

HEALTHWEST

PROGRAM/PERSONNEL MEETING MINUTES

December 6, 2024

8:00 a.m.

**376 E. Apple Ave.
Muskegon, MI 49442**

CALL TO ORDER

The regular meeting of the Program/Personnel Committee was called to order by Vice Chair Hilleary at 8:01a.m.

ROLL CALL

Members Present: Janet Thomas, Janice Hilleary, John Weerstra, Mary Vazquez, Tamara Madison, Thomas Hardy

Members Absent: Cheryl Natte

Staff Present: Holly Brink, Brandy Carlson, Linda Wagner, Kristi Chittenden, Tasha Kuklewski, Brittani Duff, Christy LaDronka, Gina Maniaci, Gordon Peterman, Melina Barrett, Linda Anthony

MINUTES

It was moved by Mr. Hardy, seconded by Ms. Madison, to approve the minutes of the October 11, 2024 meeting as written.

MOTION CARRIED.

PUBLIC COMMENT (ON AN AGENDA ITEM)

There was no public comment.

ITEMS FOR CONSIDERATION

It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve the HealthWest Policy and Procedure for Time Keeping, effective January 1, 2025.

MOTION CARRIED.

It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve the HealthWest Policy and Procedure for Bed Bugs, effective December 20, 2024.

MOTION CARRIED.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

There was no communication.

DIRECTOR'S COMMENTS

There was no Director's comments.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:08 a.m.

Respectfully,

Janice Hilleary
Program/Personnel Committee Vice Chair

JH/hb



PROGRAM AND PERSONNEL COMMITTEE

**Friday, December 6, 2024
8:00 a.m.**

376 E. Apple Ave., Muskegon, MI 49442

**Program and Personnel Committee Chair: Cheryl Natte
Program and Personnel Committee Vice-Chair: Janice Hilleary**

AGENDA

- | | | |
|-----|---|-------------|
| 1) | Call to Order | Action |
| 2) | Approval of Agenda | Action |
| 3) | Approval of the Minutes of October 11, 2024
(Attachment #1 – pg. 1-3) | Action |
| 4) | Public Comment (on an agenda item) | |
| 5) | Items for Consideration | |
| | A) Authorization to Approve the HealthWest Policy and Procedure for
Time Keeping
(Attachment #2 – pg. 4 – 11) | Action |
| | B) Authorization to Approve the HealthWest Policy and Procedure for
Bed Bugs
(Attachment #3 – pg. 12 – 25) | Action |
| 6) | Old Business | |
| 7) | New Business | |
| 8) | Communication | |
| | A) Director's Update – Rich Francisco | Information |
| 9) | Audience Participation / Public Comment | |
| 10) | Adjournment | Action |

/hb

Main Office

376 E. Apple Ave. | Muskegon, MI 49442 | P (231) 724-1111 | F (231) 724-3659

HealthWest.net

HEALTHWEST
PROGRAM/PERSONNEL MEETING MINUTES

October 11, 2024
8:00 a.m.

376 E. Apple Ave.
Muskegon, MI 49442

CALL TO ORDER

The regular meeting of the Program/Personnel Committee was called to order by Chair Natte at 8:01 a.m.

ROLL CALL

Members Present: Cheryl Natte, Tamara Madison, Thomas Hardy, John Weerstra

Members Absent: Janet Thomas, Janice Hilleary

Staff Present: Holly Brink, Rich Francisco, Brandy Carlson, Linda Wagner, Kristi Chittenden, Tasha Kuklewski, Brittani Duff, Christy LaDronka, Gina Maniaci, Gary Ridley, Anissa Goodno, Shannon Morgan

Guests Present: Kristen Wade

MINUTES

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the minutes of the August 9, 2024 meeting as written.

MOTION CARRIED.

PUBLIC COMMENT (ON AN AGENDA ITEM)

There was no public comment.

ITEMS FOR CONSIDERATION

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the HealthWest Policy and Procedure for Representative Payees, effective November 1, 2024.

MOTION CARRIED.

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the HealthWest Policy and Procedure for Community Relations, effective November 1, 2024.

MOTION CARRIED.

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the HealthWest Policy and Procedure for Trauma Informed Care, effective November 1, 2024.

MOTION CARRIED.

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the HealthWest Policy for Board Governance, effective November 1, 2024.

MOTION CARRIED.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

There was no communication.

DIRECTOR'S COMMENTS

Executive Director, Rich Francisco, provided an update:

- HealthWest recently received a notice from Samaritas, one of our specialized residential providers, addressing a notice recently received from them. They originally sent a 60-day notice alerting HW of their intent to close. Then after a meeting with their leadership, they agreed to extend the notice and give the CMHSPs 4 to 5 months to plan for their exit out of the specialized residential space. Samaritas cited concern over the rates and expressed that they were focusing on other areas of growth statewide. They are closing a total of 9 homes statewide, 5 of which are in Muskegon. Several of my staff have had several meetings with Samaritas to talk about potential providers that could take over the operations of these homes in Muskegon. Today, I will be talking with a provider who has expressed interest, but this is still in the early stages of negotiations.
- We have a scheduled follow up site visit with MiFAST reviewers this coming Monday, October 14th to review ACT (Assertive Community Treatment) and DBT (Dialectic Behavior Treatment) programs. These are evidence-based practices that we use at HealthWest, and we want to ensure we are meeting fidelity and good outcome measures.
- CCBHC Re-Certification CAP from MDHHS is being worked on. HW is working on the final 2 items, which we must address per MDHHS. One is related to Staffing Requirements / Accreditation of staff, and the other is related to Treatment Appropriate for Phase of Life, which ensures that we are addressing the Older Adult care programming, training of staff for the treatment of older adults to ensure that we are addressing Behavioral Health disparities in aging.
- Internally, HealthWest is reviewing Autism clinical operations and service delivery. This relates back to evaluating why we are seeing underutilization in our Autism program. We are looking at a variety of possible explanations related to testing, scheduling, capacity, etc.

- The CMHA fall conference is on October 20th – October 22nd in Traverse City. We will have some staff and four board members in attendance and representing HealthWest.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:13 a.m.

Respectfully,

Cheryl Natte
Program/Personnel Committee Chair

CN/hb

PRELIMINARY MINUTES

To be approved at the Program/Personnel Committee Meeting on December 6, 2024

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Program/Personnel Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE December 6, 2024	REQUESTOR SIGNATURE Brandy Carlson, Chief Finance Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>HealthWest Board authorization is requested to approve the HealthWest Policy and Procedure for Employee Timekeeping.</p> <p><u>Policy</u></p> <p>To comply with State and Federal mandates for governmental entities, HealthWest will establish a timekeeping mechanism to track staff punctuality and attendance. Regular attendance recording and tracking help to increase productivity and be sure that all worked hours are being recognized. All employees are expected to report to work on time and maintain a satisfactory record of attendance. To ensure timely, error-free paychecks, all staff are required to punch in to and out of Attendance on Demand (AOD) during all shifts.</p> <p>HealthWest has fully implemented a Timekeeping system for all staff, Attendance on Demand (AOD). AOD tracks punches in/out, PTO requests, comment, and works with the County BS&A Finance System.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move to authorize and approve the HealthWest Policy and Procedure for Employee Timekeeping, effective January 1, 2025.			
COMMITTEE DATE December 6, 2024	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE December 20, 2024	BOARD APPROVAL _____ Yes _____ No _____ Other		

HWB 28-P

HEALTHWEST
Policy and Procedure
No.

Prepared by: Effective: November 1, 2024

Brandy Carlson, Chief Financial Officer

Approved by: Subject: Employee Timekeeping

Rich Fransisco, Executive Director

I. POLICY

To comply with State and Federal mandates for governmental entities, HealthWest will establish a timekeeping mechanism to track staff punctuality and attendance. Regular attendance recording and tracking help to increase productivity and be sure that all worked hours are being recognized. All employees are expected to report to work on time and maintain a satisfactory record of attendance. To ensure timely, error-free paychecks, all staff are required to punch in to and out of Attendance on Demand (AOD) during all shifts.

II. PURPOSE

To establish guidelines for employee timekeeping activities.

III. DEFINITIONS

- A. Absent: Not present at work
- B. Attendance: Being present at work
- C. Attendance on Demand (AOD): Electronic timekeeping system
- D. Bereavement: Leave of absence from work due to the death of a member of his/her immediate family or household, as described by the Muskegon County Personnel Rules, and for not more than three (3) working days. Employee would be compensated as if he/she were at work.
- E. Break (Relief Periods): Whenever possible, employees scheduled to work a full shift will be granted one 15-minute relief period before the lunch period and one 15-minute relief period after the lunch period. Relief and lunch periods may not be combined nor banked for use on another day. These relief periods shall be taken, however, in a manner that does not detrimentally affect departmental operations.
- F. Exempt: Not eligible for overtime; in accordance with the Fair Labor Standards Act.

