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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF CHILD WELFARE LICENSING LANSING

ROBERT GORDON DIRECTOR

April 15, 2019

Aprille Sutton
Child & Family Services of Northwestern Michigan
3785 Veterans Drive
Traverse City, MI 49684

RE: License #: CB280201037 Investigation #: **2019C0114016** 

Child & Family Services of Northwestern Michigan

Dear Ms. Sutton,

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.
- Repeat violations require an explanation as to why the previous corrective action plan failed to prevent a repeat violation of the rules.
- 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 Claudia Triestram, Area Manager, at 616-552-3662.

#### FOR CWL ONLY

Please note that violations of any licensing rules are also violations of the ISEP and your contract.

Sincerely,

Doug Turrill, Licensing Consultant

MDHHS\Division of Child Welfare Licensing

Suite 11

701 S. Elmwood

Traverse City, MI 49684

Dauglas Tunil

(231) 383-5531

enclosure

# MICHIGAN DEPARTMENT HEALTH AND HUMAN SERVICES DIVISION OF CHILD WELFARE LICENSING

#### **SPECIAL INVESTIGATION REPORT**

### I. IDENTIFYING INFORMATION

License #:	CB280201037	
Investigation #:	2019C0114016	
Complaint Receipt Date:	02/05/2019	
Investigation Initiation Date:	02/05/2019	
investigation initiation bate.	02/03/2013	
Report Due Date:	04/06/2019	
Licensee Name:	Child & Family Services of NW Michigan Inc	
Licensee Address:	3785 Veterans Drive	
	Traverse City, MI 49684	
Licensee Telephone #:	(231) 946-8975	
Administrator:	Aprille Sutton	
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Licensee Designee:	Michele Jannazzo, Designee	
N 65 111		
Name of Facility:	Child & Family Services of Northwestern Michigan	
Facility Address:	3785 Veterans Drive	
,	Traverse City, MI 49684	
	(004) 040 0077	
Facility Telephone #:	(231) 946-8975	
Original Issuance Date:	09/01/1990	
<u> </u>		
License Status:	REGULAR	
Effective Date:	04/29/2017	
LITECTIVE Date.	0412312011	
Expiration Date:	04/28/2019	
Capacity:	Unknown	
Program Type:	CHILD PLACING AGENCY, PRIVATE	
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# II. ALLEGATION(S)

# Violation Established?

It is alleged that the agency failed to contact Central Intake and file	Yes
a complaint regarding suspected abuse/neglect of a child in care.	
Additional Findings	Yes

### III. METHODOLOGY

02/05/2019	Special Investigation Intake 2019C0114016
02/05/2019	Special Investigation Initiated - Telephone PC to CA
04/03/2019	Contact - Face to Face Staff interviews
04/03/2019	Inspection Completed-BCAL Sub. Compliance
04/03/2019	Exit Conference
04/04/2019	Contact - Document Received

## **ALLEGATION:**

It is alleged that the agency failed to contact Central Intake and file a complaint regarding suspected abuse/neglect of a child in care.

#### INVESTIGATION:

On 02/05/19 this Consultant initiated a special investigation into the allegation described above. Staff were interviewed and documents reviewed. What follows is information obtained from the aforementioned sources.

On 02/05/19 the Chief administrator was informed of the allegations.

On 04/03/19 an agency staff, hereafter referred to as Staff 1, was interviewed. The Chief Administrator was interviewed jointly with Staff 1. Staff 1 offered the following information. A foster child, hereafter referred to as Foster Child A, was placed in a residential assessment facility on 01/09/18. Previous to this placement Foster Child A had been placed in a licensed Child and Family Services Northwest foster home but was removed and placed in the residential assessment center for assaulting the foster parent. Staff 1 reported that on 08/25/18, a Saturday, she had received a text from the biological mother of Foster Child A. The Bio-Mother expressed concern that Foster Child A had a sore and swollen toe/foot and that the residential facility staff were treating it with ice packs. The Bio-Mother was visiting Foster Child A on 08/25/18. Staff 1 reported that the text from the Bio-Mother further indicated that Foster Child A was to be transported to a local hospital or health clinic for treatment of the toe. Staff 1 reported that the text indicated that on 08/25/18 Foster Child A was treated for an infected toe and was given prescription for treatment of the infection. Staff 1 reported that she read the text on 08/27/18, a Monday, when she returned to work from the weekend. Staff 1 reported that she followed up the Bio-Mother via telephone on 08/27/18 after she had read the text message. Staff 1 reported that she and the Bio-Mother felt Foster Child A's medical problem had been successfully treated and resolved.

Staff 1 reported that on 08/28/18 she had received a phone call from the Bio-Mother who was very upset that Foster Child A's toe had become worse, swollen and dark, and Foster Child A had been transported to the local hospital where it was determined by the attending physician that the antibiotic prescription prescribed on 08/25/19 had not been filled, therefore Foster Child A's infected foot had gone untreated for a period of 4 days. Staff 1 reported that she then contacted the residential facility to confirm that Foster Child A had been to the hospital on 08/28/18 and was receiving a new prescription. The residential staff (unknown) reported that the medication was being administered. Staff 1 reported that she had informed the residential staff that it had been reported to her that Foster Child A had not received the prescription medication prescribed on 08/25/19. Staff 1 reported that the residential staff were evasive, offered no reason for this, and simply reported that Foster Child A was taking the new medication.

