



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 14, 2025

Simbarashe Chiduma
Open Arms Link
Suite 130
8161 Executive Court
Lansing, MI 48917

RE: License #: AM190396226
Investigation #: 2025A0622018
Boichot

Dear Mr. Chiduma:

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 black ink, appearing to read 'Amanda Blasius', written in a cursive style.

Amanda Blasius, 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**

I. IDENTIFYING INFORMATION

License #:	AM190396226
Investigation #:	2025A0622018
Complaint Receipt Date:	02/03/2025
Investigation Initiation Date:	02/04/2025
Report Due Date:	04/04/2025
Licensee Name:	Open Arms Link
Licensee Address:	Suite 130 8161 Executive Court Lansing, MI 48917
Licensee Telephone #:	(517) 253-8894
Administrator:	Simbarashe Chiduma
Licensee Designee:	Simbarashe Chiduma
Name of Facility:	Boichot
Facility Address:	14120 Boichot Road Lansing, MI 48906
Facility Telephone #:	(517) 455-8300
Original Issuance Date:	11/20/2018
License Status:	REGULAR
Effective Date:	05/20/2023
Expiration Date:	05/19/2025
Capacity:	8
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
Resident A's body is covered in bruises and direct care staff could not provide an explanation.	No
Additional Findings	Yes

III. METHODOLOGY

02/03/2025	Special Investigation Intake 2025A0622018
02/04/2025	Special Investigation Initiated - Telephone Phone call with hospital social worker
02/20/2025	Inspection Completed-BCAL Sub. Compliance
02/20/2025	Contact - Telephone call made with APS worker, hospital social worker, Guardian A1 and community mental health caseworker, Michelle Robinson
02/25/2025	Contact - Document Received from Boichot
02/26/2025	Contact - Document Received from Boichot
03/05/2025	Contact - Telephone call made to direct care workers
03/06/2025	Contact - Telephone call made to direct care workers and hospital social worker.
03/07/2025	Contact - Telephone call made to Guardian A1
03/17/2025	Exit conference with Simbarashe Chiduma licensee designee.

ALLEGATION: Resident A's body is covered in bruises and direct care staff could not provide an explanation.

INVESTIGATION:

On 02/03/2025, I received this complaint through the LARA Bureau of Community and Health Systems online complaint system. According to the complaint, which came through an adult protective services complaint, Resident A was admitted to the hospital due to pneumonia on 01/31/2025 and her body was covered in bruises. The complaint stated that bruises were on her legs, arms and torso. According to the complaint, Resident A has a severe intellectual disability, cerebral palsy, seizure

disorder and an underdeveloped left eye. Resident A is also non-verbal. Resident A has poor control and poor balance and tips forward out of her wheelchair on her own. The compliant stated that one of the bruises appears to be a handprint which is not consistent with her care level.

On 02/04/2025, I interviewed the hospital social worker, Michelle Vandenberg via phone. Ms. Vandenberg reported that the nurses found the bruises while she was in the hospital. She reported that Resident A currently had a very poor intake and had been vomiting. Ms. Vandenberg stated Resident A is starting to improve, and they have added medication to increase her appetite. Ms. Vandenberg explained that Resident A has many bruises in different phases of healing, and one looks like a handprint near her hip. Ms. Vandenberg provided documentation of the bruises via pictures. The bruises were all over her legs and back, with one appearing to be a handprint on her back.

On 02/05/2025, I interviewed adult protective services worker, Tom Hilla via phone. He reported that he is also investigating and has visited Resident A at the hospital. He reported that he has not been to the AFC home yet. Mr. Hilla explained that after talking with Guardian A1, they will be looking into a new AFC home for Resident A.

On 02/20/2025, I completed an unannounced onsite investigation to Boichot AFC. During the unannounced onsite investigation, I gathered paperwork, interviewed Resident B and direct care workers.

