GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 17, 2024

Carolyn Bruning
Northeast Michigan CMH Authority
400 Johnson Street
Alpena, MI 49707

RE: License #: AS040313092
Investigation #: 2025A0360003
Walnut Home

Dear Ms. Bruning:

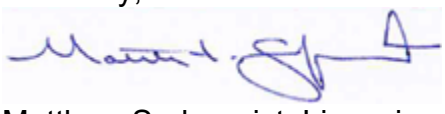
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 616-356-0100.

Sincerely,



Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa Ave NW Unit #13
Grand Rapids, MI 49503
(989) 370-8320

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

I. IDENTIFYING INFORMATION

License #:	AS040313092
Investigation #:	2025A0360003
Complaint Receipt Date:	10/11/2024
Investigation Initiation Date:	10/11/2024
Report Due Date:	12/10/2024
Licensee Name:	Northeast Michigan CMH Authority
Licensee Address:	400 Johnson Street Alpena, MI 49707
Licensee Telephone #:	(989) 358-7603
Administrator:	Nicole Kaiser
Licensee Designee:	Carolyn Bruning
Name of Facility:	Walnut Home
Facility Address:	638 Walnut Street Alpena, MI 49707
Facility Telephone #:	(989) 356-1700
Original Issuance Date:	12/09/2011
License Status:	REGULAR
Effective Date:	06/08/2024
Expiration Date:	06/07/2026
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
Resident A was yelled at during personal care.	Yes

III. METHODOLOGY

10/11/2024	Special Investigation Intake 2025A0360003
10/11/2024	Special Investigation Initiated - Letter Ruth Hewitt NEMCMH ORR
10/14/2024	Contact - Face to Face DCS Olivia Meoak
10/14/2024	Contact - Face to Face DCS Jackie Tadajewski, Ruth Hewitt ORR
10/14/2024	Contact - Face to Face DCS Bree Oliver
10/14/2024	Contact - Telephone call made DCS Gail Brado
10/14/2024	Inspection Completed On-site Home manager Beckie Durfee, Resident A
10/15/2024	Contact - Telephone call received DCS Stacey Maye, Ruth Hewitt
11/04/2024	Contact - Document Received Ruth Hewitt ORR
12/05/2024	APS Referral online
12/10/2024	Exit Conference

ALLEGATION:

Resident A was yelled at during personal care.

INVESTIGATION:

On 10/11/24, I was contacted by Ruth Hewitt from Northeast Michigan Community Mental Health who stated she opened a recipient rights investigation and had interviews scheduled with direct care staff at her office on 10/14/24.

On 10/14/24, I conducted a face-to-face joint interview of direct care staff (DCS) Olivia Meoak with Ms. Hewitt at Northeast Michigan Community Mental Health (NEMCMH). Ms. Meoak stated on 9/17/24 around 6 p.m. direct care staff Stacey Maye was in the bathroom with Resident A providing care. Ms. Meoak stated the bathroom door was closed, and she could hear Ms. Maye yelling at Resident A. She stated she could not hear what the words were that Ms. Maye was yelling. Ms. Meoak stated when Ms. Maye came out of the bathroom, she stated to Ms. Meoak that Resident A was being uncooperative and aggressive and that she had to rip his hands off the bathroom railing because he would not let it go.

On 10/14/24, while at NEMCMH I conducted a joint interview of DCS Jackie Tadajewski. Ms. Tadajewski stated Ms. Maye is loud with the residents. She stated she has witnessed Ms. Maye yell at Resident A when he does not follow directions. Ms. Tadajewski stated that Ms. Maye states she just talks loud.

On 10/14/24, while at NEMCMH I conducted a joint interview of DCS Bree Oliver. Ms. Oliver stated Ms. Maye raises her voice at the residents a lot. Ms. Oliver stated she was not at the home on 9/17/24.

On 10/14/24, while at NEMCMH I conducted a joint interview of DCS Gail Brado. Ms. Brado stated that she has heard Ms. Maye can get loud with the residents however she has never witnessed this because she has only worked with Ms. Maye once or twice.

On 10/14/24, I conducted an unannounced onsite inspection at the home. The home manager Beckie Durfee stated she has had to provide a lot of coaching to Ms. Maye on how to use a softer tone of voice. I then observed Resident A who was unable to be interviewed due to being non-verbal.

On 10/15/24, I conducted a joint telephone interview with DCS Stacey Maye and Ruth Hewitt from the NEMCMH office of recipient rights. Ms. Maye stated she does not remember screaming at Resident A on 9/17/24. She denied yelling at him or ripping his hands from the bathroom railing.

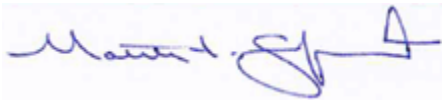
On 11/4/24, I was contacted by Ms. Hewitt. Ms. Hewitt stated that she has substantiated her recipient rights complaint for abuse Class III. Ms. Hewitt stated Ms. Maye has been terminated from employment at the AFC home.

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:	Interviews with Ms. Hewitt, Ms. Meoak, Ms. Tadajewski, Ms. Oliver, Ms. Brado, Ms. Durfee and Ms. Maye revealed that Resident A was yelled at during personal care.
CONCLUSION:	**VIOLATION ESTABLISHED**

On 12/10/24 I conducted an exit conference with Carolyn Bruning. Ms. Bruning concurred with the findings of the investigation and stated she would submit a corrective action plan for approval.

IV. RECOMMENDATION

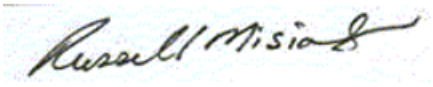
Upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.



12/17/24

Matthew Soderquist Date
Licensing Consultant

Approved By:



12/12/24

Russell B. Misiak Date
Area Manager