GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 11, 2024

Carmin Harris
Aspen Assisted Living LLC
32408 W Seven Mile Rd
Livonia, MI 48152

RE: License #: AL820398863
Investigation #: 2024A0119039
Aspen Assisted Living LLC

Dear Carmin Harris:

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.
- ho 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 (313) 456-0380.

Sincerely,

Shatonla Daniel, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-3003

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL820398863
Investigation #:	2024A0119039
Complaint Receipt Date:	05/03/2024
Investigation Initiation Date:	05/08/2024
Report Due Date:	07/02/2024
Licensee Name:	Aspen Assisted Living LLC
Licensee Address:	32408 W Seven Mile Rd Livonia, MI 48152
Licensee Telephone #:	(248) 987-4460
Administrator:	Carmin Harris
Licensee Designee:	Carmin Harris
Name of Facility:	Aspen Assisted Living LLC
Facility Address:	32408 Seven Mile Rd Livonia, MI 48152
Facility Telephone #:	(248) 987-4460
Original Issuance Date:	03/08/2021
License **Status:**	REGULAR
Effective Date:	09/08/2023
Expiration Date:	09/07/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
The staff were smoking marijuana and drinking on the premises.	No
Staff allow residents to yell and scream for hours without checking on them. Staff have taken the call lights away from the residents so they cannot receive help from staff. Staff turn off all the lights out in the facility.	No
Staff are calling the residents names. Staff have tied Resident B down in restraint belts in her wheelchair.	Yes
Resident A has skin tears and does not have wound care supplies. Resident A's arm is swollen and does not receive any treatment for this condition. Resident A falls during the night.	No
All of the residents smell bad especially Resident C because she has been bleeding. All residents do not get bathed.	No
The shower and laundry rooms are filled with dirty clothes and towels. There are no sheets on the beds in some rooms. The residents are sitting on the beds with feces.	No
Staff are administering medications without being properly trained.	Yes
Additional Findings	Yes

III. METHODOLOGY

05/03/2024	Special Investigation Intake 2024A0119039
05/03/2024	APS Referral Received
05/06/2024	Contact- Telephone call made Complainant telephone number disconnected
05/08/2024	Special Investigation Initiated - Inspection Completed On-site Housekeeper- Javiona Simmons, Office Manager- Shanaevia Reveos, Staff- Raquel Pickins, Staff- Paris Bailey, Cook- Misha McGaha, Staff- Kaelynne Davis, and Licensee Designee/ Administrator- Carmin Harris

05/20/2024	Contact – Telephone call Received Detective Marks with Livonia Police Department
05/21/2024	Contact- Telephone call made Adult Protective Service Investigator- Ms. Washington and Detective Marks with Livonia Police Department
05/30/2024	Inspection Onsite Completed Licensee Designee/ Administrator- Carmin Harris, Staff- Katelynn Reviewed Staff training records Observed Resident A- C
06/28/2024	Contact - Telephone call made Resident B-C's relatives
06/28/2024	Exit Conference Attempted with Licensee Designee- Carmin Harris left a voice mail message
07/01/2024	Exit Conference Attempted with Licensee Designee- Carmin Harris left a voice mail message
07/09/2024	Exit Conference Licensee Designee- Carmin Harris
07/09/2024	Contact- Telephone call made Resident A's relative

ALLEGATION:

The staff were smoking marijuana and drinking on the premises.

INVESTIGATION:

On 05/08/2024, I completed an unannounced onsite inspection and interviewed Housekeeper- Javiona Simmons, Office Manager- Shanaevia Reveos, Staff- Raquel Pickins, Staff- Paris Bailey, Cook- Misha McGaha, Staff- Kaelynne Davis, and Licensee Designee/ Administrator- Carmin Harris regarding the above allegations. Ms. Simmons, Ms. Reveos, Ms. Bailey, Ms. Pickins, Ms. McGaha, and Ms. Davis deny observing any staff smoking marijuana and drinking while working in the facility.

Ms. Harris stated she has never seen and/or been told that any staff has been smoking marijuana and drinking while working in the facility. Ms. Harris stated all of these allegations are unfounded and arose from a disgruntled terminated employee. Ms. Harris stated there are several cameras installed in common areas of the facility and outside of the facility. She stated she has not seen any staff drinking or smoking marijuana while at the facility.

