### STATE OF MICHIGAN DEPARTMENT OF ATTORNEY GENERAL



P.O. Box 30754 Lansing, Michigan 48909

October 9, 2023

Charlie LeDuff
Columnist
The Detroit News

Sent by email

Dear Mr. LeDuff:

This notice supplements the Department of Attorney General's (Department) August 17, and 31, 2023 notices issued in response to your August 10, 2023 email requesting information under the Freedom of Information Act (FOIA), MCL 15.231 et seq. (Copies of the FOIA request and the Department's August 17, and 31, 2023 notices are attached.)

In its August 31, 2023 notice, the Department stated that it would complete the processing of the request after receiving the deposit and would notify you in writing of the balance due, the statutory basis for exemptions, if any, and the statutory remedial rights, if applicable. The Department received the full fee on September 25, 2023.

The request is granted in part and denied in part.

As to the partial grant, after a search for records, to the best of the Department's knowledge, information, and belief, the enclosed copied records represent the only nonexempt records in the Department's possession responsive to what you describe, with emphasis omitted, as, "[a]ll correspondence, documents, memos [] investigation files, emails and attachments and work product concerning Traci Kornak [and] any investigations concerning Ms. Kornak from the Attorney General's Office []."

The request is partially denied under the following statutory exemptions, with explanations provided.

Those parts of the enclosed records composed of personal information pertaining to other individuals has been redacted under section 13(1)(a) of the FOIA, MCL 15.243(1)(a), which provides for the nondisclosure of, "[i]nformation of a

Charlie LeDuff Columnist The Detroit News Page 2 October 9, 2023

personal nature if public disclosure of the information would constitute a clearly unwarranted invasion of an individual's privacy."

In this particular instance, individuals' names, addresses, email addresses, telephone numbers, bank account numbers, routing numbers, insurance policy numbers, initials, a signature, and a date of birth have been redacted.

In raising the privacy exemption, the Department relies on *Mager v Dep't of State Police*, 460 Mich 134, 145-146 (1999), where the Supreme Court noted that, "[the core] purpose [of the FOIA] is not fostered by disclosure of information about private citizens that is accumulated in various governmental files but that reveals little or nothing about an agency's own conduct."

The Department is withholding from disclosure three internal memoranda dated September 6, December 9, 2022, and June 28, 2023, an Isolation Wall Notice, a conflict check report, an evidence log, and seven emails dated September 6, and 7, 2022, that are exempt from public disclosure under section 13(1)(h) of the FOIA, MCL 15.243(1)(h). The exemption provides for the nondisclosure of, "[i]nformation or records subject to . . . privilege recognized by statute or court rule." The privilege that is based on the attorney work product doctrine is recognized under Michigan Court Rule 2.302(B)(3)(a). See also, Messenger v Ingham County Prosecutor, 232 Mich App 633 (1998).

Those parts of the records that contain Department staff attorneys' internal work product composed of opinions on legal issues preliminary to the Department's final decision-making are exempt from public disclosure under section 13(1)(m) of the FOIA, MCL 15.243(1)(m).

The exemption provides for the nondisclosure of, "[c]ommunications and notes within a public body or between public bodies of an advisory nature to the extent that they cover other than purely factual materials and are preliminary to a final agency determination of policy or action." The exemption requires a public body to show that, "in the particular instance the public interest in encouraging frank communication between officials and employees of public bodies clearly outweighs the public interest in disclosure."

Writings of Department staff attorneys' frank and candid deliberations in making informed recommendations preliminary to final Department action are protected from public disclosure. In developing these recommendations, staff attorneys must be able to freely consider the issues, deliberate as to the issues, and fully engage in the deliberative process stage, unfettered by third party interference, prior to final Department action.

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The public would be ill-served if the Department's staff attorneys were hindered in expressing their opinions and thoughts during the preliminary stages of the process. The public is entitled to a final determination based on the ultimate decision-maker's reliance on full, frank, and well-considered discussions.

For these reasons, the public interest in encouraging frank communications among the Department's staff attorneys clearly outweighs a public interest in disclosure.

In sum, while the factual parts of the records are intact, the advisory writings have been redacted to foster candid and frank staff communication in preparing a final document, which is an integral part of the Department's deliberations directly related to its decision-making process.

Those parts of the enclosed records containing protected health information have been withheld under section 13(1)(l) of the FOIA, MCL 15.243(1)(l), which provides for the nondisclosure of, "[medical records] concerning an individual if the individual's identity would be revealed [], including protected health information, as defined in [the Health Insurance Portability and Accountability Act] 45 CFR 160.103."

Those parts of the records composed of security measures have been redacted under section 13(1)(u) of the FOIA, MCL 15.243(1)(u), which provides for the nondisclosure of, "[r]ecords of a public body's security measures, including security plans, security codes and combinations, passwords, passes, keys, and security procedures, to the extent that the records relate to the ongoing security of the public body." In this particular instance, secured contact information has been redacted.

A Social Security number has been withheld under section 13(1)(w) of the FOIA, MCL 15.243(1)(w), which expressly exempts the information from public disclosure.

Finally as to the partial denial, after a search for records, to the best of the Department's knowledge, information, and belief, the Department does not possess records that are responsive to what you describe as, "[a]ll briefings and notes concerning Traci Kornak [and] transition team work conducted by Ms. Kornak for the Attorney General's Office," or by other descriptions reasonably known to the Department.

As to the partial denial of your request, under section 10 of the FOIA, MCL 15.240, the Department is obligated to inform you that you may do the following:

Charlie LeDuff Columnist The Detroit News Page 4 October 9, 2023

- 1) Appeal this decision in writing to the Attorney General, Department of Attorney General, 525 W. Ottawa, P.O. Box 30754, Lansing, MI 48909. The writing must specifically state the word "appeal" and must identify the reason or reasons you believe the partial denial should be reversed. The head of the Department or her designee must respond to your appeal within 10 business days after its receipt. Under unusual circumstances, the time for response to your appeal may be extended by 10 business days.
- 2) Commence an action in the Court of Claims within 180 days after the date of the final determination to partially deny the request. If you prevail in such an action, the court is to award reasonable attorney fees if applicable, costs and disbursements, and possible damages.

The Department's FOIA Procedures and Guidelines can be accessed at <a href="https://www.michigan.gov/foia-ag">www.michigan.gov/foia-ag</a>.

Sincerely,

Veronica Estrada

Veronica Estrada Assistant FOIA Coordinator Department of Attorney General

Encs.

## Privilege Log

DocType	Subject	Date	Author (From)	Recipients (To)	Privilege Description	Statutory Basis
PDF	Conflict wall request	9/6/2022	Scott Teter	Josh Booth	attorney work product	MCL 15.243(1)(h)
Excel	Electronic visitor log	N/A	n/a	n/a	personal information	MCL 15.243(1)(a)
PDF	Evidence log	N/A	N/A	N/A	attorney work product	MCL 15.243(1)(h)
PDF	Isolation wall notice	N/A	Josh Booth	All Staff	attorney work product	MCL 15.243(1)(h)
PDF	Memo to close file	12/9/2022	Matt Payok AAG	Scott Teter Division Chief, AG	attorney work product	MCL 15.243(1)(h)
PDF	Conflict check report	unknown	N/A	N/A	attorney work product	MCL 15.243(1)(h)
7 Emails	Conflict wall request	9/6/2022 & 9/7/22	Kate Tooman	Josh Booth, Fadwa Hammoud, Lorrie Bates, Scott Teter	attorney work product	MCL 15.243(1)(h)
PDF	Report log Kornak	N/A	N/A	N/A	attorney work product	MCL 15.243(1)(h)
PDF	Memo referring to DIFS	6/28/2023	AAG Matthew Payok	Joseph Garcia, Director at DIFS	attorney work product	MCL 15.243(1)(h)
Email PDF	RE: conflict wall request memo _KS edits	9/6/2022	Scott Teter	Josh Booth, Kate Tooman	attorney work product	MCL 15.243(1)(h)
Word	Kornak isolation wall v2 draft	9/6/2022	Scott Teter	Josh Booth, Kristen Stinedurf	attorney work product	MCL 15.243(1)(h)
Email PDF	Kornak isolation wall v 2	9/6/2022	Kristen Stinedurf	Scott Teter	attorney work product	MCL 15.243(1)(h)
Email	Fwd: Kornak	8/23/2022	Sargent, Aubrey	Nessel, Dana	personal information	MCL 15.243(1)(a)
Email	Fwd: Kornak	12/7/2022	Nessel, Dana	Grossi, Christina	personal information and security measures	MCL 15.243(1)(a) and (u)
Email	Fwd: Kornak	12/6/2022	Nessel, Dana	Hammoud, Fadwa CC: Sargent, Aubrey	personal information, deliberative process, and	MCL 15.243(1)(a), (m), and (u)
Email	Fwd: Article	7/13/2022	Grossi, Christina	Nessel, Dana	security measures deliberative process	MCL 15.243(1)(m)
	FW: Traci Kornak-Village of		,		personal information	MCL 15.243(1)(m) MCL 15.243(1)(a)
Email Email	Heather Hills Re: Traci Kornak-Village of Heather Hills	7/13/2022	Grossi, Christina Nessel, Dana	Nessel, Dana Grossi, Christina	personal information and security measures	MCL 15.243(1)(a) and (u)
Email	Re: Article	7/13/2022	Nessel, Dana	Grossi, Christina	deliberative process and security measures	MCL 15.243(1)(m) and (u)
PDF	Email with Detroit News Article	7/13/2022	Sargent, Aubrey	Bates, Lorrie	personal information, delierative process, and security measures	MCL 15.243(1)(a), (m), and (u)
Email	FW: Kornack, Traci 2022- 0353815	11/21/2022	Schwartz, Ashley	Teter, Scott	Personal information	MCL 15.243(1)(a)
Email	FW: Kornak 2022-0353815-A	9/23/2022	Bates, Lorrie	Fallon, Blanca	personal information	MCL 15.243(1)(a)
Email	FW: RE: Kornak	12/5/2022	Sargent, Aubrey	Nessel, Dana	personal information	MCL 15.243(1)(a)
Email	FW: Traci Kornak-Village of Heather Hills	11/21/2022	Teter, Scott	Schwartz, Ashley	personal information	MCL 15.243(1)(a)
PDF	Kornak- Ashley Schwartz Lori Bates - CID (2)	12/5/2022	N/A	N/A	personal information and medical records	MCL 15.243(1)(a) and (l)
Email	Kornak	6/22/2023	N/A	Bates, Lorrie	personal information	MCL 15.243(1)(a)
Email	RE: DIFS Updates	8/31/2022	Bates, Lorrie	Teter, Scott, Morse Stephen	personal information	MCL 15.243(1)(a)
Email	RE: Village of Heather Hills	7/14/2022	Bates, Lorrie	Sargent, Aubrey, Teter, Scott CC: Morse, Stephen	personal information	MCL 15.243(1)(a)
Email	Sign in List	8/16/2022	N/A	Bates, Lorrie	personal information	MCL 15.243(1)(a)

## Privilege Log

DocType	Subject	Date	Author (From)	Recipients (To)	Privilege Description	Statutory Basis
Email	Traci Kornak 2	8/30/2022	Bates, Lorrie	Teter, Scott	personal information	MCL 15.243(1)(a)
PDF	Kornak CID Responsive	N/A	N/A	N/A	personal information and	MCL 15.243(1)(a)
	Records_redacted				medical records	and (l)
PDF	Kornak Responsive Documents HCF_redacted	N/A	N/A		personal information, medical information, and delierative process,	MCL 15.423(1)(a), (l), and (m)

From: Nessel, Dana (AG) Grossi, Christina (AG) To: Subject: Fwd: Kornak

Date: Wednesday, December 7, 2022 8:48:24 AM

Attachments: Rpt 001-Initial Report, Contact with Marc Kidder and Ricardo Solano.pdf

image001.png

Rpt 002 Interview with Traci Kornak.pdf

Rpt 003 Receipt of Documents from Rpt 004-Response from The Village

image002.png

From: Sargent, Aubrey (AG) <SargentA1@michigan.gov>

**Sent:** Monday, December 5, 2022 4:58:25 PM

To: Nessel, Dana (AG)

Subject: FW: RE: Kornak

Here are the reports, Please let me know if there is anything else you want.

#### **Aubrey Sargent**

Chief of Investigations

Michigan Department of Attorney General

Criminal Investigations Division

3030 W. Grand Boulevard, Suite 10-200, Detroit, MI 48202 525 W. Ottawa Street, PO Box 30755, Lansing, MI 48909

Phone: 313-456-3870 Mobile: 517-599-

SargentA1@michigan.gov

From: Bates, Lorrie (AG) <BatesL5@michigan.gov> Sent: Monday, September 26, 2022 2:16 PM

To: Sargent, Aubrey (AG) <SargentA1@michigan.gov>

Subject: RE: Kornak

?

Reports attached. I requested the complaint be closed via Financial Crimes.

Lorrie

Lorríe A. Bates

Supervisory Special Agent
Michigan Department of Attorney General
Criminal Investigations Division~Financial Crimes Section
525 W. Ottawa St., P.O. Box 30755 Lansing, MI 48909
Phone: (517) 749 (cell) Fax: (517) 335-3098
Bates £5@michigan.gov

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From: Nessel, Dana (AG) To: Hammoud, Fadwa (AG) Sargent, Aubrey (AG) Cc:

Subject: Fwd: Kornak

Date: Tuesday, December 6, 2022 6:14:23 AM

Rpt 001-Initial Report, Contact with Marc Kidder and Ricardo Solano.pdf Attachments:

image001.png

Rpt 002 Interview with Traci Kornak.pdf

Rpt 003 Receipt of Documents from Rpt 004-Response from The Village

image002.png

Ms. Kornak has contacted me regarding this matter. Mr. 's allegations are apparently holding up a potential judicial appointment for her in Kent County. She has requested the documents from our investigation. Will she need to FOIA them? I think wants to be able to assert that the claims made by were never substantiated by our investigation and the case is closed.

Please advise what our process should be. There is some urgency to the matter in that she needs to supply this information by the week's end.

From: Sargent, Aubrey (AG) <SargentA1@michigan.gov>

Sent: Monday, December 5, 2022 4:58:25 PM

**To:** Nessel, Dana (AG

Subject: FW: RE: Kornak

Here are the reports, Please let me know if there is anything else you want.

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Michigan Department of Attorney General

Criminal Investigations Division

3030 W. Grand Boulevard, Suite 10-200, Detroit, MI 48202 525 W. Ottawa Street, PO Box 30755, Lansing, MI 48909

Phone: 313-456-3870 Mobile: 517-599-SargentA1@michigan.gov

From: Bates, Lorrie (AG) <BatesL5@michigan.gov> Sent: Monday, September 26, 2022 2:16 PM

To: Sargent, Aubrey (AG) <SargentA1@michigan.gov>

Subject: RE: Kornak

Reports attached. I requested the complaint be closed via Financial Crimes.

Lorrie

Lorrie A. Bates

Supervisory Special Agent Michigan Department of Attorney General

Criminal Investigations Division~Financial Crimes Section

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BatesL5@michigan.gov

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 From:
 Grossi, Christina (AG)

 To:
 Nessel, Dana (AG)

 Subject:
 Fwd: Article

Date: Wednesday, July 13, 2022 1:41:52 PM

From: Tanay, David (AG) < Tanay D@michigan.gov>

Sent: Wednesday, July 13, 2022 1:40:40 PM

To: Grossi, Christina (AG) < GrossiC@michigan.gov>

Cc: Hammoud, Fadwa (AG) < HammoudF1@michigan.gov>; Teszlewicz, Barbara (AG)

<teszlewiczb@michigan.gov>; Gustafson, Holly (AG) <GustafsonH@michigan.gov>; King-Piepenbrok,

Pier (AG) < KingP1@michigan.gov>; Race, Stacy (AG) < RaceS@michigan.gov>

Subject: RE: Article

Good afternoon, Christina. I got the article from Amber earlier today and we've been looking at this. Unfortunately, there is no Medicaid connection to these allegations. The facility is not Medicaid enrolled/funded and we could not connect Kornak as personal representative of any Medicaid beneficiaries.

Notwithstanding Mr. LeDuff's baiting comment at the end of his article, this complaint does not involved allegations of abuse of a vulnerable adult.

Best, David

From: Grossi, Christina (AG) < GrossiC@michigan.gov>

Sent: Wednesday, July 13, 2022 8:06 AM

To: Tanay, David (AG) < Tanay D@michigan.gov>

Cc: Hammoud, Fadwa (AG) < Hammoud F1@michigan.gov>

Subject: Article

Hi Dave,

Notwithstanding they we've not received a complaint, the AG wants to know if this billing issue is something we would investigate?

https://www.detroitnews.com/story/opinion/2022/07/13/leduff-nursing-home-accuses-top-democrat-suspect-billing/10033967002/

 From:
 Grossi, Christina (AG)

 To:
 Nessel, Dana (AG)

Subject: FW: Traci Kornak-Village of Heather Hills

Date: Wednesday, July 13, 2022 5:09:04 PM

Attachments: image001.png image002.png

Christina M. Grossi

Chief Deputy Attorney General

Michigan Department of Attorney General

From: Sargent, Aubrey (AG) <SargentA1@michigan.gov>

Sent: Wednesday, July 13, 2022 4:06 PM

To: Grossi, Christina (AG) <GrossiC@michigan.gov>
Cc: McCann, Amber (AG) <McCannA@michigan.gov>
Subject: FW: Traci Kornak-Village of Heather Hills

**Aubrey Sargent** 

Chief of Investigations

Michigan Department of Attorney General

Criminal Investigations Division

3030 W. Grand Boulevard, Suite 10-200, Detroit, MI 48202 525 W. Ottawa Street, PO Box 30755, Lansing, MI 48909

Phone: 313-456-3870 Mobile: 517-599

SargentA1@michigan.gov

From: Bates, Lorrie (AG) < Bates L5@michigan.gov>

Sent: Wednesday, July 13, 2022 4:04 PM

To: Sargent, Aubrey (AG) < SargentA1@michigan.gov >; Teter, Scott (AG) < TeterS@michigan.gov >

Cc: Morse, Stephen (AG) < Morses1@michigan.gov>

Subject: Traci Kornak-Village of Heather Hills

Messages were left with Village of Heather Hills atty Marc Kidder and Village of Heather Hills CEO Joe LeBlanc.

FYI, our office has an open complaint against Village of Heather Hills employee

It is unknow if this is related, although I don't believe it is.

Lorrie

Lorrie A. Bates Supervisory Special Agent

Michigan Department of Attorney General

Criminal Investigations Division~Financial Crimes Section 525 W. Ottawa St., P.O. Box 30755 Lansing, MI 48909

Phone: (517) 749 (cell) Fax: (517) 335-3098

BatesL5@michigan.gov

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From: Nessel, Dana (AG) Grossi, Christina (AG) To:

Subject: Re: Traci Kornak-Village of Heather Hills Wednesday, July 13, 2022 5:30:01 PM Date:

Attachments: image001.png image002.png

Thanks. Please continue to keep me updated on this.

From: Grossi, Christina (AG) < GrossiC@michigan.gov>

Sent: Wednesday, July 13, 2022 5:09:02 PM

To: Nessel, Dana (AG)

Subject: FW: Traci Kornak-Village of Heather Hills

Christina M. Grossi

Chief Deputy Attorney General

Michigan Department of Attorney General

From: Sargent, Aubrey (AG) <SargentA1@michigan.gov>

Sent: Wednesday, July 13, 2022 4:06 PM

To: Grossi, Christina (AG) < GrossiC@michigan.gov> Cc: McCann, Amber (AG) < McCannA@michigan.gov> Subject: FW: Traci Kornak-Village of Heather Hills

**Aubrey Sargent** 

Chief of Investigations

Michigan Department of Attorney General

Criminal Investigations Division

3030 W. Grand Boulevard, Suite 10-200, Detroit, MI 48202 525 W. Ottawa Street, PO Box 30755, Lansing, MI 48909

Phone: 313-456-3870 Mobile: 517-599-SargentA1@michigan.gov

From: Bates, Lorrie (AG) < <a href="mailto:BatesL5@michigan.gov">BatesL5@michigan.gov</a>>

Sent: Wednesday, July 13, 2022 4:04 PM

To: Sargent, Aubrey (AG) <<u>SargentA1@michigan.gov</u>>; Teter, Scott (AG) <<u>TeterS@michigan.gov</u>>

Cc: Morse, Stephen (AG) < Morses1@michigan.gov>

Subject: Traci Kornak-Village of Heather Hills

Messages were left with Village of Heather Hills atty Marc Kidder and Village of Heather Hills CEO Joe LeBlanc.

FYI, our office has an open complaint against Village of Heather Hills employee . It is unknow if this is related, although I don't believe it is.

Lorrie

Lorrie A. Bates

Supervisory Special Agent

Michigan Department of Attorney General Criminal Investigations Division~Financial Crimes Section 525 W. Ottawa St., P.O. Box 30755 Lansing, MI 48909 Phone: (517) 749 (cell) Fax: (517) 335-3098 Bates £5@michigan.gov

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 From:
 Nessel, Dana (AG)

 To:
 Grossi, Christina (AG)

Subject: Re: Article

Date: Wednesday, July 13, 2022 2:17:05 PM

From: Grossi, Christina (AG) < GrossiC@michigan.gov>

Sent: Wednesday, July 13, 2022 1:41:50 PM

To: Nessel, Dana (AG)

Subject: Fwd: Article

From: Tanay, David (AG) < Tanay D@michigan.gov> Sent: Wednesday, July 13, 2022 1:40:40 PM

To: Grossi, Christina (AG) < GrossiC@michigan.gov>

Cc: Hammoud, Fadwa (AG) < HammoudF1@michigan.gov>; Teszlewicz, Barbara (AG)

<teszlewiczb@michigan.gov>; Gustafson, Holly (AG) <GustafsonH@michigan.gov>; King-Piepenbrok,

Pier (AG) < KingP1@michigan.gov>; Race, Stacy (AG) < RaceS@michigan.gov>

Subject: RE: Article

Good afternoon, Christina. I got the article from Amber earlier today and we've been looking at this. Unfortunately, there is no Medicaid connection to these allegations. The facility is not Medicaid enrolled/funded and we could not connect Kornak as personal representative of any Medicaid beneficiaries.

Notwithstanding Mr. LeDuff's baiting comment at the end of his article, this complaint does not involved allegations of abuse of a vulnerable adult.

Best, David

From: Grossi, Christina (AG) < GrossiC@michigan.gov>

Sent: Wednesday, July 13, 2022 8:06 AM

To: Tanay, David (AG) < Tanay D@michigan.gov>

Cc: Hammoud, Fadwa (AG) < HammoudF1@michigan.gov>

Subject: Article

Hi Dave.

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https://www.detroitnews.com/story/opinion/2022/07/13/leduff-nursing-home-accuses-top-democrat-suspect-billing/10033967002/

 From:
 Teter, Scott (AG)

 To:
 Tooman, Kate (AG)

Subject:conflict wall request memo\_KS editsDate:Tuesday, September 6, 2022 11:14:00 AMAttachments:conflict wall request memo\_KS edits.docx

Please make changes. Send to Josh Booth, Fadwa, copy to Lorrie Bates.

#### Bates, Lorrie (AG)

From:

Sargent, Aubrey (AG)

Sent:

Wednesday, July 13, 2022 3:14 PM

To:

Bates, Lorrie (AG)

Subject:

Fwd: Article

From: Sargent, Aubrey (AG)

Sent: Wednesday, July 13, 2022 2:47:03 PM

To: McCann, Amber (AG) <McCannA@michigan.gov>; Grossi, Christina (AG) <GrossiC@michigan.gov>

Subject: RE: Article

Thanks Amber



#### **Aubrey Sargent**

Chief of Investigations Michigan Department of Attorney General Criminal Investigations Division 3030 W. Grand Boulevard, Suite 10-200, Detroit, MI 48202

525 W. Ottawa Street, PO Box 30755, Lansing, MI 48909

Phone: 313-456-3870 Mobile: 517-599-

SargentA1@michigan.gov

From: McCann, Amber (AG) < McCannA@michigan.gov>

Sent: Wednesday, July 13, 2022 2:46 PM

To: Sargent, Aubrey (AG) <SargentA1@michigan.gov>; Grossi, Christina (AG) <GrossiC@michigan.gov>

Subject: RE: Article

Just in case..

# LeDuff: Nursing home accuses top Democrat of suspect billing

**Charlie LeDuff** 

Hear this story

#### View Comments

A Grand Rapids nursing home is accusing a powerful Michigan attorney of mappropriate and manthorized invoicing for services for an elderly, brain-damaged woman over whom she holds power of attorney.

Traci Kornak is the treasurer of the <u>Michigan Democratic Party</u>, and her political connections intimidated the nursing home for months. But now the operator is speaking out about what he sees as an elaborate maneuver to improperly bill an insurance company.

"What would you call it?" says Joe LeBlanc, chief executive of The Village of Heather Hills, an assisted living facility that is home to Kornak's client. "Kornak used our tax ID number. She used someone else's billing system. She told the insurance company that her? handpicked caregiver was our employee when she wasn't."



LeBlanc has the documents to support his accusations, and shared them with me.

The paper trail, which includes the billings as well as correspondence prepared by the nursing home's lawyer, reveals a complex plan that worked like this:

In her capacity as guardian of the elderly woman, Kornak reported to the insurance company that she hired an extra attendant to help with routine care for the woman at a cost of \$30 an hour? That attendant, according to a database search, shared the same address as Kornak.

Kornak's own invoices show that she directly sent the bill to the elderly woman's insurance provider, State Farm, putting the cost of the extra care at nearly \$50,000 over two years.

What's more, the documents reveal Kornak told the insurance company that the attendant was an employee of the Village of Heather Hills, and even used the nursing home's federal employer identification number on those billings.

The care and treatment logs attached to the invoices were templates that belonged to another health care provider, Best Care, according to Marc Kidder, a lawyer for Heather Hills.

In her letter of explanation to State Farm, Kornak wrote: "As a result of staffing shortages and the inability of Best Care Nursing to fully staff (the elderly woman), Lobtained these services through her facility."

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But LeBlanc and Kidder say that is not true. Heather Hills says it never hired the attendant, never contracted her services, nor did it give Kornak-permission to use the facility's tax ID-number?

Executives from Heather Hills and Best Care say they occasionally saw the extra attendant in the nursing home, but cannot confirm the level or quality of care she provided since she did not work for either of them.

"You did not have any authority to represent to State Farm that Heather-Hills provided these services" which it did not," wrote Kidder in his letter to Kornak.

The whole design began to unravel last November when State Farm sent a check from an Ohio bank for the amount of \$23,401.05 to Heather Hills.

"I asked Kornak what was the meaning of all this," LeBlanc says. "She asked me to just cash it, and then she said she'd pay us a little money for the trouble."

An official from State Farm confirmed the check was returned by the nursing home. The home care director for Best Care said the attendant Kornak hired never worked for them, either.

Kornak did not return several messages requesting comment. Nor did she respond to a request for a written explanation from Heather Hills, the nursing home says.

Meanwhile, the room and board bill for the brain-damaged woman remains thousands of dollars in arrears, says LeBlanc.

