



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 7, 2025

Sivakumar Sivaraj
Heart's Content Care Homes, LLC
4861 Nassau St
Okemos, MI 48864

RE: License #: AM290418524
Investigation #: 2025A1033025
Heart's Content AFC

Dear Mr. Sivaraj:

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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps". The signature is written in dark ink on a light background.

Jana Lipps, 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 #:	AM290418524
Investigation #:	2025A1033025
Complaint Receipt Date:	03/28/2025
Investigation Initiation Date:	03/31/2025
Report Due Date:	05/27/2025
Licensee Name:	Heart's Content Care Homes, LLC
Licensee Address:	4861 Nassau St Okemos, MI 48864
Licensee Telephone #:	(989) 878-1761
Administrator:	Sivakumar Sivaraj
Licensee Designee:	Sivakumar Sivaraj
Name of Facility:	Heart's Content AFC
Facility Address:	317 Eighth St. Breckenridge, MI 48615
Facility Telephone #:	(989) 842-1818
Original Issuance Date:	07/19/2024
License Status:	REGULAR
Effective Date:	01/19/2025
Expiration Date:	01/18/2027
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED MENTALLY ILL AGED ALZHEIMERS

II. ALLEGATION:

	Violation Established?
The facility is not adequately staffed to provide care to current residents who require two-person assistance with mobility, transfers, and/or personal care.	Yes

III. METHODOLOGY

03/28/2025	Special Investigation Intake 2025A1033025
03/31/2025	Special Investigation Initiated - On Site Interview conducted with licensee designee, Sivakumar Sivaraj. Review of resident records, fire drills, and staff schedule initiated.
03/31/2025	Inspection Completed-BCAL Sub. Compliance
03/31/2025	Exit Conference- Conducted on-site with licensee designee, Sivakumar Sivaraj.
03/31/2025	APS Referral- No current suspicion of abuse/neglect/exploitation. Staffing modifications were instituted on this date.

ALLEGATION: The facility is not adequately staffed to provide care to current residents who require two-person assistance with mobility, transfers, and/or personal care.

INVESTIGATION:

On 3/28/25 I received an online complaint regarding the Hearts Content AFC, adult foster care facility (the facility). The complaint alleged that there are currently residents at the facility who require two-person assistance with mobility, transfers, and/or personal care, and that there are times the facility is only staffed with one direct care staff member.

On 3/31/25 I conducted an unannounced, on-site investigation at the facility. I interviewed licensee designee, Sivakumar Sivaraj, regarding the allegation. Mr. Sivaraj reported there are currently eleven residents residing at the facility. Mr. Sivaraj reported the current staffing levels are usually at least two direct care staff from 8am through 6pm. He reported that after 6pm the staffing level does change to

one direct care staff. Mr. Sivaraj reported that there are currently three residents, Resident A, Resident B, and Resident C, who require two-person direct care staff assistance with mobility, transfers, and/or personal care. He reported he schedules two direct care staff members during waking hours to be able to accommodate these needs and get these residents showered and transferred back to their beds for the evening, before the staffing is reduced to one direct care staff member. I inquired how fire drills were conducted during the hours where only one direct care staff member is present. Mr. Sivaraj reported that fire drills were being conducted by the previous home manager/direct care staff, Shelly Sumner, but as of 3/28/25, she no longer works at the facility. He did not have details to report about how she managed fire drills when there was only one direct care staff member scheduled to work. Mr. Sivaraj reported that Resident A requires the use of a Hoyer lift for transfers from her bed. He reported that she prefers to stay in her bed, but direct care staff need to transfer her to complete personal care. He reported that it takes two direct care staff members to safely use the Hoyer lift for Resident A. Mr. Sivaraj reported Resident B requires the use of a sit to stand device. He reported this device requires two direct care staff members to manage. Mr. Sivaraj reported Resident C is the newest resident at the facility, and he is under hospice care. He reported Resident C does not want to use a regular bed and prefers sleeping and spending most of his time in a recliner. Mr. Sivaraj reported that due to Resident C's weakness, size, and lack of mobility, it takes at least two direct care staff members to transfer him from his recliner to the restroom.