- G. Exempt Flex Time: A change to the employee's normal work schedule in which flex time is earned on one or more days of the pay period and used on another day within two weeks of earned date.
- H. Flex Time: Allows employees to vary their arrival and departure times, as long as they work the prescribed number of hours within a pay period.
- I. Lunch Period: Mid-day break not to exceed one hour.
- J. Non-Exempt Flex Time: A change to the employee's normal work schedule in which flex time is earned on one or more days of the week and used on another day within two weeks of earned date.
- K. Shift: An employee's scheduled time to work – beginning and ending time – in a 24-hour period.
- L. Transfer: When an employee works outside of their home cost center.
- M. Workday: For pay computation purposes, the normal County workday is eight (8) hours (excluding the lunch period) in a 24-hour period starting at 12:01 a.m.
- N. Work Week: The normal work week is Monday through Friday except for 24-hour operations.

IV. PROCEDURE

A. Employee Schedule

Per the Muskegon County Personnel Rules, the normal County workday is eight (8) hours (excluding the lunch period) in a 24-hour period starting at 12:01 a.m. The normal County work week is Monday through Friday, except for those who work in departments or programs who are expected to be available for 24-hour operations. The normal workday for HealthWest employees varies greatly from team to team, as HealthWest is considered a 24/7 County Department. It is imperative to follow your supervisor's established schedule requirements.

1. Types of schedule modifications

- a. Schedule Change – Work related, long-term modification initiated by Program Supervisor or HealthWest Executive Team member.
- b. Schedule Adjustment – Work related; short-term (less than 3 months) modification initiated by Program Supervisor. A schedule adjustment is requested by the Program Supervisor when the employee works or plans to work outside of the employee's normal work hours.
- c. Schedule Flex – Initiated by the employee for their convenience. A schedule flex will be requested, in advance, by the employee when they want to work an alternate schedule to accommodate a personal circumstance. Flex time only accumulates to the following pay period and must be approved in advance by the Supervisor.

* Please note that there may be extenuating circumstances that may lead to some flex time rolling over outside of the following pay period. These must be approved by a Leadership member and should be rare.

2. Process for Requesting a Schedule Modification

Only the HealthWest Human Resource Manager or designee can approve a permanent schedule change due to potential effects on the employee's paid time off benefits.

a. Schedule Change or Adjustment:

- i. The request is completed via email by the Program Supervisor justifying why the change is needed, employee(s) affected, new start time and/or end time, and if needed, the days of the week affected.
- ii. The Program Supervisor will send the email request to the HealthWest Human Resources Manager and copy the HealthWest Payroll Supervisor and Payroll Specialist.
- iii. The HealthWest Human Resources Manager will forward approval or denial to the requesting Supervisor and copy the HealthWest Payroll Supervisor and Payroll Specialist.
- iv. In all cases, the provisions of the Personnel Rules will be followed regarding schedule changes.

b. Schedule Flex:

- i. The employee will request a Schedule Flex from their assigned supervisor.
- ii. The supervisor will review the email request, recommend approval or denial and forward it to their manager.
- iii. The Manager will review and approve, deny, or change via email.
- iv. A Schedule Flex needed for 30 minutes or more for the same day that involves the beginning of the day, return from lunch, return from appointment, end of day, etc., will be requested by the employee and sent to their supervisor. The employee will notify their supervisor of the need via email, the Supervisor will review the request of 15 minutes or less and approve/deny.
- v. Schedule Flex is allowed up to seven hours per week and must be used within the current and following pay period.

There will be times when the Program Supervisor is unavailable to approve a same day schedule flex request. It is expected that Program Supervisors have informed their staff when it is acceptable to flex from an established schedule.

An established schedule will only be changed based on a pre-approved time off request, pre-approved schedule change, pre-approved schedule adjustment, approved schedule flex, or approved travel per attached travel detail form.

B. Timekeeping

1. HealthWest uses Attendance on Demand (AOD) as the timekeeping system. All schedules, hours worked, requests for time off, employee requests and supervisor approvals are kept here.
2. Each employee is responsible for punching into the system at the beginning of their shift, end of their shift, lunch breaks, and any time off from work needed for appointments, etc. The employee will be given the AOD website and provided with an identification and PIN number for use in the system. Each employee will review and approve their timecard at the end of the pay period. Supervisors will review timecards for accuracy and, when correct, approve in AOD.
3. Employees are expected to arrive and leave each day according to their established schedule. AOD is set up to allow a six (6) minute grace period. The grace period's purpose is to allow time to access the internet based timekeeping system. The grace period applies to the start and end of the employee's schedule, as well as to their lunch time allotment. AOD will round punches within six (6) minutes of a scheduled start of shift and end of shift punch to equal the schedule. It will round punches within (5) minutes of a 60- or 30-minute lunch to the exact scheduled lunch allotment indicated in their schedule. Punches outside of the six (6) minute grace period will be calculated using a minute-to-minute calculation. Rounding is in place unless an exception is documented.

C. Overtime

1. From time to time, overtime will be incurred by employees. Supervisors may approve an employee's timecard with overtime when their manager has issued a blanket approval for a specific period. This blanket approval will be issued after a request has been provided in writing by the Program Supervisor stating the need for overtime.
2. Overtime is on a case-by-case basis due to specific employee training and/or for day-to-day activity needs. Overtime that is assigned to employees by their supervisor must follow the overtime rules outlined in the Muskegon County Personnel Rules.

D. Employees excluded from overtime

1. Exempt employees shall not be specifically compensated for overtime in either money or compensatory time.
2. Exempt employees shall be expected to average at least the number of hours per week as required by the standard County work week, and shall receive full salary for any week in which the employee performs any work without regard to the number of hours worked, subject to the following exceptions:
 - a. Deductions from pay shall be made when an employee is absent from work for one (1) or more days for personal reasons other than sickness or disability.
 - b. Deductions will be made from pay for absences from work of one (1) or more full days due to sickness or disability consistent with available sick leave or other disability benefits.

c. If an exempt employee is on Family and Medical Leave, the County will pay a proportionate part of the full salary for time actually worked.

3. Employees may "make-up" for time lost by working extra hours in the same pay period or shall be compensated as if the employee were "on the job" in terms of cash paid, however, time absent from work for sick reasons shall result in an appropriate use of accumulated sick leave, and time absent for vacation or personal reasons shall result in the appropriate use of accumulated annual leave.

4. Military Leave Without Pay.

~~4. Employees shall be compensated for periods of temporary military leave as though they were "on the job" except their salary for that period shall be offset by the amount of military pay received by the employee for that period. If a regular employee's period of unformed service exceeds any accrued leave the employee chooses to use, the employee will be eligible for Military Leave Without Pay during the period of unformed service. A regular employee's eligibility for Military Leave Without Pay will end upon her or his return to work or the exhaustion of applicable reporting period under USERRA. See Personnel Rule 28 of the Muskegon County Board of Commissioners Personnel Rules~~

Formatted: Font: (Default) Arial, 11 pt

Formatted: Indent: Left: 1", No bullets or numbering

E. Call In Log

1. Employees will call the HealthWest Absentee line, 231-724-3619, any time they will be absent or arriving after their schedule start time. The employee will call before their scheduled start time but no later than ½ hour after their start time to report that they will be late or absent. Employees will report the type of leave being requested, including whether it is related to an established Family and Medical Leave Act (FMLA) case.
2. If arriving later than 15 minutes after the start of the shift, employees will call into the HealthWest Absentee line, leaving a message to indicate the leave designation to be used. The employee will punch into AOD when starting their shift and request the appropriate time off in AOD.
3. It is the supervisor's responsibility to make sure call-ins are accounted for appropriately in the employee timesheet.
4. The HealthWest Payroll Team will verify the daily call-in log with the timesheets for any discrepancies.

F. Vacation Leave

1. Employee vacation requests will be completed in AOD using the "Request Day Off" button. Employees will enter the date(s) of the vacation usage, amount of time needed, and then choose vacation time. A note must be included for partial days to communicate what hours the employee will be working. The supervisor will approve/deny/change as needed. An explanation must be provided for any denial or change.
2. Approval is contingent upon availability of leave balances (at the time of usage) to fully cover the requested time off. Employees are not authorized to use time they do not have and/or did not request in advance. Employees are responsible for requesting

adjustments and/or modifying their time off to ensure they are not absent without approved leave.

