



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 28, 2025

Patti Holland
801 W Geneva Dr.
Dewitt, MI 48820

RE: License #: AM330008452
Investigation #: 2025A0466015
Pleasant View AFC

Dear Patti Holland:

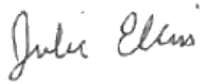
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT
THIS REPORT CONTAINS QUOTED PROFANITY**

I. IDENTIFYING INFORMATION

License #:	AM330008452
Investigation #:	2025A0466015
Complaint Receipt Date:	01/21/2025
Investigation Initiation Date:	01/21/2025
Report Due Date:	03/22/2025
Licensee Name:	Patti Holland
Licensee Address:	801 W Geneva Dr. Dewitt, MI 48820
Licensee Telephone #:	(517) 669-8457
Administrator:	Patti Holland
Name of Facility:	Pleasant View AFC
Facility Address:	3016 Risdale Lansing, MI 48911
Facility Telephone #:	(517) 394-6748
Original Issuance Date:	12/12/1992
License Status:	REGULAR
Effective Date:	01/22/2024
Expiration Date:	01/21/2026
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

II. ALLEGATION:

	Violation Established?
Resident A's caregivers are verbally abusive and grabbing her arms.	No
Additional Findings	Yes

III. METHODOLOGY

01/21/2025	Special Investigation Intake 2025A0466015.
01/21/2025	APS Referral Emily Presendieu assigned.
01/21/2025	Special Investigation Initiated – Telephone call to APS Emily Presendieu, interviewed.
01/24/2025	Inspection Completed On-site with APS Emily Presendieu.
01/24/2025	Inspection Completed-BCAL Sub. Compliance.
01/27/2025	Contact - Telephone call made to DCW Alexis Gilliam interviewed with APS Emily Presendieu.
02/28/2025	Exit conference with licensee and administrator Patti Holland attempted by phone, voicemail was full and a message could not be left.

ALLEGATION: Resident A's caregivers are verbally abusive and grabbing her arms.

INVESTIGATION:

On 01/21/2025, Complainant reported that Resident A is 58 years, disabled, bed bound and has weakness in her arms and legs. Complainant reported Resident A's caregiver (name unknown) is verbally telling Resident A that she is a liar and yelling at her. Complainant reported caregiver Alex (last name unknown) is pulling on Resident A's arm, yelling at her and calling her names. Complainant reported Resident A's arm hurts from being grabbed. Complainant reported Resident A does not have any marks or bruises.

On 01/21/2025, adult protective service (APS) worker Emily Presendieu reported that Resident A is currently hospitalized. APS Presendieu reported that APS had contact with Resident A on 1/19/2025 and she had no marks or bruises. APS Presendieu reported hospital personnel noted that Resident A did not have any injuries.

On 01/24/2025, APS Presendieu and I conducted an unannounced investigation and we interviewed direct care workers (DCW) Roise Gradford, DCW Quasha Cannon and DCW Monique Wood who all reported that Resident A has been hospitalized since 1/13/2025 for not feeling well, not eating and having delusions. DCW Gradford reported that after Resident A's hospital admission they were told that Resident A's white blood cells were elevated and that she was being treated for hypothermia. DCW Gradford, DCW Cannon and DCW Wood reported that Resident A is expected to return to the facility but discharged date is unknown at this time. DCW Gradford, DCW Cannon and DCW Wood reported that Resident A requires assistance with activities of daily living (ADLs). DCW Gradford also reported that Resident A is diagnosed with schizophrenia, bipolar disorder and seizure disorder. DCW Gradford, DCW Cannon and DCW Wood reported that when Resident A hears something on television, she will repeat it and the phrase gets stuck in a loop. DCW Gradford stated an example being Resident A hearing the word "aliens" and she will keep repeating the word and using it in several different contexts for no apparent reason. DCW Woods reported that Resident A will say, "you called me a bitch" when she is all alone with no one was talking to her. DCW Gradford, DCW Cannon and DCW Wood reported that Resident A gets along well with both the direct care workers and the other residents. DCW Gradford, DCW Cannon and DCW Wood could not recall a time that they observed or heard any other resident or direct care worker verbally telling Resident A that she is a liar, yelling at her, calling her names and/or pulling her arm.

DCW Gradford, DCW Cannon and DCW Wood reported that Resident A never reported that anyone was calling her a liar, yelling, calling her names or pulling on her arm. DCW Gradford, DCW Cannon and DCW Wood reported that Resident A never had any marks or bruising that appeared like anyone was pulling her by her arm. DCW Gradford, DCW Cannon and DCW Wood all denied ever pulling Resident A by her arm and she denied ever observing any other direct care worker pulling Resident A by her arm.

