GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 23, 2024

Lisa Murrell
Community Living Centers Inc
33235 Grand River
Farmington, MI 48336

RE: License #: AL630007298
Investigation #: 2024A0991025
CLC House 2

Dear Lisa Murrell:

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 (248) 975-5053.

Sincerely,

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
(248) 296-2783

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT
THIS REPORT CONTAINS QUOTED PROFANITY

I. IDENTIFYING INFORMATION

License #:	AL630007298
Investigation #:	2024A0991025
Complaint Receipt Date:	06/20/2024
Investigation Initiation Date:	06/21/2024
Report Due Date:	08/19/2024
Licensee Name:	Community Living Centers Inc
Licensee Address:	33235 Grand River Farmington, MI 48336
Licensee Telephone #:	(248) 478-0870
Licensee Designee:	Lisa Murrell
Name of Facility:	CLC House 2
Facility Address:	21345 Tuck Road Farmington Hills, MI 48336
Facility Telephone #:	(248) 476-3030
Original Issuance Date:	07/31/1976
License Status:	REGULAR
Effective Date:	04/01/2024
Expiration Date:	03/31/2026
Capacity:	16
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
On 06/11/24, Resident A took a drink of direct care worker Nicole Mitchell's iced tea. Ms. Mitchell responded by saying to Resident A, "I sucked my husband before work and now you are drinking that."	Yes

III. METHODOLOGY

06/20/2024	Special Investigation Intake 2024A0991025
06/21/2024	Special Investigation Initiated - Telephone Call to Office of Recipient Rights (ORR) worker, Natalie Hall
06/21/2024	Referral - Recipient Rights Received from ORR
06/21/2024	APS Referral Not referred to Adult Protective Services (APS) - No allegations of abuse/neglect
06/26/2024	Inspection Completed On-site Unannounced onsite inspection- interviewed staff and residents
06/28/2024	Contact - Telephone call made To assistant director, Nathalie Demers
06/28/2024	Contact - Telephone call made Left message for staff, Nicole Mitchell
07/09/2024	Contact - Telephone call made Left message for Nicole Mitchell
07/10/2024	Contact - Telephone call received Interviewed staff, Nicole Mitchell
07/15/2024	Contact - Telephone call received From Nicole Mitchell
07/16/2024	Contact - Telephone call made Interviewed staff, Barbara Poinsette

07/17/2024	Contact - Telephone call made Left message for licensee designee, Lisa Murrell re: exit conference
07/18/2024	Exit Conference Via telephone with licensee designee, Lisa Murrell

ALLEGATION:

On 06/11/24, Resident A took a drink of direct care worker Nicole Mitchell's iced tea. Ms. Mitchell responded by saying to Resident A, "I sucked my husband before work and now you are drinking that."

INVESTIGATION:

On 06/21/24, I received a complaint from the Office of Recipient Rights (ORR), alleging that on 06/11/24, Resident A took a drink of direct care worker Nicole Mitchell's iced tea. Ms. Mitchell responded by saying to Resident A, "I sucked my husband before work and now you are drinking that." The complaint noted that staff, Letesha Brown, observed the incident and reported it to the assistant director of Community Living Centers, Nathalie Demers. I initiated my investigation on 06/21/24 by contacting the assigned ORR worker, Natalie Hall. The complaint was not referred to Adult Protective Services (APS), as there were no allegations of abuse or neglect.

On 06/26/24, I conducted an unannounced onsite inspection at CLC House 2 with the assigned ORR worker, Natalie Hall. I interviewed direct care worker/med coordinator, Letesha Brown. Ms. Brown stated that on 06/11/24, she was working with direct care worker, Nicole Mitchell. Ms. Mitchell had a can of Arizona Iced Tea and Resident A drank her tea. Ms. Brown heard Ms. Mitchell say to Resident A, "I sucked my husband before work and now you're drinking that." Ms. Brown stated that Resident A was sitting on the couch and Ms. Mitchell was bent over her. Ms. Brown was a few feet away, as she was walking into the office that is near the living room. She stated that she clearly heard what Ms. Mitchell said. Ms. Brown did not say anything to Ms. Mitchell. She walked into the office and closed the door. She stated that Resident A responded to Ms. Mitchell by saying, "Don't say that," in a slow, drawn-out manner. Ms. Brown stated that she later called Resident A into the office and asked her if she was okay. She apologized for what Ms. Mitchell said to her and Resident A said that she was okay. Ms. Brown stated that the following morning she called the assistant director, Nathalie Demers, to report what she observed. Ms. Brown stated that nobody else witnessed this interaction. This was only the second time she worked with Ms. Mitchell. The first time she worked with her, Ms. Mitchell was nice and very quiet. During the shift on 06/11/24, Ms. Brown stated that Ms. Mitchell was "steady cussing" all day. She stated that she had to redirect Ms. Mitchell to watch her language at least six times. There were residents around when Ms. Mitchell was cussing, but Ms. Mitchell did not seem to care.