On 05/21/2024, I telephoned and interviewed Detective Marks with Livonia Police Department and Adult Protective Service investigator-Lawonna Washington regarding the above allegations. Det. Marks stated the police became involved due to allegations of abuse and neglect. Det. Marks stated there is nothing criminal taking place in the facility. Det. Marks stated that the police department will not be substantiating anything in these complaints and she does not have concerns at this time.

Ms. Washington stated she is not going to substantiate her complaints.

On 06/28/2024, I telephoned and interviewed Resident C's daughter and Resident B's daughter regarding the above allegations. Resident B- C's daughters deny observing any staff drinking while working. Resident B-C's daughters deny smelling marijuana smoke and/or observing any staff smoking marijuana while working.

On 07/09/2024, I telephoned and interviewed Resident A's son regarding the above allegations. Resident A's son denies observing any staff drinking while working. Resident A's son denies smelling marijuana smoke and/or observing any staff smoking marijuana while working.

APPLICABLE RULE	
R 400.15204	**Direct care staff; qualifications and training.**
	(2) Direct care staff shall possess all of the following qualifications: (a) Be suitable to meet the physical, emotional, intellectual, and social needs of each resident. (b) Be capable of appropriately handling emergency situations.

ANALYSIS:	Housekeeper- Javiona Simmons, Office Manager- Shanaevia Reveos, Staff- Raquel Pickins, Staff- Paris Bailey, Cook- Misha McGaha, Staff- Kaelynne Davis, and Licensee Designee/ Administrator- Carmin Harris deny observing any staff smoking marijuana and drinking while working in the facility. Detective Marks with Livonia Police Department stated there is nothing criminal taking place in the facility. Det. Marks stated that the police department will not be substantiating anything in these complaints and she does not have concerns at this time. Adult Protective Service investigator-Lawonna Washington stated she is not going to substantiate her complaints. Residents A- C's relatives deny observing any staff drinking while working. Residents A-C's relatives deny smelling marijuana smoke and/or observing any staff smoking marijuana while working. Therefore, there is insufficient evidence to support staff is not suitable to meet the physical, emotional, intellectual, and social needs of each resident due to alcohol and drug use.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Staff allow residents to yell and scream for hours without checking on them. Staff have taken the call lights away from the residents so they cannot receive help from staff. Staff turn off all the lights out in the facility.

INVESTIGATION:

On 05/08/2024, I completed an unannounced onsite inspection and interviewed Office Manager- Shanaevia Reveos, Staff- Raquel Pickins, Staff- Paris Bailey, Staff- Kaelynne Davis, and Licensee Designee/ Administrator- Carmin Harris regarding the above allegations. Ms. Reveos stated Staff- Patricia Bailey did take resident call lights and turned off the lights in the facility. Ms. Reveos stated Staff- Patricia Bailey was recently terminated. She denies that residents are not being checked on regularly by staff.

Ms. Pickins stated she has not heard or observed any staff not regularly checking on residents. She stated she has no knowledge of any staff turning off all of the lights in the facility. She denies that any residents were yelling and screaming for hours.

Ms. Bailey denies residents are yelling and screaming for hours without being checked on by staff. Ms. Bailey stated rounds are performed every hour throughout the facility. Ms. Bailey stated she has no knowledge of any staff taking resident call lights. Ms. Bailey stated she has no knowledge of any staff turning off all facility lights at night.

Ms. Davis denies residents are yelling and screaming for hours without being checked on by staff. Ms. Davis stated there was a staff that was terminated for turning off resident call lights. Ms. Davis stated she has no knowledge of any staff turning off all facility lights at night.

Ms. Harris denies the allegations. Ms. Harris stated rounds are to be done by staff every hour. Ms. Harris stated a staff was recently fired for taking resident call lights and turning off the facility lights at night. Ms. Harris stated the facility has camera and the video footage that was reviewed showing Staff- Patricia Bailey having done these things. Ms. Harris provided a copy of Staff- Patricia Bailey's reprimands and termination paperwork.