On 02/20/2025, I interviewed Resident B in person, who is Resident A's roommate. Resident B is verbal but struggled to fully answer questions. Resident B reported that she did not observe direct care workers hurt or abuse Resident A. Resident B explained that Resident A did not appear to be in pain when direct care workers were caring for her. Resident B had no concerns regarding the care she is receiving at Boichot.

On 02/20/2025, I interviewed direct care worker (DCW), Sherry Henderson in person. DCW Henderson is the manager for the home. DCW Henderson reported that Resident A has many health challenges, which have increased over the last year. She stated that Resident A started having seizures in 2023. DCW Henderson explained that she recently had a seizure in September and December of 2024. DCW Henderson confirmed that Resident A is non-verbal and communicates through movements and crying. She explained that after her September seizure, Resident A started having unexplained movements. DCW Henderson stated that Resident A is constantly moving when she is awake. DCW Henderson reported that Resident A has been bruising easily for over a year, and she has been brought to the doctor to discuss this concern several times. DCW Henderson explained that it's her understanding that her seizure medication in combination with nonsteroidal anti-inflammatory drugs increases her bruising. She further explained that a doctor recently prescribed her Aspirin daily, which has increased her bruising. DCW Henderson reported that Resident A is a full care assist, and a bruise can be caused

by a gentle touch while changing her brief. She explained that they started to document the bruising, but stopped since she had so many bruises it was hard to tell which was a new bruise or an old one. DCW Henderson reported that she is unsure why there would be a large bruise on Resident A's back and it could be caused by her wheelchair as she would slide down and hit her body on the foot pedals. DCW Henderson stated that Resident A's wheelchair did not fit her properly and the seat needed to be higher as it was sinking down. She also stated that Resident A had her arm stuck on the side and she had to take the wheelchair a part to get her arm loose. DCW Henderson explained that Resident A was constantly moving in her wheelchair and would fall to where the seatbelt was around her chest. DCW Henderson reported that she has not observed any staff members physically abuse Resident A or use too much force when providing personal care to Resident A. DCW Henderson denied using too much force when providing personal care to Resident A or physically abusing her. DCW Henderson stated that any light touch would cause bruising to Resident A. She explained Resident A wore adult incontinence briefs and was a full assistance with adult daily living tasks, therefore staff were having to touch her body often. DCW Henderson also reported that Resident A received a hospital bed about a year ago and after her seizures she started to put her legs through the bed rails, which caused additional bruising on her legs. DCW Henderson reported that she added foam noodles to the bed rails to attempt to protect her legs from being bruised, but Resident A would kick them off and then insert her legs through the rails over and over when she was awake in bed. DCW Henderson reported that Resident A's personal care needs have increased greatly over the last 6 months, and she needs a nurse to care for her needs or an additional staff to assist for just Resident A.

On 02/20/2025, I interviewed direct care worker, Jakyra Pittman in person. She reported that she started working at Boichot in July of 2024 and works first shift. DCW Pittman explained that Resident A is constantly moving whether she is in bed or in her wheelchair. She described her movement as lifting her head and lifting her legs. DCW Pittman explained that lately, Resident A has been crying to be in her bed, as that is her preferred location. DCW Pittman stated that crying is how Resident A communicates. She explained that when in bed and awake, Resident A will turn sideways and put her legs through the bedrails over and over. DCW Pittman stated that when she started, she was told that Resident A bruises easily and will bruise after being touched lightly. She explained that she was informed that Resident A's daily aspirin was causing her to bruise easily. DCW Pittman reported that in the past they had skin audit forms, but over time she had so many bruises it was hard to tell which bruise was new and which one was old. DCW Pittman explained that Resident A slides down in his wheelchair constantly. She stated that once she puts Resident A in the wheelchair and turns around, Resident A will slide herself down again. DCW Pittman explained that she lifts Resident A up in her wheelchair by lifting her up under her armpits. DCW Pittman reported that she believes that the bruise on her hips was from sliding down in her wheelchair over and over, as her body will hit the foot pedals. DCW Pittman also stated that Resident A will run into things with her wheelchair as she can move herself around with her

feet. DCW Pittman reported that Resident A has a very stiff body and can be difficult to change her brief. She further explained that Resident A will cross her legs and lock them, therefore it can be difficult to hold them open while changing her briefs. DCW Pittman denied physically abusing Resident A or using too much force when providing personal care to Resident A. DCW Pittman reported that she has not observed any other staff members physically abuse Resident A or use too much force when providing personal care.