Ms. Brown stated that some of the residents in the home have told her that Ms. Mitchell is always hollering and being loud. She stated that direct care worker, Troy Sylvester, works with Ms. Mitchell on a more regular basis.

On 06/26/24, I interviewed direct care worker, Troy Sylvester. Mr. Sylvester stated that he has worked in the home for two years. He frequently works with Nicole Mitchell. She typically does her job well and is a good worker. He stated that he has heard her swear sometimes. He said, “She says ‘MF’ but uses the actual words.” Ms. Mitchell usually swears when she is talking about life or different situations. The residents are not typically around when she is cussing. They are usually in their bedrooms or the activity room. Mr. Sylvester stated that he never heard Ms. Mitchell say anything inappropriate towards any of the residents in the home. He never observed Ms. Mitchell hollering or yelling at the residents. He stated that Ms. Mitchell has a loud voice. Mr. Sylvester stated that the residents have never said anything good or bad about Ms. Mitchell to him.

On 06/26/24, I interviewed Resident A. Resident A stated that she recalled a time when she took Nicole Mitchell’s iced tea. After she took the tea, Ms. Mitchell yelled at her and told her that she had no business doing that. She stated that she could not remember exactly what Ms. Mitchell said to her. When asked if Ms. Mitchell said, “I sucked my husband this morning and now you are drinking that,” Resident A stated that Ms. Mitchell did say that. She said that Ms. Mitchell “talked very inappropriate” and she did not like hearing that. Resident A said that Letesha talked to her about it that day in her office. She did not remember if anyone else was around. Resident A stated that Ms. Mitchell is “always like that” every time she works. She stated that Ms. Mitchell swears all the time, talks on her phone, and smokes cigarettes all the time. She could not give specific examples of what Ms. Mitchell says. She stated, “just swear words.” Resident A said that she is around and hears Ms. Mitchell swearing and sometimes Ms. Mitchell swears at her.

On 06/26/24, I interviewed Resident B. Resident B stated that she likes living in the home and the staff treat her well. She stated that it is “okay” when Nicole Mitchell is working in the home. She never heard Ms. Mitchell swearing, yelling, or hollering. She said Ms. Mitchell speaks at a medium volume. Ms. Mitchell is nice, and she does not have any issues with her.

On 06/26/24, I interviewed Resident C. Resident C stated that she likes living in the home. The staff are all okay. She stated that she does not have any issues with Nicole Mitchell. She stated that Ms. Mitchell “kind of swears a lot.” She is usually on her cell phone and cusses while she is talking on the phone. It is never directed at the residents who live in the home. She stated that she never heard Ms. Mitchell yelling, hollering, or being loud.

On 06/26/24, I attempted to interview Resident D and Resident E, but they had limited verbal and cognitive abilities and were unable to answer questions.

On 06/28/24, I spoke to the assistant director of Community Living Centers, Nathalie Demers. Ms. Demers stated that Nicole Mitchell was suspended and removed from the schedule pending the outcome of the investigation. She was notified of the investigation, but there has not been a formal write up yet.

On 07/10/24, I interviewed Nicole Mitchell via telephone. Ms. Mitchell could not recall how long she worked at CLC House 2, but she stated that it was less than a year. While working in the home, Resident A took Ms. Mitchell's iced tea and drank it on several occasions. This happened nearly every time she worked in the home. She stated that she reported this to the acting home manager, Barbara Poinsette, and one time she offered to give her money and let her go to the store to repurchase her drinks. She stated that Resident A would take her tea and drink it, no matter where she laid it down. Resident A took her drinks if they were in the refrigerator or if they were on the counter. Resident A would wait for Ms. Mitchell to go to the bathroom or go downstairs, and then she would use that opportunity to steal her drink. Ms. Mitchell stated that it was only after she was "victimized a few times" that staff told her Resident A has a habit of taking staff's drinks. Ms. Mitchell stated that on one occasion, in response to Resident A taking her drink, she "let (Resident A) know the dangers of drinking behind someone." Ms. Mitchell told Resident A that if someone has a cold or COVID then Resident A has to be cautious and practice safety. Ms. Mitchell stated that she never said, "I sucked my husband this morning and now you are drinking that." She stated that she is 53 years old and would never talk about her sex life with anyone. Ms. Mitchell denied using profanity while at work. She stated that you are not supposed to use that language, especially in a professional environment. Ms. Mitchell felt she was being targeted by other staff in the home. She stated that there are a lot of friends who work in the business, and they might have felt she was stepping on their toes and taking their hours.