I received a copy of Staff- Patricia Bailey's termination letter dated 05/01/2024 which indicates she was terminated for safety reasons: workplace violence prevention, employee conduct and work rules, and use of telephones. Additional comments indicate Ms. Bailey was falling asleep during working hours, engaging in personal phone conversations while on duty, and inappropriately manipulating the lighting conditions in the workplace. The letter indicates that all of these acts were observed via the facility cameras during the week of 05/01/2024. In addition, Ms. Bailey was given employee warning notices for violations dated 04/20/2024 and 04/21/2024, for sleeping, not completing rounds, and only sitting during a four-hour period. The warning notices also indicates Ms. Bailey put Resident D's call button behind her couch. Also, another written/verbal notice of Ms. Bailey was for not completing rounds and turning off facility lights on 08/16/2023 in order for her to sleep during her shift.

On 05/21/2024, I telephoned and interviewed Detective Marks with Livonia Police Department and Adult Protective Service investigator-Lawonna Washington the above allegations. Det. Marks stated the police became involved due to allegations of abuse and neglect. Det. Marks stated there is nothing criminal taking place in the facility. Det. Marks stated that the police department will not be substantiating anything in these complaints and she does not have concerns at this time.

Ms. Washington stated she is not going to substantiate her complaints.

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:	Office Manager- Shanaevia Reveos and Licensee Designee/ Administrator- Carmin Harris stated Staff- Patricia Baily did take Resident call lights and turned off the lights in the facility. Ms. Reveos and Ms. Harris stated Ms. Patricia Bailey was recently terminated. Staff- Raquel Pickins, Staff- Paris Bailey, and Staff- Kaelynne Davis deny observing any staff not regularly checking on residents. Ms. Pickins, Ms. Bailey, and Ms. Davis stated they have no knowledge of any staff was turning off all of the lights in the facility. Ms. Pickins, Ms. Davis, and Ms. Bailey stated they has no knowledge of any staff taking resident call lights. Ms. Harris and Ms. Bailey stated rounds are performed every hour throughout the facility. Therefore, Licensee Designee- Ms. Harris took the proper steps to ensure that all residents are being treated with dignity for their personal care and safety needs by terminating Ms. Bailey.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Staff are calling the residents names. Staff have tied down Resident B in restraint belts in her wheelchair.

INVESTIGATION:

On 05/08/2024, I completed an onsite inspection and interviewed Office Manager- Shanaevia Reveos, Staff- Raquel Pickins, Staff- Paris Bailey, Cook- Misha McGaha, Staff- Kaelynne Davis, and Licensee Designee/ Administrator- Carmin Harris regarding the above allegations. Ms. Reveos denies hearing any staff calling resident names. She stated she has no direct knowledge of Resident C being tied down in a restraint belt in her wheelchair.

Ms. Harris, Ms. Pickins, Ms. Bailey, Ms. McGaha, and Ms. Davis deny hearing any staff calling resident names. Ms. Pickins stated Resident B has a lap belt on her wheelchair but no staff uses it. She stated Resident B does not have any problems that would necessitate the use of the lap belt.

Ms. Bailey and Ms. Davis stated they have no knowledge of any staff restraining Resident B with a belt in her wheelchair. Ms. Bailey and Ms. Davis denies restraining Resident B with a belt in her wheelchair.

Ms. McGaha stated she has not seen Resident B in a restraint belt while eating.

Ms. Harris denies that Resident B was placed in a restraint belt in her wheelchair. Ms. Harris stated this has never happened.

On 05/21/2024, I telephoned and interviewed Detective Marks with Livonia Police Department and Adult Protective Service investigator-Lawonna Washington regarding the above allegations. Det. Marks stated there is nothing criminal taking place in the facility. Det. Marks stated some residents can be combative and difficult to care for but none of the family has concerns about the care of residents. Det. Marks stated that the police department will not be substantiating anything in these complaints and she does not have concerns at this time.

Ms. Washington stated she is not going to substantiate her complaints. Ms. Washington stated she observed Resident B and did not see any marks or bruises. She stated she spoke with Resident B's family and they did not have any concerns or problems.

On 05/30/2024, I completed an unannounced onsite inspection and attempted to interviewed Resident B. Resident B was unable to be interviewed due to disability but I did observe her sitting in a wheelchair. I did not observe Resident B with a lap belt on while using the wheelchair.