On 02/20/2025, I interviewed direct care worker, Alexis Brown in person. DCW Brown reported that she has worked at Boichot since October of 2024 and works first shift. DCW Brown reported that after Resident A's strokes in 2024, she started with her constant movement and would slide down in her wheelchair. DCW Brown also explained that Resident A also started moving sideways in her hospital bed and would kick her legs through the bed rails, which caused bruising on her legs. DCW Brown stated that she was informed that Resident A would bruise easily due to the aspirin she is prescribed every day. DCW Brown explained that she believes the other bruising is from kicking her legs in bed and sliding down in her wheelchair. She stated that Resident A would hit her hips on the foot pedals of the wheelchair, as she would slide that far to where the seatbelt was around her chest. DCW Brown reported that Resident A would bruise very easily with a light touch. She stated that to change Resident A's brief, she would lay her on her side and that worked well for her. DCW Brown denied physically abusing Resident A or using too much force when providing personal care to Resident A. DCW Brown reported that she has not observed any other staff members physically abuse Resident A or use too much force when providing personal care.

On 03/05/2025, I interviewed direct care worker, Chisomo Mazangara via phone. She reported that she has worked at Biochot for three years and works third shift. DCW Mazangara explained that Resident A has always had bruises and they would come and go. She described the bruises as big and small, on her legs, sides and waist. DCW Mazangara reported that she was shocked when she first saw her bruises and she called the manager Sherry Henderson. She was informed that the bruising was caused from the medication that she is on and then the bruising became a normal occurrence for Resident A. DCW Mazangara reported that Resident A is very stiff and to get her dressed could be difficult. DCW Mazangara explained that any pressure could cause the bruising, and some pressure was needed due to all the care Resident A received with changing her briefs, showering and getting her dressed. DCW Mazangara stated that she did not document the bruising as it was a normal occurrence. She reported that Resident A does kick her legs while in bed and has been doing this for a long time. She also stated that Resident A was constantly trying to get out of her bed. DCW Mazangara reported that Resident A's wheelchair was not a good wheelchair for her as it was too low for her to sit, the brakes did not work, and she would slide down low to where the seatbelt was around her chest. DCW Mazangara was unsure how long the wheelchair has been broken, but she described it to be occurring for over a month. She explained that Resident A would spend a lot of time in her bed or in her recliner

also. DCW Mazangara denied physically abusing Resident A or using too much force when providing personal care to Resident A. DCW Mazangara reported that she has not observed any other staff members physically abuse Resident A or use too much force when providing personal care. DCW Mazangara also confirmed that two staff always work on third shift.

On 03/05/2025, I interviewed direct care worker, Erick Obiri via phone. DCW Obiri stated that he has worked for Boichot for one year and works both first and third shift but only works two-four days per month. DCW Obiri explained that since he is a male he does not personally care for Resident A. DCW Obiri did not have much updated information on Resident A but stated that he believes that her bruising is from the medication she is prescribed. He explained that Resident A does appear to sleep all night. DCW Obiri denied physically abusing Resident A or using too much force when providing personal care to Resident A. DCW Obiri reported that he has not observed any other staff members physically abuse Resident A or use too much force when providing personal care. DCW Obiri also confirmed that two staff always work on third shift.