"It's taken me a long time to come forward," says LeBlanc, who has been an outspoken critic of the state's COVID-19 nursing home policies. "I'm afraid of the retaliation, obviously. Look at the state of assisted living facilities and how the (Whitmer) administration covered up things throughout the pandemic. The attorney general never looked into it. So why would I approach the criminal justice system with Dana Nessel at the top?"

LeBlanc's accusations against Kornak, the state party treasurer, comes at a time when Michigan Democrats are trying to convince the public in an election year that they've done everything politically possible to protect the most vulnerable.

These are not the first questions about Kornak's financial conduct. She became the Democratic state party treasurer in 2019, according to state filings. The <u>Federal Election Commission</u> fined the Democratic state central committee \$19,000 last year for failing to itemize contributions. Kornak was cited as the responsible party.

Dana Nessel tweeted in April that she would investigate any and all improprieties committed against seniors and other vulnerable adults.

One wonders if the attorney general will pursue people with the same zeal who help with her re-election campaign?

Charlie LeDuff is a columnist for The Detroit News and host of "The No BS News Hour." His column appears on Wednesdays.

Amber McCann Communications Director Office of Public Information & Education Michigan Department of Attorney General Ph. 517-281 (cell)

From: Sargent, Aubrey (AG) < SargentA1@michigan.gov>

Sent: Wednesday, July 13, 2022 2:25 PM

To: Grossi, Christina (AG) < GrossiC@michigan.gov > Cc: McCann, Amber (AG) < McCannA@michigan.gov >

Subject: RE: Article

Absolutely



Aubrey Sargent

Chief of Investigations
Michigan Department of Attorney General
Criminal Investigations Division
3030 W. Grand Boulevard, Suite 10-200, Detroit, MI 48202
525 W. Ottawa Street, PO Box 30755, Lansing, MI 48909

Phone: 313-456-3870 Mobile: 517-599

SargentA1@michigan.gov

From: Grossi, Christina (AG) < GrossiC@michigan.gov>

Sent: Wednesday, July 13, 2022 2:20 PM

To: Sargent, Aubrey (AG) < SargentA1@michigan.gov > Cc: McCann, Amber (AG) < McCannA@michigan.gov >

Subject: FW: Article

Hi Aubrey -

Per the AG's request below, would you mind having someone make a call on this? (If you have trouble accessing the article, Amber should be able to send it to you).

Christina M. Grossi Chief Deputy Attorney General Michigan Department of Attorney General

From: Nessel, Dana (AG)

Sent: Wednesday, July 13, 2022 2:17 PM

To: Grossi, Christina (AG) < GrossiC@michigan.gov>

Subject: Re: Article

From: Grossi, Christina (AG) < GrossiC@michigan.gov>

Sent: Wednesday, July 13, 2022 1:41:50 PM

To: Nessel, Dana (AG) < NesselD34@michigan.gov>

Subject: Fwd: Article

From: Tanay, David (AG) < Tanay D@michigan.gov>

Sent: Wednesday, July 13, 2022 1:40:40 PM

To: Grossi, Christina (AG) < GrossiC@michigan.gov>

**Cc:** Hammoud, Fadwa (AG) < <a href="mailto:HammoudF1@michigan.gov">HammoudF1@michigan.gov</a>; Teszlewicz, Barbara (AG) < <a href="mailto:teszlewiczb@michigan.gov">teszlewiczb@michigan.gov</a>; Gustafson, Holly (AG) < <a href="mailto:teszlewiczb@michigan.gov">teszlewiczb@michigan.gov</a>; King-Piepenbrok, Pier (AG) < <a href="mailto:teszlewiczb@michigan.gov">teszlewiczb@michigan.gov</a>; Race, Stacy

(AG) < RaceS@michigan.gov>

Subject: RE: Article

Good afternoon, Christina. I got the article from Amber earlier today and we've been looking at this. Unfortunately, there is no Medicaid connection to these allegations. The facility is not Medicaid enrolled/funded and we could not connect Kornak as personal representative of any

#### Medicaid beneficiaries.

Notwithstanding Mr. LeDuff's baiting comment at the end of his article, this complaint does not involved allegations of abuse of a vulnerable adult.

Best, David

From: Grossi, Christina (AG) < GrossiC@michigan.gov >

Sent: Wednesday, July 13, 2022 8:06 AM

To: Tanay, David (AG) < Tanay D@michigan.gov>

Cc: Hammoud, Fadwa (AG) < HammoudF1@michigan.gov>

Subject: Article

Hi Dave,

Notwithstanding they we've not received a complaint, the AG wants to know if this billing issue is something we would investigate?

https://www.detroitnews.com/story/opinion/2022/07/13/leduff-nursing-home-accuses-top-democrat-suspect-billing/10033967002/

 From:
 Sargent, Aubrey (AG)

 To:
 Nessel, Dana (AG)

 Subject:
 Fwd: Kornak

Date: Tuesday, August 23, 2022 11:31:25 AM

Attachments: Kornak zip file.zip

This is what sent to Lorrie Bates

From: Bates, Lorrie (AG) <BatesL5@michigan.gov>
Sent: Wednesday, August 17, 2022 4:42:19 PM

To: Sargent, Aubrey (AG) < SargentA1@michigan.gov>

Subject: FW: Kornak

From:

**Sent:** Tuesday, August 16, 2022 6:29 PM

To: Bates, Lorrie (AG) <BatesL5@michigan.gov>

Subject: Kornak

CAUTION: This is an External email. Please send suspicious emails to abuse@michigan.gov

Here is the zip file.

Let me know if you can access it.

248.910

From: Sargent, Aubrey (AG) Nessel, Dana (AG) To: Subject: FW: RE: Kornak

Monday, December 5, 2022 4:59:00 PM Date:

Rpt 001-Initial Report, Contact with Marc Kidder and Ricardo Solano.pdf Attachments:

image001.png

Rpt 002 Interview with Traci Kornak.pdf

Rpt 003 Receipt of Documents from Rpt 004-Response from The Village

image002.png

Here are the reports, Please let me know if there is anything else you want.

**Aubrey Sargent** 

Chief of Investigations

Michigan Department of Attorney General

Criminal Investigations Division

3030 W. Grand Boulevard, Suite 10-200, Detroit, MI 48202 525 W. Ottawa Street, PO Box 30755, Lansing, MI 48909

Phone: 313-456-3870 Mobile: 517-599

SargentA1@michigan.gov

From: Bates, Lorrie (AG) <BatesL5@michigan.gov> Sent: Monday, September 26, 2022 2:16 PM

To: Sargent, Aubrey (AG) <SargentA1@michigan.gov>

Subject: RE: Kornak

?

Reports attached. I requested the complaint be closed via Financial Crimes.

Lorrie

Lorríe A. Bates

Supervisory Special Agent
Michigan Department of Attorney General
Criminal Investigations Division~Financial Crimes Section
525 W. Ottawa St., P.O. Box 30755 Lansing, MI 48909
Phone: (517) 749 (cell) Fax: (517) 335-3098
Bates L5@michigan.gov

CONFIDENTIALITY NOTICE: This communication with its contents may contain confidential and/or legally privileged information. It is solely for the use of the intended recipient(s). Any unauthorized review, use, disclosure or distribution of this communication is expressly prohibited. If you are not the intended recipient, please contact the sender and destroy all copies of the communication immediately.

From: Teter, Scott (AG)
To: Bates, Lorrie (AG)

Subject: FW: SPECIAL FYI (ISOLATION WALL NOTICE)

Date: Wednesday, September 7, 2022 9:50:00 AM

Attachments: Kornak Isolation Wall Final.docx

This should protect the investigation. If you have any issues please contact me.

From: MIAG-FYI < MIAG-FYI@michigan.gov>
Sent: Wednesday, September 7, 2022 8:20 AM
To: AG-ALL\_Staff < AG-ALL\_Staff@michigan.gov>
Subject: SPECIAL FYI (ISOLATION WALL NOTICE)

Attached please find a new Isolation Wall Notice.

From: Teter, Scott (AG) To: Schwartz, Ashley (AG)

Subject: FW: Traci Kornak-Village of Heather Hills Monday, November 21, 2022 2:45:26 PM Date:

Attachments: image001.png image002.png

From: Teter, Scott (AG)

Sent: Thursday, July 14, 2022 8:10 AM

To: Tooman, Kate (AG) <ToomanK@michigan.gov> **Subject:** RE: Traci Kornak-Village of Heather Hills

Okay, thank you!

From: Tooman, Kate (AG) < ToomanK@michigan.gov>

Sent: Thursday, July 14, 2022 7:32 AM

To: Teter, Scott (AG) < <a href="mailto:TeterS@michigan.gov">TeterS@michigan.gov</a>> **Subject:** RE: Traci Kornak-Village of Heather Hills

Yes, and Matt is assigned.

**From:** Teter, Scott (AG) < <u>TeterS@michigan.gov</u>>

**Sent:** Wednesday, July 13, 2022 4:42 PM

**To:** Tooman, Kate (AG) < <u>ToomanK@michigan.gov</u>> Subject: FW: Traci Kornak-Village of Heather Hills

Do we have an open complaint on this?

From: Sargent, Aubrey (AG) < <a href="mailto:SargentA1@michigan.gov">SargentA1@michigan.gov</a>>

**Sent:** Wednesday, July 13, 2022 4:05 PM

To: Bates, Lorrie (AG) <BatesL5@michigan.gov>; Teter, Scott (AG) <TeterS@michigan.gov>

Cc: Morse, Stephen (AG) < Morses1@michigan.gov> Subject: RE: Traci Kornak-Village of Heather Hills

Thank you Lorrie.



#### **Aubrey Sargent**

Chief of Investigations Michigan Department of Attorney General

Criminal Investigations Division

3030 W. Grand Boulevard, Suite 10-200, Detroit, MI 48202 525 W. Ottawa Street, PO Box 30755, Lansing, MI 48909

Phone: 313-456-3870 Mobile: 517-599-

SargentA1@michigan.gov



From: Bates, Lorrie (AG) < <a href="mailto:BatesL5@michigan.gov">BatesL5@michigan.gov</a>>

Sent: Wednesday, July 13, 2022 4:04 PM

To: Sargent, Aubrey (AG) < SargentA1@michigan.gov >; Teter, Scott (AG) < TeterS@michigan.gov >

Cc: Morse, Stephen (AG) < Morses1@michigan.gov>

Subject: Traci Kornak-Village of Heather Hills

Messages were left with Village of Heather Hills atty Marc Kidder and Village of Heather Hills CEO Joe LeBlanc.

FYI, our office has an open complaint against Village of Heather Hills employee . It is unknow if this is related, although I don't believe it is.





Lorrie A. Bates
Supervisory Special Agent
Michigan Department of Attorney General
Criminal Investigations Division~Financial Crimes Section
525 W. Ottawa St., P.O. Box 30755 Lansing, MI 48909
Phone: (517) 749
Cell) Fax: (517) 335-3098
Bates £5@michigan.gov

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 From:
 Teter, Scott (AG)

 To:
 Payok, Matthew (AG)

 Cc:
 Schwartz, Ashley (AG)

 Subject:
 FW: Kornack, Traci 2022-0353815

 Date:
 Friday, December 2, 2022 2:25:18 PM

Attachments: [http][SNUTPW0L0D11N3][][v][R4 Response from The Village o] (2).pdf

Matt,

Are we going to close this?

Scott

From: Schwartz, Ashley (AG) <SchwartzA5@michigan.gov>

**Sent:** Monday, November 21, 2022 1:44 PM **To:** Teter, Scott (AG) <TeterS@michigan.gov>

Subject: Kornack, Traci 2022-0353815

Scott,

This was Lorrie's case that was reassigned to me once she left. Lorrie and I talked briefly before she left and said she sent you an email with a report requesting the case be closed.

I am just following up on this. I have attached the last report Lorrie did that I found in Legal Files.

Thank you,

## Ashley Schwartz

Special Agent
Michigan Department of Attorney General
Criminal Investigation Division
525 W. Ottawa St. PO Box 30755 Lansing, MI 48909

Mobile: 517-388 Fax: 517-335-3098

From: Fallon, Blanca (AG)

 To:
 Tooman, Kate (AG): Teter, Scott (AG)

 Subject:
 FW: Kornak 2022-0353815-A

Date: Wednesday, December 7, 2022 8:14:40 AM

Attachments: <u>image001.png</u>

#### Hi Kate,

I am sending you this email since I saw the FOIA request. This file is NOT closed yet.

Below is a summary of where we are at...through an email that I recently checked on with Ashley who took the matter over from Lorrie, when she left.

Hope this is helpful.

From: Schwartz, Ashley (AG) < Schwartz A5@michigan.gov>

Sent: Monday, December 5, 2022 10:56 AM

To: Fallon, Blanca (AG) <FallonB3@michigan.gov>; Campbell, Jeff (AG) <CampbellJ32@michigan.gov>

Subject: RE: Kornak 2022-0353815-A

Lorrie requested it to be closed and emailed her report to Scott before she left. I just emailed Scott last week following up and he said Matt was assigned. Matt is aware and will be reviewing and letting me know. I will keep you in the loop.

From: Fallon, Blanca (AG) < Fallon B3@michigan.gov >

Sent: Friday, December 2, 2022 12:04 PM

To: Campbell, Jeff (AG) < CampbellJ32@michigan.gov >; Schwartz, Ashley (AG) < SchwartzA5@michigan.gov >

Subject: FW: Kornak 2022-0353815-A

Hi Jeff and Ashley,

I am just following up on this file to be sure it doesn't get buried in the files needing further review/investigation due to the possible high profile nature.

What I do know from Lorrie is that we were waiting to see if LeBlanc was fired because of the article; *I believe*.

#### Here are file facts to assist.

In a Detroit News article from 7/13/22, Joe LeBlanc (Executive Director of The Village of Heather Hills) alleges attorney Traci Kornak fraudulently used the facility's tax ID number and federal employer ID number to submit invoices to State Farm Insurance for caregiver services. Heather Hills claims they had no knowledge of the services provided and returned the payments back to State Farm Insurance.

There is an s drive file, if you need anything else.

I will begin working on the evidence log. Attaching the report log for your convenience.

#### THIS FILE DOES HAVE A CONFLICT WALL also.

1. Exclude Attorney General Dana Nessel from access to the Criminal Investigations Division and Financial Crimes Division's files in this matter.

#### Thanks, Blanca

From: Bates, Lorrie (AC) <<u>BatesL5@michigan.gov</u>>

**Sent:** Friday, September 23, 2022 10:07 AM **To:** Fallon, Blanca (AG) < FallonB3@michigan.gov>

**Subject:** Kornak 2022-0353815-A

Good Morning Blanca,

I've attached Rpt 004-Response from The Village of Heather Hills

Lorrie

Lorrie A. Bates Supervisory Special Agent Wichigan Department of Attorney General Criminal Investigations Division~Financial Crimes Section Supervisory Special Agent Supervisory Special Agent BatesL5@michigan.gov

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### STATE OF MICHIGAN DEPARTMENT OF ATTORNEY GENERAL



P.O. Box 30754 Lansing, Michigan 48909

August 31, 2023

Charlie LeDuff
Columnist
The Detroit News

Sent by email

Dear Mr. LeDuff:

This notice responds to your August 10, 2023 email (copy attached), received by the Department of Attorney General (Department) on August 11, 2023, requesting information, under the Freedom of Information Act (FOIA), MCL 15.231 *et seq*, that you describe in the email.

A statutorily permitted extension of time to respond was taken through September 1, 2023.

Your request will be granted as to any nonexempt records in the Department's possession that fall within the scope of your request.

Section 4(4) of the FOIA, MCL 15.234(4), provides that a public body must provide a detailed itemization that clearly lists and explains the allowable charges, where applicable, for the necessary copying of a public record for inspection; actual mailing costs; actual incremental cost of duplication or publication, including labor; and the cost of search, examination, review, and the separation and deletion of any exempt information from nonexempt information, which compose the total fee used for estimating and charging purposes.

To commence the processing of the request, under section 4(8) of the FOIA, MCL 15.234(8), the Department requires a one-half good faith deposit of \$36.39 based on an estimated total cost of \$72.78. Failure to charge would result in an unreasonably high cost to the Department in this particular instance because employees must be taken away from pending work to process the request and expend additional time to complete regularly assigned Departmental work. Please refer to the attached Detailed Itemization Fee Form for a breakdown of the fees assessed.

Charlie LeDuff Columnist The Detroit News Page 2 August 31, 2023

As set forth under section 4(14) of the FOIA, MCL 15.234(14), if a fee appeal has not been filed under section 10a of the FOIA, MCL 15.240a, the Department must receive the required deposit within 45 days after your statutorily determined receipt of this notice, which, in this case, is October 17, 2023; otherwise, the FOIA request will be considered abandoned and the Department will not be required to fulfill the request.

After receipt of the deposit or full payment, the Department will commence processing the request. The Department will complete the process within an estimated 10 business days. Section 4(8) of the FOIA, MCL 15.234(8), provides that the time frame estimate is nonbinding upon the public body, but the public body shall provide the estimate in good faith and strive to be reasonably accurate, and provide the public records in a manner based on this state's public policy set forth in section 1(2) of the FOIA, MCL 15.231(2), and the nature of the request in the particular instance.

When the Department has completed processing the request, it will notify you in writing of the balance due, if any, the statutory basis for any exemptions taken, and the statutory remedial rights, if applicable. After receipt of the fee balance, if any, copies of the records will be provided.

To pay by check or money order, please make the item payable to State of Michigan, and mail to: FOIA Coordinator, Department of Attorney General, P.O. Box 30754, Lansing, MI 48909.

To pay by credit card, visit <a href="https://www.thepayplace.com/mi/attgen/foia">https://www.thepayplace.com/mi/attgen/foia</a>. Credit card payments are charged a 1.5% service fee. Before making a credit card payment, please allow two business days for the referenced invoices to be added to the system. Indicate the type of payment (deposit or full payment) and include the corresponding invoice number during the checkout process: Deposit in the amount of \$36.39, Invoice #2023-0382611-A; Full Payment in the amount of \$72.78, Invoice #2023-0382611-B.

Charlie LeDuff Columnist The Detroit News Page 3 August 31, 2023

The Department's FOIA Procedures and Guidelines can be accessed at <a href="https://www.michigan.gov/foia-ag">www.michigan.gov/foia-ag</a>.

Sincerely,

Veronica Estrada

Veronica Estrada Assistant FOIA Coordinator Department of Attorney General

Encs.

## Freedom of Information Act Detailed Itemization of Fees

Requester's name and address: Charlie LeDuff	Dated:
Columnist	8/31/23
The Detroit News	0.01.20
Fee calculation	Amount
1. Labor costs* to search for and retrieve responsive records:	
Hours x $$17.74$ (hourly wage) $+50\%$ of fringe benefits (multiplier for fringe benefits, not to exceed 50% or actual cost of fringe benefits).	\$
2. Labor costs* for review and examination of responsive records and the separation of exempt from non-exempt material:  2 Hours x \$27.26 (hourly wage) + 50% of fringe benefits (multiplier for	\$72.78
fringe benefits, not to exceed 50% or actual cost of fringe benefits).	
3. Nonpaper physical media: Describe (e.g. CD's, DVD's, flash drive, etc) and list actual costs.	\$
4. Duplication and publication: Describe (copying, scanning, etc)	\$
\$ (cost per page) x number of pages.	
5. Labor costs* to duplicate or publish: Hours x \$ (hourly wage) x 50% (multiplier for fringe benefits, not to exceed 50% or actual cost of fringe benefits).	\$
6. Mailing: Describe and list actual costs.	
	\$
Less waiver for indigent individual or qualifying nonprofit organization. (\$20.00)**	
Less reduction for untimely response:  \$ subtotal x 5% reduction per day x days.	\$
	Total fee: \$72.78
If the total fee is more than \$50.00, you will be asked to pay a deposit of one-half of the amount of the total fee. The total fee and deposit are estimates, and your final costs may vary from these amounts.	Deposit: \$36.39

### Freedom of Information Act Detailed Itemization of Fees

To pay by check or money order:	
To pay deposit or full payment, please make the item payable to State of Michigan, and mail to: FOIA Coordinator, Department of Attorney General, P.O. Box 30754, Lansing, MI 48909.	
To pay by credit card, visit:	Deposit:
https://www.thepayplace.com/mi/attgen/foia.	\$36.39,
G 1: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Invoice #2023-
Credit card payments are charged a 1.5% service fee. Before making a credit card payment, please allow two business	0382611-A.
days for the referenced invoices to be added to the system.	Full Payment:
	\$72.78,
Indicate the type of payment (deposit or full payment) and	Invoice #2023-
include the corresponding invoice number during the checkout process.	0382611-B.
checkout process.	
As set forth under section 4(14) of the FOIA, MCL 15.234(14),	1 to 1
if a fee appeal has not been filed under section 10a of the	
FOIA, MCL 15.240a, the Department must receive the required deposit within 45 days after the requester's	
statutorily determined receipt of this notice, which is October	
17, 2023; otherwise, the FOIA request will be considered	
abandoned, and the Department will not be required to fulfill	
the request.	
Part or all of the documents requested are available online at:	
at.	\$
If you prefer to have copies of these documents sent to you,	19745
please forward payment to the Department for processing.	

<sup>\*</sup>Labor costs will be calculated using the lowest paid Department employee capable of each task. If more than one hourly rate is used, they will be listed on other copies of this form.

<sup>\*\*</sup>You must submit an affidavit of indigency to qualify for this fee waiver.

### STATE OF MICHIGAN DEPARTMENT OF ATTORNEY GENERAL



P.O. Box 30754 Lansing, Michigan 48909

August 17, 2023

Charlie LeDuff
Columnist
The Detroit News

Sent by email

Dear Mr. LeDuff:

This notice responds to your August 10, 2023 email (copy attached), received by the Department of Attorney General (Department) on August 11, 2023, requesting information under the Freedom of Information Act (FOIA), MCL 15.231 *et seq.* 

To determine the extent of responsive information, inquiry must be made of the appropriate divisions of this office. Therefore, it is necessary to extend the time for response, as permitted by section 5(2)(d) of the FOIA, MCL 15.235(2)(d), through September 1, 2023.

The Department's FOIA Procedures and Guidelines can be accessed at <a href="https://www.michigan.gov/foia-ag">www.michigan.gov/foia-ag</a>.

Sincerely,

Veronica Estrada

Veronica Estrada Assistant FOIA Coordinator Department of Attorney General

Enc.

From: Charlie LeDuff
To: AG-FOIA
Subject: FOIA Request

Date: Thursday, August 10, 2023 1:28:37 PM

Attachments: Kornak FOIA.doc

CAUTION: This is an External email. Please send suspicious emails to abuse@michigan.gov

From: Charlie LeDuff

Columnist

The Detroit News

To: Christy Wendling-Richards

FOIA Coordinator

Department of MI Attorney General

ag-foia@michigan.gov

August 10, 2023

Dear Ms. Wendling-Richards:

Under Michigan's Freedom of Information Act, being MCL 15.231 et seq., I hereby request copies of records or portions of records or to inspect records pertaining to the following:

All correspondence, documents, memos, briefings, notes, investigation files, emails and attachments and work product concerning Traci Kornak.

This should include, but not be limited to, any investigations concerning Ms. Kornak from the Attorney General's Office as well as transition team work conducted by Ms. Kornak for the Attorney General's Office.

If there is any fee for this information, please notify me before filling this request. I can be reached at or

However, since this is a matter of high public interest, I request that you wave any fee.

As you know, MCL 15.235 (2) grants an agency five days in which to respond to this request. I therefore look forward to your prompt reply.

Thank you for your attention to this matter.

Sincerely,

Charlie LeDuff

From: Charlie LeDuff Columnist The Detroit News

To: Christy Wendling-Richards FOIA Coordinator Department of MI Attorney General ag-foia@michigan.gov

August 10, 2023

Dear Ms. Wendling-Richards:

Under Michigan's Freedom of Information Act, being MCL 15.231 et seq., I hereby request copies of records or portions of records or to inspect records pertaining to the following:

All correspondence, documents, memos, briefings, notes, emails and attachments and work product concerning Traci Kornak.

This should include, but not be limited to, any investigations concerning Ms. Kornak from the Attorney General's Office as well as transition team work conducted by Ms. Kornak for the **Attorney Generals Office.** 

If there is any fee for this information, please notify me before filling this request. I can be reached at

However, since this is a matter of high public interest, I request that you wave any fee.

As you know, MCL 15.235 (2) grants an agency five days in which to respond to this request. I therefore look forward to your prompt reply.

Thank you for your attention to this matter.