On 06/28/2024, I telephoned and interviewed Resident B's daughter regarding the above allegations. Resident B's daughter stated she has seen her mother in a lap belt about two months ago. Resident B's daughter stated she visits during the weekend. Resident B's daughter stated she has never heard a staff calling any resident names.

On 07/09/2024, I re-interviewed Administrator and Licensee Designee- Carmin Harris regarding the above allegations. Ms. Harris stated her staff has used Resident B's lap belt in her wheelchair in the past. Ms. Harris stated the chair was provided by Resident B's daughter and it is used because Resident B will lean forward and could possibly fall. I asked Ms. Harris is it documented that Resident B needs this device to assist her from not falling from a medical professional. Ms. Harris stated she does not have this documentation. I asked Ms. Harris whether or not Resident

B has the ability to unbuckle herself from the lap belt and Ms. Harris stated Resident B does not have the ability to do this on her own.

On 07/09/2024, I telephoned and interviewed Resident A's son regarding the above allegations. Resident A's son stated he has never heard a staff calling any resident names.

APPLICABLE RULE	
R 400.15308	**Resident behavior interventions prohibitions.**
	2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following: (a) Use any form of punishment. (b) Use any form of physical force other than physical restraint as defined in these rules. (c) Restrain a resident's movement by binding or tying or through the use of medication, paraphernalia, contraptions, material, or equipment for the purpose of immobilizing a resident.
ANALYSIS:	Resident B's daughter she has seen her mother in a lap belt about two months ago. Administrator and Licensee Designee- Carmin Harris stated her staff has used Resident B's lap belt in her wheelchair in the past. Ms. Harris stated it is used because Resident B will lean forward and could possibly fall. According to Ms. Harris, Resident B does not have the ability to unbuckle herself from the lap belt and there is no written medical authorization for this device to be used for Resident B's care. Therefore, Resident B was restrained for the purpose of immobilizing a resident.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

APPLICABLE RULE	
R 400.15308	**Resident behavior interventions prohibitions.**
	(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following: (f) Subject a resident to any of the following: (i) Mental or emotional cruelty. (ii) Verbal abuse. (iii) Derogatory remarks about the resident or members of his or her family. (iv) Threats.
ANALYSIS:	Administrator and Licensee Designee- Carmin Harris, Office Manager- Shanaevia Reveos, Staff- Raquel Pickins, Staff- Paris Bailey, Staff- Kaelynne Davis, and Cook- Misha McGaha deny hearing any staff calling resident names. Detective Marks with Livonia Police Department stated that the police department will not be substantiating anything in these complaints and she does not have concerns at this time. Adult Protective Service investigator-Lawonna Washington stated she is not going to substantiate her complaints. Ms. Washington stated she observed Resident B and did not see any marks or bruises. She stated she spoke with Resident B's family and they did not have any concerns or problems. Resident B's daughter stated she has not heard any staff calling any Resident names. Therefore, there is insufficient evidence to support residents are being called names by staff.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Resident A has skin tears and does not have wound care supplies due to falls. Resident A's arm is swollen and does not receive any treatment for this condition. Resident A falls during the night.

INVESTIGATION:

On 05/08/2024, I completed an onsite inspection and interviewed Staff- Raquel Pickins, Staff- Paris Bailey, Staff- Kaelynne Davis, and Licensee Designee/ Administrator- Carmin Harris regarding the above allegations. Ms. Pickins stated Resident A has been treated for his skin tear and swollen arm due to falling out of his bed. Ms. Pickins stated Resident A did have needed wound care supplies. She stated Resident A has fallen at night but was seen by the nurse practitioner the next morning along with receiving an x-ray.

Ms. Bailey and Ms. Davis deny observing Resident A with skin tears and/or a swollen arm. Ms. Bailey and Ms. Davis deny having any knowledge of Resident A with these injuries. Ms. Davis stated she has no knowledge of Resident A failing at night.

Ms. Harris stated Resident A received wound care through the nurse practitioner. Ms. Harris stated Resident A did fall out of his bed and received immediate care by the staff. Ms. Harris stated Resident A received follow up care the next morning from the nurse and outside medical care. Ms. Harris provided Resident A's medical documentation. She stated Resident A did have medical supplies at the time of his injury.

I received a copy of Resident A's radiology report dated 05/01/2024 which indicated he does not have any fractures or broken bones due to his fall.