During the on-site investigation on 3/31/25, I reviewed the following documents:

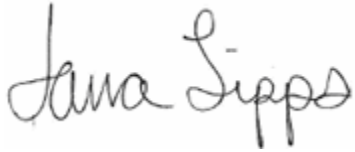
- *Resident Register*
- Direct Care Staff Schedule for the month of March 2025. I made the following observations:
 - Each date reviewed had periods of time documented where there was only one direct care staff scheduled to be at the facility.
 - From 3/23/25 – 3/30/25 I observed the following:
 - 3/23/25: 7am to 8am (1 staff scheduled), 1pm to 3pm (1 staff scheduled), 4:30pm to 7am (1 staff scheduled).
 - 3/24/25: 7am to 7:30am (1 staff scheduled), 3:30pm to 6am (1 staff scheduled).
 - 3/25/25: 6am to 8am (1 staff scheduled), 5:30pm to 6am (1 staff scheduled).
 - 3/26/25: 6am to 7:30am (1 staff scheduled), 5:30pm to 6am (1 staff scheduled).
 - 3/27/25: 6am to 8am (1 staff scheduled), 5:30pm to 6am (1 staff scheduled).
 - 3/28/25: 6am to 7:30am (1 staff scheduled), 5:30pm to 7am (1 staff scheduled).
 - 3/29/25: 1pm to 3pm (1 staff scheduled), 7am to 8am (1 staff scheduled), 4:30pm to 7am (1 staff scheduled).
 - 3/30/25: 7am to 8am (1 staff scheduled), 1pm to 3pm (1 staff scheduled), 4:30pm to 6am (1 staff scheduled).

- *Assessment Plan for AFC Residents* documents were reviewed for all 11 residents. The following was observed:
 - Resident A's assessment plan was dated 2/4/25. On page two, under section, *III. Health Care Assessment*, subsection, *C. Physical Limitations*, it reads, "Uses wheelchair and Hoyer lift".
 - Resident B's assessment plan was dated 7/31/24. On page two, under section, *II. Self Care Skill Assessment*, subsection, *B. Toileting*, it reads, "Uses sit to stand lift and is incontinent at times". Under subsection, *C. Bathing*, it reads, "Uses lift and shower chair". Under subsection, *J. Use of Assistive Devices*, it reads, "Power chair and sit to stand lift".
 - Resident C's assessment plan was dated 3/20/25. On page one, under section, *I. Social/Behavioral Assessment*, subsection, *A. Moves Independently in Community*, it reads, "Requires assistance from 2 staff". On page two, under section, *II. Self Care Skill Assessment*, subsection, *B. Toileting*, *C. Bathing*, *G. Walking/Mobility*, each subsection reads, "2 person assist".
- *Health Care Appraisal (HCA)* documents were reviewed for all eleven residents. The following was observed:
 - Resident A's HCA was dated 1/29/25. Under section, *11. Mental/Physical Status and Limitations*, it reads, "Normal mood/affect, alert and oriented x4. Hoyer lift dependent. Bed or wheelchair bound". Under section, *12. Mobility/Ambulatory Status*, it reads, "Uses Wheelchair".
 - Resident B's HCA was dated 6/17/24. Under section, *12. Mobility/Ambulatory Status*, it reads, "Uses electric scooter" and "non ambulatory".
 - Resident C's HCA was dated 3/5/25. Under section, *12. Mobility/Ambulatory Status*, it reads, "Transfer with 2 & FWW" and a statement is written indicating Resident C is not ambulatory.
- *Resident Evacuation Profiles*. This document was reviewed while on-site and did not include the information for Resident A and Resident C. Mr. Sivaraj reported that they were the most recent admissions to the facility, Resident A on 2/3/25 and Resident C on 3/20/25, and the document had not yet been updated to include their information. Mr. Sivaraj added Resident A and Resident C's information to the document while I was present. He recorded the following:
 - "[Resident A] 2 Assist"
 - "[Resident C] 2 Assist"

APPLICABLE RULE	
R 400.14206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	Based upon the interview conducted with licensee designee Sivakumar Sivaraj and review of resident records, direct care staff schedule, <i>Resident Evacuation Profiles</i> , & the <i>Resident Register</i> , it can be determined that there were three identified residents who were reported to require two-person direct care staff assistance with mobility, transfers, and/or personal care, residing at the facility at the time of the on-site investigation. Mr. Sivaraj reported that there were periods during each day where only one direct care staff was scheduled to provide care to the current residents. The direct care staff schedule reflected this staffing pattern, and the resident assessment plans and evacuation profile supported the fact that at minimum, Resident A and Resident C require two-person direct care staff assistance with mobility/transfers/personal care. As a result, a violation has been established due to insufficient staffing to meet the needs of the current residents.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an approved corrective action plan, no change to the status of the license recommended at this time.

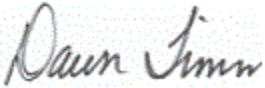


4/7/25

Jana Lipps
Licensing Consultant

Date

Approved By:



04/08/2025

Dawn N. Timm
Area Manager

Date