

IN THE MATTER OF	*	BEFORE THE
MY HOUSE IS YOUR HOME	*	MARYLAND DEPARTMENT OF
9014 MEADOW HEIGHTS RD.	*	HEALTH AND MENTAL
RANDALLSTOWN, MARYLAND 21133	*	HYGIENE/ OFFICE OF
LICENSE NO. 03AL1073-B	*	HEALTH CARE QUALITY
* * * * *	*	* * * * *

**ORDER OF EMERGENCY SUSPENSION**

Pursuant to the Code of Maryland Regulations (COMAR) 10.07.14.62, it is on this 31 day of October, 2012, by Joshua M. Sharfstein, M.D., Secretary of the Maryland Department of Health and Mental Hygiene (Department) hereby

**ORDERED** that the assisted living program license of My House Is Your Home, Jennifer Hubbard-Starkey, Assisted Living Manager (ALM), 9014 Meadows Heights Road, Randallstown, Maryland 21133 an assisted living program, is **SUSPENDED**;

**ORDERED** that My House Is Your Home shall immediately return the license to the Department's Office of Health Care Quality, Spring Grove Hospital Center, Bland Bryant Building, Catonsville, Maryland 21228;

**ORDERED** that in accordance with COMAR 10.07.14.62D(4), My House Is Your Home's assisted living manager or alternate assisted living manager, shall immediately notify the local Department of Social Services Adult Protective Services Program (DSS) of the emergency suspension and shall provide the Department's Office of Health Care Quality (OHCQ) and the Baltimore County Department of Social

Services, Adult Protective Services (DSS), with a list of individuals residing at My House Is Your Home; each resident's family representative, guardian, agent, and emergency contact person with their address and telephone number; each resident's records (medical and financial); and any other information or documents in an individual's file requested by DSS or OHCQ;

**ORDERED** that My House Is Your Home shall cooperate fully with OHCQ, DSS, and any other government agency working with OHCQ and DSS in the relocation process;

**ORDERED** that My House Is Your Home shall immediately notify the residents and representatives of the residents of the suspension, and My House Is Your Home shall make every reasonable effort to relocate its residents to residential programs appropriate for the needs of each resident,

**ORDERED** that My House Is Your Home shall ensure that each of its remaining residents receive adequate care and treatment until each of its residents has been relocated to other programs or facilities, and as soon as all of My House Is Your Home residents are relocated to other programs or facilities, My House Is Your Home shall cease operations; and

**ORDERED** that this Emergency Order of Suspension is a PUBLIC DOCUMENT under Md. Code Ann., State Gov't §§ 10-611, *et seq.*

The Secretary's findings, as set forth below, provide the basis for the Secretary's determination that the public health, safety, and welfare imperatively require emergency action.

## SECRETARY'S FINDINGS

1. The Department issued My House Is Your Home an assisted living program license to serve four (4) people, License Number 03AL1073-B, which covered the period of August 10, 2011 to August 9, 2013.
2. On June 22, 2012, OHCQ conducted an announced re-licensure visit to My House Is Your Home for the purpose of determining the facility's compliance with COMAR 10.07.04, Assisted Living Regulations. Based upon the results of that survey, OHCQ notified My House Is Your Home in writing that it was not in compliance with state regulations. The facility was allowed to submit a Plan of Correction (POC). Survey is attached hereto.
3. On July 5, 2012, OHCQ conducted a complaint investigation at My House Is Your Home's assisted living facility and program. Survey is attached hereto.
4. On September 4, 2012, OHCQ conducted a follow-up to the above-mentioned June, 2012 re-licensure survey. The facility's POC had stated that all deficiencies would be corrected by August 30, 2012. However, repeat deficient practices which impact resident care negatively were noted. Survey is attached hereto.
5. On September 11, 2012, OHCQ received a complaint from APS alleging that the Assisted Living Manager, Jennifer Hubbard-Starkey, of My House Is Your Home ALF pointed a handgun at [REDACTED] the mother of a Resident. The Resident is a 26 year old paraplegic. He utilizes a wheelchair for ambulation and has a catheter. He needs assistance with toileting, bathing, dressing, meal preparations and medication administration.

The incident occurred on September 10, 2012. Baltimore County Police recovered an unloaded handgun (Glock 27). Ms. Hubbard-Starkey was arrested and charged with

First and Second Degree Assault. The charges were subsequently reduced to Second Degree assault.