Staff 1 reported that when hearing of the alleged medical neglect of Foster Child A's condition on 08/28/18 that she did not call in a complaint to Central Intake. Staff 1 reported that on 10/04/18 she attended a Court hearing for Foster Child A. At that time the Grand Traverse County Circuit Court Family Division Judge asked if a

DHHS 3200 had been filed regarding the medical neglect of Foster Child A. Staff 1 reported that upon hearing this she then contacted Central Intake on 10/04/18.

#### **Review of Documents:**

A review of a handwritten social work contact dated 08/28/18 indicates that Staff 1 had been contacted by the Bio-mother on 08/28/18. The contact indicates the following. Foster Child A had been transported to the local hospital as her toe had become more swollen and was blackish in color. The infection had spread and the attending physician determined that the prescription issued on 08/25/18 had not been filled. Another prescription was filled and a follow up appointment was to be scheduled.

A review of a Spectrum Health medical exam dated 08/25/18 for Foster Child A indicates pain and swelling of a toe on her right foot and Bactrim antibiotic was prescribed.

A review of a Spectrum Health medical exam dated 08/28/18 for Foster Child A indicates increased swelling and darkening of right foot toe. Antibiotic Keflex was added to a prescription of Bactrim for treatment of the infection.

Staff 1's file was reviewed on 04/03/19. The file did not contain any disciplinary action and performance reviews were positive. Training was also current and appropriate.

APPLICABLE RULE		
722.623	CHILD PROTECTION LAW Individuals required to report child abuse or neglect; written report; transmitting report to county department; copies to prosecuting attorney and probate court; conditions requiring transmission of report to law enforcement agency; exposure to or contact with methamphetamine production; pregnancy of or venereal disease in child less than 12 years of age.	
	1) An individual is required to report under this act as follows:  (a) A physician, dentist, physician's assistant, registered dental hygienist, medical examiner, nurse, person licensed to provide emergency medical care, audiologist, psychologist, marriage and family therapist, licensed professional counselor, social worker, licensed master's social worker, licensed bachelor's social worker, registered social service technician, social service technician, a person employed in a professional capacity	

	in any office of the friend of the court, school administrator, school counselor or teacher, law enforcement officer, member of the clergy, or regulated child care provider who has reasonable cause to suspect child abuse or neglect shall make immediately, by telephone or otherwise, an oral report, or cause an oral report to be made, of the suspected child abuse or neglect to the department. Within 72 hours after making the oral report, the reporting person shall file a written report as required in this act. If the reporting person is a member of the staff of a hospital, agency, or school, the reporting person shall notify the person in charge of the hospital, agency, or school of his or her finding and that the report has been made, and shall make a copy of the written report available to the person in charge. A notification to the person in charge of a hospital, agency, or school does not relieve the member of the staff of the hospital, agency or school of the obligation of reporting to the department as required by this section. One report from a hospital, agency, or school shall be considered adequate to meet the reporting requirement. A member of the staff of a hospital, agency, or school shall not be dismissed or otherwise penalized for making a report required by this act or for cooperating in an investigation.  Staff 1 reported, and her social work contact of 08/28/18 indicates, that she was informed of the suspected medical neglect of Foster Child A on 08/28/18. Staff 1 acknowledged that she did not contact Central Intake at that time to file a complaint. Additionally, when she contacted the residential facility staff to inquire about Foster Child A not receiving her medication as prescribed on 08/25/18, she reported that agency staff were evasive, lending additional suspicion that medications were not administered.
CONCLUSION:	VIOLATION ESTABLISHED

### **ADDITIONAL FINDINGS:**

During the course of this investigation which included a review of social work contacts on 04/03/19, it was determined that the handwritten social work contact of 08/28/18 was not uploaded into the case file in MISACWIS.

APPLICABLE RULE		
FOM 722-06H	Caseworker Contacts	
	All caseworker contacts must be entered in MISACWIS; this includes attempted contacts and missed appointments, and all pertinent information obtained must be summarized and included in the appropriate section of the case service plan. All face-to-face contacts must be entered in MISACWIS, within five business days of the contact.	
ANALYSIS:	The 08/28/18 contact was hand written and contained relevant information as provided to Staff 1 by the Bio-Mother however, the contact was not uploaded into the case file in MISACWIS as of 04/03/19.	
CONCLUSION:	VIOLATION ESTABLISHED	

## IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan the recommendation is for continuance of the regular license.

Dauglas Tunil	April 4, 2019
Doug Turrill Licensing Consultant	Date
Approved By:	
Claucia Str	April 15, 2019
Claudia Triestram Area Manager	Date