



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 26, 2024

William Gross  
Haven Adult Foster Care Limited  
73600 Church Road  
Armada, MI 48005

RE: License #: AS740248863  
Investigation #: 2025A0580006  
Gates AFC

Dear William Gross:

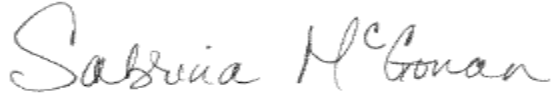
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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) 643-7690.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan". The ink is dark and the signature is fluid.

Sabrina McGowan, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 835-1019

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS740248863
<b>Investigation #:</b>	2025A0580006
<b>Complaint Receipt Date:</b>	11/07/2024
<b>Investigation Initiation Date:</b>	11/12/2024
<b>Report Due Date:</b>	01/06/2025
<b>Licensee Name:</b>	Haven Adult Foster Care Limited
<b>Licensee Address:</b>	73600 Church Road Armada, MI 48005
<b>Licensee Telephone #:</b>	(586) 784-8890
<b>Administrator:</b>	William Gross
<b>Licensee Designee:</b>	William Gross
<b>Name of Facility:</b>	Gates AFC
<b>Facility Address:</b>	400 Burns Road Kimball, MI 48074
<b>Facility Telephone #:</b>	(810) 367-8079
<b>Original Issuance Date:</b>	06/28/2002
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	04/02/2023
<b>Expiration Date:</b>	04/01/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

	AGED ALZHEIMERS
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## II. ALLEGATION(S)

	Violation Established?
Workers are vaping on shift.	No
Residents are not being bathed and some have bed sores. There is 1 staff person operating a 2-person Hoyer lift.	No
Medications are not being administered.	No
There is not enough food in the home.	No
Residents' floors have ant hills with sand and ants running all over.	No
Additional Findings	Yes

## III. METHODOLOGY

11/07/2024	Special Investigation Intake 2025A0580006
11/07/2024	APS Referral Denied by APS.
11/12/2024	Special Investigation Initiated - On Site Unannounced onsite. Interview with Home Mgr., Jody Ripkey.
11/12/2024	Contact - Face to Face Interview with Residents A-C.
11/12/2024	Contact - Face to Face Observation of Resident D.
11/13/2024	Contact - Telephone call made Call to William Gross, Licensee.
11/14/2024	Comment Additional intake #203289 received.
12/04/2024	Inspection Completed On-site Unannounced follow-up onsite.
12/23/2024	Contact - Telephone call made Call to Residential Hospice.

12/23/2024	Contact - Telephone call made Call to William Gross.
12/23/2024	Exit Conference Exit conference with LD Gross.

### **ALLEGATION:**

Workers are vaping on shift.

### **INVESTIGATION:**

On 11/07/2024, I received a complaint via LARA-BCHS-Complaints. This complaint was denied by Adult Protective Services (APS) for investigation.

On 11/12/2024, I conducted an unannounced onsite inspection at Gates AFC. Contact was made with Home Manager (HM), Jody Ripkey, who denied the allegations, citing a former employee as the person stirring up trouble. HM Ripkey stated that there are 4 residents in the home. HM Ripkey also denied that staff vape in the home, stating that staff only vape outside.

While onsite, I interviewed Residents A-C regarding the allegations. Resident A stated that she cannot confirm or deny that staff are vaping while working due to being blind. Residents B and C both denied the allegations.

Residents A-C were observed adequately dressed and groomed. They were neat and clean in appearance. No concerns regarding their care were noted.

On 11/12/2024, while onsite I observed Resident D lying in her bed while sleeping. Resident D is currently on hospice, receiving services via Residential Hospice. Resident A was adequately clothed. No immediate concerns regarding her care were noted.

On 11/13/2024, I spoke with William Gross, Licensee Designee, who denied the allegations, stating that he had had issues with former staff that he tried to address through conversations, however the staff up and quit. LD Gross believes that she is causing problems for the facility by making complaints.

On 12/04/2024, I conducted a follow-up unannounced onsite inspection. Contact was made with staff, Cynthia Tyler, who denied the allegations that staff vape in the home. Staff Tyler shared that Resident D was relocated from the home effective 11/26/2024.

