GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 18, 2024

Julie Wiley
Wormer Residential Care Home, LLC
14420 Wormer
Redford, MI 48239

RE: License #: AS820414650
Investigation #: 2024A0119038
The Wormer Residence

Dear Mrs. Wiley:

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 (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 #:** | AS820414650 |
| | |
| **Investigation #:** | 2024A0119038 |
| | |
| **Complaint Receipt Date:** | 05/16/2024 |
| | |
| **Investigation Initiation Date:** | 05/20/2024 |
| | |
| **Report Due Date:** | 07/15/2024 |
| | |
| **Licensee Name:** | Wormer Residential Care Home, LLC |
| | |
| **Licensee Address:** | 14420 Wormer<br>Redford, MI 48239 |
| | |
| **Licensee Telephone #:** | (248) 991-5775 |
| | |
| **Administrator:** | Julie Wiley |
| | |
| **Licensee Designee:** | Julie Wiley |
| | |
| **Name of Facility:** | The Wormer Residence |
| | |
| **Facility Address:** | 14420 Wormer<br>Redford Township, MI 48239 |
| | |
| **Facility Telephone #:** | (313) 740-7551 |
| | |
| **Original Issuance Date:** | 04/10/2023 |
| | |
| **License Status:** | REGULAR |
| | |
| **Effective Date:** | 10/10/2023 |
| | |
| **Expiration Date:** | 10/09/2025 |
| | |
| **Capacity:** | 6 |
| | |
| **Program Type:** | PHYSICALLY HANDICAPPED MENTALLY ILL<br>TRAUMATICALLY BRAIN INJURED AGED<br>DEVELOPMENTALLY DISABLED ALZHEIMERS |

## II. ALLEGATION(S)

| | **Violation Established**? |
|---|---|
| On 05/10/2024, there was a water shut off notice taped to the facility door. | No |
| Resident A went outside, fell, and broke his hip without staff being present. Resident A required a hip replacement surgery due to his injury. | Yes |

## III. METHODOLOGY

| | |
|---|---|
| 05/16/2024 | Special Investigation Intake<br>2024A0119038 |
| 05/20/2024 | Special Investigation Initiated - Telephone<br>Complainant and Licensee Designee/ Administrator |
| 05/22/2024 | Contact - Document Received<br>Receipt of payment to Redford Township |
| 05/29/2024 | Inspection Completed On-site<br>Staff- Deshawn Berry, Staff- Mandy Jones, Resident B |
| 06/04/2024 | Contact - Document Received<br>Unknown bill statement from Redford Township |
| 06/28/2024 | Contact - Document Received<br>Email video of Resident A outside in walker and picture Water Shut off Notice taped to a front door |
| 07/11/2024 | APS Referral<br>Made |
| 07/11/2024 | Exit Conference<br>Licensee Designee- Julie Wiley |

**ALLEGATION:**

**On 05/10/2024, there was a water shut off notice taped to the facility door.**

**INVESTIGATION:**

On 05/20/2024, I telephoned and interviewed complainant regarding the above allegations. The complainant stated he went to visit the home and saw the shut off notice posted to the facility front door. The complainant stated he took a picture of the shut off notice.

On 05/20/2024, I telephoned and interviewed the Licensee Designee/ Administrator – Julie Wiley regarding the above allegations. Mrs. Wiley did not confirm or deny that there was a shut off notice posted to the facility door. However, Mrs. Wiley stated it is the property owner's responsibility to pay the water bill and she will request a water bill. However, during the same conversation, Mrs. Wiley stated the water bill has been paid in full.

On 05/22/2024, I received a copy from Mrs. Wiley of a Redford Township receipt dated 05/10/2024 in the amount of $817.37 paid for an unknown utility bill. According to Mrs. Wiley this utility bill is payment of the past due water bill.

On 05/29/2024, I completed an unannounced onsite inspection and interviewed Staff- Deshawn Berry, Staff- Mandy Jones, and Resident B regarding the above allegations. Mr. Berry stated he did see the shut off notice sign and was instructed to remove it from the door. Mr. Berry stated the water has always worked in the facility. Mr. Berry stated the water bill has been paid.

Ms. Jones stated she did not see the shut off notice sign. Ms. Jones stated the water has been working in the facility.

Resident B stated the water was never shut off in the home. Resident B stated there was always water operating in the home.

I did receive a photograph of two yellow stickers posted to a door but there is no address listed in the photograph. The two stickers were the same and stated 24-hour notice of water disconnection for the facility with a date of disconnection of 05/13/2024.

On 07/11/2024, I received a copy of the Redford Township Water Bill with a due date of 06/14/2024 for the amount of $184.89 and no past due balance.

On 07/15/2024, I completed an exit conference with Licensee Designee- Mrs. Wiley regarding the above allegations. Ms. Wiley stated the water bill is current at this time.

| APPLICABLE RULE | |
|---|---|
| **R 400.14201** | **Qualifications of administrator, direct care staff, licensee, and members of household; provision of names of employee, volunteer, or member of household on parole or probation or convicted of felony; food service staff.** |
| | (2) A licensee shall have the financial and administrative capability to operate a home to provide the level of care and program stipulated in the application. |
| **ANALYSIS:** | The complainant and Staff- Deshawn Berry stated they saw the shut off notice posted to the facility front door.<br><br>Mr. Berry, Staff- Mandy Jones, and Resident B stated the water has always worked in the facility.<br><br>Despite having the two stickers that were the same and stated 24-hour notice of water disconnection for the facility with a date of disconnection of 05/13/2024, I received from Licensee Designee/ Administrator – Julie Wiley a copy of a receipt from Redford Township dated 05/10/2024, in the amount of $817.37 paid for a utility bill. Mrs. Wiley stated this was payment for the past due water bill. Mrs. Wiley stated the water bill has been paid in full.<br><br>On 07/11/2024, I received a copy of the Redford Township Water Bill with a due dated of 06/14/2024 for the amount of $184.89 and no past due balance. Therefore, the licensee designee has brought the past due bill current. |
| **CONCLUSION:** | **VIOLATION NOT ESTABLISHED** |

