



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 13, 2024

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

RE: License #: AL250388977
Investigation #: 2024A0580030
Marie Manor

Dear Joshua Cheff:

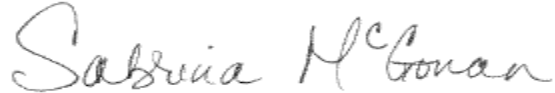
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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".

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 #:	AL250388977
Investigation #:	2024A0580030
Complaint Receipt Date:	04/18/2024
Investigation Initiation Date:	04/19/2024
Report Due Date:	06/17/2024
Licensee Name:	Marie Manor AFC, LLC
Licensee Address:	3162 Flushing Road Flint, MI 48504
Licensee Telephone #:	(810) 441-8415
Administrator:	Joshua Cheff
Licensee Designee:	Joshua Cheff
Name of Facility:	Marie Manor
Facility Address:	3162 Flushing Rd. Flint, MI 48504
Facility Telephone #:	(810) 441-8415
Original Issuance Date:	08/06/2019
License Status:	REGULAR
Effective Date:	02/06/2024
Expiration Date:	02/05/2026
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

	AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS
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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 2024A0580030
04/18/2024	APS Referral Denied by APS.
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 Documents requested received via email.
06/04/2024	Inspection Completed On-site Unannounced follow-up onsite inspection.
06/04/2024	Contact - Face to Face Follow-up interview with Residents A, B, C, D and E.
06/04/2024	Contact - Face to Face Interview with Resident G.
06/04/2024	Contact - Face to Face Interview with Resident H.
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 20 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 interviews with Resident A-E, and G-I regarding the allegations

On 06/04/2024, while onsite, I conducted an interview with Resident A, who stated that there is one staff at night.

On 06/04/2024, while onsite, I conducted an interview with Resident B, who stated that there is one staff at night.

On 06/04/2024, while onsite, I conducted an interview with Resident C, who stated that there is one staff at night.

On 06/04/2024, while onsite, I interviewed Resident D, who stated that the home manager Jeff Farnsworth is present until 5pm, then there is 1 staff.

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

On 06/04/2024, while onsite, I interviewed Resident G, who stated that there is 1 staff at night.

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

On 06/04/2024, while onsite, I interviewed Resident I, who stated that there is 1 staff 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 A-E, and G-I all indicate that there is one staff at night.</p>

	Based on the interviews conducted with LD Cheff, Resident A-E, and G-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.
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 he loves the food. Resident B stated that the facility offers variety such as pork chops and beef patties. He stated that he usually gets enough to eat. Resident C stated that he gets enough to eat. Resident D stated that the food is fine, however, he'd like to eat more salads. Resident E stated that the food is awful, and they are forced to eat Venison or whatever they serve. He adds that the facility serves a lot of processed foods that make him throw up. He denied any weight loss issues as a result. Resident F stated that the facility serves too much of the same things. He also does not like when the food touches.

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 291 items received. I viewed a food order delivered on 04/13/2024, with 269 items received and an order delivered on 04/20/2024, with 276 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 indicted 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.

While onsite, I interviewed additional residents G, H, and I regarding the allegations. Resident G stated that the food is good and gets enough to eat. Resident H stated that he likes the food and gets enough to eat. Resident I indicated that he likes the food that is served and has no complaints.

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-I regarding the allegations. Resident A- C all stated that they get enough food. Resident D stated that the food is fine, however, he'd like to eat more salads. Resident E stated that the food is awful, and they are forced to eat Venison or whatever they serve. Resident F stated that the facility serves too much of the same things. He also does not like when the food touches. Resident G stated that the food is good and gets enough to eat. Resident H stated that he likes the food and gets enough to eat. Resident I indicated that he likes the food that is served and has no complaints.</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-I, 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.

On 4/19/2024, 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 3162 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 A-E, and Residents G-I regarding the allegations. All of them stated that the home sprays and no bugs have been seen.

On 6/04/2024, while onsite I, again inspected 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:	It was alleged that there is a bug infestation.

	<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>No bugs were observed during the onsite inspections conducted on 04/19/24 and 06/04/2024.</p> <p>The Orkin Exterminator account reviewed shows a bi-monthly standard treatment service being provide to the facility.</p> <p>I interviewed Residents A-E, and G-I regarding the allegations. Each resident stated that they have not observed any bugs in the facility.</p> <p>Based on the interviews conducted with LD Cheff, Residents A-E, and G-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:	It was alleged that the owners hunt deer and use the deer meat to feed the residents.

	<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 any 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 A-E and G-I regarding the allegations. Resident A stated that he gets clean sheets. Resident B stated that he has no problems getting clean sheets as needed. Residents C, D, and E all indicated that they get clean sheets. When in Resident G’s room, he stated that he has no problem getting sheets. Resident G’s roommate, Resident K was not present in the room, however, his covers were pulled back revealing a dirty fitted sheet, stained with what appeared to be old blood. A photo was taken. Residents H and I both stated that they have no problems getting clean sheets as needed. I observed Resident J sleeping on his bed with no sheets on them. When asked the home manager Jeff Farnsworth indicated that they were being washed.”

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 A-E and G-I, regarding the allegations. Each resident stated that everyone receives sheets as needed.</p> <p>I observed Resident J sleeping on his bed with no sheets on and Resident K 's bed revealed a dirty fitted sheet, stained with what appeared to be old blood.</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 A-E and G-I, and an observation of Resident J sleeping on the bed with no sheets and the stained fitted sheet for Resident K, 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 A-E and G-I, all of whom state that they get clean 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 sheets 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>Residents A-E and G-I, all stated that they get clean towels as needed.</p> <p>Based on the interviews conducted with LD Cheff, A-E and G-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 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

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.

Sabrina McGowan

June 13, 2024

Sabrina McGowan
Licensing Consultant

Date

Approved By:

Mary Holton

June 13, 2024

Mary E. Holton
Area Manager

Date