

ADULT PROTECTIVE SERVICES INVESTIGATION REPORT

Log Number: 759993-2

Michigan Department of Health and Human

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.	Referral Date 12/18/2020	Time 04:30 PM	County 79-TUSCOLA
	Referral Source MCL 15.243(1)(d)		Recording Person's Name Amy Rausch

A. REFERRAL INFORMATION

Case Name Oldenbroek, Ralph	Worker Name T Polaski	Supervisor Name T Dowless	After Hour Referral <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address (Street Number and Name) 39413 Burton Dr.		Birth Date MCL 15.243(1)(a)	Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
City Novi	State MI	Zip Code 48375	Social Security Number MCL 15.243(1)(a)

Name of Referral Source	Address (Street Number and Name)		
City	State	Zip Code	Phone

Referral Narrative

Jason is 63 years old and residing at Anchor Hill AFC. Jason had a traumatic brain injury around 28 years ago. He is also bi polar and a below the knee amputee. He had issues with addition around 28 years ago as well. He has a guardian through Guardian Care, Malissa Samaan, 586-945-0703.

Jason has several extremely limiting restrictions that have been put upon him by his guardian. Jason sought to have his guardian removed and a new guardian appointed however the judge felt there was no sufficient cause to justify a new guardian appointment. Jason now has to wait 6 months to appeal. Jason did not know he could have people testify for him in court and the guardian ad litem did nothing to help Jason or provide witness for him. The judge and guardian went off camera during the online hearing and when they came back on the guardian was reappointed/ maintained. This was considered suspect.

Jason is not allowed to have a cell phone or communicate with anyone that is not approved by the guardian. For someone outside of Jason's placement to make contact with him they have to have been vetted by the guardian, added to an approved list, and know the pass code to be permitted to speak with him. Jason cannot have visitors and this was in place prior to covid. Jason cannot have a smart TV or any access to a computer, tablet, smart phone, anything requiring internet or wifi. Jason used to be able to facetime with some approved people but now he can only facetime if staff can be present. Jason asked for a message to be put on social media because family thought he was dead because his guardian will not allow any contact. Jason has been completely isolated by the guardian. Jason is depressed and would rather be in jail because he would have more freedom and would at least know why he was put in that situation.

When Jason was appointed a guardian all of his belonging were put in storage. Jason has asked where that storage facility is and no one will tell him. Jason owned a vintage corvette which would require maintenance. His property was effectively confiscated and he has no idea where his belongings are.

Also when a guardian was appointed Jason's dog was taken away. Jason loved his dog. Jason has his dog for 4 years and it was trained as a emotional support animal. Jason has asked if he could see his dog but was not permitted any information about his dog. At one point Jason had gone to see his prosthetic Dr who had some information about who the dog went with. Jason was told not to talk to anyone in the office by his guardian. Jason asked about this and after that he was punished by not getting his prosthetic for below the knee for 10 months.

Jason is not allowed to go to NA, AA, religious meetings, or community meetings.

Jason's therapist was never licensed the entire time she worked with him through Anchor Hill.

Jason previously worked with a homecare service worker by the name of Susan and wanted to speak with her to see if she could recommend a new guardian. The guardian placed a cease and desist order to prevent contact between Jason and Susan and any of Jason's family trying to help him.

Many years ago Jason was in a car accident that led to the traumatic brain injury. It is believe the guardian financially benefits from maintaining extreme limitations on Jason and received a pay out from the car insurance to maintain that guardianship. Because Jason is effectively a cash cow for the Guardian Care they are unnecessarily maintaining guardianship over him so they can continue to financially exploit the situation. Prior to coming into guardianship Jason was living independently. He has services in place to monitor his mental health and was active in the rehab (AA and NA) community. It is believe Jason does not benefit from the extreme restrictions placed on him and is being exploited by the guardian.

Additionally Jason has 2 falls in the facility. (Ran out of space see SW contact)

Living Arrangements – Initial Residential Setting : AFC/HA Housing Arrangement: Person In Home: Self	Living Arrangements - Closing Residential Setting : Nursing Facility/Rehab. Center Housing Arrangement: Person In Home: Self
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Legal Status – Initial <input type="checkbox"/> No Legal Restriction <input type="checkbox"/> Guardian - Limited <input type="checkbox"/> Civil Admission <input type="checkbox"/> Guardian - Partial <input type="checkbox"/> Conservator <input type="checkbox"/> Guardian(s) - Plenary <input type="checkbox"/> Durable Power of Attorney(s) <input type="checkbox"/> Guardian - Temporary <input checked="" type="checkbox"/> Guardian – Full <input type="checkbox"/> Representative Payee <input type="checkbox"/> Other	Legal Status - Closing <input type="checkbox"/> No Legal Restriction <input type="checkbox"/> Guardian - Limited <input type="checkbox"/> Civil Admission <input type="checkbox"/> Guardian - Partial <input type="checkbox"/> Conservator <input type="checkbox"/> Guardian(s) - Plenary <input type="checkbox"/> Durable Power of Attorney(s) <input type="checkbox"/> Guardian - Temporary <input checked="" type="checkbox"/> Guardian – Full <input type="checkbox"/> Representative Payee <input type="checkbox"/> Other
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Legal Intervention Outcome (if applicable)

Intervention Type	Action	Status	Initiator	Initial Date	Dispo Date
COMMENT:					

Was contact made with the adult and/or collateral contact made within 24 hours?
☒ Yes
☐ No, Why?