G. Sick Leave

1. Employee sick requests will be completed in AOD using the "Request Day Off" button. Employees will enter the date(s) of the sick usage, amount of time needed, and then choose sick time. A note must be included to supply a reason as to why sick leave is being used. A note must be included for partial days as well, to communicate what hours the employee will be working. The supervisor will approve/deny/change as needed. An explanation must be provided for any denial or change.
2. Use of sick leave will be granted in accordance with the Muskegon County Personnel Rules Rule 21 Section IV use of Sick Leave.
3. Approval is contingent upon availability of leave balances (at the time of usage) to fully cover the requested time off. Employees are not authorized to use time they do not have and/or did not request in advance. Employees are responsible for requesting adjustments and/or modifying their time off to ensure they are not absent without approved leave.

H. Personal Leave

1. Employee personal day requests will be completed in AOD using the "Request Day Off" button. Employees will enter the date(s) of the personal day usage, amount of time needed, and then choose personal time. A note must be included for partial days to communicate what hours the employee will be working. The supervisor will approve/deny/change as needed. An explanation must be provided for any denial or change.
2. Personal days are effective the first full pay period following October 1st of each year. Personal days are not accruable and must be taken before the start of the next full pay period following October 1st of the following year.
3. Employees may take personal days after six months of continuous County service, in accordance with Rule 23 Section II Eligibility of the Muskegon County Personnel Rules.

I. Bereavement

1. Employee bereavement requests will be completed in AOD using the "Request Day Off" button. Employees will enter the date(s) of the bereavement usage, amount of time needed which cannot exceed three (3) days, and then choose bereavement time.
2. Employees will be granted bereavement in accordance with the Muskegon County Personnel Rules Rule 22 Bereavement Leave.

J. Family and Medical Leave Act (FMLA)

1. Employee FMLA requests will be completed in AOD using the "Request Day Off" button by requesting one of the following: the Sick, Vacation, Personal or Leave Without Pay as appropriate. Add note can also be included if needed that this is FLMA related. An

employee's approved FMLA certification must be received from the County's Human Resources Department.

2. Approval is contingent upon availability of leave balances (at the time of usage) to fully cover the requested time off. Employees are not authorized to use time they do not have and/or did not request in advance. Employees are responsible for requesting adjustments and/or modifying their time off to ensure they are not absent without approved leave.

2.

K. Leave Without Pay (LWP)

Employees will complete an LWP form and submit it to Human Resources. Should the LWP be for medical reasons, medical documentation will need to be attached to support this.

Once approved, the employee will request the time off by entering this into AOD using the "Request Day Off" button. Employees will enter the date(s) of the LWP usage, amount of time needed, and then choose LWP.

L. Transfers

When an employee works outside of their home cost center, they must account for the time worked appropriately. The employee will punch in as normal, when they start to work in a different cost center, they will then go into AOD and push transfer. This will bring up the option of cost centers. Choose the appropriate cost center from the drop-down menu. When you finish your work in that cost center, do not forget to transfer back to your home cost center or log out for the day.

V. REFERENCES:

[Personnel-Rules-2023](#) - Muskegon County Board of Commissioners Personnel Rules

BC/

Formatted: Font: (Default) Arial, 11 pt

Formatted: Normal, No bullets or numbering

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Program/Personnel Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE 12/06/24		REQUESTOR SIGNATURE Linda Anthony, Director of Health Information
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>HealthWest Board authorization is requested to approve the HealthWest Policy and Procedure for Bed Bugs.</p> <p><u>Policy</u></p> <p>The Bed Bug policy was developed in an effort to reduce and mitigate the risk of transmission of bed bugs. This updates our previous protocols and aligns with the state of Michigan's recommendations on how to treat for bed bugs. The policy outlines steps to take when found in a HealthWest Facility, during visits to consumer residences, and within HealthWest Owned Vehicles.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move to authorize and approve the HealthWest Policy and Procedure for Bed Bugs, effective December 20, 2024.			
COMMITTEE DATE December 6, 2024	COMMITTEE APPROVAL <div style="display: flex; justify-content: space-around; width: 100%;"> _____ Yes _____ No _____ Other </div>		
BOARD DATE December 20, 2024	BOARD APPROVAL <div style="display: flex; justify-content: space-around; width: 100%;"> _____ Yes _____ No _____ Other </div>		

HWB 29-P

HEALTHWEST
POLICY / PROCEDURE

No. (Insert number)

Prepared by:

Effective: 11/21/24

Linda Anthony,
Director of Health Information Services

Approved by:

Subject: Bed Bug Policy and Procedure

Rich Francisco, Executive Director

I. POLICY

Bed Bug Identification and Prevention

II. PURPOSE

To develop a process to address, reduce, and mitigate the risk of transmission of bed bugs within, throughout, or among HealthWest programs, facilities, and vehicles, or staff and consumers.

III. APPLICATION

All HealthWest operated facilities, owned or rented vehicles, and all locations not owned or rented by HealthWest where services are provided.

IV. DEFINITIONS

A. Integrated Pest Management (IPM): A broad, systematic approach to managing pests which incorporates reasonable measures to prevent and control pest problems using proper identification, monitoring population dynamics, and utilizing cultural, physical, biological, and chemical population management methods.

V. PROCEDURE

A. General Information/Identification:

1. Bed bugs are small, reddish-brown insects that are the approximate size and shape of an apple seed as adults. Nymphs (immature) are nearly colorless and smaller than full-grown adults. Eggs are white, about 1 millimeter in size, and often found stuck to hard surfaces.

2. Having bed bugs is not a sign that a home or location is not clean. Bed bugs will live anywhere there are places to hide and people to bite.
3. Bed bugs are not able to fly or jump and are transmitted from one location to another by “hitchhiking” on a person or in their belongings.
4. Signs that a location may have an infestation include: live or dead bugs; empty skins that have been shed during the growth process; eggs, fecal stains or droppings on mattresses, bed sheets, baseboards, or in and under furniture.
5. Bed bugs have not been found to transmit pathogens to humans, though reactions to being bitten can vary from person to person and range from small red marks to raised and swollen welts on the arms, neck, and legs.
6. Attempt to capture any suspected bed bugs in a clear zip bag for later identification.
7. Simply using insecticide is not an effective measure to eradicate or control an infestation and may cause additional health concerns beyond the presence of bugs. Professionals that use a strategy of Integrated Pest Management are often the only effective way to manage an infestation.

B. HealthWest Facility:

1. If it is suspected, reported, or known that an individual that has come in contact with or been exposed to bed bugs has been at any HealthWest facility, all staff should take precautions to limit the opportunity for transmission and spread.
2. [See special protocol for HealthWest CRU and Club Interactions Clubhouse.](#)
3. If there is evidence that bed bugs have been transmitted into a HealthWest facility, i.e. a live or dead bug is located and a positive identification has been made, the building designee or supervisory staff will coordinate with Facilities and Maintenance the appropriate next steps to be taken as outlined below:
 - a. Immediately contacting their supervisor and the site’s designated representative, if directed by the supervisor.
 - b. Looking for signs of bed bugs in the immediate areas occupied by the individual.
 1. A thorough inspection using proper equipment is needed.
 - a. Tools and Equipment:

- i. Flashlight
- ii. Magnifying glass
- iii. Alcohol Wipes

b. What to Look for:

- i. Bed Bugs Live or Dead
- ii. Cast Skins
- iii. Eggs
- iv. Fecal Stains and Droppings

2. Pre-Treatment

a. Clean and organize the area to eliminate clutter

- i. Wash ALL non-plush furniture and hard surfaces in the room using a detergent cleanser.

b. Physically remove bed bugs and eggs using a vacuum

- i. Dedicate a vacuum for the purpose of pest control.
- ii. After each use, dispose of the back or container contents in a sealed plastic bag.
- iii. Store the pest control vacuum in a large plastic garbage bag that is closed tightly.

3. Treatment

a. Employ professional pest management that uses a combination of chemical and non-chemical methods to eliminate bed bug infestation.