On 03/05/2025, I interviewed direct care worker, Divine Vwamahoro via phone. She reported that she has worked at Boichot for over a year and works second shift. DCW Vwamahoro stated she was informed that the bruises were from the aspirin Resident A takes and from her seizure. DCW Vwamahoro further explained that Resident A has very soft skin and has always had the same bruises. She explained that they would document new bruises on a skin form. DCW Vwamahoro reported that Resident A is always constantly moving and kicking her legs in bed in between the bed rails. DCW Vwamahoro reported that her wheelchair was big cause of her bruising, as she would get her arm stuck on the side and would move her legs and hit them on the wheelchair. DCW Vwamahoro stated that Resident A would slide down in her wheelchair and maybe she was doing this because she was uncomfortable or in pain. Staff would constantly have to re-adjust her in her wheelchair and sometimes she would cry to communicate. DCW Vwamahoro reported that Resident A preferred to be in bed and would sometimes wheel herself into her room. DCW Vwamahoro stated that there was a recliner in the living room she could sit in, but she needed one on one supervision to make sure she did not fall out of the recliner. DCW stated that someone came into the home a few times to look at the wheelchair, but it was not fixed. DCW Vwamahoro denied physically abusing Resident A or using too much force when providing personal care to Resident A. DCW Vwamahoro reported that she has not observed any other staff members physically abuse Resident A or use too much force when providing personal care.

On 02/20/2025, I reviewed Resident A's file. I viewed *After Visit Summaries* from multiple medical visits.

- **6/19/2023: Reason for visit- Concerns about bruises on legs**

Doctor's orders: Frequent falls/getting out of bed in the middle of the night. Please consider bed alarm or increased staff observation while she is in her room. Follow up with blood doctor.

Issues addressed: abnormality of gait and mobility. Iron deficiency anemia secondary to inadequate dietary iron intake. Seizures and unsteady gait.

- **6/21/2023: Reason for visit:** Blood draw

- **9/26/2023: Reason for visit:** Hematologist

Doctor's orders: Labs order for today, Avoid NAIDS if Tylenol is working, follow up if needed.

Issues addressed: Easy bruising, and iron deficiency anemia secondary to inadequate dietary iron intake.

- **7/24/24: Issues addressed:** Iron deficiency anemia secondary to inadequate dietary iron intake and immunity status testing.

Doctor's orders: Check with neurologist to see if Aspirin is necessary to continue

- **12/19/2024: Reason for visit:** Follow up for seizure on 12/11/24.

Doctor's orders: Stop distant gel. Only give Nayzlam for seizures lasting two minutes and again in 10 minutes. If seizures persist call 911.

Issues addressed: anxiety, anemia, unspecified type, folate deficiency, seizures, severe intellectual disability.

- **12/2/2024: Reason for visit:** seizure checkup.

Doctor's orders: Take aspirin every three days instead of everyday.

- **1/2/2025: Reason for visit:** medication/seizure check up via zoom.

Doctor's orders: Talked about seizures, pain, body movements out of ordinary. Talk about post seizure medications, teeth grinding, anxiety, pain, diet, pushing up on her chin, pushing legs through bed rails, bruising, pushing on her throat, old habit.

On 02/20/2025, I reviewed available skin audit forms completed by direct care workers. The audit forms available were dated: 7/15/2024, 11/27/2024, 12/02/2024, 12/30/2024 and 01/09/2025. Skin audit forms documented bruising on legs, hips from adult briefs and digging near her bottom.

On 02/20/2025, AFC Licensing Division Incident/Accident Reports for Resident A were reviewed. Two reports were found regarding Resident A's bruising. The reports were dated for 2/12/23 and 6/16/23 and were completed by direct care workers who found bruising on Resident A's body.

On 02/20/2025, I reviewed Resident A's neurology report from Dr. Karyn Tetloff from 6/28/2024.

Cerebral Infarction: "I have the pleasure of seeing [Resident A], she has a history of cerebral palsy with cognitive impairment, she presented to the hospital in January 2024 with change in mentation and difficulty swallowing. She had slowly recovered since that time but she has had resultant spastic hemiparesis of the left upper and lower extremities. Given the in conjunction with dysphagia and a negative MRI upon presentation my concern is that the patient had a small punctate brainstem stroke that resulted in her symptomatology. LT sided spasticity has improved in the interim.