**ALLEGATION:**

**Resident A went outside, fell, and broke his hip without staff being present. Resident A required a hip replacement surgery due to his injury.**

**INVESTIGATION:**

On 05/20/2024, I telephoned and interviewed complainant regarding the above allegations. The complainant stated he has a video of Resident A being outside without staff using his walker instead of a wheelchair. The complainant stated Resident A is supposed to use a wheelchair and be with staff.

On 05/20/2024, I telephoned and interviewed the Licensee Designee/ Administrator – Julie Wiley regarding the above allegations. Ms. Wiley stated Resident A does not have a wheelchair but has a walker. Ms. Wiley stated Resident A was with Staff- Deshawn Berry. Ms. Wiley stated Resident A took a misstep and fell in the grass. Ms. Wiley stated Resident A never had a wheelchair. Ms. Wiley stated Resident A went to the emergency room on the same day. She stated Resident A did not return to the facility.

On 05/29/2024, I completed an unannounced onsite inspection and interviewed Staff- Deshawn Berry, Staff- Mandy Jones, Resident B regarding the above allegations. Mr. Berry stated Resident A wanted to get some fresh air and was using his walker. Mr. Berry stated he was outside with Resident A and somehow Resident A's feet got tide up and he took a violent fall to the grass. Mr. Berry stated Resident A told him that he broke his hip. Mr. Berry stated he got Resident A's wheelchair and picked Resident A off the grass and placed him into the wheelchair. Mr. Berry stated then he brought Resident A back into the facility. Mr. Berry stated he contacted emergency services for medical treatment. Mr. Berry stated he was the only staff working at the time of the incident. Mr. Berry stated Resident A was receiving physical therapy and was encouraged to use his walker.

Ms. Jones stated she was not present when Resident A fell outside. Ms. Jones stated Resident A would walk using his walker around the facility. Ms. Jones stated Resident A recently started to walk using his walker. Ms. Jones stated Resident A recently started receiving physical therapy in the facility.

Resident B stated Resident A used his walker and wheelchair all of the time. Resident B stated Resident A would push himself in his wheelchair. Resident B stated Resident A had physical therapy at home.

I received and reviewed Resident A's health care appraisal dated 02/20/2024 that indicates Resident A uses a walker and a wheelchair with written instructions: limitations from the CVA needs assistance with mobility. It should be noted that a CVA is cerebrovascular accident also known as a stroke. In addition, I reviewed Resident A's written assessment plan dated 02/20/2024 and it indicates Resident A will need to use a wheelchair in the community and a walker in the house as well as home, staff will assist with walking.

On 06/28/2024, I received a ring camera video of what appears to be a Caucasian male using a walker outside the facility without staff being present. The video is from directly across the street and in front of the facility.

On 07/15/2024, I completed an exit conference with Licensee Designee- Mrs. Wiley regarding the above allegations. Mrs. Wiley stated she was not aware Resident A suffered a broken hip. Mrs. Wiley stated there should have been two staff working at the time and Mr. Berry should have been outside with Resident A. Mrs. Wiley stated

Resident A was using a wheelchair from the facility and did not have his own personal wheelchair. Mrs. Wiley stated Resident A did not need to use a wheelchair all of the time. I reviewed with Mrs. Wiley Resident A's health care appraisal and written assessment plan for further clarification of Resident A's needs based on these two documents. Mrs. Wiley stated she understood the violation and will submit a corrective action plan.

| **APPLICABLE RULE** | |
|---|---|
| **R 400.14305** | **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:** | Staff- Deshawn Berry stated he was outside with Resident A and somehow Resident A's feet got tide up and he took a violent fall to the grass. Mr. Berry stated he was the only staff working at the time of the incident. Mr. Berry stated Resident A was receiving physical therapy and was encouraged to use his walker.<br><br>Staff- Mandy Jones stated Resident A would walk using his walker around the facility. Ms. Jones stated Resident A recently started to walk using his walker.<br><br>Resident B stated Resident A used his walker and wheelchair all of the time.<br><br>I received and reviewed Resident A's health care appraisal dated 02/20/2024 that indicates Resident A uses a walker and a wheelchair with written instructions: limitations from the CVA needs assistance with mobility. In addition, I reviewed Resident A's written assessment plan dated 02/20/2024 and it indicates Resident A will need to use a wheelchair in the community and a walker in the house as well as home staff will assist with walking.<br><br>On 06/28/2024, I received a ring camera video of what appears to be a Caucasian male using a walker outside the facility without staff being present. The video is from directly across the street and in front of the facility.<br><br>Therefore, Resident A was not treated with dignity for his protection and safety due to not being in his wheelchair while in the community, in accordance with his assessment plan. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

## IV. RECOMMENDATION

Continguent upon a corrective action plan, I recommend that the status of the license remains the same.

07/16/2024

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Shatonla Daniel Date
Licensing Consultant

Approved By:

07/18/2024

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Ardra Hunter Date
Area Manager