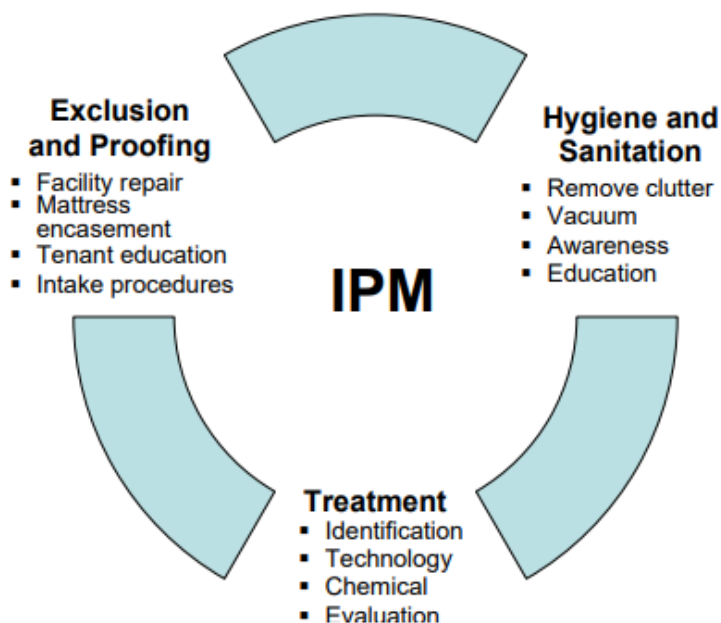
i. Non-chemical Treatments

- 1. Steam Treatments-combined with pesticides and other methods can be very effective.

ii. Pesticides

1. Pesticides should be applied by a licensed pest management professional.

- c. Integrated Pest Management is the best way to control bed bug infestations:



4. Post Treatment

- a. Re-inspect the area to ensure all bed bugs have been eradicated.

C. During Visits to Consumer Residences:

1. Since bed bugs can be present even in residences that appear well-maintained and thoroughly cleaned, staff should be aware and take basic precautions at all times to reduce the likelihood of transmitting bed bugs.
2. Basic precautions include, but are not limited to, the following measures:
 - a. Sit only on hard-surfaced, un-upholstered furniture, i.e. wooden dining chairs; and perform a quick search in the crevices of the chair prior to sitting.
 - b. Limit items carried into the home only to those things essential to the visit. Leave items such as purses, bags, and extra files in your

vehicle, and never place items brought into the home on carpeted floors or upholstered furniture.

- c. If possible, wear simple clothing. Avoid scarves, shirts with many buttons or pockets, and cargo pants or pants with cuffs. Wear simple shoes, preferably with minimal tread.
 - d. Be aware of indirect signs there may be recent or ongoing infestations, such as cans of insecticide within reach of a bed, couch, or the front door.
 - e. If you are scheduled to enter a home where there is evidence of current or recent infestation, speak with your supervisor about additional precautions you can take to reduce or prevent the likelihood of transmitting bed bugs into the workplace, a vehicle, or your own home.
3. If you are scheduled to meet with a consumer with a known infestation, make arrangements to meet that person in a place other than their home, such as somewhere in the community. Be cognizant of the risk of transmission when making arrangements to meet in public.
 4. If you notice signs of infestation during a home visit, the most important thing to do is *remain calm and respectful*. Contact your supervisor immediately. You may want to consider *respectfully* requesting to reschedule the appointment.
 5. Be willing to assist the consumer in problem-solving what steps and actions they should take to get rid of the infestation. Offer to follow-up with additional resources if necessary.
 6. In certain cases, such as recurrent infestations or when infestations are not adequately addressed, where there are children in the residence, it may be necessary to contact Child Protective Services (CPS).

D. Within HealthWest-Owned Vehicles:

1. If it is suspected, reported, or known that an individual that has come in contact with or has had a recent infestation has been in any HealthWest-owned vehicle, all staff should take precautions to limit the opportunity for transmission and spread by:
 - a. Immediately contacting their supervisor.
 - b. Looking for signs of bed bugs in the immediate areas occupied by the individual.
 - c. Thoroughly vacuum and clean the area or areas the individual occupied.

2. If there is evidence that bed bugs are present in the vehicle, i.e. a live or dead bug is located and a positive identification has been made, the supervisor should contact facilities and maintenance to arrange for appropriate follow-up.
3. If an individual is known to have recently had an infestation, attempts should be made to arrange alternative transportation until the infestation has been adequately addressed.

VI. REFERENCES

<https://www.michigan.gov/emergingdiseases/home/bed-bugs>
media/Project/Websites/emergingdiseases/Folder2/Bed_Bug_Manual_v1_full_reduce.pdf?rev=ed3b8436e8474e69a8815f2512b44d9b&hash=ED4FBDE4A24971ED60E20BF37FA25F8D

“Getting the Bed Bugs Out: A Guide to Controlling Bed Bugs in Your Home” MDHHS

“Tackling Bed Bugs: A Starter Guide for Local Governments” Evans Schools of Public Policy, U. of Washington

“Bed Bug Action Plan for Home Health Care and Social Workers” United States EPA

JW/hb



November 27, 2024

MICHIGAN LAW AND REGULATION

Michigan law does not explicitly mention "bed bugs". However, laws that authorize the government to protect the public against vermin, rodents and insects, or nuisances or conditions detrimental to human health, also apply to protect the public against bed bugs. Additionally, individuals might have private causes of action (i.e. right to sue) if they suffer harm from bed bugs; for example, if they are sold infested mattresses or other goods, or their landlord fails to address a bed bug infestation. (www.michigan.gov)

SPECIALIZED HOUSING AND CARE ENVIRONMENT

In addition to laws that apply to dwellings in general, Michigan regulates many residences and facilities that provide health, personal, or residential care. These include nursing homes, hospice residences, hospitals, adult foster care, homes for the aged, child foster care, and child residential centers. Additionally, Michigan regulates agricultural labor camps, campgrounds, childcare facilities, and many other types of housing or businesses that could harbor bed bugs. To operate these businesses, the owner must meet minimum standards to obtain a license. Such standards require that the premise is free from insects, vermin, and rodents, and prohibit conditions that are detrimental to human health. Appendix A lists housing, facilities, and businesses that are licensed and regulatory authorities that are responsible for enforcing licensing standards. (www.michigan.gov)

Policy



Article I.

Club Interactions has the obligation and broad authority to protect its members against vermin, rodents and insects, or nuisances or conditions detrimental to human health, also apply to protect the public against bed bugs. Club Interactions has created a policy to ensure minimum exposure of all pests or bugs. In any instance that a staff spots or suspects a member's person or home may have contracted bed bugs, we ask that you adhere to the following guidelines:

Section 1.01

- Perform a complete scan of your body and dwelling.
- Inform your Case Manager/Clubhouse Advocate.
- Contact your landlord to schedule a professional treatment of the dwelling. If you live in an AFC home or other specialized care facility, notify the manager of the residence.
- Heat treat all articles of clothing and seal in plastic bags outside of the dwelling.
- Clean and sanitize all surfaces within the dwelling using 99% alcohol.
- Allow all areas of the dwelling to be as empty as possible for the treatment company.

The treatment of the dwelling should begin in a timely manner (30 days); this process will limit the exposure to the community and help avoid infestation of any other dwelling or community space.

During the treatment process of the dwelling the member(s) will be asked **not** to attend Club Interactions.

- **Club Interactions at this time will NOT suspend services**
- Club Interactions will establish outreach to the member(s) during the entire treatment process.
- Upon completion of the treatment of the dwelling, Club Interactions **shall** ask for proof from a professional extermination service that the dwelling was treated.



CLUB INTERACTIONS

Article II.

Once the dwelling is professionally treated, we will allow two weeks for the infestation to be fully eliminated and only at this point will the member(s) be allowed to return to their normal attendance schedule.

In the instance that a bed bug(s) is found on the member(s) after services have returned to normal, the process would start over at the beginning stage.

Jerry Parker
Director of Club Interactions

HealthWest Crisis Residential

Bed Bugs/Lice/Scabies Procedure

Purpose

To establish clear guidelines for staff at HealthWest Crisis Residential Unit to follow in the case of residents with bed bugs, lice, or scabies.

Application

This procedure applies to all residents admitted to HealthWest Crisis Residential with possible or confirmed cases of bed bugs, lice, or scabies.

Definitions

Ectoparasites: an external parasite that feeds on the blood of humans or other animals.

Pediculosis: is an infestation of the hairy parts of the body or clothing with eggs, larvae or adults of lice.

Capitis (head lice): is a common condition caused by infestation of the hair and scalp.

Corporis (body louse): is a cutaneous condition caused by body lice that lay their eggs on clothing and to a lesser extent on human hairs.

Pubis (pubic or crab louse): pubic hair is the most common site of infestation, but can also infest hair around the anus, abdomen, axillae, chest, beard, eyebrows, and eyelashes, chest, abdomen and thighs. It is highly contagious.

Scabies: is an infestation of the skin by a human itch mite. Scabies cause intense itching and a pimple-like skin rash. Human scabies is most commonly spread by direct, prolonged skin-to-skin contact with a person who has scabies.

Bed bugs: are parasitic insects that feed on blood, usually at night.