Case was staff with Dr. Razak."

Recommendations:

Start aspirin 81mg daily and continue this forever.

Is not on a statin. Goal is LDL, less than 70. Will check lipid panel

Will check AIC

Check ECHO

Counseled on s/sx of stroke and to call 911 with these.

Follow up in stroke clinic in 3 months."

On 03/06/2025, I interviewed Resident A's community mental health case manager, Michelle Robinson via phone. She stated that she has only worked with Resident A for the past year. Ms. Robinson stated that she was aware that Resident A bruised very easily, and it was her understanding that aspirin and her seizure medication caused her to bruise easily. Ms. Robinson reported that she does not think staff did anything intentional, but there was not enough documentation to determine.

On 03/06/2025, I interviewed Guardian A1 via phone. She reported that she was aware from staff at Boichot that Resident A was bruising easily, but she was unaware how many bruises Resident A had, and she was not receiving any communication regarding the significance of the bruising.

On 02/20/2025, I viewed Resident A's wheelchair in person and the seat was caved inward and it was reported to me that the brakes do not work. The foot pedals were off the wheelchair, which then leaves large steel poles open and could cause pain and bruising if Resident A is sliding herself out of the seat.

APPLICABLE RULE	
R 400.14308	Resident behavior interventions prohibitions.
	(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: (b) Use any form of physical force other than physical restraint as defined in these rules.

ANALYSIS:	All direct care workers interviewed confirmed that Resident A has had significant bruising due to being prescribed aspirin. As of 6/28/24, Resident A was prescribed aspirin daily from Dr. Tetloff and her aspirin prescription was not decreased until 12/02/2024 to every three days. All direct care workers interviewed denied physically abusing Resident A or using too much force when providing personal care to Resident A. All direct care workers interviewed reported that bruising could be caused due to her movement and sliding down in her wheelchair, kicking her legs through her bedrails and needing full assist with her personal care, which requires changing of her briefs, dressing, showering etc. Based on the interviews and documentation reviewed there was not enough evidence to determine whether Resident A's bruising was caused by intentional force or abuse by direct care workers.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 03/06/2025 Resident A's wheelchair documentation was reviewed. A script from Resident A's doctor, Travis Short was reviewed. The script was issued on 3/13/2024 for a wheelchair due to history of hip fracture, abnormality of gait and mobility and severe intellectual fracture. The administration instructions stated: use PRN.

I viewed documentation from Community Mental Health Authority of Clinton, Eaton and Ingham Counties for Resident A's occupational therapy guidelines: Wheelchair Use and Maintenance. The guidelines were issued on 9/7/23. The guidelines stated the following:

Rationale: to promote optimal positioning, health, and safety for [Resident A] during community mobility, as well as to prolong the life of the wheelchair.

Instructional Procedure:

- *[Resident A] will use her wheelchair for community-based outings.*
- *Always lock the wheelchair brakes and swing the footrests to the side when [Resident A] is getting into or out of the wheelchair.*
- *[Resident A] must wear the wheelchair seat belt, for safety, at all times.*
- *Footrests will remain on the wheelchair to be utilized by [Resident A] if staff are pushing the wheelchair.*

Positioning:

- *Hips: all the way back and centered in the wheelchair*

- *Pelvis: seatbelt always worn, snugly(no more than two finger width) fastened at the hips*
- *Feet: Foot rests on any time consumer is not self-propelling and properly fastened, as applicable.*

Cleaning and Maintenance:

- *As consumers are dependent upon use of their wheelchair, it is IMPERATIVE for staff to provide regular cleaning/maintenance.*
- *Proper and regular care and maintenance of the wheelchair is important for safety reasons as well as prolonging the life of the wheelchair.*

Note:

- *Home manager will monitor staff competence/compliance with these guidelines in order to increase [Resident A's] safety with community mobility and to ensure adequate function of the wheelchair.*
- *These guidelines are considered ongoing and never expire unless indicated by treating therapist and/or a physician.*

On 03/06/2025, I interviewed Resident A's community mental health case manager, Michelle Robinson via phone. Ms. Robinson reported that the home manager, Sherry Henderson did communicate concerns about the wheelchair, and it was her understanding that the occupational therapist was going to look into a new wheelchair for Resident A. Ms. Robinson stated that Resident A had recently gained some weight and the wheelchair was not fitting her correctly. Ms. Robinson stated that Resident A's care was increasing, and she needed a lot of hands-on care and needed a high-level care home with additional staff.

