



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 9, 2024

Gloria Rector
27557 Bredow Ave.
Romulus, MI 48174

RE: License #: AS820402122
Investigation #: 2025A0101005
Jabez Christian Care

Dear Ms. Rector:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

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,

A handwritten signature in blue ink, appearing to read "Edith Richardson".

Edith Richardson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-1934

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820402122
Investigation #:	2025A0101005
Complaint Receipt Date:	11/21/2024
Investigation Initiation Date:	11/22/2024
Report Due Date:	12/21/2024
Licensee Name:	Gloria Rector
Licensee Address:	27557 Bredow Ave. Romulus, MI 48174
Licensee Telephone #:	(313) 529-8731
Administrator:	N/A
Licensee Designee:	N/A
Name of Facility:	Jabez Christian Care
Facility Address:	9658 Rockland St. Redford, MI 48239
Facility Telephone #:	(313) 286-3243
Original Issuance Date:	09/28/2020
License Status:	REGULAR
Effective Date:	03/28/2023
Expiration Date:	03/27/2025
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident A is bedbound, and the group home does not have a Hoyer Lift.	No
<ul style="list-style-type: none">• Resident A is left in bed all day.• The staff leaves Resident A in a diaper 14 to 16 hours a day.• Staff yells at Resident A if she gets anything from her diaper on the bed.	No
Staff gives Resident A her medications two to three hours late.	No

III. METHODOLOGY

11/21/2024	Special Investigation Intake 2025A0101005
11/22/2024	Special Investigation Initiated - On Site Interviewed Gloria Rector, licensee Residents B, C, and D Jerard Smith, volunteer Spoke with Resident A's guardian, Portia Lyles Reviewed Resident's resident record
11/26/2024	APS Referral
11/26/2024	Contact – Telephone call made Ms. Lyles
11/26/2024	Contact – Telephone call made Carolyn Adams, volunteer
12/26/2024	Exit Conference with Ms. Rector

ALLEGATION: Resident A is bedbound, and the group home does not have a Hoyer Lift.

INVESTIGATION: On 11/22/2024, I interviewed the licensee designee Gloria Rector. Ms. Rector stated the home does not have a Hoyer Lift. Ms. Rector stated that the allegations were not true and called Resident A's guardian.

On 11/22/2024, I spoke with Resident A's guardian Portia Lyles. Ms. Lyles stated Resident A does not have a mechanical lift. Ms. Lyles stated Resident A had her doctor write prescriptions for various assistive devices, hospital bed, shower chair and a mechanical a lift. However, according to Ms. Lyles Resident A's insurance company will not pay for them because she does not have a medical diagnosis that support the need for any assistive devices. Ms. Lyles stated Resident A is receiving physical and occupational therapy to improve her issues with mobility. Ms. Lyles further stated Resident A is making up these allegations because she does not want to be in adult foster care. Ms. Lyles stated Resident A wants to get an apartment for her and her son. Ms. Lyles stated Resident A's son is also in an adult foster care home and the judge have already told Resident A she cannot live with him.

On 11/22/2024, I reviewed Resident A's assessment plan. Resident A's assessment plan indicates a Hoyer Lift as an assistive device. According to Ms. Rector and Ms. Lyles Resident A's assessment plan was completed before the insurance company denied the claim for a Hoyer Lift. Ms. Rector stated that she will be modifying Resident A's assessment plan to remove the Hoyer Lift as an assistive device.

However, on 11/22/2024, Resident A's guardian informed me, and Ms. Rector that Resident A informed the staff at Corewell Health that she is afraid to return to the group home. Ms. Lyles stated she is looking for an alternative placement for Resident A.

On 11/22/2024, I reviewed Resident A's medical chart. Resident A's medical chart indicates that she is obese and after having a stroke she has weakness and loss of strength on her right side. Resident A's medical chart further indicates that she can not fully extend her knees. However, her medical chart does not indicate that she is bedbound.

APPLICABLE RULE	
R 400.14303	Resident care; licensee responsibilities.
	(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.

ANALYSIS:	<p>The licensee designee, Gloria Rector, is providing the supervision, protection and personal care as defined in the act and as specified in the resident's written assessment plan.</p> <p>At the time of Resident A's placement, it was anticipated that Resident A would be receiving a Hoyer Lift. However, her insurance company denied the claim. Furthermore, Resident A's medical chart does not state that she is bedbound.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

- **Resident A is left in bed all day.**
- **The staff leaves Resident A in a diaper 14 to 16 hours a day.**
- **Staff yells at Resident A if she gets anything from her diaper on the bed.**

INVESTIGATION: On 11/22/2024, I interviewed Ms. Rector. Ms. Rector denied the allegation that Resident A is left in bed all day. Ms. Rector stated on many days Resident A would refuse to get out of the bed. Ms. Rector denied the allegation that staff leaves Resident A in a diaper 14 to 16 hours a day. Ms. Rector showed me Resident A's hygiene chart. According to Resident A's hygiene chart the staff are changing her diaper throughout the day.