Sincerely,

Charlie LeDuff

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ar Visitor Type Visitor	Host Nam∈ Sign I	7/19/2022 12:56	Sign Out		tion	Site Reception	Phone Email	Status	Tags	Notes	Who are you visiting?
Visitor Visitor		7/18/2022 16:51 7/18/2022 12:57	7/18/2022 22:51 7/18/2022 18:57			Reception Reception					
Visitor Visitor		7/15/2022 10:14 7/14/2022 17:02	7/15/2022 16:14 7/14/2022 23:02			Reception Reception					
Visitor		7/14/2022 12:58	7/14/2022 18:58	N/A		Reception					
Employee Visitor		7/14/2022 10:07 7/13/2022 12:32	7/14/2022 16:07 7/13/2022 18:32			Reception Reception					
Visitor Resident Famil		7/13/2022 10:09 7/12/2022 14:35	7/13/2022 16:09 7/12/2022 20:35	N/A		Reception Reception					
Resident Famil		7/12/2022 14:32	7/12/2022 20:32	N/A		Reception					
Visitor Visitor		7/12/2022 13:00 7/11/2022 16:52	7/12/2022 19:00 7/11/2022 19:01		2:09	Reception Reception					
Visitor Employee		7/11/2022 13:00 7/11/2022 10:08	7/11/2022 19:00 7/11/2022 16:08	N/A		Reception					
Visitor		7/9/2022 9:57	7/9/2022 15:57	N/A		Reception Reception					
Visitor Visitor		7/8/2022 10:07 7/7/2022 18:59	7/8/2022 16:07 7/8/2022 0:59			Reception Reception					
Visitor Resident Famil		7/7/2022 17:02 7/7/2022 14:07	7/7/2022 19:00 7/7/2022 15:05			Reception Reception					
Visitor		7/7/2022 12:59	7/7/2022 15:06			Reception					
Employee Resident Famil		7/7/2022 10:05 7/6/2022 15:51	7/7/2022 16:05 7/6/2022 21:51			Reception Reception					
Visitor		7/6/2022 14:11	7/6/2022 20:11	N/A		Reception					
Visitor Visitor		7/6/2022 14:10 7/6/2022 10:05	7/6/2022 20:10 7/6/2022 16:05			Reception Reception					
Visitor Employee		7/5/2022 10:05 7/4/2022 10:03	7/5/2022 16:05 7/4/2022 16:03			Reception Reception					
Employee		7/3/2022 10:07	7/3/2022 16:07	N/A		Reception					
Visitor Visitor		7/2/2022 10:09 7/1/2022 10:08	7/2/2022 16:09 7/1/2022 16:08			Reception Reception					
Visitor Visitor		6/30/2022 16:59 6/30/2022 12:58	6/30/2022 22:59 6/30/2022 15:48		2,51	Reception Reception					
Resident Famil		6/29/2022 13:05	6/29/2022 19:05	N/A	2.51	Reception					
Visitor Resident Famil		6/29/2022 10:07 6/29/2022 9:56	6/29/2022 16:07 6/29/2022 15:56			Reception Reception					
Visitor		6/28/2022 12:59	6/28/2022 15:28		2:28	Reception					
Visitor Visitor		6/27/2022 16:50 6/27/2022 12:59	6/27/2022 22:50 6/27/2022 18:59	N/A		Reception Reception					
Visitor Visitor		6/26/2022 9:58 6/25/2022 9:58	6/26/2022 15:58 6/25/2022 15:58	N/A		Reception Reception					
Visitor		6/24/2022 16:00	6/24/2022 22:00	N/A		Reception					
Visitor Visitor		6/24/2022 10:12 6/23/2022 16:50	6/24/2022 16:14 6/23/2022 22:50		6:02	Reception Reception					
Visitor Employee		6/23/2022 12:59	6/23/2022 14:34		1:35	Reception Reception					
Resident Famil		6/23/2022 9:57 6/22/2022 10:16	6/23/2022 15:57 6/22/2022 15:49			Reception					
Visitor Visitor		6/22/2022 9:48 6/21/2022 13:00	6/22/2022 15:49 6/21/2022 14:49			Reception Reception					
Visitor		6/20/2022 16:51	6/20/2022 22:51	N/A		Reception					
Visitor Employee		6/20/2022 12:57 6/19/2022 10:10	6/20/2022 14:46 6/19/2022 16:10		1:49	Reception Reception					
Visitor Visitor		6/18/2022 10:02 6/17/2022 9:52	6/18/2022 16:02 6/17/2022 15:22		5:30	Reception Reception					
Visitor		6/16/2022 17:04	6/16/2022 23:04	N/A	3.30	Reception					
Visitor Employee		6/16/2022 12:59 6/16/2022 9:00	6/16/2022 18:59 6/16/2022 15:00			Reception Reception					
Visitor Visitor		6/15/2022 8:58 6/14/2022 12:57	6/15/2022 14:58 6/14/2022 15:13		2,17	Reception					
Visitor		6/13/2022 16:54	6/13/2022 22:54	N/A	2:1/	Reception Reception					
Visitor Employee		6/13/2022 12:57 6/13/2022 9:10	6/13/2022 18:57 6/13/2022 15:10			Reception Reception					
Visitor		6/12/2022 10:22	6/12/2022 16:22	N/A		Reception					
Visitor Visitor		6/10/2022 8:48 6/9/2022 16:58	6/10/2022 14:48 6/9/2022 19:52		2:54	Reception Reception					
Visitor Employee		6/9/2022 12:57 6/9/2022 9:05	6/9/2022 14:30 6/9/2022 15:05		1:33	Reception Reception					
Visitor		6/9/2022 8:52	6/9/2022 14:52	N/A		Reception					
Visitor Visitor		6/8/2022 8:55 6/7/2022 12:56	6/8/2022 14:55 6/7/2022 18:56			Reception Reception					
Visitor Visitor		6/6/2022 17:00 6/6/2022 12:57	6/6/2022 23:00 6/6/2022 18:57			Reception Reception					
Employee		6/5/2022 9:05	6/5/2022 15:05	N/A		Reception					
Visitor Employee		6/2/2022 12:57 6/2/2022 8:59	6/2/2022 18:57 6/2/2022 14:59			Reception Reception					
Visitor Visitor		5/31/2022 13:01 5/30/2022 16:47	5/31/2022 15:05 5/30/2022 22:47	N/A	2:04	Reception Reception					
Employee		5/30/2022 9:01	5/30/2022 15:01	N/A		Reception					
Visitor Visitor		5/26/2022 16:54 5/26/2022 13:02	5/26/2022 22:54 5/26/2022 19:02	N/A		Reception Reception					
Employee Employee		5/26/2022 9:06 5/25/2022 9:09	5/26/2022 15:06 5/25/2022 15:09			Reception Reception					
Visitor		5/24/2022 12:57	5/24/2022 14:59		2:02	Reception					
Visitor Visitor		5/23/2022 16:54 5/23/2022 12:58	5/23/2022 22:54 5/23/2022 15:19		2:22	Reception Reception					
Visitor Visitor		5/20/2022 17:00 5/19/2022 17:00	5/20/2022 23:00 5/19/2022 23:00			Reception Reception					
Visitor		5/19/2022 12:58	5/19/2022 18:58	N/A		Reception					
Visitor Visitor		5/19/2022 9:09 5/17/2022 12:58	5/19/2022 15:09 5/17/2022 18:58	N/A		Reception Reception					
Visitor Visitor		5/16/2022 17:02 5/16/2022 12:59	5/16/2022 23:02 5/16/2022 15:21		2:22	Reception Reception					
Visitor		5/16/2022 12:55	5/16/2022 18:55	N/A		Reception					
Visitor Visitor		5/13/2022 13:58 5/13/2022 8:56	5/13/2022 14:34 5/13/2022 14:56		U:37	Reception Reception					
Visitor Visitor		5/12/2022 15:56 5/12/2022 12:58	5/12/2022 21:56 5/12/2022 15:05	N/A	2·06	Reception Reception					
Visitor		5/10/2022 12:59	5/10/2022 15:50			Reception					
Visitor Employee		5/9/2022 12:54 5/8/2022 9:05	5/9/2022 18:54 5/8/2022 15:05			Reception Reception					
Visitor		5/5/2022 12:59	5/5/2022 15:06		2:07	Reception					
Visitor Visitor		5/5/2022 9:16 5/4/2022 9:06	5/5/2022 15:16 5/4/2022 15:06	N/A		Reception Reception					
Visitor Visitor		5/3/2022 13:00 5/2/2022 16:53	5/3/2022 19:00 5/2/2022 22:53			Reception Reception					
Visitor		5/2/2022 12:59	5/2/2022 18:59	N/A		Reception					
Employee Visitor		5/2/2022 9:06 4/28/2022 16:58	5/2/2022 15:06 4/28/2022 22:58			Reception Reception					
Visitor Employee		4/28/2022 12:59 4/28/2022 9:02	4/28/2022 18:59 4/28/2022 15:02			Reception Reception					
Visitor		4/27/2022 8:56	4/27/2022 14:56	N/A		Reception					
Visitor Visitor		4/26/2022 13:02 4/25/2022 13:00	4/26/2022 19:02 4/25/2022 19:00			Reception Reception					
Employee Visitor		4/24/2022 9:10 4/22/2022 9:06	4/24/2022 15:10 4/22/2022 15:06	N/A		Reception Reception					
Visitor		4/21/2022 16:55	4/21/2022 22:55	N/A		Reception					
Resident Famil		4/21/2022 16:02	4/21/2022 22:02	N/A		Reception					

Employee		4/21/2022 9:09	4/21/2022 15:09 N/A	Reception
Visitor Visitor		4/20/2022 15:36 4/20/2022 9:10	4/20/2022 21:36 N/A 4/20/2022 15:10 N/A	Reception
Visitor		4/20/2022 9:10	4/19/2022 18:57 N/A	Reception Reception
Resident Famil		4/19/2022 12:51	4/19/2022 15:11	2:19 Reception
Visitor		4/18/2022 16:55	4/18/2022 22:55 N/A	Reception
Visitor Employee		4/18/2022 13:00 4/18/2022 9:09	4/18/2022 19:00 N/A 4/18/2022 15:09 N/A	Reception
Visitor		4/14/2022 17:02	4/14/2022 23:02 N/A	Reception
Visitor		4/14/2022 12:58	4/14/2022 14:58	2:01 Reception
Employee Visitor		4/14/2022 9:07 4/12/2022 16:02	4/14/2022 15:07 N/A 4/12/2022 22:02 N/A	Reception
Visitor		4/12/2022 12:58	4/12/2022 22:02 N/A 4/12/2022 18:58 N/A	Reception
Visitor		4/11/2022 12:58	4/11/2022 18:58 N/A	
Employee		4/10/2022 9:10	4/10/2022 15:10 N/A	Reception
Visitor Visitor		4/8/2022 11:45 4/7/2022 16:56	4/8/2022 17:45 N/A 4/7/2022 22:56 N/A	Reception Reception
Employee		4/7/2022 9:08	4/7/2022 15:08 N/A	Reception
Visitor		4/5/2022 12:57	4/5/2022 18:57 N/A	Reception
Employee Visitor		4/4/2022 17:36	4/4/2022 23:36 N/A 4/4/2022 18:59 N/A	Reception Reception
Employee		4/4/2022 9:06	4/4/2022 15:06 N/A	Reception
Visitor		3/31/2022 12:57	3/31/2022 18:57 N/A	Reception
Employee		3/31/2022 9:04	3/31/2022 15:04 N/A	Reception
Visitor Visitor		3/29/2022 12:55 3/28/2022 12:57	3/29/2022 18:55 N/A 3/28/2022 18:57 N/A	Reception Reception
Employee		3/27/2022 9:07	3/27/2022 15:07 N/A	Reception
Employee		3/25/2022 16:51	3/25/2022 19:45	2:55 Reception
Visitor		3/24/2022 16:54 3/24/2022 13:03	3/24/2022 22:54 N/A 3/24/2022 19:03 N/A	Reception Reception
Employee		3/24/2022 9:04	3/24/2022 15:04 N/A	Reception
Visitor		3/22/2022 13:01	3/22/2022 14:38	1:37 Reception
Visitor		3/21/2022 12:57	3/21/2022 18:57 N/A	Reception
Employee Employee		3/21/2022 9:05 3/17/2022 16:54	3/21/2022 15:05 N/A 3/17/2022 22:54 N/A	Reception
Visitor		3/17/2022 12:55	3/17/2022 18:55 N/A	Reception
Employee		3/17/2022 9:06	3/17/2022 15:06 N/A	Reception
Visitor Visitor		3/15/2022 12:58 3/14/2022 12:59	3/15/2022 18-58 N/A 3/14/2022 18-59 N/A	Reception Reception
Employee		3/13/2022 9:10	3/13/2022 15:10 N/A	Reception
Employee		3/11/2022 16:48	3/11/2022 19:45	2:57 Reception
Visitor Employee		3/10/2022 12:59 3/10/2022 9:04	3/10/2022 14:23 3/10/2022 15:04 N/A	1:24 Reception Reception
Visitor		3/8/2022 12:58	3/8/2022 18:58 N/A	Reception
Visitor		3/7/2022 12:58	3/7/2022 14:54	1:56 Reception
Employee		3/7/2022 9:06 3/3/2022 12:59	3/7/2022 15:06 N/A 3/3/2022 18:59 N/A	
Visitor Employee		3/3/2022 12:39	3/3/2022 18:59 N/A 3/3/2022 15:05 N/A	Reception Reception
Visitor		3/1/2022 12:58	3/1/2022 18:58 N/A	Reception
Visitor		2/28/2022 12:58	2/28/2022 18:58 N/A	Reception
Employee		2/26/2022 11:28 2/25/2022 11:13	2/26/2022 12:33 2/25/2022 17:13 N/A	1:06 Reception Reception
Visitor		2/24/2022 12:59	2/24/2022 18:59 N/A	Reception
Employee		2/24/2022 9:03	2/24/2022 15:03 N/A	Reception
Visitor Visitor		2/22/2022 13:01 2/21/2022 12:58	2/22/2022 19:01 N/A 2/21/2022 18:58 N/A	Reception Reception
Employee		2/21/2022 9:06	2/21/2022 15:06 N/A	Reception
Employee		2/17/2022 16:53	2/17/2022 19:54	3:02 Reception
Visitor Employee		2/17/2022 12:57 2/17/2022 8:59	2/17/2022 18:57 N/A 2/17/2022 14:59 N/A	Reception Reception
Visitor		2/15/2022 12:59	2/15/2022 15:53	2:54 Reception
Employee		2/11/2022 14:53	2/11/2022 20:53 N/A	Reception
Visitor Employee		2/10/2022 12:58 2/10/2022 9:08	2/10/2022 18:58 N/A 2/10/2022 15:08 N/A	Reception Reception
Visitor		2/8/2022 12:58	2/8/2022 18:58 N/A	Reception
Visitor		2/7/2022 16:52	2/7/2022 22:52 N/A	
Visitor Employee		2/7/2022 13:00	2/7/2022 19:00 N/A 2/7/2022 15:07 N/A	Reception Reception
Visitor		2/3/2022 13:01	2/3/2022 19:01 N/A	
Employee		2/3/2022 9:10	2/3/2022 15:10 N/A	Reception
Visitor		2/1/2022 12:59	2/1/2022 18:59 N/A	Reception
Visitor Resident Famil	JU	1/31/2022 12:58	1/31/2022 18:58 N/A 1/31/2022 15:50 N/A	Reception Reception
Employee		1/30/2022 9:13	1/30/2022 15:13 N/A	Reception
Visitor		1/27/2022 12:57	1/27/2022 18:57 N/A	Reception
Employee Visitor		1/27/2022 9:09	1/27/2022 15:08 N/A 1/25/2022 19:00 N/A	Reception Reception
Visitor		1/24/2022 13:01	1/24/2022 19:01 N/A	Reception
Employee		1/24/2022 9:17	1/24/2022 15:17 N/A	
Visitor		1/20/2022 12:58	1/20/2022 18:58 N/A	Reception
Employee Visitor		1/18/2022 12:59	1/20/2022 15:07 N/A 1/18/2022 18:59 N/A	Reception Reception
Visitor		1/17/2022 17:01	1/17/2022 23:01 N/A	
Visitor		1/17/2022 13:02	1/17/2022 19:02 N/A	
Employee Visitor		1/16/2022 9:07	1/16/2022 15:07 N/A 1/13/2022 18:57 N/A	Reception Reception
Employee		1/13/2022 9:05	1/13/2022 15:05 N/A	
Visitor		1/11/2022 12:57	1/11/2022 18:57 N/A	Reception
Visitor		1/10/2022 16:54 1/10/2022 12:58	1/10/2022 22:54 N/A 1/10/2022 18:58 N/A	Reception Reception
Employee		1/10/2022 12:38	1/10/2022 15:07 N/A	
Employee		1/9/2022 9:02	1/9/2022 15:02 N/A	Reception
Employee	0	1/6/2022 16:56	1/6/2022 22:56 N/A	
Visitor Employee		1/6/2022 12:58	1/6/2022 18:58 N/A 1/6/2022 15:09 N/A	
Visitor		1/4/2022 12:58	1/4/2022 18:58 N/A	
Visitor		1/3/2022 16:56	1/3/2022 22:56 N/A	
Visitor	1	1/3/2022 12:59	1/3/2022 18:59 N/A	Repeption
Employee		12/30/2021 9:11	1/2/2022 15:17 N/A 12/30/2021 15:11 N/A	Reception
Employee		12/27/2021 9:14	12/27/2021 15:14 N/A	Reception
Employee Visitor		12/23/2021 9:06 12/21/2021 12:55	12/23/2021 15:06 N/A	Reception
Visitor		12/21/2021 12:55	12/21/2021 18:55 N/A 12/20/2021 22:52 N/A	Reception
Visitor		12/20/2021 13:00	12/20/2021 19:00 N/A	Reception
Employee		12/19/2021 9:05	12/19/2021 15:05 N/A	Reception
Resident Famil Visitor		12/16/2021 16:53	12/16/2021 22:53 N/A 12/16/2021 19:00 N/A	Reception Reception
Employee		12/16/2021 9:06	12/16/2021 15:06 N/A	Reception
Visitor Visitor		12/14/2021 12:57 12/13/2021 16:56	12/14/2021 18:57 N/A 12/13/2021 22:56 N/A	Reception
Visitor		12/13/2021 18:56	12/13/2021 42:56 N/A 12/13/2021 18:56 N/A	
Employee		12/13/2021 9:03	12/13/2021 15:03 N/A	Reception
Visitor Employee		12/9/2021 12:54 12/9/2021 9:09	12/9/2021 18:54 N/A 12/9/2021 15:09 N/A	Reception Reception
Visitor		12/7/2021 13:01	12/9/2021 15:09 N/A 12/7/2021 19:01 N/A	
Visitor		12/6/2021 12:57	12/6/2021 18:57 N/A	Reception
Employee		12/5/2021 9:02	12/5/2021 15:02 N/A	Reception

Visitor	12/2/2021 12:59	12/2/2021 18:59	N/A		Reception
Employee	12/2/2021 9:05	12/2/2021 15:05			Reception
Visitor Visitor	11/30/2021 13:00 11/29/2021 12:57	11/30/2021 19:00 11/29/2021 18:57			Reception Reception
Employee	11/29/2021 9:07	11/29/2021 15:07			Reception
Employee	11/25/2021 9:03	11/25/2021 15:03			Reception
Visitor	11/23/2021 12:56	11/23/2021 18:56			Reception
Employee Employee	11/21/2021 9:09 11/18/2021 9:06	11/21/2021 15:09 11/18/2021 15:06			Reception Reception
Visitor	11/16/2021 13:26	11/16/2021 21:26			Reception
Visitor	11/15/2021 12:57	11/15/2021 20:57			Reception
Employee Employee	11/15/2021 9:02 11/12/2021 10:59	11/15/2021 17:01 11/12/2021 18:59		8:00	Reception Reception
Visitor	11/11/2021 10:56	11/11/2021 20:56			Reception
Employee	11/11/2021 9:05	11/11/2021 17:04		7:59	Reception
Visitor	11/9/2021 12:43	11/9/2021 20:43			Reception
Visitor Employee	11/8/2021 12:56	11/8/2021 20:56	,		Reception Reception
Visitor	11/4/2021 12:59	11/4/2021 20:59			Reception
Employee	11/4/2021 9:05	11/4/2021 17:05			Reception
Visitor Visitor	11/2/2021 12:54 11/1/2021 12:57	11/2/2021 20:54 11/1/2021 20:57			Reception
Employee	11/1/2021 12:37	11/1/2021 20:3/			Reception Reception
Visitor	10/28/2021 14:02	10/28/2021 14:12	,	0:10	Reception
Visitor	10/28/2021 12:58	10/28/2021 20:58	N/A		Reception
Employee Visitor	10/28/2021 9:07 10/26/2021 13:00	10/28/2021 17:02 10/26/2021 21:00	N/A	7:55	Reception Reception
Visitor	10/25/2021 13:00	10/25/2021 20:58			Reception
Employee	10/21/2021 16:57	10/22/2021 0:57			Reception
Employee	10/21/2021 9:04	10/21/2021 17:05		8:00	Reception
Visitor Visitor	10/19/2021 13:00 10/18/2021 13:02	10/19/2021 21:00 10/18/2021 21:02			Reception Reception
Employee	10/18/2021 13:02	10/18/2021 17:02			Reception
Visitor	10/14/2021 12:59	10/14/2021 20:59	N/A		Reception
Employee	10/14/2021 9:04	10/14/2021 17:07	/.	8:03	Reception
Visitor Visitor	10/12/2021 12:59 10/11/2021 12:56	10/12/2021 20:59			Reception
Visitor	10/7/2021 12:58	10/7/2021 20:58	,		Reception
Visitor	10/5/2021 13:04	10/5/2021 21:04			Reception
Visitor Visitor	10/4/2021 12:54	10/4/2021 20:54 9/30/2021 21:01			Reception Reception
Employee	9/30/2021 13:01 9/30/2021 9:05	9/30/2021 21:01			Reception
Vendor	9/29/2021 10:08	9/29/2021 18:08			Reception
Visitor	9/28/2021 12:56	9/28/2021 20:56			Reception
Visitor Visitor	9/28/2021 9:03 9/27/2021 13:00	9/28/2021 17:03 9/27/2021 21:00			Reception Reception
Employee	9/26/2021 9:03	9/26/2021 17:03			Reception
Visitor	9/23/2021 12:59	9/23/2021 20:59			Reception
Employee	9/23/2021 9:02	9/23/2021 17:03			Reception
Visitor Vendor	9/22/2021 14:08 9/22/2021 9:59	9/22/2021 14:55 9/22/2021 17:59	N/A	0:47	Reception Reception
Visitor	9/21/2021 12:49	9/21/2021 20:49			Reception
Employee	9/20/2021 9:08	9/20/2021 17:05		7:57	Reception
Visitor Employee	9/16/2021 12:55 9/16/2021 9:05	9/16/2021 20:55 9/16/2021 17:02	N/A	7.57	Reception Reception
Vendor	9/15/2021 10:05	9/15/2021 18:05	N/A	7.57	Reception
Visitor	9/14/2021 12:55	9/14/2021 20:55			Reception
Visitor	9/13/2021 12:59	9/13/2021 20:59			Reception
Visitor Employee	9/13/2021 12:49 9/12/2021 9:09	9/13/2021 20:49 9/12/2021 17:09			Reception Reception
Visitor	9/11/2021 10:01	9/11/2021 18:01			Reception
Visitor	9/9/2021 12:54	9/9/2021 20:54	N/A		Reception
Employee Vendor	9/9/2021 9:06 9/8/2021 10:00	9/9/2021 17:03 9/8/2021 18:00	NI/A	7:56	Reception Reception
Visitor	9/7/2021 12:51	9/7/2021 20:51			Reception
Visitor	9/2/2021 12:54	9/2/2021 20:54			Reception
Employee	9/2/2021 8:58	9/2/2021 17:05		8:06	Reception
Vendor Vendor	9/1/2021 20:05 9/1/2021 10:00	9/1/2021 20:06 9/1/2021 18:00	Ν/Δ	0:01	Reception Reception
Visitor	8/31/2021 12:55	8/31/2021 20:55			Reception
Visitor	8/30/2021 11:59	8/30/2021 19:59			Reception
Employee Visitor	8/29/2021 9:03 8/26/2021 13:01	8/29/2021 17:03 8/26/2021 21:01			Reception Reception
Employee	8/26/2021 8:57	8/26/2021 17:01	14/1	8:04	Reception
Visitor	8/24/2021 12:57	8/24/2021 20:57			Reception
Visitor	8/23/2021 12:59	8/23/2021 20:59	N/A		Reception
Visitor Employee	8/19/2021 13:00 8/19/2021 9:05	8/19/2021 21:00 8/19/2021 17:05			Reception Reception
Visitor	8/17/2021 13:00	8/17/2021 21:00			Reception
Visitor	8/16/2021 12:58	8/16/2021 20:58	N/A		Reception
Employee Employee	8/15/2021 9:05 8/14/2021 9:45	8/15/2021 17:05 8/14/2021 17:45			Reception Reception
Visitor	8/12/2021 13:00	8/12/2021 21:00			Reception
Employee	8/12/2021 9:01	8/12/2021 17:01			Reception
Visitor	8/10/2021 11:30	8/10/2021 19:30			Reception
Visitor Employee	8/9/2021 13:08 8/5/2021 16:55	8/9/2021 21:08 8/6/2021 0:55			Reception Reception
Visitor	8/5/2021 16:55 8/5/2021 12:56	8/5/2021 0:55 8/5/2021 20:56			Reception
Employee	8/5/2021 9:04	8/5/2021 17:02		7:57	Reception
Employee	8/4/2021 16:53	8/5/2021 0:53			Reception
Visitor Employee	8/3/2021 11:32 8/2/2021 15:58	8/3/2021 19:32 8/2/2021 20:00		4:02	Reception Reception
Visitor	8/2/2021 13:57	8/2/2021 20:57	N/A	4.02	Reception
Employee	8/1/2021 9:06	8/1/2021 17:06	N/A		Reception
Employee Visitor	7/29/2021 16:57 7/29/2021 12:57	7/30/2021 0:57 7/29/2021 20:57			Reception Reception
Visitor	7/29/2021 12:37	7/27/2021 20:37			Reception
Visitor	7/26/2021 13:03	7/26/2021 21:03			Reception
Employee	7/22/2021 17:02	7/22/2021 20:04		3:02	Reception
Visitor Visitor	7/22/2021 13:01 7/20/2021 10:34	7/22/2021 21:01 7/20/2021 18:34			Reception Reception
Visitor	7/19/2021 11:58	7/19/2021 19:58			Reception

### MARC A. KIDDER

Attorney at Law

Telephone: (616) 942-2060 e-mail: marckidder@sbcglobal.net

1629 Tammarron Ave. SE Grand Rapids, MI 49546

February 24, 2022

Heather Jablonski Joseph LeBlanc Village of Heather Hills 1055 Forest Hill Ave. SE Grand Rapids, MI 49546

Sent by Email Only

RE: / Traci Kornak

Dear Heather and Joe:

Traci Kornak Issue:

During the fall of 2021, we worked on the account, and the issues related to Traci Kornak's inappropriate and unauthorized invoicing of services in the name of Heather Hills to State Farm. On October 4, 2021 our letter was sent to Traci Kornak calling her out on these issues. I received one followup call from Traci on October 7, 2021. She and I discussed the letter, and she took the absolute position that she did nothing wrong. She maintained she had full authority from Heather Hills to invoice State Farm the way she did. She was pretty arrogant about my letter initially. I took the opposite position, and she knew that I was not backing down. She stated at that time that she would respond to my letter in writing.

I have reviewed my file on this issue today. As time has shown us, she never responded in writing, and she has not challenged our position. We do know that her actions resulted in extra work for your office, and did mess up your own billing with State Farm. At this point in time, it appears that the issue is under control, and it is my understanding that your accounting with State Farm regarding the account is getting back on track.

I am putting this issue on inactive/resolved status unless you advise otherwise. Please confirm your status on this issue. In the event you have any questions, or if I can be of further service, please contact me.

Marc A. Kadder

MAK/tak

cc: Josie Hess by email

Brett Bolt by email

Jablonski LeBlanc Ltr.wpd

## MARC A. KIDDER

Attorney at Law

4

1629 Tammarron Ave. SE Grand Rapids, MI 49546 Telephone: (616) 942-2060 e-mail: marckidder@sbcglobal.net

October 4, 2021

Traci M. Kornak P.C. Attorney P.O. Box 452 Belmont, Michigan 49306

RE:

Dear Traci M. Kornak:

Please be advised that I represent the The Village of Heather Hills, it's Owners and Board of Directors. It is my understanding that you are the Conservator, Health Care POA, and Finance POA for a resident of The Village of Heather Hills, namely

became a resident of The Village of Heather Hills in July of 2016. As a result of an auto accident was eligible to have her Rent, Level of Care, and Wellness costs paid to The Village of Heather Hills by her insurance carrier, State Farm. Those charges are invoiced monthly by The Village of Heather Hills in a specific invoicing format directly to State Farm.

At a point in time it is my understanding that you hired an entity known as Best Care to serve as a Home Health Care Agent/ Attendant Care Agent for assist with some of her personal needs. The Village of Heather Hills does not have any contractual relationship with Best Care, and does not pay Best Care for its services. Further, The Village of Heather Hills has never invoiced State Farm for attendant care services provided to or for the benefit of

I have now been provided with copies of invoices which I am advised that you prepared and submitted directly to State Farm. It is my understanding that you and/or a member of your family provided attendant care for in addition to the care rendered by the Best Care Entity. You have never been hired or contracted by The Village of Heather Hills to provide any services for You prepared your own invoices and attached the Best Care format for reporting

#### MARC A. KIDDER

Attorney at Law

Traci M. Kornak P.C. October 4, 2021 Page 3

Next, your using, without authority, The Village of Heather Hills Federal Employer Identification Number will result in a complicated and time consuming accounting and audit process to correct the income being reported to the Internal Revenue Service.

