



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 29, 2024

Simrat Dhillon  
Evergreen Villas LLC  
205 Washington St  
Mount Clemens, MI 48043

RE: License #: AM500402137  
Investigation #: 2024A0990027  
Evergreen Villas

Dear Ms. Dhillon:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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.

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,

A handwritten signature in cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(586) 676-2877

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM500402137
<b>Investigation #:</b>	2024A0990027
<b>Complaint Receipt Date:</b>	09/09/2024
<b>Investigation Initiation Date:</b>	09/09/2024
<b>Report Due Date:</b>	11/08/2024
<b>Licensee Name:</b>	Evergreen Villas LLC
<b>Licensee Address:</b>	205 Washington St Mount Clemens, MI 48043
<b>Licensee Telephone #:</b>	(616) 485-0584
<b>Administrator:</b>	Zubair Ahmed
<b>Licensee Designee:</b>	Simrat Dhillon
<b>Name of Facility:</b>	Evergreen Villas
<b>Facility Address:</b>	205 Washington Street Mt. Clemens, MI 48043
<b>Facility Telephone #:</b>	(248) 854-8527
<b>Original Issuance Date:</b>	03/09/2022
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	09/08/2024
<b>Expiration Date:</b>	09/07/2026
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. ALLEGATION(S)

	Violation Established?
Resident A is in bed 24/7 and has not been outside in over a year.	No
Resident A is not receiving dental care and is not adequately cleaned by staff.	No
Resident A has not seen a doctor in a year.	No
Resident A is not allowed visitors.	Yes

## II. METHODOLOGY

09/09/2024	Special Investigation Intake 2024A0990027
09/09/2024	Special Investigation Initiated – Letter
09/09/2024	APS Referral Adult Protective Services (APS) referral denied at intake.
09/09/2024	Contact - Telephone call made I conducted a phone interview with Relative A1.
09/25/2024	Contact - Face to Face I conducted an interview with Resident A.
09/25/2024	Contact - Document Received I reviewed the resident record.
09/26/2024	Contact - Telephone call received I conducted a phone interview with Relative A1.
10/15/2024	Contact - Telephone call made I conducted a phone interview with Relative A2.
10/16/2024	Contact - Telephone call made I left a detailed message with Tamber Townsend, Nurse practitioner. No return call to date.
10/16/2024	Exit Conference I conducted an exit conference with the Mr. Ahmed.

10/21/2024	Contact - Telephone call received I received a phone call from Relative A2.
------------	--

## **ALLEGATION:**

- **Resident A is in bed 24/7 and has not been outside in over a year.**
- **Resident A is not receiving dental care and is not adequately cleaned by staff.**
- **Resident A has not seen a doctor in a year.**

## **INVESTIGATION:**

On 09/09/2024, I received the complaint via email. In addition to the allegations, it was reported that Resident A was to receive physical therapy, and it is unsure if Resident A is receiving it. Resident A has a sexually transmitted disease.

On 09/09/2024, I conducted a phone interview with Relative A1. Relative A1 said that due to Resident A's health conditions, she must mainly stay in a hospital bed at a 45-degree angle. Relative A1 said Resident A must stay in bed because she passes out when sitting up or standing. Relative A1 believes that although Resident A is bedbound, she should be able to go outside for fresh air. Relative A1 said that although she has not been allowed to visit Resident A recently, she does not believe that the staff is brushing Resident A's teeth. Relative A1 said that from their understanding, the staff provides Resident A with a toothbrush and toothpaste. Still, the staff does not assist Resident A with brushing.

On 09/09/2024, Direct care staff member Malaysha Brown said that there were 12 residents. Ms. Brown said that Resident A is the only verbal resident. There is one other resident who is somewhat verbal; however, he has cognitive issues related to dementia. I observed six residents sitting in the dining and common areas of the facility. All residents observed appeared to be dressed appropriately and comfortable.

Relative A1 said that based on what was last told them, a doctor had not seen Resident A in over a year. Relative A1 said Resident A's medical care is done by the facility's private Nurse Practitioner (NP). Relative A1 said that Resident A receives bed baths and has a catheter. Relative A1 does not believe the staff are washing Resident A's hair. Relative A1 said that Resident A received physical therapy (PT) in bed, and the PT does range-of-motion- exercises and nothing to strengthen her core muscles. Relative A1 said that before Resident A moved to Evergreen Villas, at a different facility, she was told by the other facility that Resident A had a sexually transmitted disease. Relative A1 noted that the allegation regarding the sexually transmitted disease should not be included in this complaint because it was not about Evergreen Villas.