Ms. Rector denied the allegation that staff yells at Resident A.

On 11/22/2024, I interviewed Residents B, C and D. They all stated that staff do not yell at them, and they have never heard staff yelling at a resident.

On 11/22/2024, I interviewed volunteer, Jerod Smith. Mr. Smith stated that the staff do not yell at the residents.

On 11/26/2024, I spoke with volunteer, Carolyn Adams. Ms. Adams stated the staff have gone "above and beyond to accommodate Resident A." Ms. Adams stated the staff have brought Resident A a television set for her room and a heating pad. Ms. Adams stated Resident A wanted to stay in bed all day and staff had to encourage her to get out of the bed. Ms. Adam stated getting her out of the bed was essential to prevent her skin from breaking down. Ms. Adams was convinced that Resident A is lying because she wants to be with her family.

APPLICABLE RULE	
R 400.14308	Resident behavior interventions prohibitions.
	<p>(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:</p> <ul style="list-style-type: none"> (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. (d) Confine a resident in an area, such as a room, where egress is prevented, in a closet, or in a bed, box, or chair or restrict a resident in a similar manner. (e) Withhold food, water, clothing, rest, or toilet use. (f) Subject a resident to any of the following: <ul style="list-style-type: none"> (i) Mental or emotional cruelty. (ii) Verbal abuse. (iii) Derogatory remarks about the resident or members of his or her family. (iv) Threats. (g) Refuse the resident entrance to the home. (h) Isolation of a resident as defined in R 400.14102(1)(m). (i) Any electrical shock device.
ANALYSIS:	<p>Based on the preponderance of evidence the staff are not mistreating Resident A.</p> <p>According to Ms. Rector, Mr. Smith and Ms. Adams, Resident A is not left in bed all day.</p> <p>According to Resident A's hygiene chart Resident A's diaper is being changed throughout the day.</p> <p>According to Ms. Rector, Mr. Smith, Ms. Adams and Residents B, C and D the staff do not yell at the residents.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Staff gives Resident A her medications two to three hours late.

INVESTIGATION: On 11/22/2024, I reviewed Resident A's resident record. Resident A's date of placement was 08/22/2024. I reviewed all of Resident A's medication logs. The medication logs were accurately completed, they contained no errors.

On 11/22/2024, I interviewed Ms. Rector. Ms. Rector denied the allegation that Resident A is given her medication two to three hours late. Ms. Rector stated Resident A always gets her medication on time. Ms. Rector stated she is currently living in the home. Ms. Rector further stated since she lives in the home and is the only staff administering medications there is no reason that a resident would not receive their medication on time.

On 11/22/2024, I interviewed volunteer, Jerod Smith. Mr. Smith stated he spends a lot of time in the home. Mr. Smith stated he shadows Ms. Rector because he is receiving training to become a direct care worker. Mr. Smith stated he has observed Ms. Rector pass medications numerous times, and she always gives it on time.

On 11/22/2024, I interviewed Residents B, C, and D. They all stated that they receive their medication on time.

On 11/22/2024, I spoke with Resident A's guardian, Ms. Lyles. Ms. Lyles stated that Resident A has never mentioned she is not receiving her medication on time. Ms. Lyles stated she believes Resident A is making up these allegations because she does not want to be in adult foster care. Ms. Lyles stated Ms. Rector is an excellent provider. Ms. Lyles stated she has placed a lot of people in Ms. Rector's home and there has never been an issue with residents not getting their medications on time.

On 11/26/2024, I spoke with volunteer, Carolyn Adams. Ms. Adams stated. Resident A always received her medication on time. Ms. Adams stated Resident A is lying about not receiving her medication on time because she wants to be with her family.

APPLICABLE RULE	
R 400.14312	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	<p>There is no evidence to determine that Resident A received her medications two to three hours late.</p> <p>I reviewed Resident A's medication logs. They contained no errors.</p> <p>I interviewed the licensee designee Ms. Rector, volunteer Mr. Smith, and the residents. They all stated that the residents receive their medications on time.</p> <p>I spoke with Resident A's guardian Ms. Lyles. Ms. Lyles stated Resident A has never mentioned she is not receiving her medication on time. Ms. Lyles stated she believes Resident A is making up allegations because she does not want to be in adult foster care.</p> <p>I spoke with volunteer, Carolyn Adams. Ms. Adams stated. Resident A always received her medication on time. Ms. Adams stated Resident A is lying about not receiving her medication on time because she wants to be with her family.</p> <p>Therefore, based on the preponderance of evidence Resident A was given her medication pursuant to label instructions.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

I recommend the status of the license remains unchanged.



Edith Richardson
Licensing Consultant

12/26/2024
Date

Approved By:



01/09/2025

Ardra Hunter
Area Manager

Date