Next, State Farm has not paid The Village of Heather Hills for monthly charges namely for Rent, Level of Care, and Wellness costs since July of 2021. When contacted, State Farm reported that account for The Village of Heather Hills was out of funds. This may be because funds were redirected (improperly) to pay for your invoices. State Farm now has to completely audit the account to clear it's system.

Finally because State Farm has not paid the monthly charges to The Village of Heather Hills, individually must pay same in accordance with her Rental and Services Agreement. The amount currently due from to The Village of Heather Hills is \$19,125.65, and that amount continues to accrue. As Conservator, your prompt payment of the balance due to bring account current is required at this time. In the event State Farm resumes payment to The Village of Heather Hills in the future will be credited/reimbursed accordingly.

Yours respectfully,

Marc A. Kidder

MAK/tak

cc: The Village of Heather Hills

Enclosure

Traci M. Kornak Ltr I.wpd

Check returned to State Form 1.200

PAYMENT NO 1 04 034861 J PAYMENT AMOUNT \$23,401.05 ISSUE DATE 11-05-2021

THE VILLAGE OF HEATHER HILLS 1055 FOREST HILL AVE SE **GRAND RAPIDS MI 49546-8321** 

> \* 1 of Jeveral payment issued to HH based on billing from Korn Using HH name and Tox ID.

All billings reflect hours worked by daughter @ \$30/hr

Please see Consolidated Payment Summary Report for details

# RETAIN STUB FOR RECORDS

StateFarm STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY PIP/MPC

PIPMPC E1 OFFICE PCQ2617.P260

JPMORGAN CHASE BANK, NA 56-1544/441 COLUMBUS, OH

DATE MM DD YYYY

\*\*EXACTLY TWENTY-THREE THOUSAND FOUR HUNDRED ONE AND 05/100 DOLLARS

\$\*\*\*\*23,401.05

Pay to the Order of: THE VILLAGE OF HEATHER HILLS

AUTHORIZED SIGNATURE

#### TRACI M. KORNAK P.C. P.O. BOX 452 BELMONT, MICHIGAN 49306

DELMONT, MICHIGAN 49300

PHONE (616) 458-8000 EMAIL tkornak@koenakiaw.com

September 21, 2021

Marian Gadwell-Gunn Michigan PIP Office State Farm Insurance Co. PO Box 661023 Dallas, TX 75266-1023

RE: Named Insured:

Claim No.: 22-318J-672 Attendant Care Services

Dear Ms. Gunn-Gadwell:

I am writing in a follow up to our telephone discussion on Friday, May 28, 2021 relating to the attendant care services being paid for your insured consistent with her contract with State Farm for No-Fault Personal Injury Protection Benefits as defined by MCL 500.3101 et. seq on the date she was catastrophically injured. During our conversation you confirmed that the attendant care services would continue to be paid by State Farm at the \$30/hour rate. It is very much appreciated that State Farm has continued to honor it's obligation to the payment for these services.

The nationwide labor shortage has hit the home health care and assisted living facilities like a tsunami. COVID and mandates to cover for shortages has resulted in a crisis for many facilities. As you are aware, as a result of staffing shortages and the inability of Best Care Nursing to fully staff. I obtained these services through her facility. I am very appreciative of you working with Heather Hills promptly reimbursing in full for these services.

If there will be any decrease in the reimbursement, I would appreciate a 90-day notice given the economic environment in Assisted Living Facilities and the mental ability of who has a traumatic brain injury, to adjust to changes with staff. She has struggled with the turnover of staff on top of the COVID world she is living in. I would also like to know what the rate is for the geographical area given the labor shortage. Aldi, McDonalds, Meijer, Lowes, Home Depot are paying \$15-17/hour. In addition, just about every industry has increased wages significantly to be able to compete and fill vacancies. I believe this is the biggest barrier to reducing the staffing challenges and high turnover in these positions for Does State Farm have the ability to update the attendant care rate with the current market?

I look forward to hearing from you.

Traci M. Kornak

TMK/mlm

# TRACI M. KORNAK P.C.

ATTORNEY \* COUNSELOR \* MEDIATOR P.O. BOX 452 BELMONT, MICHIGAN 49306

> PHONE (616) 458-8000 EMAIL tkornak@kornaklaw.com

: ATTENDANT CARE SERVICES

Named Insured:

Claim No.: 22-318J-672

\* Invoices from Kornak
to HH requesting
Pass through payment

INVOICE #	DATE COVERED	INVOICED	DUE HH	NET DUE	PAID
Invoice 2021-1	Oct 2020-Jan 2021	\$19,440.00	\$1944.00	\$17,496.00	
Invoice 2021-2	Feb 2021	\$4880.00 🗸	\$480.00	\$4400.00	
Invoice 2021-3	March 2021	\$5880.00 🗸	\$588.00	\$5292.00	
Invoice 2021-4	April 2021	\$6240.00 (5,760.m)	\$624.00	\$5616.00	
Invoice 2021-5	May 2021	\$5160.00	\$516.00	\$4644.00	

NET AMOUNT DUE TO TRACI M. KORNAK P.C.

## TRACI M. KORNAK P.C.

ATTORNEY \* COUNSELOR \* MEDIATOR P.O. BOX 452 BELMONT, MICHIGAN 49306

> PHONE (616) 458-8000 EMAIL tkornak@kornaklaw.com

> > August 20, 2021

RE: ENHANCED SERVICES

Named Insured:

Claim No.: 22-318J-672

INVOICE #	DATE COVERED	INVOICED	DUE HH	NET DUE	PAID
Invoice 2021-1	Oct 2020-Jan 2021	\$19,440.00*	\$1944.00	\$17,496.00	??
Invoice 2021-2	Feb 2021	\$4880.00	\$480.00	\$4400.00	X
Invoice 2021-3	March 2021	\$5880.00	\$588.00	\$5292.00	X
Invoice 2021-4	April 2021	\$6240.00	\$624.00	\$5616.00	X
Invoice 2021-5	May 2021	\$5400.00	\$540.00	\$4904.39	X
		OVE	R 90 DAY	'S \$37,	708.39
Invoice 2021-6	June 2021	\$4560.00	\$456.00	\$4000.00	
Invoice 2021-7	July 2021	\$3240.00	\$324.00	\$291600	
		BILL	ED 7/20/2	1 \$691	6.00
Invoice 2020-8	August 29, 2020	\$420.00	\$42	\$378.00	
Invoice 2021-8	August 2021		\$330.00 ED 8/20/2	\$2970.00 1 <b>\$334</b>	8.00

NET AMOUNT DUE TO TRACI M. KORNAK P.C.

Claim #: 22-318J-672 Loss Date: 7/12/2013 Jul-21

Patient: Service Address:

Provider: Village Care THE VILLAGE OF HEATHER HILLS Provider Address: 1055 Forest Hills Ave Grand Rapids, MI, 49306

DIAGNOSIS SD6.9XOS DIAGNOSIS V89.2XXS FEIN: 36-4736291

DATE	Code	Time	Units		Amount DUE
7/2/2021	59122	9am-9pm	12		\$360.00
7/3/2021	59122	9am-9pm	12		\$360.00
7/7/2021	S9122	9am-9pm	12		\$360.00
7/9/2021	59122	9am-9pm	12		\$360.00
7/11/2021	S9122	9am-9pm	12		\$360.00
7/12/2021	59122	9am-9pm	12		\$360.00
7/16/2021	59122	9am-9pm	12		\$360.00
7/19/2021	59122	9am-9pm	12		\$360.00
7/21/2021	59122	9am-9pm	12		\$360.00
	_	Total Hours	12	Total Due	\$3,240.00

Payment on Receipt to

Village Care

FEIN:

36-4736291

Heather Hills Assisted Living 1055 Forest Hills Ave Grand Rapids, MI, 49306

> to State Fern from Kornak. Billed Using and Tax ID.

\* Invoices sent

- 10 permission was given to alo so, - This is not our billing system.

Claim #: 22-318J-672

Loss Date: 7/12/2013 Aug-21

Service
Address:

Provider: Village Care

THE VILLAGE OF HEATHER HILLS

Provider

Address: 1055 Forest Hills Ave

Grand Rapids, MI, 49306

DIAGNOSIS S06.9X0S DIAGNOSIS V89.2XXS FEIN: 36-4736291

DATE	Code	<u>Time</u>	Units		Amount DUE
7/23/2021	<u>59122</u>	9am- 10 pm	<u>13</u>		\$390.00
7/25/2001	S9122	9am- 10 pm	<u>13</u>		\$390.00
8/6/2021	59122	9am-9pm	12		\$360.00
8/8/2021	59122	9am-9pm	12		\$360.00
8/9/2021	59122	9am-9pm	12		\$360.00
8/13/2021	S9122	9am-9pm	12		\$360.00
8/16/2021	S9122	9am-9pm	12		\$360.00
8/18/2021	59122	9am-9pm	12		\$360.00
8/20/2021	S9122	9am-9pm	12		\$360.00
		Total Hours	110	Total Due	\$3,300.00

Payment on Receipt to

Village Care

FEIN:

36-4736291

Heather Hills Assisted Living 1055 Forest Hills Ave Grand Rapids, MI, 49306

India 2011 Care Log	T				_		-	_	_	-	-	-
		1	_	_	-	_	-	_	-	-	-	_
MASKING IS REQUIRED AT ALL MASS BY ANYONE WHO ENTERS RESIDENCE	Dete	2  X	X									% 26 X
Hands of both coregiver an author be washed and sanitaled after bathroom use and frequently		×										×
Caregiver must document and verify no exposure, symptoms and record temp All surfaces and door knobs shall be sanetzed and disinfected with materials provided for COVID and flu precaustions.		×	×	K )	X 1	X 3		1 3	( )	X	1	*
All December equipment must be sentized and disinfected with materials povided for CDVID and five precautions. This shall include her wheelchair seat and arms, walker seat and handles, door knobs, drawers and cabinets.	ш											×
Humsdiffers for respiratory and COVID should be refided dody and cleaned units a week												K
Encourage fluids throughout day [Goel is 1,500 mt/dey] Decument intake in mit to assist with UTI issues.	1	×		8 7	K 1	× 1	. 1		. *	8		x
TRANSPERS	-	80										
TRANSPERS.  Gen belt must be worn be set all times except when the is in bed for the night to sleep.		×	×	* >	. 1	* *						×
Transfer to from bed with assistance to wather or wheelchair using gair belt to assist and support righting of the ayold fall.												ĸ
Pfup walker/wheekhair in kicked position						x 1						
Transfer in/from wheelchair/walker to toilet with gail belt to assist and support stability of the country as a solid fail.		×			. 1	x x	*				2	×
Asset with taking pants down with prompting on holding fall bars until she is in seated position		×	X.	. 7		* *	×	t X	×	×	×	X
Place walker/wheelchair in lacked position		1	×.			x x	X		A	×	X	X
transfer unfout of living room chair with promoting and assistance of east belt for support stability.  Place walter/wheelchair in position and in locked position.						K 2						
Upon arrival review caregives, DPCA, Village Care notes		×	*		. >	K #	X	L A	×	×	X	K
Review calendar for appointments and activities schedule to advise and prepareties for the day		×	4				X		X	×	*	X
DISPENSING OF MEDICATIONS	1											
AB madications are in the locked safe on top of refrigerator.  I then gummies to be given daily with 9:00 are meds	1								-			
If pri metications are needed you must get approval from DPOA and the dose, time dispensed, reason shall be documented.		П	9	-	-			- 5				
	1	н										
LIE (NATION AND SOME) AND SEMENTS												
Document BM size and consistency.		x	* 1			CX	X	×	K	×	K	×
Asult with adping after BM with exper provided.  In a BM in 3 days contact DPDA for Miralas administration and document.		X	* 1	X	: X	( x	*	×	X	×	X	x
t no om in a day's contact DPDA for aniralist administration and document.  With unnation please note if there is any burning with urination, smell, cloudiness, overall weakness or confusion.						( x						
yew pad to brief everytime tolkited. Apply new pad to brief each time tolkieted even if not miled, (IT) prevention.		×	* 1	*	×	×	×	×	×	×	×	7
	1											
START OF DAY  Open blinds to allow natural light to wake petient. Advisor of day appointments, P1, activities.			* 1			· K	*					×
ivaluate in the properties of the continuent and/or that her body and bed are free of unite.		K	X J			X	X	x	X	×	×	x
repare to talketing by applying gait belt and assisting w/ transfer to walker or wheelthair per TRAMSFER. Issist with changing her Depends and/or intenting a pad at appropriate.						K					×	
uses with changing ner depends analysi intering a pad as appropriate.  Suc to use hidet. If uses todet paper sue to wipe from from to back and provide assistance when warranted	1 1				×				×	K	×	×
onth washing hands and sendicing.  Ask the is ready to get up for the day. If she wants to stay in bed and wake up or go back to sleep, respect her derive						X				K	×	*
she is ready to get up for the day. If she wants to stay in bed and wake up or go back to sleep, respect her derive hisk it she would like her TV turned on, make sure she has ber glasses within reach and walter/wheekhair is positioned						x				K	×	×
appropriately and in locked position to avoid a fall with impulsivity.						X					×	
Monito: The La camera if you leave her bedroom. Prepaid to fee with Boost as creamer and put in her spillproof mug with life.		X							X	X		X
Offer treakfast, Breakfast should be appropriately prepared, warmed and cut in small pieces due to swallowing usues.		P	X X			×					×	100
When are and to get out of bed and ready for the day place easist If not up by 13, 00 am please prompt has.  Assis with washing face, hands, brushing teath and hele, make up, application in her bathroom.						X						
ksiss and in gotting dressed either as she is sitting on tollet in bathroom, in her wirelicher in her room or bedside.	1	×	X 2	*	×	*	×		x	K	x	*
unch-Offer lanch in afternoon, prepare lanch for the ensure bites are small and chewable		#	x x	×	×	×	×	8	×	×	x	×
Assistant with preparing for FT or for transportation to outside appointments in coordination m/DFOA												
NALLY ACTIVITES THAT	H											
kes to participate in household chores. In addition, there are sanitary issues that need to be addressed as well	ш											
inity was a second of the seco	1 1	x	x x	×	*	x			×	x	*	*
rebyered meets are heated, cut; plated. Dishes washed, dried, put away		×	* *	*	x	×	×	x	×	×	x	×
efragerator is cleared of old food and wiped out as needed.  Farbages and Depends disposal is emotived daily and taken to frash room.	П	x .	* *	X	X	×	×	X	×	X	×	×
traighten up as needed and dispose of unnecessary stems, mail calendars, wrappers, atc.		K .	X X			x	×	×	K	×	-750	
acuum and sweep floors as needed. athroom toller seat, counters, teller, shower disinfected and sanistand as needed.	ш					×						
very Friday water her plants with her and refill her bird feeder as needed.				. 19	-73	-	-	-	-		P	-
the attended												
	П											
he Lies to watch movies, TV shows, and journaling/ lists of 50 do/documenting her duly experiences. He also enjoys the many activises that are offered by freather tills. Please review daily, weekly, month offerage and help her				W	K	×		2	*	*	¥	è.
ave sonething to look forward to and enjoy	П											
non-COVID times the enjoys going to the Y for exercise w/PT, shopping for her own graceries and incidentals, seeing family												
ne also empoys in residence assivities - movie theater, social hours, bands, classes, staffs, etc.												
EGS AND ABILITY TO AMBULATE BEGINS DECREASING. PLEASE BE CAUTIOUS WITH GUARD ASSIST				×	*	×	×			*	¥	
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EOTIME EGAITME												
art routine with tolleting very important that she vold prior to bed to avoid her getting up to go after caregives gong.	1	4 >	×	8. P. I	ĸ	×	×	×	*	×	K	8
IR her palamas from the dresser in her bedroom dresser by the doce and assist as necessary while she sets on tollet.  State with weshing her face, hands and brushing her toeth with prompting and guard assist.	,	( )		207		X	X	X	X	X	K	X
issis with getting into her bed, cover her. Ask if she would liket to on, light left on or off	1		×	X	×	×	×	x				
afilt her water and place on right stand within each. Alake rure the has remote to TV and ghone within reach. emind her to push the button for assist from Village Care, call tract or signal her on night camera.						x						
The state of the s		-	-	-	-	-	_	-	-	_	-	-

>> Kornakis clayhter (D. Ferent last name)

			and the last				TO A Total			
MANDATORY COVID PROTOCOLS	Date	-	2 6	-	100	-		No.	<b>Charles</b>	-
MASKING IS REQUIRED AT ALL YIMES BY ANYONE WHO ENTERS RESIDENCE Hands of both caregives and transport of the washed and sanitated after bathrnom use and frequently.			X				×			
Caregives must document and verify no exposure, symptoms and record temp		2	×	- 75			X			
All surfaces and door knobs shall be sanitized and disinfected with materials provided for COVID and flu precauctions	1 1	3					*			
All or any equipment must be cantitled and disinfected with materials povided for COVID and flu precautions. This shall include her wheelchali seat and arms, walker sear and handles, door knobs, drawars and cabinets.			×							
turniditiers for respiratory and COVID should be refilled daily and cleaned once a week	1 1		×							
incourage fluids throughout day (Gost is 1,500 tst./day) Document intake in mit to assist with			x							
RANSFERS	1									
Sait belt must be worn by the state of all times except when the is in bed for the night to deep.	] ]	×	×	×	*	X	K	×	×	×
transfer to/from bed with assistance to walker or wheelchair using gait bull to assist and support stability loaverd fall.  Hace walker/wheelchair in locked position.			×							
ransfer to/from wheelchair/walker to toilet with gorb belt to assist and support itability of		-	*				74	iar		
assit with taking pants down with prompting on holding fall bars until she n in served position.		×	×	*	ĸ	K	X	×	2	
ransing avoid of living room chair with prompting and assistance of gair belt for support stability.		×		7.75			*	0.00	200	703
bare walker/wheelchan in position and in Focked position  pon arrival review caregivers, OPOA, Village Care notes	Н	×	×				×			
eview calendar for appointments and activities schadule to advise and propers	1	×	X	*	*	×	8	X	×	M.
ISPENSING OF MEDICATIONS  Il medications are in the locked safe on top of refrigurator.										
fiber gummies to be given duily with 9:00 sm meds		X	×	X	×	×	x	X	×	×
pro medications are needed you must get approval from DPOA and the documented, time dispensed, reason shall be documented.										
EINATION AND ROWEL MOVEMENTS.										
ocument BM size and consistency		X	*	×	×	×	K	N.	x	*
ssist with wiping after BM with wipes provided	1.1		*							
no BM in 3 days contact DPOA for Miraba administration and document.  (th uranation please note if there is any burning with uranation, smell, cloudiness, overall weakness or confusion.		×	×		*		ù.		v	
aw pad to brief everytime to listed. Apply new pad to birsel each time suicisted even if not sollad. UTI prevention		- 70	×			22		200	m o	200
ART OF DAY										
nen blinds to allow natural light to wake patient. Advise poliday appointments, PT, activities:	1 1	×	X	ĸ	x	x.	×	×	×	x
eluate : was incontinent and/or that less body and bed are free of urine.	i I		*							
spare was ou toileting by applying gait belt and assisting w/ transfer to walker or wheelchair per TRAMSFER, asst with changing her Depends and/or inserting a pad as appropriate.		×		×			×			×
e to use bidet. If uses toilet paper cue to wipe from front to back and provide assistance when warranted.		×		×					À	*
with washing hands and sanitzing.		×		X					X	×
I she is ready to get up for the day. If she wants to stay in bed and wake up or go back to sleep, respect her desire it if she would like her TV surned on, make sure she has her glasses within reach and walker/wheelchair is positioned.	11	X	X		×	25/	X	×	*	×
propriately and in locked position to avoid a fall with impulsivity.			X				73.0	X	9	×
onto			X				X	X.	× .	×
epared offee with Boost as creamer and put in her spillproof mug with lid.  The addast Breekfast should be appropriately propared, warmed and out in small pieces due to swallowing issues		X	×				X	×	*	X
the second to get but of bed and ready for the day please assist. If not up by 11,00 am please prompt her	11	Charles and	×							
th washing face, hands, brushing teeth and hair, make up, application in her bathroom.		×	x .	×	×	z .	X .	×	4	X
getting dressed either as she is sitting on toilet in bathroom, in her wheelsheir in her room or bedside.			×							
nch: Offer lunch in afternoon, prepare lunch to the ensure bites are small and shewable		×	×	X	K	X	*	*	( )	K
with preparing for ZT or for transportation to misside appointments in coordination w/BPOA										
DLY ACTIVITIES THAT SEEDS ASSISTANCE AND SUPPORT DURING THE DAY										
ins to participate in household chores. In addition, there are sentiary issues that need to be addressed as well NLY	М					2000				
this made daily. Sheess are waited when solled or when appropriate. M.W.F.S. Laundry is washed, loided, put away thered meals are heated, cut, plated. Drikes washed, dried, gut away.		X	X	200	52717.	200	N 1	7500 p.	,	4
Trigerator is cleared of old food and wiped out as needed		×				3773	X 3			
irbages and Depends disposal is empticed daily and taken to trash room.  (kighten up as needed and dispose of unnecessary items, mail, calendars, wrappers, etc.		×					X 1			
court and sweep floors as needed.			K							
throws tollet seat, rouniers, tailet, shower disinfected and saniteed at needed by Friday water her plants with her and refill her bird feedor as needed.		×	X	4 3	× 1	. 1		t i	2	-
net activities										
e likes to watch movies. IV shows, and journaling/ lists of to do/documenting her daily experiences.										
e also enjoys the many activities that are offered by Keather Hills. Please review daily, weekly, month offerings and help her we something to look forward to and enjoy.		×	* 7	( )	4 7	( )		1	×	
non-COVID times she enjoys going to the Y for exercise w/P), shopping for her own groceries and incidentals, seeing family.										
e also enjoys in residence activities - movie (heater, rocial hours, bands, crasses, crafts, etc.										
6 GF AND ABUTY TO AMBULATE REGINS DECREASING. PLEASE BE TO THIS WITH QUARD ASSIST										
a safety measure that use the wheelchair for transport as much as possible cknowledges if prompted.			x x							
O promote energily like: to eat dinner il the refuses, says not hungry provide snack options that are protein/notition filed		8	x x	1 1	×	×	×		×	
Sidu pre Depending on the activities throughout the day mood, TV offering will usually self-prompt that the is dry to get ready for the right. If needed prompt by 8:30 pm.	3/4	×	x x	×	×	×	K	×	×	
DTHALE ROUTINE  At rowtine with tolleting the very important that she rold prior to bed so avoid her gatting up to go after caregiver game.		x	4 7	X		X	. *	×	K	
her pajamas from the dresser in her bedroom dresser by the door and assist as necessary while the sits on toiler		*					×		K	
			××							
ist with weshing her face, hends and brushing her teeth with promoting and guard assist ist with apting into her bed, cover her. Ask if she would liket to on, tight left on or off	1	X								
et with westing her face, hends and brughing her feeth with prompting and guard assist ist with getting into fier bed, cover her. Ask if she would liket to on, light left on or off If her water and place on night stand within reach. Make sure she has remote to TV and phone within reach.	-	X	k k							

Claim #: 22-318J-672

Loss Date: 7/12/2013 Aug-20

Patient:
Service
Address:

Provider: Village Care
THE VILLAGE OF HEATHER HILLS
Provider
Address: 1055 Forest Hills Ave
Grand Rapids, MI, 49306

36-4736291

DIAGNOSIS S06.9X0S DIAGNOSIS V89.2XXS

FEIN: 36-4736291

FEIN:

DATE	<u>Code</u>	<u>Time</u>	<u>Units</u>		Amount DUE
8/29/2020	S9122	9am-11pm	14		\$420.00
	No.	Total Hours	14	Total Due	\$420.00

Payment on Receipt to

Village Care

Heather Hills Assisted Living 1055 Forest Hills Ave

Grand Rapids, MI, 49306

IAMDATORY COVID PROTOCOLS IASKING 5 REQUIRED AT ALL TIMES BY MAYONE WING ENTERS REMOENCE ands of both caregress and hose must be wished and sensitived after ballurous use and frequently. regiver insist command and verify no exposure, symptoms and record letting.

mperature of the state of the state at 9 and and 50 pm and past on door for village Care for lattle mandata.

what are and door shobs shall be sentined and deinfered with material, provided for COVID and flu precauations.

exportment must be amaked and disinfered with materials pointed for COVID and flu precauations.

stadflindude for wheelcher seas and arms, walker seas and bandles, door knobs, drawers and satinces. Caregiver must d Temperature o umistillers for respiratory and COVID should be refilled early and cleaned once a week. courage fluids throughout day (Goal is 1,500 mt/day) Document intake in mt to assist with TRANSFERS alt belt must be worn be at all times except when she is in bed for the night to steep Transfer to/from bed with easistance to walker or wheelthee using gait belt to exits and support stability or Place walker/wheelcheir in locked position Transfer toutrom writelichar in Alber to tollet with gail belt to assist and support stability and avoid fall Assist with raking parts down with prompting on holding fall bars until she is no seated position. Place walker/wheelchair in locked position Transfer inflows of mine count that with prompting and assistance of gas belt for support stability. Place walker/wheelchas in position and in bocked position. Upon aerwis trailies caregivers, DPDA, VBI<sub>300</sub> Cite inster. Review calendar for appointments and acritical standars to advise and preparation or the day. ISPENSING OF MEDICATIONS All medications are in the locked sele on top of refrigerator. Medications are in darly containers. overscrisons are an early containers.

Medicasions are given as \$200 am, \$500 pm, \$600 pm (or prior to bedsize i gross earlier).

2 fiber gumentes to be given disky with \$700 am meds.

If are medications are needed you must get approval from DPDA and this goes, time dispensed, reason that be documented. Before medications are disponsed house being a bully upright position to avoid chocking/esabs with awallowing Each pull should be given individually with waiter in her cusps with lids. (No strew.) Assist with unping after BM with wipes provided. If no BM in 5 days contact DPOA for Mirafax administration and document. With unnetion please note a there is any burning with usinstion, small, cloudiness, overall weakness or confusion. New gad to prief everytime tolleted-Apply new pad to brief each time foieleted evens and soiled. Util prevention START DECOM.

Some ecross and give 9:00 am medications per oxpressions of Medicarions

Silve each put with water after seated in fully upright position is avoid choking or difficulty swallowing issues.

Open blines and a natural light to wate patient. Advic of day appointments, PT, activities.

Evaluation of the property of the period of the period of the period of the Property of the period idet if uses tokel paper cue to wipe from front to back and provide assistance when warranted. with mething hands and Sahntzing at the warts to stay in bed and waterup or go back to steep, respect her desire, at it the would be her I'v twined on, make sure the has her gissess within reach and walker/whoeldsair is positioned oping and in feeted position to weld a fall with impulsivity. and in forced position to evoid a fall with impellability.

a compart if you leave the boddoom.