On 12/23/2024, an exit conference was conducted with LD Gross. LD Gross stated that the home has a no tolerance substance and alcohol abuse policy which does not allow

its use on the premises or while working. Staff are aware that they are working with elderly adults and should not be working under the influence.

<b>APPLICABLE RULE</b>	
<b>R 400.14204</b>	<b>Direct care staff; qualifications and training.</b>
	<b>(2) Direct care staff shall possess all of the following qualifications:</b> <b>(a) Be suitable to meet the physical, emotional, intellectual, and social needs of each resident.</b>
<b>ANALYSIS:</b>	<p>It was alleged that workers are vaping on shift.</p> <p>Home manager, Jody Ripkey denied that staff vape in the home, stating that staff only vape outside.</p> <p>While onsite, I interviewed Residents A-C regarding the allegations. Resident A stated that she cannot confirm or deny that staff are vaping while working due to being blind. Residents B and C both denied the allegations.</p> <p>William Gross, Licensee Designee, who denied the allegations, stating that the home has a no tolerance substance and alcohol abuse policy which does not allow its use on the premises or while working.</p> <p>Staff, Cynthia Tyler, denied allegations that staff vape in the home.</p> <p>Based on the interviews conducted, there is not enough evidence to support the rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

#### **ALLEGATION:**

Residents are not being bathed and some have bed sores. There is 1 staff person operating a 2-person Hoyer lift.

#### **INVESTIGATION:**

On 11/12/2024, while onsite, HM Ripkey denied the allegations that the residents are not being bathed and have bedsores. HM Ripkey adds that Resident A requires assistance with sitting and standing due to being blind. Resident A can wash herself when showering. Resident B does not require any assistance showering; however, standby assistance is provided when needed. Resident C is able to take care of her

own personal hygiene needs, while Resident D is on hospice, who provided Resident D with bed baths.

On 11/12/2024, while onsite, I conducted an interview with Residents A-C. Resident A denied that she does not receive assistance with bathing, citing her most recent shower having been earlier that day. Resident A receives assistance from staff as needed. Resident A denied any current bedsores. Resident A added that they are good to her and she likes it here. The AFC Assessment Plan for Resident A states that she requires staff to assist with washing her hair and her feet when bathing. For toileting, Resident A requires assistance with walking to the bathroom and wiping after a bowel movement. Resident A is able to walk on her own with assistance.

Resident B stated that she has resided in the home for 5 weeks. Resident B does not require assistance with bathing. Resident B denied having any current bedsores. The current AFC Assessment Plan for Resident B, signed and dated on 10/01/2024 by both the guardian and the Licensee Designee, indicates that she requires assistance with toileting and bathing, however, it does not describe how these needs will be met. Resident B uses a walker for mobility.

Resident C stated that she does her own hygiene when showering. Resident C denied any current bedsores. The AFC Assessment Plan for Resident C, signed and dated on 10/24/2024 by the guardian and the Licensee Designee, indicates that she requires assistance with toileting and bathing, however, it does not describe how these needs will be met. Resident C uses a walker for mobility.

On 12/23/2024, I spoke with RN Julie Mirorana of Residential Hospice Care. RN Mirorana stated that Resident D began services with Residential Hospice in October of 2023. RN Mirorana stated that she was present the day Resident D moved from the home and denies that Resident D had any bed sores when departing the home. Hospice care consisted of bed baths when Resident D would allow it, as she was combative. Resident D's services ended on 11/26/2024 when she moved from Gates AFC Home. RN Mirorana stated that she had no concerns with the care Resident D received while working at the facility and never saw anything out of the ordinary while visiting in the home.

The AFC Assessment Plan for Resident D indicates that she requires the use of a single staff operation Hoyer lift and/or Broda chair for mobility. Resident D requires assistance with bathing as she lacks the strength and coordination to do it on her own. Resident D requires assistance with toileting due to incontinence and person hygiene as she is unable to do these things on her own.

On 12/23/2024, I conducted an exit conference with LD Gross. LD Gross denied the allegations that the residents are not receiving adequate care.