6. Over the course of these surveys, OHCQ determined that My House Is Your Home violated several sections and subsections of the Code of Maryland Regulations. The combined effect of the observed deficiencies places the safety of all residents at imminent risk of harm. Most notably and of direct concern for the health and safety of the residents, My House Is Your Home violated:

- a. **Administration** – There exist no documentation of quality assurance meetings. Such meetings are to be held every six (6) months. COMAR 10.07.14.13. Repeat deficient practices found in June and September 2012.
- b. **Staffing plan** – Based on review of facility records and interview of Assisted Living Manager (ALM), there is insufficient evidence that the facility provides awake overnight staff even though three (3) residents require such service. COMAR 10.07.14.14 and COMAR 10.07.14.21. Repeat deficient practices found in June and September 2012.
- c. **Qualifications of Staff** – The facility failed to ensure that staff competently performed personal care service to the residents. COMAR 10.07.14.19. Deficiencies were noted in both surveys.
- d. **Preadmission Requirements** – Documentation of functional assessments of Residents were either missing or incomplete. COMAR 10.07.14.21. Repeat deficient practices found in all 2012 surveys.

- e. **Incomplete Files on Residents** - The facility failed to maintain current, accurate and complete files on each Resident. COMAR 10.07.14.24 and COMAR 10.07.14.33 and COMAR 10.07.14.46.
- f. **Service Plan and other required documentation in Residents' files** - Files, regarding two (2) residents who suffered from severe medical conditions, lacked adequate, timely review and current update of service plans. Files on residents contained outdated information. COMAR10.07.14.26C. Repeat deficient practices noted.
- g. **Medication Management** – Medication administration records and interview of staff revealed that there is insufficient documentation to support that each resident received medication consistent with current medical orders. COMAR 10.07.14.21 and COMAR 10.07.14.29. Most, if not all residents, require daily medication. Any medication administration error places a resident at imminent risk of harm. Deficiencies in medication management were noted in June and September 2012.
- h. **Residents' Rights** – ALM failed to treat a paraplegic resident with dignity and respect which was exemplified in behavior exhibited on September 10, 2012. COMAR 10.07.14. 35.
- i. **Resident Record or Log** – The facility failed to document weekly care notes. COMAR 10.07.14.27.

7. The above factual findings demonstrate that Grace Home Care is placing residents at imminent risk of harm to their health, safety and welfare. Error in the administration of medication, insufficient staff and assaultive behavior were noted. In addition, the staff members are not trained in how to meet residents' needs and are incompetently performing treatment service. Consequently, residents' needs for assistance with activities of daily living and administration of critical medical attention are not being met, placing them at dire risk of harm. Moreover, the ALM's actions during the course of a resident's discharge were reckless and completely inappropriate.

#### **CONCLUSIONS OF LAW**

Based on the information contained in the preceding paragraphs, the Department finds that My House Is Your Home is in violation of COMAR 10.07.14. Because these violations of the Department's regulations present threats to the health, safety, and welfare of the residents it serves, in accordance with Md. Code Ann., State Government § 10-226(c)(2), the Secretary of the Department of Health and Mental Hygiene finds that emergency action is imperatively required to protect these residents and thus the assisted living program license held by My House Is Your Home has been immediately suspended in accordance with this Order of Emergency Suspension.

#### **RIGHT TO REQUEST A HEARING**

My House Is Your Home may appeal the emergency suspension by filing a request for a hearing with the Office of Administrative Hearings at 11101 Gilroy Road, Hunt Valley, Maryland 21031. My House Is Your Home shall file its hearing request

within 30 days after receipt of this notice, with a copy to Office of Health Care Quality, Attn: Cheryl Reddick, Assisted Living Program Manager, Bland Bryant Building, 55 Wade Ave., Catonsville, MD 21228 and Denise M. Fili, Assistant Attorney General, 300 West Preston Street, Suite 302, Baltimore, Maryland 21201. The request shall include a copy of the Secretary's action. If My House Is Your Home fails to file a timely hearing request, My House Is Your Home will not be able to appeal the Secretary's action. See COMAR 10.07.14.62F and 10.07.14.64A. Under COMAR 10.07.14.62C, **the filing of a hearing request will not stay the emergency action.**

A hearing requested to appeal the Secretary's action will be conducted in accordance with the State Government Article, Title 10, Subtitle 2, Annotated Code of Maryland, and COMAR 28.02.01 and 10.01.03. The Office on Administrative Hearings shall conduct a hearing as provided in COMAR 10.07.14.64 of this chapter and issue a proposed decision. Exceptions may be filed by an aggrieved person pursuant to COMAR 10.01.03. The Secretary shall make a final decision pursuant to COMAR 10.01.03. If the Secretary's final decision does not uphold the emergency suspension, the assisted living program may resume operation.