On 03/06/2025, I interviewed Guardian A1 via phone. Guardian A1 reported that in August 2024 they had a team meeting with all providers, and she heard no comments from the home regarding needing a new wheelchair or Resident A needing any additional items to care to promote her level of care. Guardian A1 stated months later she heard that Resident A's arm was stuck in the wheelchair, and it needed to be taken apart. Guardian A1 stated she understands that the wheelchair company is very slow and takes a long time to repair wheelchairs. She explained that she heard they put an additional pad in the wheelchair. Guardian A1 reported that recently the home reported that they created a seat for Resident A for the table, but this was after Resident A was admitted to the hospital. Guardian A1 stated that she visited Resident A every 90 days, and she was also in her wheelchair or sleeping in bed. Guardian A1 stated that she was aware that Resident A bruised easily, but she was not informed of how many bruises she had and the consistency of them.

On 03/06/2025, I interviewed the hospital social worker, Michelle Vandenberg as Resident A was still a patient at the hospital, awaiting a new AFC placement. Ms. Vandenberg reported that Resident A was improving tremendously and there was no longer a referral for hospice. Ms. Vandenberg stated that many of Resident A's

bruises were healing, and the only remaining bruises were on the back of her calves, as she uses her legs to throw over the bed rails and attempt to get out of her bed. Ms. Vandenberg stated that they are not using a wheelchair for Resident A, as they don't have one that she could be in safely. She reported that two nurses will walk her around the floor, and they have also moved a recliner chair by the nurse's station, and she can sit comfortably in the chair.

On 03/06/2025, I interviewed direct care worker, Shelly Henderson via phone. She is the home manager for Boichot. DCW Henderson reported that the wheelchair structure did not work well for Resident A. She stated that her legs were squeezed in the wheelchair as the seat was so low and caved in. DCW Henderson reported that they attempted to put cushions under her bottom and behind her back to make it more comfortable for Resident A. DCW Henderson reported that in December the arm handle fell out and a screw came out, which caused the brake to fall off. DCW Henderson reported that she called the wheelchair company on 12/30/24 to have them fix it. National Seating and Mobility came out to the home on 01/09/2025 to access the wheelchair. On 02/25/2025, National Seating and Mobility came out and fixed part of the wheelchair, but additional parts are needed to fully fix the wheelchair.

APPLICABLE RULE	
R 400.14306	Use of assistive devices.
	(1) An assistive device shall only be used to promote the enhanced mobility, physical comfort, and well-being of a resident.
ANALYSIS:	Based on the script provided from Dr. Short the wheelchair was a PRN and according to the guidelines provided by Community Mental Health Authority of Clinton, Eaton and Ingham Counties the wheelchair was to be mainly used to promote community mobility. The guidelines also stated that the wheelchair should be maintained due to safety for Resident A. All five direct care workers interviewed confirmed that Resident A continued to use the wheelchair within the home daily, although it was not promoting her physical comfort or well-being. It was reported through multiple direct care workers that the wheelchair brakes were broken, along with the seat of the wheelchair no longer being stable for Resident A which was causing Resident A to slide down leading to additional bruising on her legs and hips. Guardian A1 reported that she had not received any additional requests from the home to provide additional supports for Resident A.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend that the status of the license remains the same.

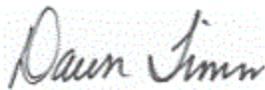


3/14/2025

Amanda Blasius
Licensing Consultant

Date

Approved By:



03/17/2025

Dawn N. Timm
Area Manager

Date