Was Face to Face contact made with adult within 72 hours?
☐ Yes
☒ No, Why?

A determination of the nature, extent of the abuse, neglect and/or exploitation of the adults situation/problem and examination of evidence:

 Alleged Harm :
 Financial Exploitation
 Status:Substantiated
 Adult is denied access to funds, Income or assets used without the adult's consent or without regard to the adult's wishes or directions.
 Comment:The department substantiated based on sufficient evidence of financial exploitation. Client was denied basic necessities and/or privilege's.
 Exploitation of Person
 Status:Substantiated
 Other
 Comment:the department substantiated based on sufficient evidence of exploitation of a person. Client was exploited by Guardian Care and treated unfairly in order to benefit from a large insurance settlement. Client was forced to believe he was incapacitated, incompetent and not capable of thinking or speaking for himself.

 Additional Harm :
 Neglect
 Status:Substantiated
 Abandonment, Improper administration of medications, other drugs, and/or alcohol to 'control' the adult., Untreated medical conditions, Withholding necessary medications and/or medical treatments
 Comment:The department substantiated based on sufficient evidence of neglect. Client was kept isolated from family and friends. All basic human rights were abolished. Client is an amputee and denied proper medical care for a long period of time leaving him wheelchair bound. Medications were withheld and unnecessary treatments were implemented.
 Emotional Abuse
 Status:Substantiated
 Habitual blaming or scapegoating, Humiliation and/or ridicule, Intimidation through threats or yelling, Isolated from friends, family or activities, Views and beliefs ignored
 Comment:The department substantiated based on sufficient evidence of emotional abuse. Client was called names and ridiculed. He was kept isolated from family and friends. All views and beliefs were ignored and client was demeaned for having his own thoughts and opinions. Client was denied religious freedoms, access to support groups and fellowships.

 Overall Comments :
 The department substantiated based on sufficient evidence of exploitation of a person, neglect, financial exploitation and emotional abuse. Client was forced to believe he wasn't capable of thinking or speaking for himself. He was called names and ridiculed. Basic necessities were withheld as a form of punishment. Proper and necessary medical treatment was withheld. Client was kept isolated from family and friends. All views and beliefs were ignored. Client was demeaned and belittled for having his own thoughts and opinions. He was denied religious freedoms, access to support groups and fellowships.

Identification of the perpetrator responsible for the abuse, neglect, exploitation:											
Name	Live-In Client?		Primary Caregiver?		Status	Relationship					
	Yes	No	Yes	No							
Samaan, Melissa	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Alleged/Substantiated	Other					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
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Risk Assessment – Initial 01/05/2021					Risk Assessment - Closing 01/25/2022						
Services Offered (if applicable) MDHHS Resources ,											
Consent/Willingness to receive protective services: <input checked="" type="checkbox"/> Adult consents/willing to receive protective services <input type="checkbox"/> Adult refuses protective services <input type="checkbox"/> Adult appears to lack capacity											
Referral to Other Agencies: <table style="width:100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Agency Law Enforcement Attorney General Medicaid Fraud CMH LARA Other Agency </td> <td style="width: 50%; vertical-align: top;"> Referral Date </td> </tr> <tr> <td style="width: 50%; vertical-align: top;"> Agency Licensing Consultant - BCHs Native American Tribes Office of Recipient Rights Substance Abuse Treatment Agency </td> <td style="width: 50%; vertical-align: top;"> Referral Date 03/15/2021 </td> </tr> </table>								Agency Law Enforcement Attorney General Medicaid Fraud CMH LARA Other Agency	Referral Date 	Agency Licensing Consultant - BCHs Native American Tribes Office of Recipient Rights Substance Abuse Treatment Agency	Referral Date 03/15/2021
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B. SUPERVISOR REVIEW AND COMMENT (Complaint Coordinator)											
Disposition Date	Time	Disposition Type	Plan of Care Due Date	Assigned for investigation		Assigned To					
01/25/2022	12:06 PM	CLOSE	01/17/2021	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		T Polaski					
Worker Name	Opening Date	First Contact Date	Time	Substantiated		24 Hour Response	30 Day Plan of Care				
T Polaski	12/18/2020	12/19/2020	10:00 AM	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Comments:											
Supervisor's Signature						Date					

APS PLAN OF CARE

Michigan Department of Health and Human Services

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Client Name	Ralph Oldenbroek
County	79-TUSCOLA
Recipient ID	
Log Referral ID	759993-2
Date	10/27/2022
Adult Services Worker	T Polaski

Referral Date/Time	Open Date	Initial Plan of Care - Due	Initial Plan of Care - Created
12/18/2020 04:30 PM		01/17/2021	01/05/2021

CLIENT RISK FACTOR

Issues: Severe physical disabilities	
1 Action Plan - 1	
Action Steps: Client is an amputee and depends on a wheelchair for mobility. Client had suffered from drug and alcohol problems in the past.	
Person(s) Responsible: Guardian Care (Melissa Samaan)	Status: Resolved
Progress Description: Client will remain at the Lighthouse where he will receive 24/7 care and supervision. Client is under the care of new guardian, Bob Maniere. Client is currently residing at an AFC home in Novi and working on obtaining housing. Client has a new prosthetic leg and is learning to walk again.	

