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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

September 19, 2024

Jennifer Bhaskaran Alternative Services Inc. Suite 10 32625 W Seven Mile Rd Livonia, MI 48152

| RE: License #:   | AS250077486  |
|------------------|--------------|
| Investigation #: | 2024A1039048 |
| _                | Stanley Road |

#### Dear Jennifer Bhaskaran:

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,

Martin Gonzales, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street

P.O. Box 30664 Lansing, MI 48909

Mark Coogles

Lansing, wir 40303

enclosure

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

# I. IDENTIFYING INFORMATION

| License #:                     | AS250077486               |
|--------------------------------|---------------------------|
| love of in off on the          | 000444000040              |
| Investigation #:               | 2024A1039048              |
| Complaint Receipt Date:        | 07/30/2024                |
| •                              |                           |
| Investigation Initiation Date: | 07/30/2024                |
| David Dav Data                 | 00/00/0004                |
| Report Due Date:               | 09/28/2024                |
| Licensee Name:                 | Alternative Services Inc. |
|                                | , and madre convices mor  |
| Licensee Address:              | Suite 10                  |
|                                | 32625 W Seven Mile Rd     |
|                                | Livonia, MI 48152         |
| Licensee Telephone #:          | (248) 471-4880            |
| Licensee Telephone #.          | (240) 47 1-4000           |
| Administrator:                 | Candy Hamilton            |
|                                |                           |
| Licensee Designee:             | Jennifer Bhaskaran        |
| N 65 W                         | 0                         |
| Name of Facility:              | Stanley Road              |
| Facility Address:              | 2162 Stanley Road         |
| Tuomity Addition               | Mt Morris, MI 48458       |
|                                |                           |
| Facility Telephone #:          | (248) 471-4880            |
| Oddina III a a sa a Bata       | 40/00/4007                |
| Original Issuance Date:        | 10/22/1997                |
| License Status:                | REGULAR                   |
|                                | 1.12021.11                |
| Effective Date:                | 06/27/2024                |
|                                |                           |
| Expiration Date:               | 06/26/2026                |
| Capacity:                      | 6                         |
| Capacity.                      | U                         |
| Program Type:                  | PHYSICALLY HANDICAPPED    |
| 3 3.                           | DEVELOPMENTALLY DISABLED  |

| MENTALLY ILL |
|--------------|
| AGED         |

# II. ALLEGATION(S)

Violation Established?

| Staff Mary Jones told Residents to go to their bedrooms and stay | Yes |
|--|-----|
| there.   |     |

### III. METHODOLOGY

| 07/30/2024 | Special Investigation Intake 2024A1039048   |
|------------|---|
| 07/30/2024 | APS Referral<br>Sent in via email   |
| 07/30/2024 | Special Investigation Initiated - Letter emailed Genesee Health Systems ORR Matt Potts regarding complaint. |
| 08/08/2024 | Inspection Completed On-site Interviewed Home Manager, DCW and Residents A, B and C.                        |
| 09/10/2024 | Contact - Telephone call made Phone interview with GHS case worker Lynda Balius.                            |
| 09/10/2024 | Contact - Document Received<br>Email from GHS ORR Matt Potts.   |
| 09/16/2024 | Inspection Completed-BCAL Sub. Compliance   |
| 09/17/2024 | Exit Conference<br>Completed with LD.   |

### **ALLEGATION:**

Staff Mary Jones told Residents to go to their bedrooms and stay there.

# **INVESTIGATION:**

On 07/30/2024, the Bureau of Community and Health Systems (BCSH) received the above allegation, via the BCHS online complaint system. It is alleged that on 07/29/2024, Staff Mary Jones told Residents to go to their bedrooms and stay there.

On 07/30/2024, Department of Health and Human Services Centralized Intake Supervisor Derek Johnson denied the Adult Protective Services (APS) complaint. The complaint was not assigned for investigation.

On 08/08/2024, I completed an unannounced investigation at Stanley Road concerning the allegations. I interviewed the following people: Home Manager Valerie Walton, Direct Care Worker Mary Jones, Resident A, Resident B and Resident C.

On 08/08/2024, I completed an interview with the Home Manager (HM) Valerie Walton concerning the allegations. HM Walton stated that she did not believe they were true as she has not observed her staff make any residents go to their room. HM Walton stated on 07/29/2024, the date of the alleged incident occurred the residents were all outside. HM Walton stated that she has had no past complaints of residents being made to go to their room, and she is not sure why this complaint was made. HM Walton stated that she was not present at the time of the alleged incident so she can only comment on what she was told. HM Walton stated that there is not incident report for the alleged incident at nothing occurred that required an incident report.

On 08/08/2024, I completed an interview with Direct Care Worker (DCW) Mary Jones concerning the allegations. DCW Jones stated that the allegations were not true and that she never told a resident to go stay in their room. DCW Jones stated that on 07/29/2024, all of the residents were outside because it was nice out and they were not in the house much that day. DCW Jones stated that she was sitting outside with the residents doing paperwork. DCW Jones stated that she has never witnessed any staff tell residents to go to their room either. DCW Jones stated that she listens to the residents when they have any issues and then just goes about her day, she does not get upset even when residents use inappropriate verbal communication with her. DCW Jones stated that she will try and resolve it with the resident, but that she has never sent them to their room because of it.