On 09/25/2024, I interviewed Resident A. Resident A said that she had not been outside in a while by choice. She does not want to be taken outside because each time she is moved or sitting up, she passes out with a cough-like dry heaves. Resident A said that

lying in bed is more comfortable for her because she cannot breathe sitting up and prefers to stay inside and in her bedroom.

Resident A said that she does her own dental care and displayed her toothbrush and toothpaste sitting in a container on her bedside stand. Resident A said that she does not have many teeth left and can brush the few remaining teeth. Resident A said that she has not been to the dentist because she has no concerns about her teeth or gums. Resident A said that her medical needs are being met, and she sees a doctor who visits the facility. Resident A said that she is receiving physical therapy as well. Resident A noted that the staff is very attentive to her, and she has a call button to reach staff if she needs anything. Resident A said that she receives bed baths, and staff wash her hair regularly. Resident A said that she wears an adult diaper and has a catheter. Resident A is cleaned frequently and denied ever being left wet or soiled. Resident A said that she feels adequately cared for, the meals are good, and she does not have any concerns regarding her care at the facility.

On 09/25/2024, I reviewed the Resident record. I reviewed Resident A's *Health Care Appraisal, Assessment Plan*, and health care notes. Resident A is diagnosed with diabetes, hypertension, A-Fib, and acute respiratory failure. Resident A needs a Hoyer Lift, can communicate her wants/needs, and uses a wheelchair. Resident A is a two-person assistant who provides briefs and bed baths. Staff are to assist with grooming, dressing, and personal hygiene. Resident A is prescribed a hospital bed. Resident A receives physical and occupational therapy (PT/OT). I reviewed several documented healthcare notes from nurse practitioners and physical and occupational therapists. It is reported in many notes that Resident A is bedbound and prefers to stay in her bed and her bedroom.

Resident A had 24 visits for PT/OT from November 2023 to June 2024, 13 visits from an RN from December 2023 to September 2024, one physician visit on 03/06/2024, and one visit from an NP on 03/19/2024. There was one ultrasound visit on 11/01/2023. On 10/15/2024, I conducted a phone interview with Relative A2. Relative A2 said that Resident A is receiving good care at the facility. Resident A is bedbound and is not able to sit up; if so, she passes out with a cough-like dry heaves. Relative A2 said that the staff keeps Resident A clean and well-groomed. Relative A2 had no concerns about the care she received. Relative A2 confirmed that Resident A received physical and occupational therapy.

<b>APPLICABLE RULE</b>	
<b>R 400.14303</b>	<b>Resident care; licensee responsibilities.</b>
	<b>(1) Care and services that are provided to a resident by the home shall be designed to maintain and improve a resident's physical and intellectual functioning and independence. A licensee shall ensure that all interactions with residents promote and encourage cooperation, self-esteem, self-direction, independence, and</b>

	<b>normalization.</b>
<b>ANALYSIS:</b>	<p>Based on the investigation, there is insufficient evidence to support that the care and services provided to Resident A are adequate. Resident A has several medical diagnoses, including acute respiratory failure, in which she prefers to lie in bed at a 45-degree angle. Resident A said that she faints with a cough-like dry heaves when she must sit up.</p> <p>Resident A said that she is seen by medical professionals on a regular basis, can perform her dental hygiene and that staff gives her bed baths and changes her when needed. I observed that Resident A had 40 medical visits from November 2023 to September 2024.</p> <p>Resident A had no concerns regarding the care received. The documentation reviewed in Resident A's record supports that she is being seen regularly by several medical professionals.</p> <p>There are 12 residents in the home. Due to limited cognitive abilities, interviews could not be conducted. The residents were dressed appropriately and comfortable.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

## **ALLEGATION:**

**Resident A is not allowed visitors.**

## **INVESTIGATION:**

I received the complaint on 08/09/2024. In addition to the above allegation, it was reported that Resident A is her own guardian. However, the facility owner is not allowing Resident A to leave the facility or have visitors. The owner is threatening to file trespassing charges against visitors.

On 09/029/2024, I conducted a phone interview with Relative A1. Relative A1 said that the facility had banned them from visiting Resident A. Relative A1's last visit with Resident A was on 08/07/2024. Before that visit, the previous visit allowed was before Mother's Day of this year. Relative A1 said that when she last visited, staff (names unknown) told her she must leave because she was not allowed to visit. Relative A1 described conflict within the family regarding the care Resident A is receiving. Relative A1 said they have a professional medical background and felt Resident A could be cared for in her private residence instead of a costly facility. Relative A1 said that Relative A2 has medical power of attorney and, therefore, can decide about her medical

care. I advised Relative A1 to speak to an attorney and pursue guardianship through the Probate Court.