DCW Gradford did recalling hearing on 1/13/2025 prior to Resident A being admitted to the hospital that Resident A was aggressive and swinging her hands at the direct care workers on duty. DCW Gradford reported that this happened on a shift that she was not working. DCW Gradford reported that Resident A has a catheter and she thinks that might have been causing Resident A pain which in turn caused Resident A to act out aggressively. DCW Gradford reported that Resident A requires assistance with getting out of bed and that is done by the caregiver putting their arms under Resident A's arm pit and holding on to the top of her pants to help her out of bed or transfer her.

DCW Cannon reported that she and DCW Alexis Gilliam were working first shift on 1/13/2025 prior to Resident A's hospitalization. DCW Cannon reported that prior to Resident A's hospital admission on 1/13/2025, Resident A complained that she was achy and that her catheter was bothering her. DCW Cannon reported that Resident

A had been declining and she was only responding with “yes” or “no” to questions. DCW Cannon reported that direct care workers had to assist Resident A getting out of bed by using a gait belt and holding her by her arm pit to raise her up and out of bed. DCW Cannon reported that she was able to administer Resident A her medications and wash her up on 01/13/2025. DCW Cannon reported that she observed Resident A swinging her arms at DCW Gilliam. DCW Cannon reported that DCW Gilliam covered her stomach and did not touch Resident A nor did she swing back. DCW Cannon reported that she nor DCW Gilliam could calm Resident A down and when they called for emergency medical services (EMS) DCW Cannon reported that Resident A was swinging her arms at the police officers that came to the facility to assist EMS. DCW Cannon reported that Resident A has been hospitalized since.

DCW Woods reported that she works as a direct care worker and as the facility manager. DCW Woods reported that DCW Cannon and DCW Gilliam were working first shift on 1/13/2025 and that she was at the facility also. DCW Woods reported that Resident A was combative and trying to hit staff. DCW Woods reported that Resident A swung at her that day also as she was amidst that she did not want to be touched. DCW Cannon reported that Resident A has been physically aggressive before. DCW Woods reported that Resident A was able to help herself get out of bed with her assistance on 1/13/2025 prior to hospitalization. DCW Woods reported that when she assists Resident A getting out of bed, she puts her arms under Resident A's armpit and pulls up by the back of her pants. DCW Woods reported that grabbing Resident A's arm is not part of the protocol. DCW Woods reported that she has never grabbed Resident A by the arm, nor has she observed any other direct care giver pulling on Resident A's arm. DCW Woods reported that Resident A has a wheelchair and walker that are used to assist her with mobility and she confirmed that the wheelchair in Resident A's bedroom was Resident A's.

Resident A was not able to be interviewed as she was in the hospital and not at the facility at the time of the unannounced investigation.

On 01/27/2024, APS Presendieu and I conducted a phone interview with DCW Alexis Gilliam who reported that Resident A has lived at the facility for the past five years. DCW Gilliam reported that Resident A has been hospitalized since 1/13/2025 for not feeling well, not eating and having delusions. DCW Gilliam reported that Resident A is expected to return to the facility but the discharge date is unknown at this time. DCW Gilliam reported that Resident A requires assistance with ADLs. DCW Gilliam reported that when she assisted Resident A out of bed Resident A was able to sit up, swing her legs out of bed and place them on the ground and DCW Gilliam put her arm under Resident A's arm pit and lifted using a gait belt. DCW Gilliam reported that over the past four months Resident A has been exhibiting erratic behavior where she thinks that someone is talking about her and she has been physically aggressive towards others. DCW Gilliam reported that this is not Resident A's only hospitalization recently as when the behavior first shifted she was diagnosed with a severe urinary tract infection (UTI). DCW Gilliam reported that

Resident A has been difficult to get out of bed and when direct care workers try to assist Resident A she is combative. DCW Gilliam reported that Resident A's combative behavior has increased since the catheter was placed. DCW Gilliam reported that Resident A gets along well with both the direct care workers and the other residents. DCW Gilliam could not recall a time that she observed or heard any other resident or direct care worker verbally telling Resident A that she is a liar, yelling at her, calling her names and/or pulling her arm. DCW Gilliam reported that Resident A never reported to her that anyone was calling her a liar, yelling, calling her names or pulling on her arm. DCW Gilliam reported that Resident A never had any marks or bruising that appeared like anyone was pulling her by her arm. DCW Gilliam denied ever pulling Resident A by her arm and she denied ever observing any other direct care worker pulling Resident A by her arm.

On 01/27/2024, APS Presendieu reported that she did not have any concerns about abuse/neglect and that she would not be substantiating prior to closing this case.