On 05/21/2024, I telephoned and interviewed Adult Protective Service investigator- Lawonna Washington regarding the above allegations. Ms. Washington stated she is not going to substantiate her complaints. Ms. Washington stated she observed Resident A and did not see any marks or bruises. She stated she spoke with Resident A's family and they did not have any concerns or problems.

On 05/30/2024, I completed an unannounced onsite inspection and attempted to interviewed Resident A. Resident A was unable to be interviewed due to his disability.

On 07/09/2024, I telephoned and interviewed Resident A's son regarding the above allegations. Resident A's son stated he was aware of the incident involving his father. Resident A's son stated he visits with his father regularly. Resident A's son stated he has no concerns about his father's care at this time.

APPLICABLE RULE	
R 400.15310	**Resident health care.**
	(1) A licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician or

	other health care professional with regard to such items as any of the following: (d) Other resident health care needs that can be provided in the home. The refusal to follow the instructions and recommendations shall be recorded in the resident's record.
ANALYSIS:	Staff- Raquel Pickins stated Resident A has been treated for his skin tear and swollen arm due to falling out of his bed. Staff- Paris Bailey and Staff- Kaelynne Davis deny observing Resident A with skin tears and/or a swollen arm. Ms. Bailey and Ms. Davis deny having any knowledge of Resident A with these injuries. Licensee Designee/ Administrator- Carmin Harris stated Resident A received wound care through the nurse practitioner. Ms. Harris stated Resident A did fall out of his bed and received immediate care by the staff. Ms. Harris stated Resident A receive follow up care the next morning from the nurse and outside medical care. I received a copy of Resident A's radiology report dated 05/01/2024 which indicated he does not have any fractures or broken bones due to his fall. Adult Protective Service investigator-Lawonna Washington stated she is not going to substantiate her complaints. Ms. Washington stated she observed Resident A and did not see any marks or bruises. She stated she spoke with Resident A's family and they did not have any concerns or problems. Resident A's son stated he has no concerns about his father's care at this time. Therefore, Resident A did receive the proper medical care for his swollen arm and skin tears as needed from the staff.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

All of the residents smell bad especially Resident C because she has been bleeding. All residents do not get bathed.

INVESTIGATION:

On 05/08/2024, I completed an onsite inspection and interviewed Office Manager- Shanaevia Reveos, Staff- Rochelle Pickins, Staff- Paris Bailey, Cook- Misha McGaha, Staff- Kaelynne Davis, and Licensee Designee/ Administrator- Carmin Harris regarding the above allegations. Ms. Reveos denies that all the residents smell bad. She stated the staff do bath the residents regularly. She stated she has no knowledge of Resident C bleeding.

Ms. Pickins stated Resident C was experiencing a UTI and receive treatment with medication for her condition. Ms. Pickins stated all residents receive showers at least twice week. Ms. Pickins denies that all residents smell bad.

Ms. Bailey stated all residents receive showers two to three times a week. Ms. Bailey denies that all residents smell bad.

Ms. McGaha denies smelling and/or observing any residents with a bad body odor.

Ms. Davis stated residents receive showers twice weekly. Ms. Davis stated Resident C has a condition where she constantly is scratching herself. Ms. Davis stated Resident C has a wound and Ms. Pickins assist her with ensuring her wound is covered. Ms. Davis stated the wound is under a stomach skin fold. Ms. Davis denies that all of the residents smell bad.

Ms. Harris denies the residents smell bad. Ms. Harris stated residents shower twice a week and their shower day is also their laundry day. Ms. Harris stated the staff sign off that the resident has had a shower and their laundry has been done.

I received a copy of shower log for Residents A-C which indicates they were showered twice a week.

I received a copy of Resident C's prescription medication – Marcrobid 100mg and medication administration record for UTI dated 01/28/2024 for a five-day supply.

On 05/21/2024, I telephoned and interviewed Detective Marks with Livonia Police Department and Adult Protective Service investigator-Lawonna Washington regarding the above allegations. Det. Marks stated there is nothing criminal taking place in the facility. Det. Marks stated that the police department will not be substantiating anything in these complaints and she does not have concerns at this time.