On 09/25/2024, I interviewed Resident A. I asked Resident A if she had any issues with visitors. Resident A said that staff told her that Relative A1 had an argument with the facility's owner a long time ago and, therefore, was not allowed to visit. Resident A said that she would like Relative A1 to visit and that she misses seeing her. Resident A did not express concerns with Relative A's conduct at the visits and said, "I don't understand why I can't see Relative A1". Resident A further said that Relative A1 had not called her in a while, and she would like to speak with them. Resident A denied any safety concerns or feeling uncomfortable around Relative A1.

On 09/25/2024, I reviewed the resident record. I reviewed the Advanced Directive and Durable Power of Attorney documents. Both documents were notarized on July 14, 2021, giving Relative A2 power of attorney over medical and financial care. I reviewed a letter from Mr. Ahmed, administrator, dated 05/27/2023, from Relative A2 banning Relative A1 from visiting Resident A due to "unpredictable behavior and safety concerns." I reviewed Resident A's *Assessment Plan* dated 05/12/2024. Under the section IV social and program Activities letter "J," Family/Friends (Please address any applicable visitation prohibitions and other considerations), it was documented as "No restrictions at this time."

On 09/26/2024, I conducted a phone interview with Relative A1. Relative A1 said that she received a call from Mr. Ahmed after he became aware of the investigation that he was filing criminal charges against her. I informed Relative A1 that my investigation was still pending and that she should contact an attorney if there was legal action.

On 10/15/2024, I conducted a phone interview with Relative A2. I conducted a phone interview with Relative A2. I informed Relative A2 that the medical and financial power attorney does not give authority over visitations. I advised Relative A2 to seek legal counsel to explore obtaining full guardianship. Relative A1 described years of concerns with Relative A1 and another relative. Relative A2 said that Relative A1 is only interested in receiving her inheritance. Relative A2 noted that she and Relative A1 had a verbal altercation at one of the visits with Resident A because she yelled and asked about the inheritance. Relative A2 described that Relative A also tried removing Resident A from her bed. Relative A1 said that Resident A's short-term memory is not good and that she has dementia; therefore, he does not recall the behaviors that Relative A1 has done.

On 10/16/2024, I conducted an exit conference with Mr. Ahmed. I informed Mr. Ahmed that Relative A2 has no legal authority to ban visitors. Mr. Ahmed said he would like to restrict Relative A1's visit because she has been disruptive and called the police to conduct a welfare check. I went over the licensing rules regarding resident rights and provided technical assistance. I informed Mr. Ahmed that the restriction of the visitors violates Resident A's rights because she did not say she did not want Relative A1 visiting, and she is her guardian. I strongly advised Mr. Ahmed to document egregious



or criminal behaviors by visitors and contact law enforcement to conduct a criminal investigation.

On 10/21/2024, I received a phone call from Relative A2. Relative A2 said that she has a notarized letter written by Resident A stating that Resident A does not want Relative A1 visiting. I explained the investigation process, and this information must come from Mr. Ahmed when requested. Relative A2 said that she spoke to an attorney who told her that obtaining guardianship would not provide authority over visitation.

<b>APPLICABLE RULE</b>	
<b>R 400.14304</b>	<b>Resident rights; licensee responsibilities.</b>
	<p><b>(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:</b></p> <p><b>(k) The right to have contact with relatives and friends and receive visitors in the home at a reasonable time. Exceptions shall be covered in the resident's assessment plan. Special consideration shall be given to visitors coming from out of town or whose hours of employment warrant deviation from usual visiting hours.</b></p>
<b>ANALYSIS:</b>	<p>Based on the investigation, evidence supports that the facility restricted Resident A's rights to visitors. Resident A is her legal guardian. Relative A2 has medical and financial power of attorney. There is no legal documentation to support that Relative A2 can restrict visitation. Furthermore, any restrictions and limits to a resident's rights must be agreed upon by the resident or the resident's legal guardian or court-ordered and stated in writing in the resident's <i>Assessment Plan</i> and <i>Resident Care Agreement</i>. A designated representative and a responsible agency can restrict a resident's rights if the resident or guardian agrees.</p> <p>Relative A2 said that a notarized letter from Resident A restricting the visitations that came forward after the exit conference and the completion of this investigation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

### III. RECOMMENDATION

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



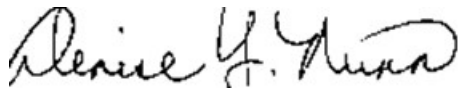
10/24/2024

---

LaShonda Reed  
Licensing Consultant

Date

Approved By:



10/29/2024

---

Denise Y. Nunn  
Area Manager

Date