Procedure

1. Prior to admission to HealthWest Crisis Residential, staff will ask the intake employee if consumer has been exposed to or lived in an area with bed bugs, lice, or scabies.
 - a. If the answer is yes to any of the listed bugs, is the consumer open to treatment (lice and scabies) or open to cleaning of all belongings brought with them (bed bugs).
 - i. If consumer is not open to treatment or cleaning, admission may be denied due to the health concerns of other residents in the CRU. On-call supervisor needs to be briefed on situation before any possible denial.
 - b. If answer is no, complete the next step.
2. During the intake process of admission, complete the [Ectoparasites Questionnaire](#).
 - a. If all questions are no on the survey you have completed the procedure.
 - b. If any questions are answered yes or visual lice, burrows or bed bugs are seen consult with nursing or on-call supervisor on whether to continue on with the procedure.

3. Lice or Scabies (document all findings and information in a medical chart note)
 - a. Obtain a history from the resident; have nits, lice or burrows been visualized?
 - b. List the locations and duration of the nits, lice and burrows
 - c. Is itching present and is it worst at night?
 - d. Have you noticed other individuals itching?
 - e. List any prior treatments.
 - f. If resident is female, inquire about pregnancy.
 - g. Ask resident if they have any open sores on their body.
 - h. Obtain vitals.
 - i. Examination of affected areas.
 - j. Examine skin of infested site for excoriation secondary to scratching. Note any evidence of secondary infection.
 - k. If body lice suspected, examine seams of clothing for lice.
 - l. If lice present, check for lymphadenopathy.
 - m. If lice are confirmed proceed with procedure.
 - n. Contact nursing and medical director if scabies is suspected, temp over 100 °F, signs and symptoms of secondary infection, lymphadenopathy, or pregnancy. Scabies treatment requires prescription treatment per direct HCP order.
 - o. Provide clean clothes and have resident shower.
 - p. The following cleaning should be completed:
 - i. General disinfection of the living area
 - ii. All bedding, and clothing previously worn must be washed in hot water (130 °F) and dried on high for at least 20 minutes.
 - iii. Carpeted floors and upholstered furniture are to be vacuumed.
 - iv. Objects not able to be washed can be placed in a plastic bag, in a warm area for 7 days.
 - q. Maintain in private room until treatment completed.
 - i. Secondary bathroom will need to be used.
 - r. Check hair for nits post treatment and use a nit comb for removal if indicated.
 - s. Contact precautions need to be maintained until after the second treatment in 48 hours is complete for head lice and scabies. Pubic and body lice require standard precautions until after the second treatment in 48 hours. Staff must wear a gown and gloves when removing infested clothing or bedding.
4. Bed Bugs
 - a. If bed bugs are suspected or visualized, the following steps need to be completed.
 - i. General disinfection of the living area
 - ii. All bedding, clothes, and belongings need to be dried in the dryer, then washed, and dried again
 - iii. Belongings not able to be washed need to be placed in a bag and sealed and put in the locked closet until resident discharges CRU.
 - iv. Carpeted floors and furniture need to be sprayed with 99% alcohol and vacuumed.
 - v. Provide clean clothes and have resident shower.
 - vi. The resident's room will be inspected after discharge thoroughly. If bed bugs are present, the room will be vacuumed and sprayed with 99% alcohol and closed for 24 hours. Another inspect will be completed after 24 hours to verify no presents of bed bugs.

5. Treatment

- a. Body Lice
 - i. Permethrin 1% cream: Apply from the neck to the toes. Bathe to remove the drug after 8 to 14 hours.
 - b. Head and Pubic Lice
 - i. Permethrin 1% liquid topical crème rinse (Nix). After hair has been wash with shampoo, rinsed with water and towel dried, apply sufficient volume of crème rinse to saturate the hair and scalp; also apply behind the ears and at the base of the neck; leave on hair for 10 minutes before rinsing off with water; remove remaining nits with a nit comb.
 - OR
 - ii. Pyrethris shampoo (RID). Apply to affected area leave on for 10 minutes and thoroughly wash off.
 - c. Scabies
 - i. Contact HCP for order if scabies are suspected. It can only be cured with prescription strength creams or lotions that are applied to all areas of the body from the neck down then washed off after 8 to 12 hours.
 - d. Schedule for repeat treatment in 48 hours.
 - e. Benadryl 25 mg two capsules every 4-6 hours as needed for itching.
6. Education
- a. Follow-up shall occur as soon as possible.
 - b. Pruritis may persist for several weeks.
 - c. All bedding and clothing previously worn must be washed.
 - d. Wash combs and brushes with soap and hot water.
 - e. Advise to avoid use of conditioners or shampoo/conditioner combo before lice treatment
 - f. Advise youth to not wash hair for 1 to 2 days post treatment.
 - g. Provide medication education: Avoid contact with eyes and mucous membranes during application; treatment may temporarily exacerbate symptoms of itching, redness, and swelling.

Ectoparasites Questionnaire

[illegible]

HEALTHWEST

RECIPIENT RIGHTS ADVISORY COMMITTEE MEETING MINUTES

Friday, December 6, 2024
8:00 a.m.
376 E. Apple Ave., Muskegon, MI 49442

CALL TO ORDER

The regular meeting of the Recipient Rights Advisory Committee was called to order by Chair Hardy at 8:09 a.m.

ROLL CALL

Members Present: Janet Thomas, Janice Hilleary, John Weerstra, Mary Vazquez, Tamara Madison, Thomas Hardy

Members Absent: Cheryl Natte

HealthWest Staff Present: Holly Brink, Brandy Carlson, Gina Maniaci, Linda Wagner, Kristi Chittenden, Tasha Kuklewski, Brittani Duff, Christy LaDronka, Gordon Peterman, Melina Barrett, Linda Anthony

APPROVAL OF MINUTES

It was moved by Mr. Weerstra, seconded by Ms. Hilleary, to approve the minutes of the October 11, 2024 meeting as written.

MOTION CARRIED.

ITEMS FOR CONSIDERATION

A. Motion to Accept Recipient Rights Reports for October 2024 / November 2024

It was moved by Ms. Hilleary, seconded by Ms. Thomas, to approve the Recipient Rights Reports for October 2024 / November 2024.

MOTION CARRIED.

For the months of October 2024 / November 2024, there were 81 HealthWest and 64 provider employees trained:

Rights Updates HealthWest	69
Rights Updates Provider	1
New Employee Training HealthWest/Contracted	9
New Employee Training Provider	63
SUD Orientation	1

For the months of October 2024 / November 2024 there were 568 incident reports and 22 rights allegations.

Statistical data showing type and code was provided in the enclosed report.

There were a total of 6 deaths reported in October 2024 / November 2024.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

Recipient Rights Officer, Linda Wagner, provided training on The Annual State Report.

DIRECTOR'S COMMENTS

There was no Director's Comments.

AUDIENCE PARTICIPATION / PUBLIC COMMENT

There was no audience participation.

ADJOURNMENT

There being no further business to come before the committee, the meeting adjourned at 8:36 a.m.

Respectfully,

Thomas Hardy
HealthWest Rights Advisory Committee Chair

TH/hb



RECIPIENT RIGHTS ADVISORY COMMITTEE

December 6, 2024 – 8:00 a.m.

376 E. Apple Ave. Muskegon, MI 49442

Zoom: <https://healthwest.zoom.us/j/92247046543?pwd=ZXY0QnFPVGc5UVZENIRwcExTTmdvdz09>

Join by Phone: (312) 626-6799, 92718779426#

Recipient Rights Committee Chair: Thomas Hardy
Recipient Rights Committee Vice-Chair: Tamara Madison

AGENDA

- | | | |
|-----|--|-------------|
| 1) | Call to Order | Quorum |
| 2) | Approval of Agenda | Action |
| 3) | Approval of the Minutes of October 11, 2024
(Attachment #1 – pg. 1-2) | Action |
| 4) | Public Comment (on an agenda item) | |
| 5) | Items for Consideration | |
| | A) Motion to Accept Recipient Rights Bi-Monthly Report for
October 2024 / November 2024
(Attachment #2 – pg. 3-12) | Action |
| 6) | Old Business | |
| 7) | New Business | |
| 8) | Communication | |
| | A) 2023 – 2024 Annual State Report:
Linda Wagner, Recipient Rights Officer
(Attachment #3 – pg. 13-20) | Information |
| 9) | Audience Participation / Public Comment | |
| 10) | Adjournment | Action |
- /hb

Main Office

376 E. Apple Ave. | Muskegon, MI 49442 | P (231) 724-1111 | F (231) 724-3659

HealthWest.net

HEALTHWEST**RECIPIENT RIGHTS ADVISORY COMMITTEE MEETING MINUTES**

Friday, October 11, 2024
8:00 a.m.
376 E. Apple Ave., Muskegon, MI 49442

CALL TO ORDER

The regular meeting of the Recipient Rights Advisory Committee was called to order by Chair Hardy at 8:14 a.m.