Ms. Washington stated she is not going to substantiate her complaints. Ms. Washington stated she observed the facility to be clean and well maintained. She stated she spoke with Resident C's family and they did not have any concerns or problems. Ms. Washington stated she did not smell any resident odors.

On 05/30/2024, I completed an unannounced onsite inspection and attempted to interviewed Resident C. Resident C was unable to be interviewed due to her disability.

On 06/28/2024, I telephoned and interviewed Resident C's daughter and Resident B's daughter regarding the above allegations. Resident C's daughter stated she has no concerns about the care of her mother at the facility. Resident C's daughter stated she visits during the evening hours and has never observed her mother smelling and bleeding. Resident C's daughter denies smelling other resident odors. Resident C's daughter stated her mother is receiving baths regularly from staff.

Resident B's daughter denies the residents have odors and do not bath. Resident B's daughter stated her mother receives decent care from the staff.

On 07/09/2024, I telephoned and interviewed Resident A's son regarding the above allegations. Resident A's son denies that residents have odors and do not bath. Resident A's son stated his father receives good care.

APPLICABLE RULE	
R 400.15314	**Resident hygiene.**
	(1) A licensee shall afford a resident the opportunity, and instructions, when necessary, for daily bathing and oral and personal hygiene. A licensee shall ensure that a resident bathes at least weekly and more often if necessary.

ANALYSIS:	Licensee Designee/ Administrator- Carmin Harris, Cook- Misha McGaha, Staff- Paris Bailey, Staff- Kaelynne Davis, Staff- Rochelle Pickins, Office Manager- Shanaevia Reveos, and Residents A- C relatives deny that all the residents smell bad. Ms. Harris, Ms. Bailey, Ms. Davis, Ms. Pickins, stated all residents receive showers two times a week. Ms. Harris stated the staff sign off that the resident has had a shower. Ms. Pickins stated Resident C was experiencing a UTI and received treatment with medication for her condition. I received a copy of shower log for Residents A-C which indicates they were showered twice a week. I received a copy of Resident C's prescription medication – Macrobid 100mg and medication administration record for UTI dated 01/28/2024 for a five-day supply. Adult Protective Service investigator-Lawonna Washington stated she observed the facility to be clean and well maintained. Ms. Washington stated she did not smell any resident odors. Residents A- C relatives deny that residents do not bath. Therefore, Residents A-C are receiving baths at least twice weekly and it is reasonable to believe all residents are receiving weekly bathing and personal hygiene care including diapering/toileting from staff.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

The shower and laundry rooms are filled with dirty clothes and towels. There are no sheets on the beds in some rooms. The residents are sitting on the beds with feces.

INVESTIGATION:

On 05/08/2024, I completed an unannounced onsite inspection and interviewed Housekeeper- Javiona Simmons, Staff- Raquel Pickins, Staff- Paris Bailey, Staff-

Kaelynne Davis, and Licensee Designee/ Administrator- Carmin Harris regarding the above allegations. Ms. Simmons denied the allegations. She stated she works five days a week for eight hours. Ms. Simmons stated there is another housekeeper that works on the weekends. Ms. Simmons denies observing any residents sitting in feces. Ms. Simmons denies that the laundry and shower rooms are filled with dirty clothes and towels. She stated all residents have clean bed linens.

Ms. Pickins and Ms. Davis deny that the laundry and shower rooms are filled with dirty clothes and towels. Ms. Pickins and Ms. Davis deny that residents do not have clean sheets on their bed. Ms. Pickins and Ms. Davis deny that residents are sitting in feces on their beds.

Ms. Bailey stated the resident laundry is done every other day or daily if necessary. She stated there is no time for it to fill the room with clothing and towels. Ms. Bailey stated staff is constantly doing resident laundry and returning it to the resident's room. Ms. Bailey denies residents are sitting in feces. Ms. Bailey denies residents do not have clean linen on their beds.

Ms. Harris stated no resident is sitting in feces on their bed. Ms. Harris denies that resident beds to do not have linen. Ms. Harris stated there are two staff hired to specifically clean the common areas and resident bathrooms of the facility. She stated direct care staff do assist residents with cleaning their rooms and organizing their personal things.

I observed the facility to clean and well maintained. I did not smell any fecal matter in any bathroom or bedroom. I observed the shower and laundry areas to be clean and free of dirty clothing and towels. I observed all residents to have appropriate bed linens.