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:	DCW Gradford, DCW Cannon, DCW Wood and DCW Gilliam all denied that neither they nor any other caregiver told Resident A that she is a liar and yelled at her. DCW Gradford, DCW Cannon, DCW Wood and DCW Gilliam all denied that DCW Gilliam was pulling on Resident A's arm, yelling at her and calling her names. DCW Gradford, DCW Cannon, DCW Wood and DCW Gilliam all reported that Resident A requires assistance with getting in and out of bed and that they provide that assistance by putting their hands under her armpit and helping her up and/ or using a gait belt. Therefore there is not enough evidence to establish a violation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

Resident A has resided at the facility for approximately 5 years according to DCW Gradford and DCW Cannon who were on duty at the time of the unannounced investigation. I reviewed Resident A's entire resident record and there was not an updated *Health Care Appraisal* that had been updated annually. The *Health Care Appraisal* in the resident record did not document that Resident A utilizes a gait belt, wheelchair or walker for ambulation. During interviews with DCW Cannon and

DCW Gilliam both reported using a gait belt to assist Resident A with ambulation. While I was onsite, I observed a walker in Resident A's bedroom. DCW Gradford, DCW Cannon and DCW Wood all confirmed that the walker in Resident A's bedroom was Resident A's walker that she used for ambulation. DCW Gradford, DCW Cannon and DCW Wood all reported that Resident A uses a wheelchair for ambulation when she is feeling tired and weak. DCW Gradford and DCW Cannon both reported that Resident A was in a wheelchair on 1/13/2025 when EMS was contacted. DCW Gradford, DCW Cannon and DCW Wood were all asked why the *Health Care Appraisal* in Resident A's record had not been updated annually and they all reported that Alisha Baker was working on the resident records for an upcoming renewal inspection and although the updated *Health Care Appraisal* was not in the resident record at the time of the investigation, DCW Gradford, DCW Cannon and DCW Wood reported that Ms. Baker may have the updated document.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
ANALYSIS:	At the time of the unannounced investigation, Resident A's entire record did not contain a <i>Health Care Appraisal</i> that had been updated annually. Additionally, the <i>Health Care Appraisal</i> in the resident record did not document that Resident A utilizes a gait belt, wheelchair or walker for ambulation.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

Resident A has resided at the facility for approximately 5 years according to DCW Gradford and DCW Cannon who were on duty at the time of the unannounced investigation. At the time of the unannounced investigation, I reviewed Resident A's entire record and there was not an *Assessment Plan for Adult Foster Care (AFC) Residents* that had been updated annually. Additionally Resident A's most recent *Assessment Plan for AFC Residents* did not document that Resident A utilizes a gait

belt, wheelchair or walker for ambulation nor was Resident A's catheter documented. DCW Gradford, DCW Cannon and DCW Wood all reported that Ms. Baker was working on the resident records for an upcoming renewal inspection and although the *Assessment Plan for AFC Residents* was not in the resident record at the time of the investigation, DCW Gradford, DCW Cannon and DCW Wood reported that Ms. Baker may have the updated document.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(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.
ANALYSIS:	At the time of the unannounced investigation, Resident A's entire record did not contain an <i>Assessment Plan for AFC Residents</i> that had been updated annually. Additionally, the <i>Assessment Plan for AFC Residents</i> did not document that Resident A utilizes a gait belt, wheelchair or walker for ambulation nor was the Catheter documented therefore a violation has been established.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

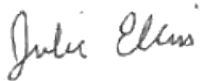
Resident A has resided at the facility for approximately 5 years according to DCW Gradford and DCW Cannon who were on duty at the time of the unannounced investigation. I reviewed Resident A's entire record and there was not a written physician order for a gait belt even though DCW Cannon and DCW Gilliam both reported using a gait belt with Resident A. Additionally, there was a walker in Resident A's bedroom which was reported as belonging to Resident A to use as needed however her record did not contain a physician order for the use of the assistive device. DCW Gradford, DCW Cannon and DCW Wood all confirmed that the walker in Resident A's bedroom was Resident A's walker that she used for ambulation. DCW Gradford, DCW Cannon and DCW Wood all reported that Resident A was using a wheelchair for ambulation when feeling tired and weak. DCW Gradford and DCW Cannon both reported that Resident A was in a wheelchair on 1/13/2025 when EMS was contacted and arrived at the facility. DCW Gradford, DCW Cannon and DCW Wood all reported that Ms. Baker is responsible for the paperwork in the resident records and that she is working on the resident records for an upcoming renewal inspection. DCW Gradford, DCW Cannon and DCW Wood reported that although the written physician orders for the assistive devices were not

in the resident record at the time of the unannounced investigation that Ms. Baker may have them.

APPLICABLE RULE	
R 400.14306	Use of assistive devices.
	(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.
ANALYSIS:	DCW Cannon and DCW Gilliam both reported using a gait belt to help transfer Resident A. It was also reported by multiple direct care workers that Resident A utilizes the assistance of a walker and/or wheelchair for ambulation. None of these assistive devices had a physician order in the resident record which also included the reason for the supports and the term of authorization.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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



2/27/2025

Julie Elkins
Licensing Consultant

Date

Approved By:



02/28/2025

Dawn N. Timm
Area Manager

Date