On 07/15/24, I received a follow up phone call from Nicole Mitchell. Ms. Mitchell again stated that she felt this complaint was a targeted attack, because she was taking hours away from other staff in the home. Staff told her that they were getting overtime before she started working in the home. She stated that she was always "dogged on" by other staff, as they did not do the dishes or complete household tasks prior to her coming on shift. She stated that the other staff in the home are lazy and do not want to clean the bathrooms or wash the dishes. Ms. Mitchell stated that she was planning to resign from her position prior to being removed from the schedule due to this investigation. She stated that there are other staff in the home who talk to people in a very sharp manner. Staff will point a finger at the residents and tell them to sit down. She stated that on one occasion, Letesha Brown refused to give Resident B some jello because she got mad at her for not sitting down fast enough. Ms. Mitchell stated that she never got into it with any of the residents in the home. She did not have a problem with any of the residents and they all liked her.

On 07/16/24, I interviewed direct care worker, Barbara Poinsette. Ms. Poinsette stated that she is not the acting home manager. All of the staff work together in the home, and

they do not have a home manager at this time. She stated that she frequently worked shifts with Nicole Mitchell. She never observed Ms. Mitchell cussing or swearing at or in front of any of the residents in the home. She stated that she would not have tolerated that type of behavior. Ms. Mitchell was always appropriate in her interactions with the residents while Ms. Poinsette was in the home. The residents appeared to like Ms. Mitchell and did not voice any complaints about her to Ms. Poinsette. Ms. Poinsette stated that she knew Resident A took Nicole Mitchell's iced tea on several occasions. Ms. Mitchell told Ms. Poinsette that this was happening, and Ms. Poinsette told her that is just what Resident A does. She stated that she offered to replace her drinks. Ms. Poinsette stated that she was aware of the ongoing investigation, but she was off work at the time it happened. She stated that the med coordinator, Letesha Brown, told her what happened the day after the incident. Ms. Poinsette was not aware of any issues between staff, and it did not seem as though any of the staff in the home had an issue with Ms. Mitchell. Ms. Poinsette stated that she did not have any reason to believe that Letesha Brown was lying about what happened. Resident A did not tell Ms. Poinsette about the incident, and she did not question her about it.

On 07/17/24, I contacted the licensee designee, Lisa Murell to conduct an exit conference via telephone. Ms. Murell was not available, so I left a message and requested a return phone call.

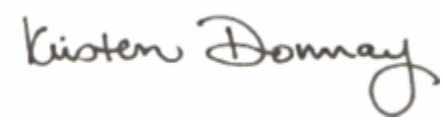
On 07/18/24, I received a return phone call and reviewed my findings with Ms. Murell. She agreed with the findings and stated that Nicole Mitchell had been suspended pending the outcome of the investigation and her employment would be terminated. Ms. Murell agreed to submit a corrective action plan to address the violation.

APPLICABLE RULE	
R 400.15305	**Resident Protection**
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	Based on the information gathered through my investigation, there is sufficient information to conclude that Resident A was not treated with dignity when direct care worker, Nicole Mitchell, responded to Resident A taking her iced tea by saying, "I sucked my husband before work and now you are drinking that." Direct care worker, Letesha Brown, observed and reported the interaction. Resident A stated that Ms. Mitchell yelled at her and talked inappropriately towards her after she took Ms. Mitchell's tea. Ms. Mitchell denied the allegations and stated that she was being targeted by staff in the home. She stated that other staff in

	the home speak to the residents in a sharp and disrespectful manner.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

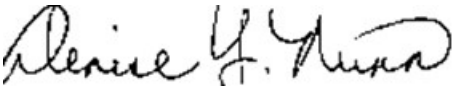
Contingent upon the receipt of an acceptable corrective action plan, I recommend no change to the status of the license.



07/18/2024

Kristen Donnay Date
Licensing Consultant

Approved By:



07/23/2024

Denise Y. Nunn Date
Area Manager