I received a copy of shower log for Residents A-C which shows the staff name and also indicates that linens and laundry were done on the same day.

On 05/21/2024, I telephoned and interviewed Detective Marks with Livonia Police Department and Adult Protective Service investigator-Lawonna Washington regarding the above allegations. Det. Marks stated all of the family informed her that the facility is clean and well maintain during their visits.

Ms. Washington stated she observed the facility clean and well maintained.

On 06/28/2024, I telephoned and interviewed Resident C's daughter and Resident B's daughter regarding the above allegations. Resident B- C's daughters deny observed no linens on resident beds. Resident B-C's daughters deny observing dirty linen and resident clothing in shower and/or laundry rooms. Resident B-C's daughters deny observing any resident sitting in feces without staff assisting them with diapering and/or toileting.

On 07/09/2024, I telephoned and interviewed Resident A's son regarding the above allegations. Resident A's son denies observing dirty linen and resident clothing in shower and/or laundry rooms. Resident A's son denies observing any resident sitting in feces without staff assisting them with diapering and/or toileting.

APPLICABLE RULE	
R 400.15403	**Maintenance of premises.**
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.
ANALYSIS:	Licensee Designee/ Administrator- Carmin Ms. Harris, Staff- Paris Bailey, Staff- Raquel Pickins, Housekeeper- Javiona Simmons, Staff- Kaelynne Davis, and Residents A-C relatives deny that the laundry and shower rooms are filled with dirty clothes and towels. Ms. Harris, Ms. Bailey, Ms. Pickins, Ms. Simmons, Ms. Davis, and Resident A-C's relatives deny that residents do not have clean sheets on their bed. Ms. Harris, Ms. Bailey, Ms. Pickins, Ms. Simmons, Ms. Davis, and Resident A-C's relatives deny residents are sitting in feces. Adult Protective Service investigator-Lawonna Washington and I observed the facility to clean and well maintained. I did not smell any fecal matter in any bathroom or bedroom. I observed the shower and laundry areas to be clean and free of dirty clothing and towels. I observed all residents to have appropriate bed linens. I received a copy of shower log for Residents A-C which shows the staff name and also indicates that linens and laundry were done on the same day. Detective Marks with Livonia Police Department stated all of the family informed her that the facility is clean and well maintain during their visits. Therefore, the housekeeping standards was found to be in a clean and orderly appearance.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Staff are administering medications without being properly trained.

INVESTIGATION:

On 05/08/2024, I completed an onsite inspection and interviewed Office Manager- Shanaevia Reveos, Staff- Raquel Pickins, Staff- Paris Bailey, and Staff- Kaelynne Davis regarding the above allegations. At the time of onsite inspection Ms. Pickins was the medication tech working. Ms. Reveos stated the medication techs receive training to administer resident medications.

Ms. Pickins and Ms. Davis stated they have been trained to administer resident medications. Ms. Pickins and Ms. Davis stated there is always a med tech working to administer resident medications.

Ms. Bailey stated she does not administer resident medications. Ms. Bailey stated there is always a medication tech working on shift to administer resident medications.

On 05/30/2024, I completed another onsite inspection and interviewed Licensee Designee/ Administrator- Carmin Harris regarding the above allegations. At the time of onsite inspection, Katelyn Davis was working as the medication tech. Ms. Harris stated there is a medication tech that is trained to administer resident medications on all shifts. I reviewed Staff - Raquel Pickins and Katelyn Davis employee records for medication training. I did not observe medication training in Ms. Pickins or Ms. Davis employee records. As of this date, I have not been provided with medication training documentation for Ms. Pickins and Ms. Davis.

APPLICABLE RULE	
R 400.15312	**Resident medications.**
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (a) Be trained in the proper handling and administration of medication.

ANALYSIS:	Shanaevia Reveos, Staff- Raquel Pickins, Staff- Kaelynne Davis, and Licensee Designee/ Administrator- Carmin Harris stated the medication techs receive training to administer resident medications. At the time of onsite inspection, Katelyn Davis was working as the medication tech. I reviewed Staff - Raquel Pickins and Katelyn Davis employee records for medication training. To date, I have not been provided with training documentation for Ms. Pickins and Ms. Davis.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

On 05/08/2024, I completed an onsite inspection and interviewed Office Manager- Shanaevia Reveos, Staff- Raquel Pickins, Staff- Kaelynne Davis, and Licensee Designee/ Administrator- Carmin Harris regarding the above allegations. Ms. Reveos stated all of the staff are trained as part on the onboarding process.