<b>APPLICABLE RULE</b>	
<b>R 400.14303</b>	<b>Resident care; licensee responsibilities.</b>
	<b>(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.</b>
<b>ANALYSIS:</b>	<p>It was alleged that Residents not being bathed and some have bed sores and 1 person operating a 2 person Hoya lift.</p> <p>HM Ripkey denied the allegations that the residents are not being bathed and have bedsores.</p> <p>Resident A denied that she does not receive assistance with bathing, citing her most recent shower having been earlier that day. Resident A receives assistance from staff as needed. Resident A denied any current bedsores.</p> <p>The AFC Assessment Plan for Resident A states that she requires staff to assist with washing her hair and her feet when bathing.</p> <p>Resident B stated that she does not require assistance with bathing. Resident B denied having any current bedsores. The AFC Assessment Plan for Resident B indicates that she requires assistance with toileting and bathing.</p> <p>Resident C stated that she does her own hygiene when showering. Resident C denied any current bedsores. The AFC Assessment Plan for Resident C indicates that she requires assistance with toileting and bathing.</p> <p>RN Julie Mirorana of Residential Hospice Care denies that Resident D had any bed sores when departing the home. Hospice care consisted of bed baths when Resident D would allow it, as she was combative. RN Mirorana stated that she had no concerns with the care Resident D received while working at the facility and never saw anything out of the ordinary while visiting in the home.</p> <p>The AFC Assessment Plan for Resident D indicates Resident D requires assistance with bathing as she lacks the strength and coordination to do it on her own. The plan also indicates that she requires the use of a single staff operation Hoyer lift and/or Broda chair for mobility.</p>



	LD Gross denied the allegations that the residents are not receiving adequate care.  Based on the interviews conducted and the documents reviewed, there is not enough evidence to support the rule violation.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

### **ALLEGATION:**

Medications are not being administered to residents.

### **INVESTIGATION:**

On 11/14/2024, I received additional allegations alleging that residents are not being given their medications.

12/04/2024, while onsite, follow-up interviews were conducted with Residents A-C who all denied the allegations, stating that they have received all their medication to their knowledge.

While onsite, I reviewed Residents A, B and C's Medication Administration Logs for the months of November and December 2024. Each Resident was given their medication as prescribed.

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(2) Medication shall be given, taken, or applied pursuant to label instructions.</b>
<b>ANALYSIS:</b>	It was alleged that Residents are not being given their medications.  12/4/2024, I conducted a follow-up onsite at Gross AFC Resident D was moved from the home effective. 3 residents remain. Follow-up interviews were conducted with each resident.  Resident Medication Logs reviewed for the months November

	and December 2024 indicate that Resident's A-C were given their medication as prescribed.
	There is not enough evidence to support the rule violation.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

#### **ALLEGATION:**

There is not enough food in the home.

#### **INVESTIGATION:**

On 11/12/2024, Manager Ripkey denied not having enough food in the home, stating that the food does get low, usually around grocery time, however, there is still food in the home to feed the residents. She is currently working on the menu and grocery list.

On 11/12/2024, while onsite, I observed the current menu posted and the food supply in the home. Based on my observation of the current menu and food in the home, both perishable and non-perishable including snack, there is enough food to feed the current number of residents.

On 11/12/2024, I interviewed Resident A, who stated that she receives regular meals and has no complaints regarding the food. Residents A and B both stated that they get plenty of food to eat.

<b>APPLICABLE RULE</b>	
<b>R 400.14313</b>	<b>Resident nutrition.</b>
	<b>(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.</b>
<b>ANALYSIS:</b>	<p>It is alleged that food is not ordered.</p> <p>Manager Ripkey denied not having enough food in the home.</p> <p>While onsite, I observed the current menu posted and the food supply in the home. Based on my observation of the current menu and food in the home, both perishable and non-perishable including snack, there is enough food to feed the current number of residents.</p> <p>Resident A, who stated that she receives regular meals and has no complaints regarding the food.</p>

	Residents A and B both stated that they get plenty of food to eat.  Based on the interviews conducted and my observation of the menu and the food supply in the home, there is not enough evidence to support the rule violation.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

### **ALLEGATION:**

Residents' floors have ant hills with sand and ants running all over.