Soffice with Books as reasons and out in their spatigood must with lid.

variest Breatfast should be appropriately prepared, warned and out as anoth pieces due to swallowing issues, ready to get out of bod and ready for the day-please assets. If not up by \$1.00 am please prompt her.

Plots washing face, hands, anothing steels and kair, make up, application in her outsecom, a getting cressed either as she is stilling on totale. In destroom, as they whether but in her room or beduide.

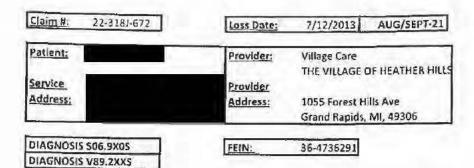
Mod sealed as table is her wheelichair with SAD tamp on for 30 assistates deally from Oct. 1, May 1. unch- Offer funch in afternoon, prepare lunch for Rose to ensure bites are small and chewards oth preparing for PI or for transportation to outside appointments in coordination w/DPCA NEEDS ASSISTANCE AND SUPPORT DURING THE DAY
ACTIVITES THAT

NEEDS ASSISTANCE AND SUPPORT DURING THE DAY
ACT IS participate to household chores, in addition, there are sentany issues that need to be addressed by well Bed is made oxly Sheets are washed when solled or when appropriate. M W F/S, Laundry is washed, foldes, gut away. Deliveretti meals are heated, but, placed. Dishes weshed, dired, put awey.
Refulgreator is riseared of old food and aliped out as needed.
Caribages and Depends disposal is ampticed deliv and taken so trash room.
Straighten up as equaded and disposa of univolvisitary items, mad, calendars, wrappess, els. Vacuum and sweep floors as needed Bathroom tailet seal, counters, tailet, inower disinfected and sanissard as needed. Every Priday waser het plants with her and selfil her bird feeder as needed. She ikes to match movies. This hows, and journating/lists of to do/documenting net disky experiences. She also enjoys the many activities that are affered by Healthy Hills. Please sween duly, weekly, month offerings and help her have consisting to look forward to and enjoy. In non-COVID times she enjoys going to the Y for exercise w/PT, shopping for her own graceries and madentals, reeing family The also enjoys in residence activities - movie theater, social hours, bands, classes, crafts, etc. 3:00 pm meas administered LEGS AND ABILITY TO AMBURATE BEGINS DECREASING. PLEASE DE CAUTIQUE WITH GUARD ASSIST 4:00 pe se the wheelchair for transport as much as possible. Hose acknow generally likes to est chinser. If the refuses, says not hungry provide snack options that are protein/nutrition falled 1981 - \$100 pm Depending on the activities throughout the day, mood, IV offerings floss will usually self-prompt that the is made to get ready for the night. If needed prompt by 8:30 pm. BEDTHAE ROUTINE Very important following.

Very important following to go after caregiver gone.

Full liver pagines from the dresser in her bedraiom dresser by the door and assist as necessary while the sits on toilet.

Taken various washing her face, hands are brushing her teeth with promoting and guard exist. table with getting rate ner bod, cover ner. Ask if the would like to on, light left on or off, when dispersed as above DISPENSING OF MEDICATIONS laffil her walst, and place on night stand within reach. Make sive size has remote to TV and phone within reach terning her to push the button for as in som Village Care, call Tred or signal her on night camera.



DATE	Code	Yime	Units		Amount DUE
8/22/2021	59122	9am-10pm	13		\$390.00
8/23/2021	59122	9am-10pm	13		\$390.00
8/27/2021	59122	9am-10pm	13		\$390.00
8/30/2021	\$9122	9am-10pm	13		\$390.00
9/1/2021	59122	9am-10pm	13		\$390.00
9/8/2021	59122	9am-10pm	13		\$390.00
9/14/2021	59122	9am-2.30pm	5.5		\$165.00
9/15/2021	\$9122	9am-10pm	13		\$390.00
9/19/2021	59122	9am-4pm	. 7		\$210.00
	per-	Total Hours	103.5	Total Due	\$3,105,00

Payment on Receipt to

Village Care Heather Hills Assisted Living 1055 Forest Hills Ave Grand Rapids, MI, 49306 36-4736291

FEIN:

DATONY COVID-PROTOCOLS			_	_	_				
ring of of Gracial and Experience and Control of the Control of th	Care	7 %							
s of both caregiver and foce must be a policed and careful after both ours use and Dequently.	1	. 1	Ŷ.				*		1
gaer musc excurred and vertix to expound, surgiums and record length offices and does know the training and its affected acts mater at a societed for CDVD and the precaucities		C 3		*	X	4			c
and make the translation of the first property and of the property of the prop									
brail marked cher wit exist hate scat and arms, walter to all and it andles done small a more and rehunds.		1 1							
additions for resonatory and COVID should be readed do by and cleaned once a next	1	1 ,							
number 10,000 throughout day [Geoffs 1,500 mil/day] Ducament intake in muso sector with UT studes	1								ü
Artific)  I tirely mayor be severe by the of all summer except when she is in bed for the right to slow.	1								-
		4 3							
to each of a herithau in before somition of a need how a larger to be to each a and account of him is a second but or and the country of the second but of the herithau in before somition	1								
nuler to them wheekhar walker to joilet with got best to issist and support statuting a world and avoid and	1	1.			-			200	
est with telling parts down with prophyting an holding fall bard until she is in seased position. On maker/miseel have at book ed polytical		14 1			*	2			4
and Joula' being come than only properties and assistance of all the Beauty	1		100						i
not was tri anest thing rooms than much prempting and assistance of guilders for support state my treat and trial and in locked pay size.	1		1 1						
on mireal parties caregivers, DPOA, VILAGE Care motes.		1 1	* *	*	×	x	×		ú
re or comman nor an pentur-critis and activities schedule to advise and propared for the day  Principal Of INCOMENTORS	-	*	* *		a	3		x	
endegraphing that for ping for ping in you but the but	1	1							
their gurrantees to the prograduate with a City and made		L			-		à		d
medications are needed you must get approved from OPOs and the door. If you school person that he documented		1	* *	-		*	2		•
TO A TO ON A ROTH RETWEST AND A STATE OF THE	-								
				V-12-					
arts notify arising after Bild width wipes provided.			E 1						
no Blok at 8 days tensions DPGA for Inlepalar administration and document		ľ				*	*	•	0
nth netwalden please none of there is one burnier with numerical and and document. En dad for hinef overstone zouleted, Apply new 928 to buref each time soleleted oversif not selled LTD provention.			* )						
About the same and the second second second and the second to the second the		2	R 1	1	×		*	4	*
(All of Out	W.								
per blinding for netural light to unit e patient. Advisor of day apparationals, 91, estimates, visit states and united to the pady and bed are five all unite.			1 1						
Laboration to going the published find pay and expended by transfer an expect on expectative has laborated.	1								
soms with changing her Deprinds and/or inscribing a pad as emprepariety.			2 1						
se to the second of the second care to expert one to expert to be a period of the second or second or second or			3 1						
and making bands and so later and so and the day. If she went to stay in ted and wat a corpo back so steen respect terriesing.			X :						
isk if the would like her TV turned on, make nore the bet kee glasses water taken and walker/entericials is positioned			7 1	* *					
be to built and in person board or sed of a tall with respectively.									
Missifice as carriers if you leave her bedreon.									
Proposed. Coffice with American creatives and put on her equipment may wish fed.  When make fact threatifus chande be exprepriately prepared, warmed and cut in small powers due he made whing issues.			× :						
When a readle to get fact of bed and ready for the dry please autic. If not up for \$1.00 one please prompt her Assist with weaking line, bands, leunhag leach and hus, notice up, spelled book in her bedroom.	1	×	g :		X	×	1		ý
Asiat a parting of extend eather as she is strong and disk in businesses, in her wheelchab in her suggest or bedicks	1	2		1 1		*	×	X	,
Lumbs. Offer hunch in Alterthoon, pregare bush for the angure below one small and chemicals			R						
Annual continues army for FT or for transportation to pulside apparatments in conditioning sufferial		ľ	N.		L. A		•	*	•
And Substitute and a substitute of the substitut	4	1							
ACTIVITIES THA METOS ASSISTANCE AND SUPPORT DURING THE DAT									
if et to partitipate in household chores, in admittion, there are privacy better that need to be addressed as real. DARY		1							
Lad as made dady. Sheets are meated when solles or when spars order his WEFS, Lucadry is desired, lightlyd, out a yeay. Delivered meats are heared, cut, placed. Oldhos wested, difled, put every.		1	1	# 2		1		R	1
Determine the cheared of a life food and expedit our as a wedned.			*						
Garlsogra and Depends dup out in emptoré daily and taken to track reom.			*						
Straightean up as needed and diagone of unincursary literies, mad, colonidars, wronpours, etc.									
Vocusium and emergy Robert as pended.  Wolfarours tolkel peak, oquation, tolkel, shamos diskribector; and so mitted as needed			1						
Embry Finding was for plants with her pind cell that both Leeder as needed		1		20				- 6	
Ochanisticher									
She likes to writch markles, TV thours, and journaling/ lists of to de/decumenting her daily experiences.		1							
The Like Integral file many activities that are efforced by Heather Hills. Please review daily, weekly, poor in otherway soul help har have something to see it needs to relate the seed of the seed o	1	*	*	*	¥ :			2,	
in non-COVID towns she employ going to the Y for staircite w/PT, shepping for first paint gractions and incidentals, steam family		1							
		1							
She this sejons in residence activities - more theador social hours, bends, cleaner, crafts, etc.									
4.00 pt List and analys to resourate Begins decreasing. Mease of Contidue with Guard Assist.		1							
As a reference that the survey the survey the survey for description as reach as possible. Here acknowledges to provide the									
\$ 00 per serie elle iller te net dinner il she refuses, sous ent havern preside asset authore shet are personalassistime (fled		- 1						0.0	
5.00 pages and ally the first ha not discour. If the refuses, says not having provide exact authors that are provide constituent filed	14	12		2	K.	X.	i.		10
7-03 - 8-00 pre-Departing on the authors demonstrate the cost, money, TV off energy and Leasting and prompt that she is ready to ready for the right. If needed present by 6.30 pm.		,			*	x	2	,	
CONTROL OF THE STATE OF THE STA	-		1	-20	475	450	200		4.
SECTIBLE SOUTHEES  SENT requires with codesing. Wary important that allowed grice to lead to proif her parting up to go eller congruer pane		1			,				
Full their purposes from the division to have become division by the deep and asset as according while the session to be a									
		b	. 1	2		3	¥		L
Janual with neutring her lane, hands and brashing her lands with prompting and guard asular.					1				
Asset with getting mile her bed, const her. Ash if the woold liber to an, byin left on or off,									
	1	5	X		1			-	

INVOICE 2021-1

Claim #: 22 318J-672 Loss Date:

7/12/2013

Patient:

Provider:

Village Care THE VILLAGE OF HEATHER HILLS

Service

Address:

Provider

Address: 1055 Forest Hills Ave

Grand Rapids, MI, 49306

DIAGNOSIS S06.9X0S

**DIAGNOSIS V89.2XXS** 

FEIN:

36-4736291

DATE	Code	Time	Units	Amount DUE
10/17/2020	S9122	9am-9pm	12	\$360.00
10/18/2020	59122	9am-9pm	12	\$360.00
10/22/2020	S9122	6-10pm	4	\$120.00
10/23/2020	59122	9am-9pm	12	\$360.00
10/24/2020	59122	9am-9pm	12	\$360.00
10/26/2020	59122	9am-9pm	12	\$360.00
10/29/2020	59122	6-10pm	4	\$120.00
10/30/2020	59122	9am-9pm	12	\$360.00
11/1/2020	S9122	9am-9pm	12	\$360.00
11/2/2020	59122	9am-9pm	12	\$360.00
11/4/2020	59122	9am-9pm	12	\$360.00
11/6/2020	\$9122	9am-9pm	12	\$360.00
11/9/2020	59122	9am-9pm	12	\$360,00
11/12/2020	59122	6-10pm	4	\$120.00
11/13/2020	59122	9am-9pm	12	\$360.00
11/15/2020	59122	9am-9pm	12	\$360.00
11/16/2020	59122	9am-9pm	12	\$360.00
11/18/2020	59122	9am-9pm	12	\$360.00
11/19/2020	59122	6-10pm	4	\$120.00
11/20/2020	S9122	9am-9pm	12	\$360.00
11/23/2020	S9122	9am-9pm	12	\$360.00
11/26/2020	59122	6-10pm	4	\$240.00
11/27/2020	59122	9am-9pm	12	\$360.00
11/29/2020	59122	9am-9pm	12	\$360.00
11/30/2020	\$9122	9am-9pm	12	\$360.00
12/2/2020	59122	9am-9pm	12	\$360.00
12/3/2020	59122	6-10pm	4	\$120.00
12/4/2020	59122	9am-9pm	12	\$360.00
12/5/2020	59122	9am-9pm	12	\$360.00
12/7/2020	S9122	9am-9pm	12	\$360.00
12/8/2020	59122	9am-9pm	12	\$360.00
12/9/2020	59122	6-10pm	4	\$120.00
12/10/2020	S9122	6-10pm	4	\$120.00
12/12/2020	59122	9am-9pm	12	\$360.00

		Total Hours	616	Total Due	\$19,440.00
1/29/2021	59122	9am-9pm	12	7-4-15	\$360.00
1/28/2021	59122	6-10pm	4		\$120.00
1/25/2021	S9122	9am-9pm	12	1	\$360.00
1/24/2021	59122	9am-9pm	12	1 1	\$360.00
1/22/2021	59122	9am-9pm	12		\$360.00
1/21/2021	59122	6-10pm	4		\$120.00
1/20/2021	S9122	9am-9pm	12		\$360.00
1/18/2021	59122	9am-9pm	12		\$360.00
1/15/2021	59122	9am-9pm	12		\$360.00
1/14/2021	S9122	6-10pm	4		\$120.00
1/11/2021	\$9122	9am-9pm	12		\$360.00
1/10/2021	59122	9am-9pm	12		\$360.00
1/8/2021	59122	9am-9pm	12		\$360.00
1/7/2021	59122	6-10pm	4		\$120.00
1/6/2021	S9122	9am-9pm	12		\$360.00
1/4/2021	59122	9am-9pm	12	1	\$360.00
1/1/2021	59122	9am-9pm	12	1 4	\$720.00
12/31/2020	S9122	6-10pm	4		\$120.00
12/27/2020	59122	9am-9pm	12		\$360.00
12/25/2020	59122	9am-9pm	12	100	\$720.00
12/24/2020	S9122	6-10pm	4		\$240.00
12/23/2020	59122	9am-9pm	12		\$360.00
12/21/2020	59122	9am-9pm	12		\$360.00
12/18/2020	59122	9am-9pm	12		\$360.00
12/17/2020	59122	9am-9pm	12	1	\$360.00
12/15/2020	\$9122	6-10pm	4		\$120.00
12/14/2020	59122	6-10pm	4	1 4	\$120.00

October 2020 Care Log	1					
AANDATORY COVID PROTOCOLS		*				action with
	Date	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	20 21 22	23 24	25 26 27	7 28 29 3
IASKING IS REQUIRED AT ALL TIMES BY ANYONE WHO ENTERS RESIDENCE		x x	X	×	×	X X
ands of both caregiver and must be washed and sanitried after bathroom use ano frequently		x x	×	×	×	x x
aregiver must document and verify no exposure, symptoms and record temp		x x	×	×	×	x x
emperature of must be take at 9 am and 8 pm and post on door for Village Care for state mandate		x x	×	×	×	x x
Ill surfaces and door knobs shall be sanitized and disinfected with materials provided for COVID and fix precauations	300	x x	9	×		x x
Il of equipment must be sanitized and disinfected with materials povided for COVID and flu presautions		x x	×	×		× ×
his stall include her wheelchair sell and arms, walker seat and handles, door knobs, drawers and nationers		1			2	
umidifiers for respiratory and COVID should be refilled daily and cleaned once a week		X X	×	×	×	X X
annual control (Capitatory and Covid and termen daily and realied drive a week		x x	×	X	X	× ×
ncourage fluids throughout day (Goal is 1,500 mt/day) Document intake in mL to assist with		× x	×	×	Х	x x
RANSFERS						
ait belt must be worn by at all times except when she is in bed for the night to sleep.		x x	×	×	×	x x
ransfer to/from bed with assistance to walker or wheelchair using gair belt to assist and support stability of		x x	ĸ	8	×	× ×
lace walker/wheelcnair in locked position.		x x	ж	×	×	× ×
ansfer to/from wheelchair/walker to toder with gait belt to assist and support stability of the ste wood fail.		× ×		v		/e- 1
ssist with taking pants down with prompting on holding fall bars until she is in seated position.		x x	3		2	х >
are walker/wheelchair in locked position.			×	×	×	* 1
		X X	×	ж.	×	× )
ransfell and out of living room chair with prompting and assistance of gait belt for support stability		x x	×	×	×	X X
ace walker/wheelchair in position and in locked position		x x	X	×	×	X 1
pon artival review caregivers, DPOA, Village Care notes.		x x	×	ж	×	x >
exiew calendar for appointments and activities schedule to advise and prepare for the day		x x	×	×	х	× >
DISPENSING OF MEDICATIONS						
Ill medications are in the locked safe on top of refrigerator.		I.				
Medications are in daily containers		T.				
Medications are given at 9.00 am, 3.00 pm, 8.00 pm (or prior to bedtime if the goes earlier)		× ×	×	×	×	36 ×
fiber gummies to be given dairy with 9 00 ani meds		x x		×	×	>
pill medications are needed you must get approved from DPCA and the dose, time dispensed, reason shall be documented						
refere medications are dispensed must be in a fully upright position to avoid choking/assist with swallowing		× ×	×	×	x	x x
ach pill should be given individually with water in her jups with ilds. No straw		Transfer of the contract of th	v	ů.	0	
		x x	*	×	×	x >
URINATION AND BOWEL MOVEMENTS						
OCUMENT SIM VIN and convictoric Programma to a landa and and						
locument BM size and consistency Document on calendar and notes.	- 4	x x	*	×	×	X >
ssist with wiping after BM with wipes provided		x x	×	X	×	X 2
no BM in 3 days contact DPOA for Miralax administration and document						
fith usination please note if there is any burning with bi nation, smell cloudiness, overall weakness or confusion. Document in notes		× ×	X	×	×	X 5
ew pad to brief everytime toileted. Apply new pad to brief each time toileted even if not stilled. UTI prevention		× x	×	×	×	× )
TART OF DAV						
TART OF DAY Vake and upon arrival and give 9:00 am medications per DISPENSING OF MEDICATIONS		THE COLUMN TWO IS NOT		3,000		
ive each pill with water after seated in fully upright position to avoid choking or difficulty swallowing issues		x x		×	×	Э
was periodic and section in the section in the oblight bostion to short clocking o, qualify swallowing games		x x		×	×	×
pen blinds to allow natural right to wake patient. Advise and of day appointments, PT. activities		x x		×	×	3
valuate if was incontinent and/or that her body and bed are free of urine		x x		v		Q.

for toileting by applying gait belt and assisting w/ transfer to walker or wheelchair per TRANSFER. Assist with changing her Depends and/or inserting a pad as appropriate Cue to use bidet. If uses tallet paper cue to wipe from front to back and provide assistance when warranted with washing hands and sanitizing If she is leady to get up for the day. If she wants to stay in bed and wake up or go back to sleep respect ner desire. Ask if she would like her TV turned on, make sure she has her glasses within reach and walker/wheelchair is positioned appropriately and in locked position to avoid a fall with impulsivity via cantera il you leave her bedroom coffee with Boost as creamer and put in her spillproof mug with lid. preakfast. Breakfast should be appropriately prepared warmed and cut in small pieces due to swallowing issues s ready to get out of bed and ready for the day please assist. If not up by 11-00 am please prompt her with washing face, hands, brushing teeth and hair, make up, application in her bathroom in getting diessed either as she is sitting on toilet in bathroom, in her wheelchair in her room or begs de should be seated at table in her wheelchair with SAD lamp on for 30 minutes daily from Oct 1. May 1 Lunch Offer lunch in afternoon, prepare lunch for Rose to ensure bites are small and chewable Assist with preparing for PT in for transportation to outside appointments in coordination w/DPOA DAILY ACTIVITES THAT EEDS ASSISTANCE AND SUPPORT DURING THE DAY likes to participate in household chores. In addition, there are sanitary issues that need to be addressed as well Bed is made daily. Sheets are washed when soiled or when appropriate. M.W.F./S. Laundry is washed follow put away Delivered meals are heated, cut, plated Dishes washed dried put away Refrigerator is cleared of old food and wiped out as needed Garbages and Depends disposal is emptied daily and taken to trash room. Straighten up as needed and dispose of unnecessary items, mail calendars wrappers, etc. Vacuum and sweep floors as needed Bathroom toilet seat, counters, to let, shower disinfected and sanitized as needed Every friday water her plants with her and refinite bird feeder in needen Other activities She likes to watch movies, TV shows, and journaling/lists of to un/documenting her daily experiences. She also employs the many activities that are offered by Heather rids. Please review daily, weekly, month offerings and help her have something to look forward to and enjoy in non-CCIVID times she enjoys going to the Y for exercise w/PT shopping for her own groceries and incidentals, seeing family She also enjoys in residence activities impute theater, social hours, bands, classes, crafts, etc. 3:00 pm meds administered LEGS AND ABILITY TO AMBULATE BEGINS DECREASING. PLEASE BE CAUTIOUS WITH GUARD ASSIST. As a safety measure that the use the wheelchair for transport as much as possible. Rose acknowledges if prompted generally likes to eat dinner. If she refuses, says not hungry provide snack options that are protein/nutrition filled 7:00 - 8:00 pm Depending on the activities throughout the day, mood, TV offerings ready to get ready for the night if needed prompt by 8:30 pm BEDTIME ROUTINE

×	×		×	×		X
×	2		×	0		X
X	3		×	X X		×
Х			×	×		Х
X			X.	×		х
X			×	×		X
×			X	×		X
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	8	X	×	*		
			. 10		10	01
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*	×	X-	×	*	*	8

Start routine with colleting Very important that she void prior to bed to avoid her getting up to go after caregiver gone	X X	×	×	×	X X
Pull her paramas from the dresser in her bedroom dresser by the door and assist as necessary while she sits on toilet.	X X	×	X	×	x x
Assist with washing her face, hands and brushing her teeth with prompting and guard assist	× ×	X	X	×	XX
Assist with getting into her bed, cover her. Ask if she would liket to on, light left on or off	x x	×	×	×	XX
Meds dispensed as above DISPENSING OF MEDICATIONS	x x	×	×	×	XX
Reful her water and place on night stand within reach. Make sure she has remote to TV and phone within seach	X X	X	X	×	XX
Remand her to push the button for assist from Village Care, call Tract or signal her on right camera	x x	X	X	X	XX

November 2020 Care Log																
			-0.0	-				3.0								
IANDATORY COVID PROTOCOLS	Date	1 2	3 4	567	8 9 10	11 1	2 13	14 15	16 17	18	9 20 2	1 22 23 2	4 25 2	6 27	28 2	9 30
MASKING IS REQUIRED AT ALL TIMES BY ANYONE WHO ENTERS RESIDENCE		x x	X	X	X	X	×	×	X	x >	×	×	X	X	X	X
lands of both caregiver and must be washed and sanitzled after bathroom use and frequently		××	×	×	X	X	X	×	X	X X	. ×	×	х	×	×	×
aregiver must document and verify no exposure, symptoms and record temp		x x	×	×	×	×	×	×	X	X X	×	×	×	X	×	×
emperature of must be take at 9 am and 8 pm and post on door for Village Care for state mandate.		X X	×	X	х	×	×	X	X	XX	×	×	×	X		X
All surfaces and door knobs shall be sanitized and disinfected with materials provided for GOVID and flu precauations		x x	×	X	X	X	X	x	X	X >	×	X	X		x	X
quipment must be samuzed and disinfected with materials povided for COVID and flu precautions		x x	×	×	x	×	×	X	X	X >		x	×			×
his shall include her wheelchair seat and arms, walker seat and handles, door knobs, drawers and cabinets		×х	×	x	X	×	X	×	X	X X		*	×			×
lumidifiers for respiratory and COVID should be refilled daily and cleaned once a week		хх	x	×	×	×	х	x	×	x x	×	×	×			×
ncourage fluids throughout day (Goal is 1,500 mL/day) Document intake in mL to assist with		×х	X	х	х	×	×	x	X	x x	×	×	x	×	×	×
RANSFERS	4															
Sait belt must be worn by at all times except when she is in bed for the night to sleep.		x x	×	ж	×	×	х	×	×	x x	×	×	х	×	×	×
ransfer to/from bed with assistance to walker or wheelchair using gart built to assist and support stability of		хx	х	×	x	×	×	ж	×	x >	×	×	×	×		x
Place walker/wheelchair in locked position		×х	×	х	×	×				× ×		×	×			×
ransfer to/from wheelchair/walker in tollet with gait belt to assist and support stability of		хх	×	X	X	×	к	х	x	x x	×	×	X	×	×	x
Assist with taking parts down with prompting on holding fall bars until the is in seated position		x x	X	×	х		X	x		x x		x	×		×	
Place walker/wheelchair in locked position	1	× ×	×	X	x		X	×			×	×		X	X	
lansfe		x x	х	×	X.	×	×	x	×	x x	×	X	×	×	6	x
tace walker/wheelchair in position and in locked position		x x	×	×	×		×	x	K	XX		×	×			X
Upon arrival review caregivers, DPOA, Village Care notes		× ×	x	×	×		×	×		XX		*		×		×
review calendar for appointments and activities schedule to advise and prepare or the day.	4	x x	×.	X	×		X	×		X X		x		×		X
DISPENSING OF MEDICATIONS																
All medications are in the locked safe on top of refrigerator.																
Medications are in daily containers		1														
Medications are given at 9:00 am, 3:00 pm, 8:00 pm (or prior to bedrime if an goes earlier)		x x	×	x	×	×	×	×	v.	x x		v	v			v
liber gummies to be given daily with 9 00 am nieds		x x	×	x	×		×	×		4	Ŷ	×	0	0		X
prin medications are needed you must get approval from DPOA and the dose, time dispensed, reason shall be documented		68.44	175		- 3		14					o.		^	'n	- 0
Before medications are dispensed must be in a fully upright gosition to avoid choking/assist with swallburing																
Before medications are dispensed to the major of a fully upright position to avoid choking/assist with swallowing act pill should be given individually with water in her cups with lids. (No straw.)		x x	X	X	×		×	×	X	x x	X	×	X	×	X	X
action provided be given marked with water in her cups with light (No straw.)		xx	X	X	X	×	X	x	X	x x	×	×	×	×	X	Х
JRINATION AND BOWEL MOVEMENTS		1														
Document BM size and consistency	4	20														
ssist with wiping after BM with wipes provided		XX	X	Х	×	X	×	Χ.	X	X X		х	×	X		X
no BM in 3 days contact DPOA for Miralax administration and document		x x	X	Х	×	X	X	X	X	X X		×	×	×	X	X
th unnation please note if there is any burning with unnation, sme. Choudiness, overall weakness or confusion			-	4												
ew pad to brief everytime tolleted. Apply new pad to brief each time toleleted even if not solled. Ut prevention		x x	X	X	×	X	×	X	X.	XX	×	X	×	×	X	
			^	<b>*1</b> )				^		A X	^	X	×	A	X	Х
TART OF DAY																
vake upon arrival and give 9:00 am medications per DISPENSING OF MEDICATIONS		хx	X	×	X		x	X	K	x	×	Y		v	V	¥
					10			1.00		1.0	0	^		0	1	×