ROLL CALL

Members Present: Cheryl Natte, John Weerstra, Tamara Madison, Thomas Hardy

Members Absent: Janet Thomas, Janice Hilleary

HealthWest Staff Present: Holly Brink, Rich Francisco, Brandy Carlson, Gina Maniaci, Linda Wagner, Kristi Chittenden, Tasha Kuklewski, Brittani Duff, Christy LaDronka, Gary Ridley, Shannon Morgan, Anissa Goodno

Guest Present: Kristen Wade

APPROVAL OF MINUTES

It was moved by Mr. Weerstra, seconded by Ms. Madison, to approve the minutes of the August 9, 2024 meeting as written.

MOTION CARRIED.

ITEMS FOR CONSIDERATION***A. Motion to Accept Recipient Rights Reports for June 2024 / July 2024***

It was moved by Mr. Weerstra, seconded by Ms. Natte, to approve the Recipient Rights Reports for August 2024 / September 2024.

MOTION CARRIED.

For the months of August 2024 / September 2024, there were 109 HealthWest and 115 provider employees trained:

Rights Updates HealthWest	87
Rights Updates Provider	1
New Employee Training HealthWest/Contracted	25
New Employee Training Provider	103
SUD Orientation	4

For the months of August 2024 / September 2024 there were 654 incident reports and 37 rights allegations.

Statistical data showing type and code was provided in the enclosed report.

There were a total of 3 deaths reported in August 2024 / September 2024.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

Recipient Rights Advisor, Tasha Kuklewski, provided training on The Right to Vote.

DIRECTOR'S COMMENTS

There was no Director's Comments.

AUDIENCE PARTICIPATION / PUBLIC COMMENT

There was no audience participation.

ADJOURNMENT

There being no further business to come before the committee, the meeting adjourned at 8:32 a.m.

Respectfully,

Thomas Hardy
HealthWest Rights Advisory Committee Chair

TH/hb

***PRELIMINARY MINUTES
To be approved at the Rights Advisory Committee Meeting of
December 6, 2024***

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Recipient Rights Advisory Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE December 6, 2024	REQUESTOR SIGNATURE Linda Wagner, Recipient Rights Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>Approval is requested to accept the Recipient Rights Reports of October 2024 and November 2024. The report includes:</p> <ul style="list-style-type: none"> • Training sessions conducted by the Rights Office from October 1, 2024 through November 30, 2024. • Site Reviews from October 1, 2024 through November 30, 2024. • Incident Reports and Rights Allegations for October 1, 2024 through November 30, 2024. • Formal Complaints and Interventions for October 1, 2024 through November 30, 2024. • Deaths reported for October 1, 2024 through November 30, 2024. 			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
<p>I move to approve the Recipient Rights Reports for the months of October 1, 2024 through November 30, 2024.</p>			
COMMITTEE DATE December 6, 2024	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE December 20, 2024	BOARD APPROVAL _____ Yes _____ No _____ Other		

HWB 31-R



BI-MONTHLY RECIPIENT RIGHTS REPORT

Date: December 06, 2024
To: Recipient Rights Advisory Committee
From: The Office of Recipient Rights
Subject: Recipient Rights Report for October and November 2024

I. TRAINING

October 10, 2024, New Employee Rights Training for 2 HealthWest and 13 Provider Employees.

October 11, 2024, Recipient Rights Annual Update for 32 HealthWest Employees.

October 17, 2024, New Employee Rights Training-Virtual for 18 Provider Employees

October 18, 2024, SUD Orientation for 1 HealthWest Employee.

October 24, 2024, New Employee Rights Training for 3 HealthWest and 7 Provider Employees.

October 25, 2024, CCMH Directors Quarterly Meeting attended by Linda K. Wagner RRO for .75 Recipient Rights CEU's Category I.

November 01, 2024, RROAM Quarterly Meeting attended by Tasha R. Kuklewski RRA and Linda K. Wagner RRO for 4 Recipient Rights CEU's Category IV.

November 07, 2024, New Employee Rights Training-Virtual for 13 Provider Employees.

November 08, 2024, Recipient Rights Annual Update for 37 HealthWest and 1 Provider Employees.

November 14, 2024, New Employee Rights Training for 3 HealthWest and 8 Provider Employees.

November 21, 2024, New Employee Rights Training for 1 HealthWest and 4 Provider Employees.

81 HealthWest and 64 Provider employees were trained for the months of October and November.

II. SITE REVIEWS

October 01, 2024, Beacon Home at Leslie, residential mixed, Beacon Specialized Living Services, Leslie, MI.

November 04, 2024, Pennfield Premier Living-North, residential mixed, Cretsinger Care Home LTD., Battle Creek, MI.

November 04, 2024, Pennfield Premier Living-South, residential mixed, Cretsinger Care Home LTD., Battle Creek, MI.

November 04, 2024, Cretsinger-East, residential mixed, Cretsinger Care Home LTD., Battle Creek, MI.

November 04, 2024, Cretsinger's Country Place, residential mixed, Cretsinger Care Home LTD., Battle Creek, MI.

III. STATISTICAL INFORMATION

The Office of Recipient Rights reviewed **568** incident reports and received **22** rights allegations for the months of October and November. Provided for your review is the statistical data showing type and location.

IV. FORMAL INVESTIGATIONS

Old Business:

- A. August 06, 2024, Pioneer Resources Community Living Support Services Program. During an inquiry of a HealthWest Case Manager into a Recipient's injury it was discovered that video cameras were recording at all times in the rooms where services were being provided. **The investigation into FINGERPRINTS, PHOTOGRAPHS, AUDIO RECORDINGS AND USE OF ONE-WAY GLASS was substantiated. Pioneer Resources removed the battery packs from the recorders after it was discovered they did not have proper consents in place.**
- B. August 06, 2024, Pioneer Resources Community Living Support Services Program. A Recipient was injured by another Recipient while attending the CLS Program at Pioneer Resources. The family feels that Pioneer Resources did not handle the situation appropriately. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is not substantiated.**
- C. August 12, 2024, MOKA-Muskegon Merriam Launchpad program. A Recipient complained that a staff at the Merriam Launchpad made her drink too fast and it caused her to choke and spit up phlegm. **The investigation into DIGNITY AND RESPECT is substantiated. The staff involved received a written reprimand and additional training.**

- D. August 13, 2024, Virginia's House, residential I/DD, HGA. A Recipient reported to staff that another staff member left three recipients in the homes van while the staff member went into her father's house. During that time, the recipients were unsupervised, and there was an altercation between the other two recipients causing an injury to one of the recipients. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated. The staff involved received written progressive action and retraining.**
- E. August 13, 2024, Black Creek Cove Home, residential I/DD, HGA. Staff said that another staff member has been taking pictures and videos dancing in front of and with some of the recipients. **The investigation into DISCLOSURE OF CONFIDENTIAL INFORMATION is substantiated for one recipient and not substantiated for four other recipients. The staff involved was terminated from employment.**
- F. August 20, 2024, Beacon Home at Blue Lake, mixed residential, Beacon Specialized Living. Staff stated she was leaving the home and was advised by the Home Manager not to leave as it would cause the home to be out of staff to recipient ratio. The Staff left and the Home Manager arrived at the home. The ratio of recipients to staff was out of ratio for approximately 30 minutes. **The investigation into NEGLECT CLASS-III is substantiated. The staff involved received written progressive action and is no longer employed by Beacon Specialized Living.**
- G. August 21, 2024, Oxford Circle, mixed residential, MOKA. The Home Manager reported that a staff member left two recipients unattended in a vehicle while he went into a store. **The investigation into SAFE, SANITARY AND HUMANE TREATMENT ENVIROMENT is not substantiated.**
- H. August 28, 2024, A Recipient who receives Adult Case Management services at HealthWest complained that her assigned staff person did not respond to her text in a timely manner. **The investigation into DIGNITY AND RESPECT is not substantiated.**
- I. September 04, 2024, Virginia's House, residential I/DD, HGA. Staff noted that dessert was given to three out of the five recipients of the home. Staff complained that two other staff were teasing the two recipients while denying them dessert. There are no restrictive diets for the two recipients. **The investigation into DIGNITY AND RESPECT is not substantiated.**
- J. September 04, 2024, A recipient who resides at Marcoux home, Semi Independent Living, Pioneer Resources and works in the community. On several occasions a community member observed a Marcoux staff engaging in inappropriate ways with the recipient. There were also occasions when the staff asked and received money from the recipient. **The investigation into ABUSE-CLASS I was not substantiated and NEGLECT-CLASS III is substantiated. The staff involved was terminated from employment.**