Under COMAR 10.07.14.62G, you also have the right to request a prompt Show Cause Hearing to be held by the Secretary of the Department or a designee of the Secretary. A Show Cause Hearing has been scheduled for **Thursday November 8, 2012 at 10 a.m.** before Nancy Grimm, R.N., Esquire, Director of the Office of Health Care Quality, at the Office of Health Care Quality, Bland Bryant Building, Catonsville, Maryland 21228. The Show Cause Hearing is optional and neither a request for a Show Cause Hearing or a failure to request a Show Cause Hearing will affect your right to an

opportunity for a hearing before the Office of Administrative Hearings. If you should request the Show Cause Hearing, it will be a nonevidentiary hearing that will give you an opportunity to present oral argument on the emergency suspension. If the Secretary or Secretary's designee decides to continue the emergency suspension, you may then file a request for a hearing before the Office of Administrative Hearings within 30 days after the decision to continue the emergency suspension is issued.

**REPRESENTATION BY COUNSEL**

**If My House Is Your Home is a corporation, a limited liability company or a business entity other than an individual, an attorney must represent it at all stages of the proceedings, including the Show Cause Hearing. If My House Is Your Home wishes to be represented by an attorney not licensed to practice in Maryland, the attorney must apply to be specially admitted for this proceeding. See Rule 14 of the Rules Governing Admission to the Bar of Maryland.**

If My House Is Your Home has questions, it may contact Denise M. Fili, Assistant Attorney General, at 410-767-6694.

Date 10/31/12

  
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Joshua M. Sharfstein, M.D.,  
Secretary  
Department of Health and Mental Hygiene

<b>IN THE MATTER OF</b>	*	<b>BEFORE THE</b>
<b>MY HOUSE IS YOUR HOME</b>	*	<b>MARYLAND DEPARTMENT OF</b>
<b>9014 MEADOW HEIGHTS RD.</b>	*	<b>HEALTH AND MENTAL</b>
<b>RANDALLSTOWN, MARYLAND 21133</b>	*	<b>HYGIENE/ OFFICE OF</b>
<b>LICENSE NO. 03AL1073-B</b>	*	<b>HEALTH CARE QUALITY</b>
<b>Medical Assistance Provider No. 7946058 00</b>	*	
* * * * *	*	* * * * *

**NOTICE OF INTENT TO DISENROLL, DISQUALIFY AND REVOKE LICENSE**

The Maryland Department of Health and Mental Hygiene (the “Department” or the “Secretary”) hereby notifies My House Is Your Home, an assisted living facility, located at 9014 Meadow Heights Road, Randallstown, Maryland 21133 (“Respondent”), Assisted Living License No. 03AL1073-B, Medical Assistance Provider No. 7946058 00 , that the Department intends to disenroll Respondent as a participant in the Medical Assistance Program, disqualify Respondent from future participation in the Medical Assistance Program and revoke the Assisted Living Program License.

Cause has been shown for the Secretary to conclude that Respondent has failed to comply with the regulations pertaining to providers of assisted living services under the Medicaid Waiver for Older Adults of Code of Maryland Regulations (“COMAR”) 10.09.54 and COMAR 10.09.36, and has failed to comply with the regulations governing assisted living programs codified in COMAR 10.07.14. These violations indicate that Respondent is not capable of providing residents with proper and adequate assisted living services. The intended action shall become effective immediately.

## BASES OF NOTICE

The Department bases its notice of intent to revoke Respondent's license based upon the following allegations, which the Department has cause to believe are true:

1. The Office of Health Care Quality (OHCQ) is the agency within the Department that is responsible for the licensure of assisted living programs in this State. The licensure requirements for assisted living programs are set forth in COMAR 10.07.14. The Department issued My House Is Your Home an assisted living program license to serve 4 people, License Number 03AL1073-B.
2. Medicaid Provider Number 7946058 00 was issued to the Respondent to provide assisted living services, assisted living environmental modifications and assisted living equipment under the Medicaid Waiver for Older Adults pursuant to the authority of COMAR 10.09.54 (the "Waiver").
3. Medicaid Waiver for Older Adults participants must be fifty years of age or older and qualify for a nursing facility level of care. The federal Centers for Medicare and Medicaid Services require the Medical Assistance Program, when offering home and community-based housing, to closely monitor the care rendered by providers and take action as appropriate to ensure the health and safety of this vulnerable, at-risk population.
4. The Long Term Care and Community Support Services Administration, an agency within the Department's Medicaid Office of Health Services, is responsible for the oversight and administration of Medicaid home and community-based waiver programs.
5. On June 22, 2012, OHCQ conducted an announced re-licensure visit to My House Is Your Home for the purpose of determining the facility's compliance with COMAR 10.07.04,

Assisted Living Regulations. Based upon the results of that survey, OHCQ notified My House Is Your Home in writing that it was not in compliance with state regulations. The facility was allowed to submit a Plan of Correction (POC). Survey is attached hereto.