### **INVESTIGATION:**

On 11/14/2024, I received additional allegations that Residents' floors have ant hills with sand and ants running all over.

On 12/04/2024, staff Tyler stated that there was a small ant problem for which the owners of the home sprayed. There have been no recent and infestation.

On 12/04/2024, while onsite, I interviewed Resident A, who stated that she cannot determine if there are ant or not due to being blind. No concerns with bugs crawling on her skin. Residents B and C stated that they have not seen any ants.

While onsite I observed both the occupied and unoccupied bedrooms for ants. No ants were observed at the time of the onsite inspection.

On 12/23/2024, LD Gross stated that there were ants in the summer for which they sprayed, however, they have not been a problem since the weather has gotten cold. LD Gross stated that his maintenance employees spray the facility weekly for bugs.

<b>APPLICABLE RULE</b>	
<b>R 400.14401</b>	<b>Environmental health.</b>
	<b>(5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner that continually protects the health of residents.</b>
<b>ANALYSIS:</b>	It was alleged that Residents' floors have ant hills with sand and ants running all over.  Staff, Cynthia Tyler stated that there was a small ant problem for which the owners of the home sprayed. There have been no recent and infestation.

	<p>Resident A, who stated that she cannot determine if there are ant or not due to being blind. Residents B and C stated that they have not observed any ants.</p> <p>No ants were observed at the time of the onsite inspection.</p> <p>LD Gross state that there were ants in the summer for which they sprayed, however, they have not been a problem since the weather has gotten cold. LD Gross stated that his maintenance employees spray the facility weekly for bugs.</p> <p>Based on the interviews conducted and observation of the AFC home, there is not enough evidence to support the rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

#### **ADDITIONAL FINDINGS:**

#### **INVESTIGATION:**

The current AFC Assessment Plan for Resident B signed and dated on 10/01/2024 by both the guardian and the Licensee Designee, indicates that she requires assistance with toileting and bathing, however, it does not describe how these needs will be met.

The current AFC Assessment Plan for Resident C signed and dated on 10/22/2024 by both the guardian and the Licensee Designee, indicates that she requires assistance with toileting and bathing, however, it does not describe how these needs will be met.

On 12/23/2024, I conducted an exit conference with LD William Gross. LD Gross stated that she was under the impression that a hospice care plan would suffice for residents under hospice care. LD Gross was informed that Resident B is not receiving hospice care, therefore a completed assessment plan is required. LD Gross was informed of the findings of this investigation.

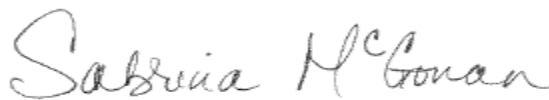
Special Investigation Report (SIR) #202AA0580037 dated 7/12/2024 cited violation to R400.14301(4), The assessment plans for resident(s) not being signed and dated,. The corrective action plan dated and signed on 07/30/2024 by Licensee Gross, stated that the home will maintain one set of binders. Licensee Gross and staff, Shawneesha Cooper will review paperwork to ensure it is completed.

<b>APPLICABLE RULE</b>	
<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	<b>(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.</b>
<b>ANALYSIS:</b>	<p>The 10/01/2024 assessment plan reviewed for Resident B and indicates that she requires assistance with toileting and bathing, however, it does not describe how these needs will be met.</p> <p>The 10/24/2024 assessment plan reviewed for Resident C and indicates that she requires assistance with toileting and bathing, however, it does not describe how these needs will be met.</p>
<b>CONCLUSION:</b>	<b>REPEAT VIOLATION ESTABLISHED SIR 2024A0580037, dated 07/12/2024</b>

On 12/23/2024, an exit conference was conducted with LD Gross. The findings of this investigation were discussed.

#### **IV. RECOMMENDATION**

Upon the receipt of an approved corrective action plan, no change to the status of the license is recommended.

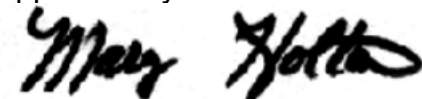


December 23, 2024

Sabrina McGowan  
Licensing Consultant

Date

Approved By:



December 26, 2024

Mary E. Holton  
Area Manager

Date