- K. September 06, 2024, Shaffer Home, residential I/DD, HGA. A guardian of a recipient filed a complaint because home staff had not followed through with scheduling needed medical appointments. **The original investigation into NEGLECT-CLASS II is not substantiated.** Due to new information received the case re-opened. **The investigation into NEGLECT-CLASS II is substantiated. Two staff involved were terminated from employment, the third staff was demoted, and all Shaffer Home staff were re-inserviced on the required process for medical appointments.**
- L. September 10, 2024, MOKA-Muskegon Merriam Launchpad program. A Recipient complained that the van driver was ignoring her when she asked for the music to be turned down because it was too loud. **The investigation into DIGNITY AND RESPECT is substantiated. The staff involved received a written reprimand.**
- M. September 16, 2024, Pioneer Resources Bus. A recipient asked not to ride the bus because she said the driver is not a nice person and stated that she had seen him hit someone. **The investigation into SAFE, SANITARY AND HUMANE TREATMENT ENVIROMENT is not substantiated.**
- N. September 16, 2024, Crescent Home, residential I/DD, MOKA. A home staff member said they saw another staff on two occasions take something of a recipient's. They later checked with the recipient, and they said they were missing their sandwich and a drink packet. **The investigation into ABUSE-CLASS II-EXPLOITATION is not substantiated.**
- O. September 17, 2024, Cornerstone-Kalamazoo, mixed residential. The home manager was driving the home's recipients in the company van when he reportedly fell asleep and hit another vehicle causing an accident. The recipient was reported to not be wearing a seatbelt at the time of the accident. She was transported to the hospital and is being treated for multiple injuries and required her leg to be amputated above the knee. **The investigation into NEGLECT-CLASS I is not complete. *See update below.**
- P. September 19, 2024, Brooks Home, residential I/DD, Samaritas. A HealthWest Case Manager was visiting the home and observed a recipient who is on a specialized diet eating unthicken food. When the Case Manager addressed this with the Home Manager she said that she eats this all the time and there has never been a problem. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated. All Brooks Home Staff were re-inserviced on the dietary guidelines of the Recipient. The Home Manager received a written corrective action.**
- Q. September 23, 2024. Black Creek Cove Home, residential I/DD, HGA. A HealthWest Case Manager visited the home and observed staff providing a whole hot dog and a bun for the recipient. The Case Manager asked the staff to remove the food until her diet could be verified. The Case Manager said that this recipient has a history of aspiration and requires staff to monitor her so she can be encouraged to slow down and take drinks. It was noted that this was addressed yesterday, and it was posted on the refrigerator that

- her current diet is pureed with thick liquid. **The investigation into SAFE, SANITARY AND HUMANE TREATMENT ENVIRONMENT is not substantiated.**
- R. September 25, 2024. Black Creek Cove Home, residential I/DD, HGA. A HealthWest Case Manager visited the home and observed a recipient who was seeking food grabbed a plastic grocery sack from the counter. When the staff retrieved the bag they found a pint of Tito's Vodka in the bag. The Home Staff took the bag and threw it in the outside garbage. **The investigation into SAFE, SANITARY AND HUMANE TREATMENT ENVIRONMENT is not substantiated.**
- S. September 30, 2024. Sophia Home, residential I/DD, MOKA. A HealthWest Case Manager was contacted by a recipient's mother/guardian stating that the home was not providing food for her son that he would eat and when asked for an alternative the staff responded that they are not a short order cook. The Case Manager reached out to the home manager, and they said that since the recipient did not have an allergy or medical condition they could not alter the meals from the meal plan that had been set for the home. **The investigation into DIGNITY AND RESPECT is substantiated. The Staff involved received a written reprimand.**

New Business:

- A. October 02, 2024. Beacon Home at Luddington, residential I/DD, Beacon. A Home Staff said that another Staff Member yelled and jumped all over a Recipient in front of others. **The investigation into DIGNITY AND RESPECT is substantiated. The Staff involved was provided with a written discussion of the policy outlining the importance of treating all residents with dignity and respect and they have submitted a letter of apology to the Recipient.**
- B. October 02, 2024. Mararebecah Home, residential I/DD, Samaritas. A Samaritas Staff reported that a Recipient's Individual Plan of Service had expired several months ago, and they have not been able to get the Case Manager to respond. **The investigation into failure to provide INDIVIDUAL WRITTEN PLAN OF SERVICES (PERSON-CENTERED PLANNING PROCESS) is substantiated. The Recipient was offered a new PCP meeting and the Staff involved received progressive disciplinary action.**
- C. October 02, 2024. Mararebecah Home, residential I/DD, Samaritas. A Samaritas Staff reported that a second Recipient's Individual Plan of Service had also expired several months ago, and they have not been able to get the Case Manager to respond. This delay caused a gap in services which was upsetting to the Recipient. **The investigation into failure to provide INDIVIDUAL WRITTEN PLAN OF SERVICES (PERSON-CENTERED PLANNING PROCESS) is substantiated. The Recipient was offered a new PCP meeting and the Staff involved received progressive disciplinary action.**

- D. October 10, 2024. Morton Terrace Home, *mixed residential*. Beacon. The Home Supervisor reported that a Home Staff was observed sleeping in the living room while they were working. The staff was woken up by a co-worker, but later he was heard snoring and continued to sleep. **The investigation in MENTAL HEALTH SERVICES SUITED TO CONDITON is substantiated. The Staff involved received a three day suspension, a written progressive action and additional training.**
- E. October 14, 2024, Semi-Independent Living, *mixed residential*, Turning Leaf. A HealthWest Staff reported that during a medication review it was reported that the Recipients medication had been stopped back in August. In reviewing this it was noted that at the last med review the medication dosage had chanced, but not stopped, so the Recipient was not getting the prescribed medication. (1) **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITON is substantiated. The Staff involved were retrained on medication policies and procedures. (2) During the investigation it was questioned whether the RN's actions lead to a delay in the mediations. The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITON is not substantiated.**
- F. *September 17, 2024, Cornerstone-Kalamazoo, *mixed residential*. The home manager was driving the home's recipients in the company van when he reportedly fell asleep and hit another vehicle causing an accident. The recipient was reported to not be wearing a seatbelt at the time of the accident. She was transported to the hospital and is being treated for multiple injuries and required her leg to be amputated above the knee. **The investigation into NEGLECT-CLASS I is not complete. A 30-Day Update was completed on 10-15-2024 and a 60-Day Update was completed on 11-15-2024 due to an ongoing police investigation.**
- G. October 31, 2024, Sophia Home, *residential I/DD*, MOKA. The home manager was told by a Recipient that a staff had told him not to be a tattle tale and not to tell that the staff was sitting in the living room folding laundry while naked. **The investigation into DIGNITY AND RESPECT is substantiated. The Staff involved has been terminated from employment.**
- H. November 04, 2024, Marcoux, Semi-Independent Living, Pioneer Resources. A Pioneer Staff was contacted by a family member and told that a staff person at Marcoux had hit the Recipient one day and then another day was trying to cut the Recipients hair. **The investigation into DIGNITY AND RESPECT is not substantiated.**
- I. November 06, 2024, Lawrence Home, *residential I/DD*, Pioneer Resources. The Home Manager stated that a Recipient told her that a staff member was not treating her with dignity and respect. The Recipient said that the staff told her she could not have drinks in her room and when she comes out of her room the staff tells her to not bother her and to go back into the bedroom. **The investigation into DIGNITY AND RESPECT is substantiated. During the investigation it was also determined that the staff**

limited the Recipients FREEDOM OF MOVEMENT, which was also substantiated. The staff involved was terminated from employment.