ive each pill with water after seated in fully upright position to avoid choking or difficulty swallowing issues	lx x	X	×	x		×	×	×	×	×	×		×	×	×
en blinds to allow natural light to wake patient. Advise the day appointments, P1, activities	x x	X	×	×		x	x	х	×	×	×		М	×	×
was inconment and/or that her body and bed are free of urine.	xx	X	×	×		X	×	х	×	X	×		X	×	×
pare to toileting by applying gait beit and assisting w/ transfer to walker or wheelchail per TRANSFER.	x x	X	×	×		×	X	Х	x	X	x		×	×	×
sist with changing her Depends and/or inserting a pad as appropriate	x x	X	×	×		X	X	×	×	×	×		X	X	×
te to use bidet. If uses to let paper due to wipe from front to back and provide assistance when warranted with washing hands and sandizing.	j× ×	×	×	×		X		X	х	×	×		×	X	X
she is ready to get up for the day. If she wants to stay in bed and wake up or go back to sleep, respect her desire	lx x	X	X	×		×		X	×	X	×		×		X
skil she would like her TV turned on make sure she has ner glasses within reach and walker/wheelchair is positioned	X K	X	X	X		X		×	X	×	×		Х		X
apropries and in torked position to avoid a fail with impulsivity	x x	×	X	×		×	X	X	×	X	X		X		×
na camera if you leave her bedroom	x x	×	×			×		X	X	×			×		×
coffee with Boost as creamer and put in her spillproof raug with lid	x x	X	X	×		X	×		X	×	*		4		X
ffer in reakfast. Breakfast should be appropriately prepared, warmed and cut in small pieces due to swallowing issue	k K	×	X	×		x		K	X	×	x		×		X
then is ready to get out of bed and ready for the day please assist. If not up by 11:00 am please prompt her	x x	×	×	×		x		x	X	×	×		×		X
with washing face, hands, brushing teeth and hair, make up, application in her bathroom	x x	×	X	×		×	×	х	×	×	×		×		X
ssist getting dressed either as she is sitting on foliet in bathroom, in her wheelchair in her room or bedside	x x	х	×	×		×	×	x	X	×	x		x		×
anduld be seated at table in her wheelchair with SAD amp on for 30 minutes daily from Oct 1 May 3	x x	×	×	×		×	X	X	х	X	×		×		x
unch. Offer runch in afternoon, prepare lunch for the consure bites are small and chewable	x x	X	×	×		×	×	×	×	X	×		×	×	×
will preparing for P1 or for transportation to outside appointments in coordination w/DPOA															
kes to participate in household choics. In addition, There are sanitary issues that need to be addressed as well  ALY  ed is made daily. Sheets are washing when so led or which appropriate. M.W.F./S. Lawring is washed, folded, put away.  elivered meals are heated, cut, plated. Dishes washed, dried, put away.  efrigerator is cleated of oid food, and wiped out as needed.  arbages and Depends disposal is emptied daily and taken to trash room.  craighten up as needed and dispose of unnecessary items, mail, calendars, wrappers, etc.  account and sweep floors as needed.	x x x x x x x x x x x x x x x x x x x	X X X X X X	x x x x	* * * * *		* * * * * * * *	* * * * * * * * * * * * * * * * * * *	×	x	*	× × × ×	3	( X	×××	× × × × ×
ery in day water her plants with her and reful her bird feeder as needed	x x	X	×	×	×	×		х		x x	*		X		X
ther activities															
ne likes to watch movies, TV shows, and journaling/lists of to do/documenting her daily experiences															
he also enjoys the many activities that are offered by Heather Hills. Please review daily, weekly, month offerings and help her	x x	×	×	×	×		v	100			-				N. No.
ve sonething to look forward to and enjoy	1	0	0									,		*	
non-COVID times she enjoys going to the Y for exercise w/PT shopping for her own graceries and incidentals, seeing family															
ne also enjoys in residence activities imovie theater, social hours, bands, classes, crafts, etc.															
00 pni meds administered	жж	×	×	k		×	8	×	×	×	- ×		×	×	×
00 pm LEGS AND ABILITY TO AMBULATE BEGINS DECREASING. PLEASE BE CAUTIOUS WITH GUARD ASSIST.	V V	-	Ç			·				4 6	-	10	300		
The state of the s	XX	X	0	. 6	7	A	. 70		M	A 8	N	- 1	A.	×	X

Opningenerally likes to eat dinner of she refuses, says not hungry provide shark options that are protein/nutrition filled	хx	X	X	×		X	X	X	×	X	X	X	X.	×
0 8.00 pm Depending on the activities throughout the day, mood 1V offering will usually self prompt that she is dy to get ready for the night of needed prompt by 8.30 pm.	хх	X	x	x	×	x	x	x	x	x x	×	x x	х	x
TIME ROUTINE														
troutine with tolleting Very important that she void prior to bed to avoid her getting up to go after caregiver gone	x x	Х	X	×	Х		X	X	×	X X	X	x x	X	X
her pajamas from the dresser in her bedroom gresser by the door and assist as necessary while she sits on toilet	XX	X	×	×	X	X	X	X	X	XX	X	x x	×	X
ist with washing her face, hands and brushing her reeth with prompting and guard assist	X X	X	X	×	×	X	X	X	K	x x	X	x x	X	X
ist with getting into her bed, cover her. Ask if she would like tity on light left on or off	хx	X	×	×	X	X	×	X	X	x x	×	x x	×	X
eds dispensed as above DISPENSING OF MEDICATIONS	×х	Х	×	×	x	×	X	X	X	x x	х	x x	x	X
in her water and place on night stand within reach. Make sure she has remote to TV and phone within reach	хx	X	×	×	×	×	X	x	x	x x	X	хх	x	x
mind her to push the button for assist from Village Care, call Traci or signal her on night camera	x x	X	X	X	х	x	X	x	×	x x	×	x x	×	X

December 2020 Care Log	4													
MANDATORY COVID PROTOCOLS	-	रहा होता रहत	deleter	2012							_			
MASKING IS REQUIRED AT ALL TIMES BY ANYONE WHO ENTERS RESIDENCE	Date	12345					_		The second secon		100	Acres de la constitución de la c	26 27 28	- Committee
hands of both caregiver and the must be washed and sanitzled after bathroom use and frequently			x x x x	72		XX		X	X				×	×
Caregiver must document and verify no exposure, symptoms and record temp.	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	XXXX			X X		X	X		X		X	X
Temperature of must be take at 9 am and 8 pm and post on door for Village Care for state mandate.	4	LINES TO SOME SALE	XXXX			x x		X	×				×	×
All seeders and door knobs shall be sanitized and disinfected with materials provided for COVID and flu precauations	1	XXXX	XXXX			XX		X	X		X		×	x
All o equipment must be sanitized and disinfected with materials povided for COVID and flu precautions		XXXX	XXXX			x x		X	×		X			X
This shall include her wheelchair seat and arms, walker seat and handles, door knobs, drawers and cabinets.	1		XXXX			XX		X			X	10.51	×	
Humidifiers for respiratory and COVID should be refilled daily and cleaned once a week.		xxxx				XX		X	×		X	100	×	×
Encourage fluids throughout day (Goal is 1,500 mL/day) Document intake in mL to assist with		x x x x	x x x x	×	×	x x	x	x	×	×	x	×	×	×
TRANSFERS	-													
Gait belt must be worn by the state at times except when she is in bed for the night to sleep.		* * * *	<b>x x x x</b>	×	X	x x	×	×	×	X	x	X	×	×
Transfer to/from ped with assistance to walker or wheelchair using gait belt to assist and support stability of		xxxx	***	×	х :	хх	х	X	×	×	x	x	×	×
Place walker/wheelchair in locked position		x x x x	* * * *	х	X :	хх		X	×		X		×	×
Transfer to/from wheelchair/walker to toilet with gail ben to assist and support stability of the organization and tall		xxxx	x x x x	×	x	K K	X	х	×	X	X	x	×	X
Assist with taking pants down with prompting on holding fail bars until she is in selited position		xxxx	xxxx	×	X	x x	X	х	×	×	X	X	×	x
Place walker/wheelchair in locked position,		x x x x	xxxx	×	X (	x x	×	х	×	Х	×	X	×	x
Transfer in/out of living room chair with prompting and assistance of gait belt for support stability.		xxxx	xxxx	×	X :	x x	х	×	×	x	X	x	x	X
Place walker/wheelchair in position and in locked position		xxxx	xxxx	×	X	x x	X	X	×	×	x	x	x	×
Upon arrival review caregivers, DPOA, Village Care notes.		xxxx	xxxx	×	X	x x	X	X	×	×	X	X	×	X
Review calendar for appointments and activities schedule to advise and prepare (or the day)	4	x x x x	x x x x	X	X	x x	X	×	×		X		×	×
DISPENSING OF MEDICATIONS														
All medications are in the locked safe on top of refrigerator														
Medications are in daily containers.														
Medications are given at 9:00 am. 3:00 pm. 8:00 pm. (or prior to bedtime if goes earlier)		xxxx	xxxx	×	x	x x	X	x	×	×	X	x	×	Х
2 fiber gummies to be given daily with 9 00 am meds		x x x	XX	×	×		X	х	×	×		X	×	
If princed cations are needed you must get approval from DPOA and the dose, time dispensed, reason shall be documented.														
Before medications are dispensed must be in a fully upright position to avoid choking/assist with swallowing.		xxxx	x x x x	X	х .	x x	x	х	×	X	x	x	×	,
Each pill should be given individually with water in her cups with lids. (No straw.)		* * * *	* * * *	х	X	X X		X	×			×	×	*
URINATION AND BOWEL MOVEMENTS														
December 1984 (see and constitution)														
Dacument BM size and consistency,		XXX	x x x x			X X		х	- 8	X	X	X	×	Х
Assist with wiping after BM with wipes provided		x x x	XXXX	X	X	XX	X	X	×	X	X	X	X	×
If no BM in 3 days contact DPOA for Miralax administration and document		- Only the residence	V2 12 4 4 5 40	-23	W									
With urmation please note if there is any burning with urmation, smell, cloudiness, overall weakness or confusion.  New pad to brief everytime toileted. Apply new pad to brief each time toieleted even if not soiled. LITI prevention.		100,000,000,000	xxxx			X X		X	×	×			×	X
Per Person and Land Control of the Person of	4	XXXX	XXXX	X	X	X X	X	X	×	X	×	X	×	Х
START OF DAY														

Wake upon arrival and give 9:00 am medications per DISPENSING OF MEDICATIONS	1.4	хx	x x	×	v		х	v		×	×	×	
Give each pill with water after seated in fully upright position to avoid choking or difficulty swallowing issues:	×	XX	XX	×				X	ê	×	x	x	
Open blinds to allow natural light to wake patient. Advise of day appointments, PT, activities.	l x	XX	x x	×			X		*	×	×	X	
was incontinent and/or that her body and bed are tree of urine	X	XX	x x	X	X			x	×	×	×	x	
Prepare for toileting by applying gait belt and assisting w/ transfer to walker or wheelchair per TRANSFER.	×	x x	хх	X	X			×	×	×	×	X	
Assist with changing her Depends and/or inserting a pad as appropriate	×	хх	x x	×			х		×	×	X	×	
Cue to use bidet of uses to liet paper cue to wipe from front to back and provide assistance when warranted	×	xx	x x	×				X	×	×	×	×	
with washing hands and sanitizing	l x	XX	x x	X			х		×	X	×	X	
Ask and I she is ready to get up for the day. If she wants to stay in bed and wake up or go back to sieep, respect her desire	l ×	x x	хх	X			X		×	X	X	X	
Ask if she would like her TV turned on, make sure she has her glasses within reach and walker/wheelchair is positioned.	X	XX	x x	×			X		×	x	×	X	
appropriate and in locked position to avoid a fall with impulsivity	×	хх	x x	×			x		¥	X	X	X	
Monito, a camera if you leave her bedroom:	×	XX	x x	X			X		×	X	×	x	
repair coffee with Boost as creamer and put in her spillproof mug with iid.	1 ×	x x	xx	X			х	100	×	×	×	X	
Offer preakfast. Breakfast should be appropriately prepared warmed and cut in small pieces due to swallowing issues	X	хх	x x		X		X		ž.	×	×	×	
When is ready to get out of bed and ready for the day please assist. If not up by 11: 00 am please prompt her	×	x x	x x	X			X		×	3	x	x	
Assist with washing face, hands, brushing teeth and hair, make up, application in her bathroom.	×	XX	X X	×			X		×	×	X	X	
Assist an agetting dressed either as she is sitting on toller in bathroom, in her wheelchair in her room or bedside	×	x x	XX	×			X		×	3	×	X	
should be seated at table in ner wheelchair with SAD lamp on for 30 minutes daily from Oct. 1 - May 1	×	XX	X X	X			X		×	×	X	X	
Lunch- Offer limith in afternoon, prepare junch for to ensure bites are small and chewable	x	хx	хх	×	x		х		×	×	×	X	
Assist with preparing for PT or for transportation to outside appointments in coordination w/DPOA													
DAILY Bed is made daily. Sheets are washed when socied or when appropriate. M W F/S. Laundry is washed, folded, put away Delivered meals are neated, but, plated. Dishes washed, dried, put away Refrigerator is cleared of old food and wiped out as needed. Garbages and Depends disposal is emptied daily and taken to trash room. Straighten up as needed and dispose of unnecessary items, mail, calendars, wrappers, etc. Vacuum and sweep floors as needed. Bathroom toilet seat, counters, toilet, shower disinfected and samitized as needed. Every Friday water her plants with her and refill her bird feeder as needed. Other activities.	X : X : X : X : X : X : X : X : X : X :	<pre></pre>	$x \times x \times$	x x x x	x x x x x x x x x x x x x x x x x x x	x x x x	X X X X	X X X X X	* * * * * * * * * * * * * * * * * * *	* * *	x x x x x x x x x x x x x x x x x x x	X X X X X	x x x x x x x x x x x x x x x x x x x
the likes to watch movies. TV shows, and journaling/lists of to do/documenting her daily experiences.													
She also enjoys the many activities that are offered by Heather Hills. Please seview many, weekly, month offerings and help her have something to look forward to and enjoy	×	( X X	x x x x	x	х к	K	Ж	R		×	× ×	X	X
n non-COVID times she enjoys going to the Y for exercise w/PT, shopping for her own groceries and incidentals, seeing family													
the also enjoys in residence activities movie theater, social hours pands, masses, crafts, etc.													
3 00 pm meds administered	×	x x	x x	x	×		×	K	×	×	×	×	
4:00 pm LEGS AND ABILITY TO AMBULATE BEGINS DECREASING. PLEASE BE CAUTIOUS WITH GUARD ASSIST.  As a safety measure that the wheelchair for transport as much as possible acknowledges if prompted	x x	( x x	XXXX	×	x x	x	×	×	×	×	× ×		×

enerally likes to eat dinner. It she refuses, says not hungry provide snack options that are protein/mitr tion filled	× ××	xx	x x		X	х	×	×	X	×	
00 8.00 pm Depending on the activities throughout the day, mood, TV offerings will usually self prompt that she is	10000										
eady to get ready for the night. If needed prompt by 8 30 pm	XXXX	x x x x	хх	X X	Х	X	X	×	XX	×	3
EDTIME ROUTINE											
tart routine with toileting Very important that she void or or to bed to avoid her getting up to go after caregiver gone	xxxx	xxxx	x x	хх	X	X	X	X	хх	X	
ull her pajamas from the dresser in her bedroom messer by the door and assist as necessary while she sits on toiler	xxxx	XXXX	x x	XX	X	X	×	X	x x	×	- 9
ssist with washing her face, hands and brushing her teeth with prompting and guard assist	xxxx	xxxx	x x	x x	X	X	×	X	XX	×	d
ssist with getting into her bed cover her. Ask if she would like to on light left on or off	xxxx	xxxx	x x	X X	X	X	X	X	XX	X.	110
Meds dispensed as above DISPENSING OF MEDICATIONS	xxxx	XXXX	X X	XX	X	×	X	X	x x	×	
etill her water and place on riight stand within reach. Make sure she has remote to TV and phone within reach	xxxx	xxxx	x x	XX	X	X	X	X	x x	X	
emind her to push the button for assist from Village Care, call Traci or signal her on night camera.	XXXX	XXXX	X X	XX	X	X	х	X	X X	×	- 2

anuary 2021 Care Log																
MANDATORY COVID PROTOCOLS	Date	1113	21/10	16 7 9	0 10	11[12]	2 10	14 16	17 18 1	20 20	21/2	al apla	nal no	factor!	00 20	0 27
ASKING IS REQUIRED AT ALL TIMES BY ANYONE WHO ENTERS RESIDENCE	Date	X	X	XXX		X	X	-	X X		X X		( X	the second second second	( X	1 30
ands of both caregiver and flust be washed and sanitzied after bathroom use and frequently		IÇ.	Ŷ	XXX	×		×		X		x x		X		X	
regiver must document and verify no exposure, symptoms and record temp		0	0	XXX	×		X		X		XX					
emperature of the loss be take at 9 am and 8 pm and post on door for Village Care for state mandate		lû.	0						×				X		K	
surfaces and duor knobs shall be sanstized and disinfected with materials provided for COV II and fru precauations		I,	0	XXX	X		X				X X		X	3		
		X	X	XXX	X		X		×	100	x x		X		×	
of the equipment must be samitized and disinfected with materials povided for COVID and flu precautions.		X	X	XXX	Х.	(T)-1	X		×		X X		X		K	
is shall include her wheelchair seat and arms, walker seat and handles, door knobs, drawers and cabinets.	1	l'x	X	XXX	X		X		×		x x		X		X	
umidifiers for respiratory and COVID should be refilled daily and cleaned once a week		×	×	XXX	×	×	X	×	×	×	* X	,	X	3	×	
courage fluids throughout day (Goal is 1,500 mL/day) Document intake in mL to assist with		х	×	x x x	х	×	x	x	×	×	x x	,	×	,	×	
NANSFERS	=															
ait belt must be worn by the at all times except when she is in bed for the night to sleep.		х	×	* * *	x	×	×	×	ж	х	x x	>	×	9	( x	
ansfer to/from bed with assistance to walker or wheelchair using gait beh to assist and support stability of		1	v					N.	6							
are walker/wheelchair in locked position		×	X	XXX	×	X	×		×		XX		X		C X	
The state of the s		1	A	A A A	A	A	*	7.		X	XX	3	X	-	X	
ansier to/from wheelt nair/warker to toilet with gait belt to assist and support stability of	1		Ar-		- 100		- 6	67	· ·	4.						
ssist with taking pants down with promoting on holding fall bars until she is in seated position		X	X	XXX	×		X		×		X X		X		X	
at a market/wheelchair in locked sitistical		X	X	XXX			Ж		×		X. X		X		X	
		X	Α.	XXX	×	*	×	*	×	×	x x	,	×	3	( X	
n/out of living room chair with prompting and assistance of guit belt for support stability		×	×	XXX	×	X	×	X	×	X	x x	)	X	3	X	
ace walker/wheelchair in position and in locked position.		×	X	XXX	×	X	×	X	×	×	x x	)	x x		k x	
pon arrival review caregivers, OPOA. Village Care notes.		ж	×	XXX	×	×	X	×	×	X	x x	)	x x		c x	
eview calendar for appointments and activities schedule to advise and prepare	4	×	×	x x x			х		x		x x		×		( X	
ispensing of medications		1														
Il medications are in the locked safe on top of refrigerator.																
ledications are in daily containers		1														
edications are given at 9:00 an 13:00 pm 8:00 pm (or prior to bedtime if gods earlier)		x	X	xxx	X	×	Х	×	×	×	x x	,	( X		( x	
fiber gummies to be given daily with 9.00 am meds		×	X	x x				X	x	×	X		X		X	
prin medications are needed you must get approval from DPOA and the dose, time dispensed reason shall be documented	1.		***			160		601	130	10	-					
efore medications are dispensed must be in a fully opright position to ayolo choking/assist with swallowing		V	×	xxx	×	v	×	v		4	v v		x x	9		
ich pill should be given individually with water in her cups with lids. (No straw.)		10	X	XXX			×		×		x x		X		X X	
			,	AAA			K	^	^	^	A A	,	Α. Α	19		
BINATION AND SOWEL MOVEMENTS																
grumant BM risa and convertees.			100	E 20 H		774-		-77								
ocument BM size and consistency		×	×	X X X			X		×	X	X X		X		X	
sist with wiping after BM with wipes provided		X	×	XXX	X	X	X	X	X	×	XX	)	X X	8	X	
no BM in 3 days contact DPOA for Miculae administration and document																
ith urmation please note if there is any burning with urmation, smell, cloudiness, overall weakness or confusion		X	×	XXX	×	X	×		X	X	XX	)	K X		¢ X	
ew pad to brief everytime toileted. Apply new pad to brief each time toileted even if not soiled. UTI prevention		Х	x	XXX	Х	×	X	x	х	×	X Y	,	X	3	X	
TART OF DAY																
Vake upon arrival and give 9.00 am medications per DISPENSING OF MEDICATIONS		X	X	x x	×	X		x	×	×	X		K X		X	
	1.0	100	340	24 172	100	0.400		- 13	100	200	- 0		1 1		M	

Give each pill with water after seated in fully upright position to avoid choking or difficulty swallowing issues	I lx	×	x	x :	x x	×	×	×		¥.	v	×		v	
Open blinds to allow natural light to wake patient. Advise day appointments, P1, activities.	x	×	×	X	x x	×	X	×		X	X			8	
Evaluate if was incontinent and/or that her body and bed are free of urine	×	×	× 1	×	X X	X	×	×		K	X			×	
Prepare for toileting by applying gait belt and assisting w/ transfer to walker or wheelthan per TRANSFER.	x	×	x	×	х х	×	х	×		x	×			×	
Assist with changing her Depends and/or inserting a pad as appropriate	x	×	x :	×	××	×	X	×		X.	×			×	
Cue to use bidet. If uses tailet paper cue to wipe from front to back and provide assistance when warranted	×	х	X	× .	x x	×	ж	×		×	х	×		×	
Asset with washing hands and samilizing.	х	×	x	×	x x	×	×	X		×	х	×		x	
Ask she is ready to get up for the day. If she wants to stay in bed and wake up or go back to sleep, respect her desire	x	X	×	X	XX	×	X	X		X	×	×		X	
Ask if she would like her TV turned on, make sure sile has her glasses within reach and walker wheelchair is positioned	x	×	X :	×	X X	×	K	×		x	х	X		*	
appropriately and in locked position to avoid a fall with impulsivity	x	X	X.	X	x x	X	X	X.		X.	×	×		×	
Monttoc yia camera if you leave her bedroom.	×	×	X	×	X X	×	X	8		X	×	X		×	
Prepare offee with Boost as creamer and put in her spripruof mug with iid	×	Х	×	X	X X	X	X	×		X	×	X		×	
Offer Teaklast. Breakfast should be appropriately prepared warmed and rut in small pieces due to swallowing issue-	x	×	х	×	x x	×	X	×		X	×	×		×	
When a ready to get out of bed and ready for the day please assist. If not up by 11,00 am please prompt her.	X	X	X		X X	×	×	×		X	X			×	
Assistantial washing lace, hands, brushing teeth and hair, make up, application in her bathroom.	X	X	X		K X	×	X	×		x	X			Ж	
desired a getting dressed either as she is sitting on toilet in bathroom, in her wheelchair in her room or bedside	x	Х	X		X X	×	X	X		X	X			×	
hould be seated at table in her wheelchair with SAD lamp on for 30 minutes daily from Oci. 1. May 1.	l ×	X	X	Х	X X	Х	X	X		×.	X	X		*	
unch. Offer lunch in afternoon, prepare lunch for lessure bites are small and thewable.	×	×	X .	×	××	×	×	×.		x	×	×		×	
Assist with preparing for PT or for transportation to outside appointments in coordination w/DPOA.															
DAILY ALTIVITES THAT															
kes to participate in household chores in addition, there are sanitary issues that need to be addressed as well															
DAILY	1 1														
Bed is made daily. Sheets are washed when soiled or when appropriate. M.W.F/S aumory is washed, folded, put away.	×	X	x x :	X	x x	x x	×	×	X	X	v	W	4	X	
Delivered meals are heated, cut, plated. Dishes washed, drico, put away	×	×	хх		x x	x x	*	×	×		×	X		K X	
Refrigerator is cleared of old food and wiped out as needed	l x	X	хх		x x	x x		*	X			×		K X	
Garbages and Depends disposal is emptied daily and taken to trash room	×	X	X X		××	x x	×		X	-33		X		K K	
Straighten up as needed and dispose of unnecessary items, mail (ralendars, wrappers, etc.	×	х	xx		x x	x x	×		X			X		K X	
Vacuum and sweep floors as needed	×	х	XX	X	x x	× ×	N		х			X		K X	
Bathroom tuilet seat, counters, toilet, shower disinfected and saintived as needed It very Friday water her plants with her and reful her hind feeder as needed.	×	×	ХХ.	X	X K	x x	8	×	×	x	×	×	*	k k	
Other activities:															
	1 1														
She likes to watch movies, TV shows, and journaling/ lists of to do/documenting her daily experiences															
She also enjoys the many activities that are offered by Heather Hills. Please review daily, weekly, month offerings and help her	×	×	XX	×	x x	X X	8	×	X	X	- 8	*	- 1		
have sonething to look forward to and enjoy															
In non-COVID times she enjoys going to the Y for exercise w/PT, shopping for her own graceries and incidentals, seeing family	100														
She also enjoys in residence activities - movie theater, social hours, bands, classes, crafts, etc.															
3.00 pm meds administered	×		W	χ.	8 X	x	¥	×.		X	×	×			
4:00 pm LEGS AND ABILITY TO AMBULATE BEGINS DECREASING. PLEASE BE CAUTIOUS WITH GUARD ASSIST	10	40	W 31	10	G 76	-		-	200		00-	45			
As a safety measure that wise the wheelchair for transport as much as possible innowledges if prompted	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		XX			X X		×	*	×		×		*	
and a second of the second of	×	A	X X	A	A X	× ×	W	×	X	×	×	×	,	K N	
	1														