On 08/08/2024, I completed an interview with Resident A concerning the allegations. Resident A was neat and clean and was able to communicate with no issues. I interviewed Resident A in the home manager's office. Resident A is diagnosed with the following: Bipolar disorder and Posttraumatic stress disorder. Resident A stated that DCW Jones sends her to her room all of the time for no reason. Resident A stated that she thinks she sends her to her room because she doesn't want to deal with her. Resident A stated that DCW Jones sends her to her room probably once a week. Resident A stated that DCW Jones yells at her and Resident B all of the time. Resident A stated that DCW Jones has been yelling at the residents for a long time and that she has been making her go back to her room for approximately 6 months. Resident A stated that she doesn't always get along with all of the staff, but they never have sent her back to her room.

I reviewed Resident A's IPOS dated 07/02/2024 and Assessment Plan for AFC Residents dated 05/20/2024. Neither plan indicates that Resident A will be sent to her

room as part of any behavioral plan. Staff is to redirect and prompt Resident A if there are issues with her behaviors or communication.

On 08/08/2024, I completed an interview with Resident B concerning the allegations. Resident B was neat and clean and was able to communicate with no issues. I interviewed Resident B in the home managers office. Resident B stated that she has never been sent to her room by any staff member. Resident B stated that staff have never yelled at her. Resident B stated that she has witnessed staff make Resident A go back to her room and stay there. Resident B stated that she has not observed staff make any other resident go back to their room besides Resident A. Resident B stated that she did not think that staff sent Resident A back to her room for any kind of safety reason, she thinks that they made Resident A go back to her room for no reason at all. Resident B stated that staff send Resident A back to her room like once a week. Resident B stated that she has only witnessed DCW Jones send Resident A back to her room.

On 08/08/2024, I completed an interview with Resident C concerning the allegations. Resident C was neat and clean and was able to communicate with minor issues. I interviewed Resident C in the home manager's office. Resident C stated that she has not been sent to her room but that she has witnessed staff send Resident A to her room. Resident C stated that sees Resident A gets sent to her room about once a week and has witnessed other residents get yelled at by staff. Resident C stated DCW Jones is the only staff that sends Resident A to her room. Resident C stated that she has not had any staff yell at her since she has been in the home.

On 09/10/2024, I completed a phone interview with Resident A's Genesee Health Systems Case Manager (CM) Lynda Balius concerning the allegations. CM Balius stated that she has not heard of these allegations and knows nothing about them. CM Balius stated that she just saw Resident A on 09/09/2024 at Stanley Road and she did not mention anything in regard to the allegations.

On 09/10/2024, Genesee Health Systems Office of Recipient Rights (ORR) Matt Potts. ORR Potts informed me that he completed his investigation and that he did not substantiate.

On 09/17/2024, I completed an exit conference with License Designee (LD) Jennifer Bhaskaran. I informed her of the results of my investigation. LD Bhaskaran had some questions concerning what steps might be taken to formulate an appropriate corrective action plan. LD Bhaskaran stated that she would complete a corrective action plan after she receives her special investigation report.

| APPLICABLE R | RULE  |
|--------------|---|
| R 400.14304  | Resident rights; licensee responsibilities.             |
|              |   |
|              | (1) Upon a resident's admission to the home, a licensee |
|              | shall inform a resident or the resident's designated    |

|             | representative of, explain to the resident or the resident's designated representative, and provide to the resident or the resident's designated representative, a copy of all of the following resident rights:  (o) The right to be treated with consideration and respect, with due recognition of personal dignity, individuality, and the need for privacy.  (p) The right of access to his or her room at his or her own discretion.   |
|-------------|--|
| ANALYSIS:   | It is alleged that Staff Mary Jones told Residents to go to their bedrooms and stay there.  I interviewed the following people: Home Manager, Direct Care Worker, Guardian A1, GHS case manager, GHS Office of Recipient Rights worker and Residents A, B, and C. Staff Jones denied sending any resident to his/her room. I reviewed Resident A's IPOS and Assessment Plan for AFC Residents which does not indicate Resident A is to be sent to her room. Residents A, B, and C all confirmed Resident A is sent to her room. Residents A, B, and C also reported that Staff Jones is yelling at the residents which is not treating them with dignity.  Upon completion of my investigation it was determined that there was a preponderance of evidence to conclude that R 400.14304 (1) was violated. |
| CONCLUSION: | VIOLATION ESTABLISHED  |

# IV. RECOMMENDATION

Upon receipt of approved corrective action plan, I recommend no change in licensure status.

Martin Gonzales
Licensing Consultant

09/19/2024

Approved By:

09/19/2024

Mary E. Holton Date
Area Manager