- J. November 12, 2024, Beacon Home at Luddington, residential I/DD, Beacon Specialized Residential. A Beacon Home Staff reported that on two separate occasions another staff member who was on duty was observed sleeping for several hours each time. **The investigation into NEGLECT-CLASS III is substantiated. The Staff involved resigned from employment with Beacon Specialized Living.**
- K. November 18, 2024, Beacon Home at Luddington, residential I/DD, Beacon Specialized Residential. A Beacon Home Staff reported that when she came into work early one morning, she found one of the two staff asleep. **The investigation into NEGLECT-CLASS III is not substantiated.**

V. INTERVENTIONS

Old Business:

- A. August 05, 2024, A Recipient who resides in an out of county home and receives COFR Case Management Services was restrained by staff for 2-3 minutes using CPI. The Guardian stated that CPI is not approved in the Recipient's Behavior Treatment Program (BTP). **Emergency Physical Management is never part of a person's BTP as it is for Emergencies only as long as the staff are properly trained. This complaint is not a code protected right in which the Office of Recipient Rights would investigate.**
- B. August 20, 2024, Overcoming Barriers-Elwood Home. A HealthWest staff reported that recipients are living there with no hot water in the house, the cable had been turned off, the electricity has been going out, and they were unable to do laundry in the home. Recipients report that home staff that is no longer there has been asking her for money. The recipient shared she gave her money, but in the last couple of days the staff has asked for more money. It is known by the staff reporting that this staff was in trouble for financially exploiting a recipient of the Elwood home recently. Current residents shared that the owner is expecting the residents to pay for bills such as cable, electric, and gas in addition to the rent they are paying. It is unknown what is stated in the lease agreement; however, the residents have not been asked to pay this previously in the time they have been staying here. **This home functions as a room and board and is not under the jurisdiction of this ORR. The staff was encouraged to contact Adult Protective Services or Legal Aid for assistance.**
- C. August 26, 2024, Mary's House, residential I/DD, Safe Harbor Christian Communities. In an Anonymous complaint it was stated that it has been observed that a recipient is verbally abusing the residents as well as staff at the home. It stated that the recipient constantly yelled at residents making them very afraid of her. She has constantly bullied them and there was a time when she had thrown very hot soup on staff. There was a police report filed because of it and has threatened to push a pregnant staff down

a long flight of stairs. **Because these issues are between recipients this is not within the jurisdiction of the Office of Recipient Rights. Because this was anonymous, the case manager and home supervisor was contacted and directed to contact Adult Protective Services, the Police Department and Safe Harbor Christian Community Human Resources Department for assistance.**

D. September 01, 2024, Community. While a recipient and his wife were at a park, they claim that they had an altercation with a community member where she called the recipient a “crackhead” and said that he has mental health issues and is enrolled in mental health services. **This was outside provider jurisdiction and was referred to Adult Protective Services and the Muskegon Police Department.**

E. September 11, 2024. Organic Care AFC, *mixed residential*. A recipient reported issues of being assaulted by another recipient in her home and believes it to be due to lack of staff monitoring and neglect of their duties. **This was outside provider jurisdiction because this individual is funded through Ottawa County. The case was transferred to the Rights Office for Ottawa County.**

New Business:

A. October 28, 2024, Beacon Home at Morton Terrace, *mixed residential*. A recipient reported to the home manager that she was slapped in the face for refusing to preform sexual acts during a visit with her guardian. **This was outside provider jurisdiction and was referred to Adult Protective Services and the Police Department.**

B. November 04, 2024, Living Hope Home Care, *CLS Provider*, Ottawa County. An Ottawa County Supports Coordinator was told that the supervisor for the CLS Provider has said that it is all right if one of the two overnight staff is sleeping at a time. **After a discussion with HealthWest’s Contracts, UM and Compliance Teams, it was determined that this was outside the Right’s Office jurisdiction and referred to HealthWest’s Compliance Department for further review.**

C. November 05, 2024, Stone Crest Center, *Inpatient Psychiatric*, Detroit, Michigan. A HealthWest Staff stated she was told by a parent of a Recipient that while at Stone Crest a staff member physically assaulted the Recipient. The parent would like the Recipient transferred to a different hospital. **This was outside provider jurisdiction and referred to Stone Crest Center-Detroit’s Office of Recipient Rights to address the assault and the HealthWest Clinical Team for assistance with the transfer request.**

D. November 18, 2024, Lawrence Home, *residential I/DD*, Pioneer Resources. A second incident involving the same parties in a complaint previously investigated was received. When the staff member learned that Pioneer had terminated her employment, the staff member went into the Recipients room and yelled, “thank you for getting me fired.” **Because this new allegation was after the staff was terminated from**

employment, it was deemed outside the jurisdiction of this Rights Office and was referred to police and APS.

VI. Summary of ORR Complaint Status for August and September 2024

Complaints Received	Complaints Investigated	Complaints in Process	Complaints Substantiated	Completed in 30 Days	Completed in 60 Days	Completed in 90 Days
22	17	1	9	21	0	0

VII. SUBSTANCE USE DISORDER

Old Business: n/a

New Business: n/a

VIII. DEATHS

October 04, 2024. A 23 year old male who lived in a Beacon out of county AFC home and received I/DD Case Management, died after sustaining injuries from being struck by a car.

October 07, 2024. A 61 year old male who received I/DD Case Management services and lived at the Pioneer Resources-Sheridan Home, died at home due to progressive dementia while on Hospice.

October 13, 2024. A 60 year old male who received I/DD Case Management Services and lived at the Amanda Family Inc. Home died at home due to declining health due from kidney disease while receiving Hospice Services.

November 01, 2024. A 60 year old female who received MI Adult Case Management services, died in the hospital after being diagnosed with Pancreatic cancer in August.

November 11, 2024. A 70 year old male who received MI Adult-ACT services, died in the hospital due to medical complications from Lung Cancer.

November 11, 2024. A 69 year old female, who received HealthWest Outpatient Therapy services died. Cause of death is presently unknown.

Data Summary

Demographic Information

Reporting CMH/LPH	HealthWest
Recipient Rights Office Director Name	Linda K. Wagner
Reporting Period	October 1, 2023 through September 30, 2024
Number of Rights Office Staff	3
Full Time Equivalents (FTEs)	2
Staff with an Investigative Role	2
FTEs for Investigation	2.00
Complaints per FTE	86

Complaint Data Summary

<i>Type</i>	<i>Received</i>	
All Allegations Received	172	
Allegations Received Subject to Investigation/Intervention	159	
Allegations Received with No Right Involved or Outside Jurisdiction	13	
Investigations Completed	159	
Interventions Completed	0	
Allegations Substantiated	92	
Percent of All Allegations Substantiated	58%	
<i>Highlighted Complaint Categories</i>	<i>Received</i>	<i>Substantiated</i>
Abuse I, II, III	19	9
Neglect I, II, III	27	20
Dignity and Respect	38	20
MH Services Suited to Condition	35	24
Individual Written Plan of Service	7	2
Disclosure of Confidential Information	9	2

Complaint Remediation

<i>Remediation Type</i>	<i>Total</i>	<i>Waiver Type</i>	<i>Total</i>
Verbal Counseling	0	SEDW	0
Written Counseling	3	CWP	0
Verbal Reprimand	1	HSW	0
Written Reprimand	35		
Suspension	5		
Demotion	0		
Staff Transfer	2		
Training	12		
Employment Termination	6		
Employee Left the Agency but Substantiated	19		
Contract Action	0		
Policy Revision/Development	2		
Environmental Repair/Enhancement	0		
Plan of Service Revision	0		
Recipient Transfer to Another Provider/Site	0		
Other	0		
None	0		

Training Received by the Office of Recipient Rights	
Training Categories	Hours
I - Operations	55.75
II - Legal Foundations	10.5
III - Leadership	0
IV - Augmented Training	12.5
Total	78.75

Training Provided by the Office of Recipient Rights				
	Agency	Contracted	Recipient	Other
Instructor-Led (In Person)	171	229	0	25
Instructor-Led (Virtual)	358	86	0	0
eLearning	0	0	0	0
Video	0	0	0	0
Paper	0	0	0	0
Total	529	315	0	25

Appeals	
Grounds	Total
Findings	0
Action Taken	0
Timeliness	0
Decision	Total
Denied Appeal	0
Upheld Investigative Findings	0
Returned for Reinvestigation	0
Requested External Investigation	0
Take Additional Action	0
Address Timeliness Issues	0

The background of the slide features a spiral-bound calendar with a light-colored cover, showing the months of December, January, and February. The calendar is resting on a blue, textured book. The overall scene is set against a dark, muted blue background. A solid magenta rectangle is positioned in the top right corner.

HealthWest Office of Recipient Rights

2023-2024 ANNUAL REPORT

Total Complaints Received	172
---------------------------	-----

Investigations Completed	159
--------------------------	-----

Outside Jurisdiction/ No Right involved	13
--	----

Investigations Substantiated	92
------------------------------	----

ALLEGATIONS AND SUBSTANTIATIONS

BREAKDOWN

Most common complaint this year was Dignity and Respect at 24%

Second was Mental Health Services Suited to Condition at 22%

With the Neglect class, coming in at 17%

Overall, 58% of all complaints Investigated were substantiated

COMPLAINT REMEDIATION

4

**38% resulted in
Staff receiving
a Written
Reprimand**

**21% led to the
employee
resigning**

**13% were
provided
additional
training**

TRAINING

In person training was provided for 425 Employees

Virtual training was provided for 444 Employees

Questions?