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COMAR10.07.14.26C. Repeat deficient practices noted.

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### CONCLUSION OF LAW

Based on the information contained in the preceding paragraphs, the Department finds that My House Is Your Home is in violation of COMAR 10.07.14.13 (Administration), COMAR 10.07.14.14 and .21 (Staffing Plan), COMAR 10.07.14.15, COMAR 10.17.14.19 ( Staff Qualification), COMAR 10.17.14.21 (Preadmission Requirements), COMAR 10.01.14.26 (Service Plan), ), COMAR 10.07.14.24, .27, .33 and .46 (Residents' Files), COMAR 10.07.14.29 (Medication Management), COMAR

10.17.14.35 (Resident's Rights), COMAR 10.09.54.05A (Specific Conditions of Participation- Assisted Living Services) and COMAR 10.09.36.03A (Conditions of Participation).

**NOTICE OF POSSIBLE SANCTIONS**

Pursuant to COMAR 10.07.14.63, COMAR 10.09.54.34B(1), COMAR 10.09.54.35, and COMAR 10.09.36.08, based on the above allegations it is the Secretary's intent to revoke the Respondent's license, remove the Respondent from the Medicaid Program, and disqualify the Respondent from future participation in the Medicaid Program, either as a provider or as a person providing services for which program payment will be claimed.

**NOTICE OF APPEAL RIGHTS**

Before the Department issues a final order revoking the Respondent's license and disqualifying the Respondent from further participation in the Medicaid Program, the Respondent is entitled to an evidentiary hearing. COMAR 10.09.36.09, COMAR 10.09.54.36, and COMAR 10.07.14.63.

To request a hearing, the Respondent must file a written request for a hearing within thirty (30) days of the date of receipt of this Notice, with:

Office of Administrative Hearings  
Administrative Law Building  
11101 Gilroy Road  
Hunt Valley, MD 21031-8210

Office of Health Care Quality (Licensing and Certification)  
Attn: Cheryl Reddick, Assisted Living Program Manager  
Bland Bryant Building  
55 Wade Avenue  
Catonsville, Maryland 21228

Jane Wessely, Chief of the Division of Waiver Programs  
201 W. Preston Street, Room 121  
Baltimore, Maryland 21201

Denise M. Fili, Assistant Attorney General  
Administrative Prosecutor  
300 W. Preston St., Suite 302  
Baltimore, Maryland 21201

A copy of this notice shall be attached to the hearing request. Include in the hearing request, the name, address and telephone number of the attorney representing Respondent. **If Respondent fails to file a timely request within 30 days following receipt of this Notice, the Department will issue a final order permanently disenrolling Respondent from the Medicaid Program and denying the Respondent's assisted living program license application.**

If the Respondent submits a timely request for hearing pursuant to COMAR 10.07.14.63, COMAR 10.09.54.36, and COMAR 10.09.36.09, the disenrollment, disqualification and revocation shall be stayed pending the hearing before an Administrative Law Judge ("ALJ") at the Office of Administrative Hearing. If the Department's decision to disenroll, disqualify and revoke is upheld by the ALJ, the Respondent shall cease participation in the Medicaid Program and surrender the license to the Department.

In the event of a hearing, the proceedings will be conducted in accordance with the Administrative Procedure Act, Md. Code Ann., State Government Article, §§ 10-201

*et seq.* (2004 Rep. Vol.). The Administrative Procedure Act give the Respondent the right to be represented by counsel, call witnesses, present evidence, cross-examine any witnesses, present argument and summation and subpoena witnesses with appropriate costs assessed.

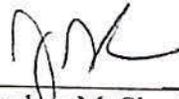
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If My House Is Your Home has questions, it may contact Denise M. Fili, Assistant Attorney General, at 410-767-6694.

Date

10/31/12

  
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Joshua M. Sharfstein, M.D.,  
Secretary  
Department of Health and Mental Hygiene