5 00 pm generally likes to eat dinner. If she refuses, says not hungry provide snack options that are protein/nutrition filled	x	×	х >	×	X		×	×	x		×	X	X		×	
7.00 8.00 pm Depending on the activities throughout the day, mood. TV offerings will usually self prompt that she is ready to get ready for the night. If needed prompt by 8.30 pm	×	×	x x )	×	×	×	х	×	x	X	×	χ	x	x	x	
EDTIME ROUTINE																
Very important that she void prior to bed to avoid her getting up to go after caregiver gone	X	×	XX)	X	X	×	X	X	X	X.	X	X	X	Х	X	
full her pajamas from the dresser in her bedroom dresser by the door and assist as necessary while she sits on toilet	×	×	XXX	×	X	×	X	X	X	X	X	X	×	X,	X	
Assist with wasning her face, hands and brushing her teeth with prompting and guard assist	×	×	X X X	X	X	×	×	×	X	X	X	X	X	X	×	
assist with getting into her bed, cover her. Ask if she would liket ty on, light left on or off	×	X	x x 3	X	×	×	X	×	X	X	X	×	X	×	X	
Meds dispensed as above DISPENSING OF MEDICATIONS	×	×	x x x	×	X	×	X	×	X	X	X	X	x	×	X	
efill her water and place un night stand within reach. Make sure she has remote to 1V and phone with a leach	×	×	x x :	×	×	×	×	×	X	x	X	X	X	X	×	
Remind her to push the button for assist from Village Care, call Traci or signal her on night camera	x	X	XX:	X	х	×	×	×	X	×	×	×	×	X	×	

Lavorce 2021-2

Claim #: 22-318J-672

Loss Date: 7/12/2013 Feb-21

Patient: Provider: Village Care

THE VILLAGE OF HEATHER HILLS

Provider

Address: 1055 Forest Hills Ave

Grand Rapids, MI, 49306

DIAGNOSIS 506.9X0S DIAGNOSIS V89.2XXS

Service

Address:

FEIN: 36-4736291

DATE	Code	<u>Tíme</u>	Units		Amount DUE
2/1/2021	S9122	9am-9pm	12		\$360.00
2/3/2021	59122	9am-9pm	12		\$360.00
2/4/2021	S9122	9am-9pm	12		\$360.00
2/7/2021	59122	9am-9pm	12		\$360.00
2/8/2021	S9122	9am-9pm	12		\$360.00
2/12/2021	\$9122	9am-9pm	12		\$360.00
2/14/2021	59122	9am-9pm	12		\$360.00
2/15/2021	S9122	9am-9pm	12		\$360.00
2/17/2021	S9122	9am-9pm	12		\$360.00
2/19/2021	59122	9am-9pm	12		\$360.00
2/21/2021	S9122	9am-9pm	12		\$360.00
2/22/2021	59122	9am-9pm	12		\$360.00
2/25/2021	59122	6pm-10pm	4		\$120.00
2/26/2021	59122	9am-9pm	12		\$360.00
		Total Hours	12	Total Due	\$4,800.00

ebruary 2021 Care Log											
MANDATORY COVID PROTOCOLS	Descri	2222	olelalalala	enles lan	- Total	al value	Lea Lea		Tarabar		
MASKING IS REQUIRED AT ALL TIMES BY ANYONE WHO ENTERS RESIDENCE	Date		56789				40	The second name of			All the same of th
ands of both caregiver and must be washed and sanitzied after bathroom use and frequently		The latest the same of the sam	x x	×	XX	X	X		X	X	-36
regiver must document and verify no exposure, symptoms and record temp		10 10 10	XX	X	X X	X	X	×		X	
mperature of the must be take at 9 am and 8 pm and post on door for Village Care for state mandate		X X X	ХX	×	XX	×	×	X		X	
surfaces and door knobs shall be sanitized and disinfected with materials provided for COVID and flu precauations		x x x	XX	×	X X		×	X		X	X
of quipment must be sanitized and disinfected with materials provided for COVID and flu precautions		x x x	X X	×.	X X	X	×	24	×	X	×
ris shall include her wheelchair seat and arms, walker seat and handles, door knobs, drawers and cabinets.	- 1	x x x	x x	×	XX	X	ж		х	X	X
unidifiers for respiratory and COVID should be refilled daily and cleaned once a week.	4	x x x	x x	×	X X	×	×		X	X	
and the spiratory and cover should be retilled daily and citizated brice a week.		x x x	x x	×	× ×	X	×	X	X	×	×
ncourage fluids throughout day (Goal is 1,500 mL/day) Document intake in mL to assist with		x x x	x x	×	хх	×	×	x	×	×	×
RANSFERS	-										
ait belt must be worn by the at all times except when she is in bed for the night to sleep.		x x x	×х	×	× ×	х	×	×	x	×	x
ansfer to/from bed with assistance to walker or wheelchair using gait belt to assist and support stability of		x x x	x x	×	x x	×				e e	
ace walker/wheelchair in locked position	100	x x x	××	×	X X	X	×	×	X	X	
			A A	^	^ ^	^	×		×	х	X
ansfer to/from wheelchair/walker to toilet with gait belt to assist and support stability of		x xx	хх	×	x x	X	X	×	w	×	-12
ssist with taking pants down with prompting on holding fall bars until she is in sevited position		x x x	XX	×	x x		×		×	X	
nce walker/wheelchair in locked position.		XXX	XX	×	XX	×	X		X	X	
			0.0	3	0 0		^	٨	*	X	*
ranster my out of living room chair with prompting and assistance of gait belt for support stability	-11	x x x	xx	×	x x	×	×	v	X	X	V
are walker/wheelchair in position and in locked position		x xx	XX	×	XX	X	X		X		
pon arrival review caregivers, DPOA, Village Care notes		x x x	x x	×	X X	×	×		X	X	
eview calendar for appointments and activities schedule to advise and prepare or the day-		x x x	× ×	×	x x	×	×		×	X	
SPENSING OF MEDICATIONS											
Il medications are in the locked safe on top of refrigerator.											
fedications are in daily containers.											
edications are given at 9:00 am, 3:00 pm, 8:00 pm (or prior to bedtime if		x x x	XX	X	x x	×	X	X	x	X	Y
fiber gummies to be given daily with 9:00 am meds		x x x	x x	×	x x	×	×	×		**	×
prin medications are needed you must get approval from DPOA and the dose, time dispensed, reason shall be documented								-			0
efore medications are dispensed must be in a fully opright position to avoid choking/assist with swallowing		x x x	xx	х							3
ch pill should be given individually with water in her cups with lids. (No straw.)		X X X	х×	x	× ×	×	X		X	×	
RINATION AND BOWEL MOVEMENTS											
ocument BM size and consistency.		x	~ ~	14	v v	i.	3	- 77	-		
sist with wiping after BM with wipes provided			XX	×	x x	X	X	X		X	7.76
no BM in 3 days contact DPOA for Miralax administration and document		x x x	x x	×	x x	x	X	X	X	×	X
th urnation please note if there is any burning with urination, smell, cloudiness, overall weakness or confusion		w		-	0 50	1162	7140	236	28	120	2.0
ew pad to brief everytime toileted. Apply new pad to brief each time toileted even if not soiled UTI prevention.		X XX	XX	X	хх	×	X	X		×	
Type 1 and post to give been time to give even it not some (un) prevention.		x x x	x x	×	X X	×	X	X	X	X	X

#### START OF DAY ipon arrival and give 9:00 am medications per DISPENSING OF MEDICATIONS Give each pill with water after seated in fully upright position to avoid choking or difficulty swallowing issues Open blinds to allow natural light to wake patient. Advise f day appointments, PT, activities, was incontinent and/or that her body and bed are free of urine Prepare or toileting by applying gait belt and assisting w/ transfer to walker or wheelchair per TRANSFER. Assist with changing her Depends and/or inserting a pad as appropriate Cue to use bidet. If uses toilet paper tue to wipir from front to back and provide assistance when warranted. with washing hands and sanitizing. Eshe is ready to get up for the day. If she wants to stay in bed and wake up or go back to sleep, respect her desire Ask if she would like her TV turned on, make sure she has her glasses within reach and watker/wheelchair is positioned appropriately and in locked position to avoid a fall with impulsivity Monitor. na camera if you leave her bedroom. coffee with Boost as creamer and put in her spillproof mug with lid reakfast. Breakfast should be appropriately prepared, warmed and cut in small pieces due to swallowing issues. When s ready to get out of hed and ready fur the day please assist. If not up by 11:00 am please prompt her with washing face, hands, brushing leeth and hair, make up, application in her bathroom. in getting dressed either as she is sitting on toilet in bathroom, in her wheelchair in her room or bedside hould be seated at table in her wheelchair with SAD lamp on for 30 minutes daily from Oct. 1 May 1 Lunch Offer lunch in afternoon, prepare lunch for present ensure bites are small and chewable with preparing for PT or for transportation to outside appointments in coordination w/OPOA DAILY ACTIVITES THAT IEEDS ASSISTANCE AND SUPPORT DURING THE DAY kes to participate in household chores. In addition, there are sanitary issues that need to be addressed as well DAILY Bed is inade daily. Sheets are washed when solled or when appropriate. M.W.F/S, Laundry is washed, folded, put away. Delivered meals are heated, cut, plated D shes washed, dried, put away. Refrigerator is cleared of old food and wiped out as needed Garbages and Depends disposal is emptied daily and taken to trash room. Straighten up as needed and dispose of unnecessary items, mail, calendars, wrappers, etc. Vacuum and sweep floors as needed. Bathroom toilet seat, counters, toilet, shower disinfected and sanitized as needed

Every Friday water her plants with her and refill her bird feeder as needed	
Other activites	
She likes to watch movies, TV shows, and journaling/lists of to do/documenting her daily experiences.  She also enjoys the many activities that are offered by Heather Hills. Please review daily, weekly, month offerings and help hill have sonething to look forward to and enjoy.	91
In non-COVID times she enjoys going to the Y for exercise w/PT, shopping for her own groceries and incidentals, seeing families	v

She also enjoys in residence activities movie theater, social hours, bands, classes, crafts, etc.

x	xx	xx	×	X.	X	X.	×	×	X		X	
X	XX	x x	X	X	×	×	×	X	×		146	
X	XX	XX	×	X	×	×	×	×	×		×	
Х	xx	XX	×	×	X	×	×	×	X		Х	
×	XX	XX	×	X	X	×	×	×	×		X	
Х	XX	XX	X	X	X	×	×	×	×		X	
X	XX	XX	X	X	X	×	×	×	x		X	
X	XX	X X	×	X	X	×	×	х	X		X	
X	XX	X X	X.	X	X	×	×	X	X		X	
х	XX	X X	X	X	X	×	×	×	X		X	
X	XX	XX	×	X	X	×	х	Х	×		X	
X	XX	XX	×	X	X	×	×	×	x		X	
X	XX	XX	X	×	×	×	X.	X.	X		X	
X	XX	XX	X	X	X	X	×	X	x		×	
X	XX	X X	×	X	X	×	×	X	X		X	
X		XX	×	X	X	×	X	X	X		X	
X.	XX	XX	X	X	X	×	X	X	×		X	
X	XX	XX	X	X	Х	x	×	X	×		X	
Х	xx	x x	×	X	x	×	х	Х	X		X.	
X.	x	×	×	x	x	×	Χ.	×	×		x	
X	x x	XX	- ×	×	X	×	- 8	X	X	×	X	
Х	XX	× x	X	×	X	×		X	×	×	x	
X	XX	XX	×	×	×	ж.	×	×	X	×	X	
Х	x x	XX	x	X	x	×	×	x	х	×	x	
X	XX	x x	×	×	×	×	X	×	X	x	X	
X	x x	x x	×	×	X	×	X	X	X	X	X	
×	xx	x x	×	×	X	×	X	×	х	×	X	
х	x x	x x	×	×	×	×	×	×	v	×	W	

:00 pm meds administered	x	хх	хx	×	x	×	×	x	×	×		×
00 pm LEGS AND ABILITY TO AMBULATE BEGINS DECREASING. PLEASE BE CAUTIOUS WITH GUARD ASSIST.	×	хх	x x x x	×	х	×	x	X	×	×	×	x
is a safety measure that use the wheelchair for transport as much as possible. acknowledges if prompted	×	XX	× ×	X	X	X	X	×	X	×	×	×
si00 pm generally likes to eat dinner. If she refuses, says not hungry provide snack options that are protein/nutrition filled	×	хх	ХX	×	x	X	x	x	x	×		x
2.00 8.00 pm Depending on the activities throughout the day, moon, TV offerings will usually self prompt that she is eady to get ready for the night. If needed prompt by 8.30 pm.	×	××	x x	x	x	×	×	X	х	×	×	×
EDTIME ROUTINE												
tart routine with tolleting. Very important that she void prior to bed to avoid her getting up to go after caregiver gone	×	xx	хx	×	X	x	x	×	x	×	×	×
If her paramas from the dresser in her bedroom dresser by the door and assist as necessary while she sits on toilet	×	xx	x x	×	×	X	х	х	X	X	×	×
ssist with washing her face, hands and brushing her teeth with prompting and guard itssist	×	XX	XX	×	×	x	X	X	×	X	×	
ssist with getting into her bed, cover her. Ask if she would liket to an, light left on un off	×	xx	хх	×	X	×	X	X		X		x
Meds dispensed as above DISPENSING OF MEDICATIONS	X	XX	XX	×	x	×	х	X	X	×	×	X
efill her water and place on night stand within reach. Make sure she has remote to TV and phone within reach	X	XX	xx	×	X	X	X	X	X	X	×	X
emind her to push the button for assist from Village Care, call Traci or signal her on night camera	X	XX	XX	X	X	X	x	X	X	×	×	X

Invoice 2021=

Claim #: 22-318J-572

Loss Date: 7/12/2013 Mar-21

Patient:

Service
Address:

Provider: Village Care
THE VILLAGE OF HEATHER HILLS

Provider

Address: 1055 Forest Hills Ave Grand Rapids, MI, 49306

DIAGNOSIS S06.9X0S DIAGNOSIS V89.2XXS FEIN: 36-4736291

DATE	Code	Time	Units		Amount DUE
3/1/2021	S9122	9am-9pm	12		\$360.00
3/3/2021	59122	9am-9pm	12		\$360.00
3/4/2021	59122	6-10pm	4		\$120.00
3/5/2021	59122	9am-9pm	12		\$360.00
3/7/2021	59122	9am-9pm	12		\$360.00
3/8/2021	S9122	9am-9pm	12		\$360.00
3/11/2021	59122	6-10pm	4		\$120.00
3/12/2021	59122	9am-9pm	12		\$360.00
3/15/2021	59122	9am-9pm	12	1	\$360.00
3/17/2021	59122	9am-9pm	12		\$360.00
3/18/2021	\$9122	6-10pm	4		\$120.00
3/19/2021	59122	9am-9pm	12		\$360.00
3/21/2021	\$9122	9am-9pm	12		\$360.00
3/22/2021	59122	9am-9pm	12		\$360.00
3/25/2021	59122	6-10pm	4		\$120.00
3/26/2021	S9122	9am-9pm	12		\$360.00
3/29/2021	59122	9am-9pm	12		\$360.00
3/30/2021	S9122	9am-9pm	12		\$360.00
3/31/2021	59122	9am-9pm	12		\$360.00
		Total Hours	196	Total Due	\$5,880.00

March 2021 Care Log	1																
ANDATORY COVID PROTOCOLS	1	_	-	1 ,		-								-			
ASKING IS REQUIRED AT ALL TIMES BY ANYONE WHO ENTERS RESIDENCE	Date	1	-	4 5	6 7			12 13	14 15		<b>Company</b>			_	The real Party lies and the		Section 201
ands of both caregiver and Rose must be washed and sanitzied after bathroom use and frequently		Č.		X		×		x	×		X	×	190	X			X >
pregiver must document and verify no exposure, symptoms and record temp		x	x x		2323	X	X X		×	× 3		×		X			X 3
emperature of Rose must be take at 9 am and 8 pm and post on door for Vidage care for state mandate		×	XX				X		×		( X	X		X			X 3
surfaces and door knobs shall be sanitized and disinfected with materials provided for COVID and flu precavations		x	X X			X	×		×		X	X		×			X
of equipment must be can fixed and disinfected with materials povided for COVID and fix precaution	1	x	x x			×	×		Û	100	( X	X	255	X			X 3
his shall include her wheelchair seat and arms, walker seat and handles, door knobs, drawers and cabinets.		X	XX			×	x		×	x 1		×		×			X
umidifiers for respiratory and COVIO should be refilled daily and cleaned once a week,		x	x x		×	×	×		×	× :	0. 0.	×		X			×
ncourage fluids throughout day (Goal is 1,500 mL/day) Document intake in mL to assist with UTI issues.		×	x x	×	к	×	×	X.	×	× s	×	×	×	×	x	×	x x
RANSFERS	-																
ait belt must be worn by at all times except when she is in bed for the night to sleep.		ж	× ×	×	×	×	×	x	×	х :	( X	x	×	х	х	×	x x
ransfer roffrom bed with assistance to walker or wheelthair using gait belt to assist and support stability of the 10 avoid fall		x	x x	Ж	x	×	×	x	×	× ·	c x	ж	W	×	×	×	x o
lace walker/wheelchair in locked position		x	x x		×		×		X		CK		×	X.			×
ransfer to/from wheelchair/walker to toilet with garl belt to assist and support stability of to avoid fall		x	x x	x	×	×	×	x	х	x	C X	к	×	x	x	×	x :
ssist with taking pants down with prompting on holding fall bars until she is in seated position.		X	X X	x	×	×	X	X	×	k 1	C X	×	x	×			x :
ace walker/whee chair in locked position		×	X X	x	X	х	х	X	×	× ·	c e	ж	x	×	46.		X
ansferment in/out of living room chair with prompting and assistance of gait belt for support stability		×	x x			X	х		×	к :	( k	×	×	×	×	×	x
ace walker/wheelchair in position and in locked position.		X	K X		×	×	X	X	X	X.	( X	×	X	X	×	×	X
pon arrival review caregivers, OPOA, Village Care notes eview calendar for appointments and activities schedule to advise and prepare to the day		X	X X		×	×	X	X	×	× :		×		×			X
ISPENSING OF MEDICATIONS  If medications are in the locked safe on top of refrigerator.  Inedications are in daily containers  inedications are given at 9:00 am, 3:00 pm, 8:00 pm (or prior to bedfine if goes earlier)  fiber guminies to be given daily with 9:00 am meds  princredications are needed you must get approval from DPOA and the dose, time dispensed, reason shall be documented.		x ×	x x	×	x x		х	X X	×	X 4	K K	x x	X X	x	X X		×
efore medications are dispensed Rose must be in a fully upright position to avoid choking/assist with swallnwing					-6				i i	2.3	5 6		QC.	35	3	15	136
ach pill should be given individually with water in her cups with lids (No straw.)		x	* ×		×	×	×		×		c x		x	X			X :
IRINATION AND BOWEL MOVEMENTS																	
ease document urination and bowel movements due to constipation and origing (1)																	
ocument BM size and consistency		X	x x	X	X	×	×	X	×	X I	( K	×	×	x	×	×	X
saist with wiping after BM with wipes provided		X	× ×	х	×	×	×	x	×				×	X			×
no BM in 3 days contact OPOA for Miralax administration and document																	
ith urmation please note if there is any burning with urmation, smell, cloudiness, overall weakness or confusion		X	X X		×	×	X		х	X	( X	X	X	×	×	×	X
ew pad to brief everytime toileted. Apply new pad to brief each time toileted even if not soiled. UTI prevention		X	* X	×	Х	X	х	X	×	8	( X	*	X	×	x	X	X
TART OF DAY		Π,															
upon arrival and give 9:00 am medications per DISPENSING OF MEDICATIONS		x	×	×	×	X		x	X	X	*	×	×		×	×	X
ive each pill with water after seated in fully upright position to avoid choking or difficulty swallowing issues		X	x	×	×	×		Х	×	×.	x	×	×		×		X
pen blinds to allow natural light to wake patient. Advise of day appointments, PT, activities		X X	X	х	x	X		X	×	X	k	X	X		×		X
valuate if the war incontinent and/or that her body and bed are free of utine	1 17	X	x	X	x	×		×	×	X	×		×		×		X
epare from for toileting by applying gait belt and assisting w/ transfer to walker or wheelchair per TRANSFER.		X	×	×	X	X		X	X	Ж	X	×			x	X	

Assist with changing her Depends and/or inserting a pail as appropriate	19	×	×	х	x	,	*	×								1
Cue to use pidet. If uses toilet paper cue to wipe from front to back and provide assistance when warranted	x	×	X	X		Č,	×	×	×		x x		X		XX	rc.   /
Assis with washing hands and sanktring	×	×	*	3		*	×	×	x		x x		x		X X	
Ask of she is ready to get up for the day of she wants to stay in bed and wake up or go back to sleep, respect her desire	l <sub>x</sub>	X	×	×		*	K	X	×		x x		×		XX	
Ask if she would like her TV turned on, make sure she has her glasses within reach and walker/wheelchair a positioned	×	x	X	×		×	X	×	, A		K X					33.
appropriately and in locked position to avoid a fall with impulsivity	×	×	×	×		×	×	×	X		x x		0		XX	201
Monitor via camera il you leave her bedroon:	×	×		×		Ç.	0	×	,		x x		X		X X	
Prepare coffee with Boost as creamer and put in her spillproof mug with lid	10	×	X	*	3.00	× ×	×	×					in the		XX	
Offerment preakfast, Breakfast should be appropriately prepared, warmed and cut in small pieces due to swallowing issues	l C	X	X	X	1,000	- 2		×			11		×		X X	93
When its ready to get out of bed and ready for the day please assist. If not up by 11 00 am please prompt her	Ŷ	-	X	3		X.		100			x x		×		K X	0.0
Assist with washing face, hands, brushing teeth and hair, make up, application in her bathroom	10	X	x		200	3	×	X		Sc.	x x		X		X X	
Assist an entire dressed either as she is sitting on toilet in bathroom, in her wheelchair in her room or bedside.	10	×		×			×	×	×		x x		X		X X	- 1
should be seated at table in her wheelchair with SAU tamp on for 30 minutes daily from (3c). 1 May 1	2	×	X	×		X	×	X	Х		x x		X		X X	
	^	х	Х	X	×	×	×	×	X		x x		×	X	× ×	
Lunch- Offer lunch in afternoon, prepare lunch for to ensure bites are small and thewable	×	×	X	X	X	×	×	x	х	y i	× ×		X	x	x x	:
Assist with preparing for PT or for transportation to outside appointments in coordination w/EPOA	×		х	X	×	×	×	×	×		х х		×	×	x x	
DAILY ACTIVITES THAT NEEDS ASSISTANCE AND SUPPORT DURING THE DAY																
likes to participate in household choices in addition, there are sanitary issues that need to be addressed as well DAILY																1
Bed is made daily. Sheets are washen when soiled or when appropriate. M W F/S Taundry III washed, folded, but away.	×	×	x x		×	x x	-				7 2	- 2	2.5		Ca N	- 1
Delivered meals are heated cut, piateri. Tishes washed, dried, put away.	12	1000	x x		1000		. At	K	X X		x x		X		X X	2.
Refrigerator is cleared of old food and wipen out as needed.	10				×	x x	У.	X	X X		x x		X		X X	2.65
Garbages and Depends disposal is emptied daily and taken to trails room	×	111	X X		X	X X	M	X	X X		x x		X		X X	23
Straighten up as needed and dispose of unnecessary items, mail calendars, wrappers, etc.	12		X X		X	x x	N.	Х	XX		x x	X	×		X X	20
Vacuum and sweep floors as needed	*	1	XX			x x	×	X	X X		××	X	×	×	X X	
Bathroom tollet seat, counters, toilet, shower disinfected and sanitized as needed	X		XX		X	x x	×	×	X X	i.	X X	×	X	×	x x	2
Every Friday water her plants with her anil rehil her bud feeder as needed	×	×	X X	×	×	x x	×	×	X X		X X	×	X	×	X X	
Other activities.																
																-1
She likes to watch movies. TV shows, and journaling/lists of to do/documenting her daily experiences																
She also enjoys the many activities that are offered by neathiri Hills. Please review daily, weekly, month offerings and help her	×			18			- 6	-40			2 2	- 2		200	78. 17	
have sonething to look forward to and enjoy	1					0.0			W . X		* *	W	*	×	X X	
in non-COVID times she enjoys going to the Y for exercise w/P), shapping for her own grote-reliand incidentals, seeing family																
She also enjoys in residence activities movie theater social hours, bands, classes, crafts, etc.																
																П
3.00 pm meds administeree	×	*		×	8	Ж		×	н		X X		*	*	X X	
4:00 pm LEGS AND ABILITY TO AMBULATE BEGINS DECREASING. PLEASE BE CAUTIOUS WITH GUARD ASSIST																
As a safety measure that use the wheelshair for transport as much as possible acknowledges of prompted	×	×	* *		X	K K	*	×	× ×		8 A				X X	200
5 (ii) pm Rose generally likes to ear dinner. If she refuses, says not hungry provide snack options that are protein/nutrition filled.	x	×			×								0			
	100	200	-					-	*					*	x x	
7 00 8:00 pm Depending on the activities throughout the day mood. TV offerings we will allly self prompt that she is ready to get ready for the night. If needed grompt by 8:30 pm	×	×	x x		*	* ×	×	×	××		x x		*	×	× ×	
Start routine with tollabora Vaccounter and the start has been as a second of the start of the s																1
Start routine with tolleting Very important that she void no or to bed to avoid her getting up to go after caregiver gone	1×	N	X K	×	Y	* X	1.42	W-	XX		K #		被	30	xx	

Pull her paramas from the dresser in her bedroom dresser by the door and assist as necessary while she sits on toiler	1 1×	×	×	X	×	x	x	x	×	X	x	×	x	x	×	×	×	×	×
Assist with washing her face, hands and brushing her teeth with prompting and guard assist	×	X	×	X	X	×	×	х	×	х	×	×	X	x	×	×	Y		×
Assist with getting into her beal cover her. Ask if she would liket to on light left on or off	x	×	×	x	×	x	x	X	×	×	×	×	×	X	×	X	×	X	×
Meds dispensed as above DISPENSING OF MEDICATIONS	×	×	×	X	×	x	x	×	×	X	×	X	x	X	×	X	X	×	×
Refill her water and place on right stand within reach. Make sure she has remote to TV and phone within reach	×	×	×	K	x	X	×	×	x	X	X	×	×	x	x	X	x	X	x
Remind her to push the button for assist from Village Lare, call 1rac, or signal her on night camera	×	x	¥.	X	x	X	X	×	×	X	X	×	x	×	×	×	х	X	×

Invoice 2021-4

Claim #: 22 318J 672

Loss Date: 7/12/2013

Apr-21

Patient:

Provider: Village Care

THE VILLAGE OF HEATHER HILLS

Service

Address:

Provider

Address:

1055 Forest Hills Ave

Grand Rapids, MI, 49306

DIAGNOSIS S06.9X0S

DIAGNOSIS V89.2XXS

FEIN:

36-4736291

DATE	Code	Time	Units		Amount DUE
4/1/2021	59122	6pm-10pm	4		\$120.00
4/2/2021	59122	9am-9pm	12		\$360.00
4/3/2021	S9122	9am-9pm	12		\$360.00
4/4/2021	59122	9am-9pm	12		\$360.00
4/5/2021	S9122	9am-9pm	12		\$360.00
4/6/2021	59122	9am-9pm	12		\$360.00
4/9/2021	59122	9am-9pm	12		\$360.00
4/12/2021	S9122	9am-9pm	12		\$360.00
4/14/2021	59122	9am-9pm	12		\$360.00
4/15/2021	S9122	6pm-10pm	4		\$120.00
4/16/2021	59122	9am-9pm	12	1	\$360.00
4/18/2021	S9122	9am-9pm	12		\$360.00
4/19/2021	S9122	9am-9pm	12		\$360.00
4/21/2021	S9122	9am-9pm	12	1	\$360.00
4/22/2021	S9122	6pm-10pm	4		\$120.00
4/23/2021	59122	9am-9pm	12		\$360.00
4/26/2021	59122	9am-9pm	12		\$360.00
4/28/2021	59122	9am-9pm	12		\$360.00
4/29/2021	59122	6pm-10pm	4		\$120.00
4/30/2021	59122	9am-9pm	12		\$360.00
		Total Hours	208	Total Due	\$6,240.00

