, I observed that the curtains had been pulled up, allowing an unobstructed view to the outside parking lot. The curtain rod was observed bent, as if it were about to break. I also observed peeling paint along the entire window frame. Photos were taken.

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

ANALYSIS:	Based on the observation and photos of the bedroom belonging to Residents F and G, there is enough evidence to support the rule violation.
CONCLUSION:	VIOLATION ESTABLISHED

06/12/2024, I conducted an exit conference with Licensee Designee, Joshua Cheff, LD Cheff was informed of the findings of this investigation.

IV. RECOMMENDATION

Upon the receipt of an approved corrective action plan, no change to the status of the license is recommended.

 June 13, 2024

Sabrina McGowan Date
Licensing Consultant

Approved By:

 June 13, 2024

Mary E. Holton Date
Area Manager