Ms. Pickins and Ms. Davis stated they have been trained prior to the start of employment.

Ms. Harris stated all the staff are trained as a part of the onboarding process. Ms. Harris stated the staff receive four days of on-the-job training with another senior staff. Ms. Harris stated the senior staff goes over everything on the orientation sheet to train the new staff. Ms. Harris stated there is not a training program and/or a specific manual used for training staff.

I reviewed training documentation for Ms. Pickins and Ms. Davis as they are current employees. I also reviewed Mercedes West and Patricia Bailey as they were recently terminated staff. I reviewed AFC New Hire orientation checklist for Ms. Pickins and Ms. Davis that was signed by the previous Licensee Designee- Pamela Schmidt. I reviewed AFC New Hire orientation checklist for Ms. West that was only signed by Ms. West. I reviewed AFC New Hire orientation checklist for Ms. Bailey signed by Katelyn Davis. I reviewed a competency evaluation rating for medication, assistance for activities for daily living, universal precautions/bloodborne pathogens, transfers/ambulation/assistive devices for Ms. West and Ms. Bailey signed by Ms. Pickens. Also, fire drill policy was given to Ms. Bailey and was signed by Deshawn S., last name unknown. I was not given a fire drill policy for Ms. West.

It should be noted the Ms. Pickins, Ms. Davis, Ms. West, and Ms. Bailey did receive CPS and first aid training as there were certificates in their employee files.

On 07/09/2024, I telephoned and spoke with Licensee Designee- Carmin Harris regarding the above allegation. Ms. Harris stated she was not aware that a training system or program needed to be used to train employees. Ms. Harris stated Raquel Pickins is a supervisor. Ms. Harris stated Ms. Pickins reviews the orientation checklist with the new staff. Ms. Harris stated Ms. Pickins reviews the competency evaluation and observes new staff for competency. I suggested that Ms. Harris also utilize a pre-test and posttest to verify competency as a part of the training of the staff as well as actually signing the training documents. Ms. Harris was unable to verify whether or not the staff are competent prior to preforming their job duties other than the staff orientation sheets.

APPLICABLE RULE	
R 400.14204	**Direct care staff; qualifications and training.**
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: (a) Reporting requirements. (b) First aid. (c) Cardiopulmonary resuscitation. (d) Personal care, supervision, and protection. (e) Resident rights. (f) Safety and fire prevention. (g) Prevention and containment of communicable diseases.

ANALYSIS:	Licensee Designee/ Administrator- Carmin Harris stated the staff receive four days of on-the-job training with another senior staff. Ms. Harris stated the senior staff goes over everything on the orientation sheet to train the new staff. Ms. Harris stated there is not a training program and/or a specific manual used for training staff. Ms. Harris stated Staff- Raquel Pickins reviews the orientation checklist with the new staff. Ms. Harris stated Ms. Pickins reviews the competency evaluation and observes new staff for competency. I also reviewed Mercedes West and Patricia Bailey as they were recently terminated staff. I reviewed AFC New Hire orientation checklist for Ms. West that was only signed by Ms. West. I reviewed AFC New Hire orientation checklist for Ms. Bailey signed by Katelyn Davis. I reviewed a competency evaluation rating for medication, assistance for activities for daily living, universal precautions/bloodborne pathogens, transfers/ambulation/assistive devices for Ms. West and Ms. Bailey signed by Ms. Pickens. Also, fire drill policy was given to Ms. Bailey and was signed by Deshawn S., last name unknown. I was not given a fire drill policy for Ms. West. Therefore, Ms. Harris did not provide in-service training or make training available through other sources to direct care staff. It cannot be determined whether or not direct care staff were competent before performing assigned tasks.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon an acceptable corrective action plan, I recommend that the status of the license remains the same.

07/10/2024

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Shatonla Daniel Date
Licensing Consultant

Approved By:

07/11/2024

_____

Ardra Hunter Date
Area Manager