ENVIRONMENTAL RISK FACTOR

Issues:	
1 Action Plan -	
Action Steps:	
Person(s) Responsible:	Status:
Progress Description:	

SUPPORT NETWORK FACTOR

Issues:	
1 Action Plan - 3	
Action Steps: Client has restrictions on all forms of communication.	
Person(s) Responsible: Guardian Care (Melissa Samaan)	Status: Resolved

	Progress Description: Worker will be attempting to gather additional information pertaining to what appears to be an extreme amount of restrictions placed on client. Due to APS involvement and new appointed guardian, Bob Maniere all restrictions have been lifted. Client appears to be thriving once again.
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CAREGIVER(S) FACTOR

Issues:	
1	Action Plan -
	Action Steps:
	Person(s) Responsible:
	Progress Description:

PERPETRATOR FACTOR

Issues:	
1	Action Plan - 5
	Action Steps: There has been extreme restrictions placed on client.
	Person(s) Responsible: Guardian Care (Melissa Samaan)
	Progress Description: Worker will be attempting to gather additional information pertaining to what appears to be an extreme amount of restrictions placed on client. Due to APS involvement and new appointed guardian, Bob Maniere all restrictions have been lifted. Client appears to be thriving once again.

OTHER FACTOR

Issues:	
1	Action Plan -
	Action Steps:
	Person(s) Responsible:
	Progress Description:

LEGAL STATUS

Legal Type	Name	Relationship	Phone	Concern	Address
Guardian - Full	Maniere ,Bob	Professional Guardian	586-295-2610	Yes	12381 Bryce St. Emmett Michigan 48022
Comment:					

SERVICES OFFERED

MDHHS Resources	
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Only need signatures if services are provided :

Adult Services Worker signature:

Client or responsible party signature:

Supervisor signature:

(Required only if client refuses or unable to sign)

Date:

Date:

Date:

APS CLOSING SUMMARY RECORD
Michigan Department of Health and Human Services

ADULT PROTECTIVE SERVICES

Client Name	Log Referral ID	Closure Date
Ralph Oldenbroek	759993-2	01/25/2022

Closing Case Status

Case Unsubstantiated

Closing Code

Situation stable

Closing Living Arrangement

AFC/HA

Resources (not available/given/refused)

MDHHS Resources (Given)

Legal Intervention

Closing Legal Status

Guardian - Full

Initial Risk Assessment

01/05/2021

Closing Risk Assessment

01/25/2022

Closing Comment

All allegations have been addressed. Ralph (Jason) came to the attention of APS 11 months ago. He was under the care of Guardian Care. Jason had been at the Lighthouse confined to a wheelchair for 2 years due to being a partial amputee. He had never been properly fitted for a prosthetic leg. All basic freedoms had been abolished. Jason was not allowed to have contact with the outside world. He had been denied religious freedoms, access to support groups and fellowships. Jason was ridiculed and belittled for his thoughts and/or opinions. He was steadfast in his desire for freedom. Jason became his own advocate and fought for himself to those who would listen. After a long 3 years, Jason was able to obtain a trusted guardian who has put his interests and wellbeing first. Bob Maniere was appointed guardian of Jason on January 5th at the Oakland County Probate Court. Jason is happy and thriving. He has a new prosthetic leg and is learning to walk again. He and Mr. Maniere are currently looking for appropriate housing. Jason's goal is to get back to the things he once enjoyed, and start living life again. The department has no further concerns for the safety or wellbeing of Jason.

10/27/2022

Worker Signature

Date

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Redaction Log

Total Number of Redactions in Document: 3

Redaction Reasons by Page

Page	Reason	Description	Occurrences
1	MCL 15.243(1)(d)	(6) Records or information specifically described and exempted from disclosure by statute.	1
1	MCL 15.243(1)(a)	(4)(a) Information of a personal nature if public disclosure of the information would constitute a clearly unwarranted invasion of an individual's privacy	2

Redaction Log

Redaction Reasons by Exemption

Reason	Description	Pages (Count)
MCL 15.243(1)(a)	(4)(a) Information of a personal nature if public disclosure of the information would constitute a clearly unwarranted invasion of an individual's privacy	1(2)
MCL 15.243(1)(d)	(6) Records or information specifically described and exempted from disclosure by statute.	1(1)