April 2021 Care Log		4.0																
MANDATORY COVID PROTOCOLS	Date	1	3	3 6	l sl	6 7	8 9 10	11 12 13	14/15	156	7 18	19 20	12:13	2 22	24 25	clack:	loc le	20 7
ASKING IS REQUIRED AT ALL TIMES BY ANYONE WHO ENTERS RESIDENCE		_	ALC: UNKNOWN		XX	- diameter	X	X		X	_	X	XX	-	Contract Contract	- Branch and	wheeler	XX
ands of both caregiver and must be washed and sanitzled after bathroom use and frequently		10362			x >		×	×		x		x	xx		2.50		X	
aregiver must document and verify no exposure, symptoms and record temp.		1000	- 10		x )		Y	×		X	×	~		X		×	X 1	
emperature of the must be take at 9 am and 8 pm and post on door for Village Care for state mandate	1				x >			X		×	X	~	XX			x	X	
f surfaces and door knobs shall be sanitized and disinfected with materials provided for COVID and flu precauations.	1	1000			x >		Û	x		X								
equipment must be saintized and disinfected with materials poyided for COVID and flu precautions	1				x >		~	×		779	X		XX			X	X	
his shall include her wheelcha-r seat and arms, walker seat and handles, door knobs, drawers and cabinets		1000			x )		2		2.75	X	×			X		×	X	75
umid fiers for respiratory and COVID should be refilled daily and cleaned once a week					X )		X	X X		×	×		XX			X	X	Aug 1
ncourage fluids throughout day (Goal is 1,500 mL/day) Document intake in mL to assist with		x	x )	x	x >	4.	×	x	×	×	×	x	x x	x	×	x	x	x :
RANSFERS	-																	
ait belt must be worn by at all times except when she is in bed for the night to sleep.		x	x >	×	x )	C	×	×	×	×	×	X	x x	×	х	×	×	X J
ransler to/from bed with assistance to walker or wheelchair using gail belt to assist and support stability of to avoid (all		×	× >		x >	×.	х	×	v	×	×	v	х. э		V	×	x :	
lace walker/wheelchair in locked position		11000			X >		×	×		x	x		X			X	X	
ransfer to/from wheelchair/walker to toriet with gain belt to assist and support stability of		×	x )	×	x >	ĸ.	x	×	x	x	X	K	x x	×	×	X	x	×
ssist with taking pants down with prompting on holding fall bars until she is in seated position		x	x >	x	x )	KC.	×	×		X	X		x >		X	X	x :	X
ace walker/wheelchair in locked position.	- 1	1.7			x >		×	×		×	X		x >			X	×	
ransfer and infout of living room thair with prompting and assistance of gait belt for support stability		x	x x	k X	x x	×	×	×	x	×	x	×	x ×	×	×	х	×	X
lace walker/wheelchair in position and in locked position	1	X	X )	( X	X )	×	x	×	X	*	X	X	x >	×	×	X	x	X
pon arrival review caregivers, DPOA, Village Lare notes		X	X )	X	XX	KC	×	×	X	×	X		X >			×	X :	
eview calendar for appointments and activities schedule to advise and prepare to the day		X	x )	X	x )	ĸ	×	×		×	X		x )			X	×	
ISPENSING OF MEDICATIONS		П																
Ill medications are in the locked safe on top of refrigerator.																		
Medications are in daily containers.																		
Medications are given at 9 00 am, 3:00 pm, 8:00 pm (or prior to bedtime if		X	x )	C X	X )	×	X	×	x	×	х	X	XX	X	x	X	х .	x :
fiber gummies to be given daily with 9:00 am meds			x )	(	x )	X.	X	×		×		×	x	X		X	X	
prin medications are needed you must get approval from DPOA and the dose, time dispensed, reason shall be documented																		
efore medications are dispensed must be in a fully upright position to avoid choking/assist with swallowing		x	x )	c x	x )	×	×	×	x	X	x	¥	x >		٧	x	X	4
ach pill should be given individually with water in her Eups with lids. (No straw.)					x )		x	x		×	×		X >			×	×	
RINATION AND BOWEL MOVEMENTS		Н																
ocument BM size and consistency			No.	aa		iac		104					1967			20		
sist with wiping after BM with wipes provided		10000			X )		×	×		х		×	X			X	X	
		X	X	X	X )	Κ.	X	×	X	X	X	×	X	( X	X	X	X	X
no BM in 3 days contact DPOA for Miralax administration and document																		
ith urmation please note if there is any burning with urmation, smell, cloudiness, overall weakness or confusion ew pad to brief everytime loileted. Apply new pad to brief each time to eleted even if not soiled. UTI prevention		1000			x )		X	×	X	×	×	X	X X	X	X	X	X	×
												70		and the same	976	370	1770 1	
FART OF DAY																		
Vake Rose upon arrival and give 9:00 am medications per DISPENSING OF MEDICATIONS			X )	P.	V 1	V	· ·	V		v		V	W	v		V	v	

Give each pill with water after seated in fully upright position to avoid choking or difficulty swallowing issues	1	x x		x x	×	×		v	×	×	×	,	×	x	×
Open blinds to allow natural light to wake patient. Advise of day appointments. PT activities.		x x		XX	x	×		X	x	×	X		×	x	X
Evaluate i was incontinent and/or that her hody and bed are free of urine	1	x x		x x	x	×		X	×	×	X		×	×	X
Prepare for foileting by applying gait belt and assisting w/ transfer to walker or wheelchair per TRANSFER.		x x		××	ж	×		×	×	×	У.		X	×	X
Assist with changing her Depends and/or inserting a pad as appropriate		x x		x x	x	×		X	x	×	X		x	×	×
Cue to use bidet. If uses toilet paper cue to wipe from front to back and provide assistance when warranted		XX		x x	×	×		×	×	х	Х		X	х	X
Assist with washing hands and sanitizing.		XX		x x	X	×		X	×	×	×	(	×	x	×
Ask fig. If she is ready to get up for the day if she wants to stay in bed and wake up or go back to sleep, respect her desire		××		x x	×	x		X	x	×	×	(	×	×	×
Ask if she would like her 1V turned on, make sure she has her glasses within reach and walker/wheelchair is positioned		XX		x x	×	×		×	×	х	х		×	×	x
appropriately and in locked position to avoid a fall with impulsivity		XX		x x	X	×		X	X	×	>	<	×	X	X
Monitor via camera if you leave her bedroom.	110	XX		x x	×	×		×	×	X	>	4	X	X	×
Prepare coffee with Boost as creamer and put in her spillproof mug with lid.	1.79	x x		x x	×	×		X	×	X	×		X	Х	X
Offee breakfast. Breakfast should be appropriately prepared, warmed and cut in small pieces due to swallowing issues		XX		XX	×	×		X	×	×	X		х	X	X,
When the ready to get out of bed and ready for the day please assist. If not up by 11, 00 am please prompt her		X X		X X	×	×		×	×	X	>		X	×	X
Assist with washing face, hands, brushing teeth and hair, make up, application in her bathroom Assist to getting dressed either as she is sitting on toilet in bathroom, in her wheel thair in her room or hedside.		XX		XX	×	X		×	×	×	>		X	X	X
		X X		X X	X	×		X	×	X	X		Х	X	×
Rose should be seated at table in her wheelchair with SAD lamp on for 30 minutes daily from Oct 1 May 1		XX		x x	X	Х		×	×	X	>		×	×	×
Lurich Offer lunch in afternoon, prepare lunch for the to ensure bites are small and chewable		x x		x x	×	×		×	×	×	)	(	х	х	×
Assistment with preparing for PT or for transportation to outside appointments in coordination w/DPOA		×		x x	×	×		×	×	×	5	•	x	x	×
DAILY ACTIVITES THAT NEEDS ASSISTANCE AND SUPPORT DURING THE DAY															
likes to participate in household chores. In addition, there are sanitary issues that need to be addressed as well DAILY															
Bed is made daily. Sheets are washed when solled or when appropriate. M.W.F/S. Laundry is washed, folded, put away	y	x x	×	x x	*		×	v	x x	v	x )				××
Delivered meals are heated, cut, plated. Dishes washed, dried, put away	1700			x x			×		x x		x )		XX		XX
Refrigerator is cleared of old food and wiped out as needed				x x		100	×		× ×		X		xx		x x
Garbages and Depends disposal is emptied daily and taken to trash room	x			x x	*	×	x	100	x x		x >		X X	×	12 - 73
Straighten up as needed and dispose of unnecessary items, mail, calendars, wrappers, etc	x	x x	x	x x	×	×	×		x x		x )		x x	×	
Vacuum and sweep floors as needed	×	XX	х	x x	*	M	×		x x		x >		x x		x x
Bathroom tollet seat, counters, tollet, shower disinfected and sanitived as needed	X	X X	X	××		W	x		××	X	x )		x x		x x
Every Friday water her plants with her and refill her bird feeder as needed.															
Other activites															
She likes to watch movies, TV shows, and journaling/ lists of to do/documenting her daily experiences	1.0														
She also enjoys the many activities that are offered by Heather Hills. Please review daily, weekly, month offerings and help her	x	X X	X	X X	*	×	x	*	x x	×	X 3	N.	x x	×	x x
have sonething to look forward to and enjoy	- 11														
in non-COVID times she enjoys going to the Y for exercise w/P1, shopping for her own groceries and incidentals, seeing family															
She also enjoys in residence activities impose theater, social hours, bands, classes, crafts, etc.															
3:00 pm meds administered		- 34 1 100		20.000		COVY									
a.co pri meds administered		××		XX	×	×		×	×	×	3		*	×	X
4:00 pm Page LEGS AND ABILITY TO AMBULATE BEGINS DECREASING. PLEASE BE CAUTIOUS WITH GUARD ASSIST.	Y	x x	×	x x		×	¥	×	V V	¥	× 3		× ×	v	
As a sufety measure that the use the wheelchair for transport as much as possible that acknowledges if prompted				XX	×	×	X	×	x x	×	X		X X	¥	X V
Section Control of the Control of th	100	44	1950	0 .58		98.8	73	377	100	70	-44 M			~	0 0

5.00 pm generally likes to eat dinner if she refuses, says not hungry provide snack options that are protein/nutrition filled	1	X	X	×	×	×	x	x	- 4	×	×	x		×	x	3	x
7:00 - 8:00 pm Depending on the activities throughout the day, mood, TV offerings will usually self prompt that she is ready to get ready for the night. If needed prompt by 8:30 pm.	×	x	x ;	x x	x	×	×	x x	×	x	x	хх	3	x x	x	x x	×
BEDTIME ROUTINE																	1
Start routine with toileting Very important that she void prior to bed to avoid her getting up to go after caregiver gone	×	x	x	××	X	×	x	x x	×	X	x	x x		x x	x	x x	x I
Pull her pajamas from the dresser in her bedroom dresser by the door and assist as necessary while she sits on tonet	x	x	x	x x	×	×	х	x x	×	X		X X		x x		XX	1
Assist with washing her face, hands and brushing her teeth with prompting and guard assist	×	X	x	X	X	X	×	x x	× :	X	X	x x		x x		X X	
Assist with getting into her bed, cover her. Ask it she would liket to on, light left on or off	×	X	x :	x x	×	×	×	x x	×	X	x :	x x		x x	X	X X	× I
Meds dispensed as above DISPENSING OF MEDICATIONS	x	X	X :	x x	×	X	x	x x	×	X	K	x x		x x	X	X X	x
Refull her water and place on night stand within reach. Make sure she has remote to TV and phone within reach	×	x	x :	x x	X	×	×	x x	×	x	×	x x	3	x x	3.0	X X	334
Remind her to push the button for assist from Village Care, call Tract or signal her on night camera	×	x	X	x x	х	×	×	x x	×	X		x x		X X	100	XX	7

Invoice 2001-E

Claim #: 22-318J-672

Loss Date: 7/12/2013 May-21

Patient:

Service
Address:

Provider: Village Care

THE VILLAGE OF HEATHER HILLS

Provider

Address:

1055 Forest Hills Ave

Grand Rapids, MI, 49306

DIAGNOSIS S06.9X0S DIAGNOSIS V89.2XXS FEIN: 36-4736291

DATE	Code	<u>Time</u>	Units		Amount DUE
5/2/2021	S9122	9am-9pm	12		\$360,00
5/3/2021	\$9122	9am-9pm	12		\$360.00
5/6/2021	59122	6pm-10pm	4		\$120.00
5/7/2021	59122	9am-9pm	12	1000	\$360.00
5/9/2021	S9122	9am-9pm	12		\$360.00
5/10/2021	59122	9am-9pm	12		\$360.00
5/12/2021	59122	9am-9pm	12		\$360.00
5/13/2021	59122	6pm-10pm	4		\$120.00
5/15/2021	59122	9am-9pm	12		\$360.00
5/16/2021	S9122	9am-9pm	12		\$360.00
5/17/2021	59122	9am-9pm	12		\$360.00
5/20/2021	59122	6pm-10pm	4		\$120.00
5/21/2021	59122	9am-9pm	12		\$360.00
5/24/2021	59122	9am-9pm	12		\$360.00
5/26/2021	59122	9am-9pm	12		\$360.00
5/27/2021	S9122	6pm-10pm	4		\$120.00
5/28/2021	S9122	9am-9pm	12		\$360.00
		Total Hours	12	Total Due	\$5,160.00

May 2021 Care Log	-																	
MANDATORY COVID PROTOCOLS	Date	1	2 3	4 5	6 7	8	9 10	11 12	13 1	4 15	16 1	7 18 19	20 2	1 22 23	24 25	26	27 2	8 29 31
MASKING IS REQUIRED AT ALL TIMES BY ANYONE WHO ENTERS RESIDENCE	7 E	×	X	>	( X.	X	X	X	X	X	XX		XX	)	1	X	K X	-
Hands of both caregiver and the Intust be washed and sanitzed after bathroom use and frequently		×	X	×	C X	X	X	×	X	X	x x		x x	)	(	X	XX	L.
Caregiver must document and verify no exposure, symptoms and record temp.		×	X	18	X	X	X	×	x	X	x x		x x	)	(	X	x x	
All surfaces and door knobs shall be samitized and disinfected with materials provided for COVID and flu precauations	1	×	×	,	X		X	x	x	X	x x		x x			X :	x x	
All of equipment must be sanitized and disinfected with materials povided for COVID and fig precautions	1	×	×	3	X		х	X			x x		x x				x x	
This shall include her wheelchair seat and arms, walker seat and handles, door knobs, drawers and cabinets	1 3	183	X	1.6	c x		х	×		100	XX		XX				X X	
furnidifiers for respiratory and FQVID should be refilled daily and cleaned once a week.	1.0	1	×		X		x	×			x x		X X				XX	
The state of the s		, "						.63	C	^			0		X		0 0	
incourage fluids throughout day (Goal is 1,500 mL/day) Document intake in mL to assist with		×	×	>	×	×	x	x	х	x	x x		× ×	( )	•	x	x x	(
TRANSFERS	-																	
Sait belt must be worn by at all times except when she is in bed for the night to sleep.		×	Х	3	( X	X	×	×	x	x	x x		X X		K.	K	x x	c
Transfer to/from bed with assistance to walker or wheelchair using gait belt to assist and support stability of Rose to avoid fall	1	×	K 3	)	x x	×	x	x	x	×	x x		x x	,	4	× .	хх	
Place walker/wheelchair in locked position.			X		( X		x	X			x x		x x		4		X X	
Transfer to/from wheelchair/walker to toilet with gait belt to assist and support stability of Rose to avoid fall.		×	СХ	,	c x	×	x	Y	x	x	хх		x x		·	×	x x	
Assist with taking pants down with prompting on holding fall bars until she is in seated position.		100	×		k X		×		X		X X		XX		,		x x	
Place walker/wheelchair in locked position			×		×		×	x			x x		x x		<		XX	
Fransfer in/out of living room chair with prompting and assistance of gait belt for support stability		×	×	,	< x.	×	x	x	x	×	x x		x x		v	×	x x	
Place walker/wheelchair in position and in locked position.			X		x x		X	X	100	100	x x		X X				X X	
Upon arrival review caregivers, DPOA, Village Care notes.			×		X		x	X			x x		x x		K		X X	
Review calendar for appointments and activities schedule to advise and prepare for the day.			X		( X		X		×		x x		x x		X.	x		
DISPENSING OF MEDICATIONS																		
All medications are in the locked safe on top of refrigerator.																		
2 fiber gummies to be given daily with 9 00 am meds		1 >	X		X	×	×	×		x	××		20		×	×	¥	
If pro medications are needed you must get approval from DPOA and the dose, time dispensed, reason shall be documented.																		T.
URINATION AND BOWER MOUTABLING	1																	
URINATION AND BOWEL MOVEMENTS  Please document urination and bowel movements due to constipation and ongoing uTI.																		
Document BM size and consistency			×		x x	v	×	v	x	*	x x		¥ .				v .	
Assist with wiging after BM with wipes provided			C X		XX		×		X		XX		XX		ν. Κ		X X	
If no BM in 3 days contact DPOA for Miralax administration and document		1 1		,			^	*	^	Α.	^ ^		X X	,	n-	Y	A .	,
With urination please note if there is any burning with urination, smell, cloudiness, overall weakness or confusion.						v	v		v									
New pad to brief everytime tolleted- Apply new pad to brief each time toleleted even if not solled. UTI prevention.	1		X		XX	X	×		X		x x		X X		K.		X X	
								,,										
START OF DAY																		
Open blinds to allow natural light to wake patient. Advise of day appointments, PT, activities.		)	C X		X	X	×	x		×	x x		×		X	×	>	
evaluate if was incontinent and/or that her body and bed are free of urine			X		X		×	×			x x		,		X.	X	3	
Prepare for toileting by applying gait belt and assisting w/ transfer to walker or wheelchair per TRANSFER.		37.	×		×		X	x			x x		Э		×	X	>	
Assist with changing her Depends and/or inserting a pad as appropriate.		100	CX		X		×	X			XX		×		X	X	×	
Que to use bidet. If uses tollet paper due to wipe from front to back and provide assistance when warranted.		- 2	×		×		×	X			x x		>		X	x	3	
Assist with washing hands and sanitizing.			C X		X		X	Y			XX		×		Χ.	X	3	
	1	6 6	- 1			2	- 10	0		^	0 0		V		Die.	V	1	

If she is ready to get up for the day. If she wants to stay in bed and wake up or go back to sleep, respect her desire.	x x	×	к	X	X	х	×	×		×	×	×	×	6
ik if she would like her TV turned on, make sure she has her glasses within reach and walker/wheelchair is positioned	x x	×	X	Х	X	X	X.	X		X	X	X	×	
propriately and in locked position to avoid a fall with impulsivity.	X X	X	X	X	X	X	X	X		×	X	X	×	1
via camera if you leave her bedroom	x x	×	X		×	X	X	X		×	X	X	×	
epare coffee with Boost as creamer and put in her spillproof mug with lid	× ×	×	X		×	X	X	X	- 19	K.	X	X,	×	6
fer the breakfast. Breakfast should be appropriately prepared warmed and cut in small pieces due to swallowing issues	x x	×	X	X	X	X	×	×	- 3	×	X	×	X	
hen s ready to get out of bed and ready for the day please assist. If not up by 11: 00 am please prompt her.	X X	X	X	X	X	X	X	X		×	X	X	×	
with washing face, hands, brushing teeth and hair make up, application in her bathroom.	X X	X	X	X	×	X	X	X	8	X	X	X	X	5
in getting dressed either as she is sitting on tollet in bathroom, in her wheelchair in her room or bedside	x x	×	X	K	X	X	X	×	9	X	×	X	×	į.
nch. Offer lunch in afternoon, prepare lunch for to ensure bites are small and chewable	x x	×	×	x	x	X	x	x		x	×	X	×	į.
with preparing for PT or for transportation to outside appointments in coordination w/DPOA														
NLY ACTIVITES THAT NEEDS ASSISTANCE AND SUPPORT DURING THE DAY														
ikes to participate in household chores in addition, there are sanitary issues that need to be addressed as well														
d is made daily. Sheets are washed when soiled or when appropriate. M.W.T/S. Laundry is washed, folded, put away.	x x	x x	x	×	x x	X	х	×	x	Y	V		x x	
Il vered meals are heated, cut, plated. Dishes washed, dried, put away	x x	× ×	X		X X		X		×		*		XX	
frigerator is cleared of old food and wiped out as needed	x x	XX	x		x x		X		X		×		XX	
rbages and Depends disposal is emptied daily and taken to trash room	x x	x x	×		X X		X	27	×		×		XX	
aighten up as needed and dispose of unnecessary items, mail, calendars, wrappers, etc.	x x	XX	×		x x		X		X		x		X	
cuum and sweep floors as needed	x x	XX	×		x x		X	6.7	×		×		X >	
throom toilet seat, counters, toilet, shower disinfected and sanitized as needed.	x x	x x	x		XX		X		X		-			
ery Friday water her plants with her and refill her bird feeder as needed.	1	Δ. Δ.		^	- A - A -	^	Α.		^	^	4	*	X >	
ther activities	1													
	1													
e likes to watch movies, TV shows, and journaling/lists of to do/documenting her daily experiences.														
e also enjoys the many activities that are offered by Heather Hills. Please review daily, weekly, month offerings and help her	x x	× ×	×	×	K K	K	×	×	×.	×	×	×	× 0	
ve sonething to look forward to and enjoy	1										W.			
non-COVID times she enjoys going to the Y for exercise w/PT, shopping for her own groceries and incidentals, seeing family														
ne also enjoys in residence activities - movie theater, social hours, bands, classes, crafts, etc.														
DO pm LEGS AND ABILITY TO AMBULATE BEGINS DECREASING. PLEASE BE CAUTIOUS WITH GUARD ASSIST.	x x	* *		×	v v	¥	¥		x		v	v		
a safety measure that use the wheelchair for transport as much as possible. acknowledges if prompted.	xx	××	ж	×	x x	X	X	×	×		×	×	x )	6
00 pm generally likes to eat dinner. If she refuses, says not hungry provide snack options that are protein/nutrition filled	x x	×	×	×	x	×	X	*		×	×	×	-	6
00 - 8:00 pm Depending on the activities throughout the day, mood, TV offerings will usually self prompt that she is ady to get ready for the right. If needed prompt by 8:30 pm.	× ×	x x	×	×	x x	×	×	x.	×	×	×	×	* )	×
DTIME ROUTINE														
ri routine with falleting. Very important that she void prior to bed to avoid her getting up to go after caregiver gone	x x	x x.	×	X	XX	×	R	N	×	X	×	×	X J	R
Il her pajamas from the dresser in her bedroom dresser by the door and assist as necessary while she sits on toilet.	x x	x x	×	×	K X		×	x	X	×	×	V	x 3	4

ssist with washing her face, hands and brushing her teeth with prompting and guard assist.	× ×	× ×	XX	x x	X >	X	x x	×	X	X X
issist with getting into her bed, cover her. Ask if she would liket tv on, light left on or off.	x x	× ×	x x	× ×	x >	X	x x	×	X	x x
efill her water and place on night stand within reach. Make sure she has remote to TV and phone within reach.	x x	x x	X X	x x	x )	x	xx	x	×	x x
Remind her to push the button for assist from Village Care, call Traci or signal her on night camera.	x x	x x	x x	w w	× 1	×	x x	×		x x



This is not a bill

Claim Number: 22-318J-672

Date of Loss: 07-12-2013

Office Name: State Farm Mutual Automobile Insurance

Company

PIPMPC E1 Office - DAL

Patient:

Provider: The Village Of Heather Hills 1055 FOREST HILL AVE SE

GRAND RAPIDS, MI 49546-8321

Claim Handler: Marian Gadwell

Address: PO Box 106170

Atlanta, GA 30348-6170

Phone: (844)292-8615 Ext: 9726996788

Date Received: 05-07-2021

Jurisdiction: Michigan

Bill Reference Number: NA

Named Insured: Policy Number:

TIN: 364736291

Payment Number: 104815941J

Zip of Service: 49306

#### Diagnosis Codes:

	A STATE OF THE STA		CPT/			Submitted	Approved	
Line	Date of Service	POS	HCPCS	MOD/TS	Units	Amount	Amount	Reason Codes
1	04-01-2021 - 04-01-2021	11	S9122		4.00	\$120.00	\$120.00	SF467
2	04-02-2021 - 04-02-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
3	04-03-2021 - 04-03-2021	11	59122		12.00	\$360.00	\$360.00	SF467
4	04-04-2021 - 04-04-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
5	04-05-2021 - 04-05-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
6	04-06-2021 - 04-06-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
7	04-09-2021 - 04-09-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
8	04-12-2021 - 04-12-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
9	04-14-2021 - 04-14-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
10	04-15-2021 - 04-15-2021	11	S9122		4.00	\$120.00	\$120.00	SF467
11	04-16-2021 - 04-16-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
12	04-18-2021 - 04-18-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
13	04-19-2021 - 04-19-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
14	04-21-2021 - 04-21-2021	11	59122		12.00	\$360.00	\$380.00	SF467
15	04-22-2021 - 04-22-2021	11	S9122		4.00	\$120.00	\$120.00	SF467
16	04-23-2021 - 04-23-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
17	04-26-2021 - 04-26-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
18	04-28-2021 - 04-28-2021	11	S9122		12.00	\$360.00	\$360.00	SF467

Total Submitted Charges: \$5,760.00

Total Approved Amount: \$5,760.00

Amount Not Payable: \$0.00

Deductible: \$0.00 CoPay: \$0.00

Apportionment / Pro Rata: \$0.00
Offset: \$0.00

Paid Amount: \$5,760.00

#### **Explanations**

SF467 - Paid as Submitted

#### Procedure Guide

S9122 - Home health aide or certified nurse assistant, providing care in the home; per hour

Please be advised pursuant to MCL 500.3145, State Farm is supplying this Explanation of Review as written notice of response to the claim for the date(s) of service indicated above.

DATE: 05-18-2021

22-318J-672

Professional

2009 147768 209 11-12-2019



# **Auto Consolidated Payment Summary**

Payee: THE VILLAGE OF HEATHER HILLS

1055 FOREST HILL AVE SE GRAND RAPIDS, MI 49546-8321 State-TIN: 22-364736291

Payment Number: 104815941J

Issued Date: 05-18-2021

Payment Amount: \$16,440.00

EFT Payment: N

Company: State Farm Mutual Automobile Insurance Company

Operation: MICHIGAN

Name	Claim Number	Date of Loss	Amount	Individual Remarks
	22-318J-672 22-318J-672 22-318J-672	07-12-2013 07-12-2013 07-12-2013	\$5,760.00	ACFM Attendant Care - Agency ACFM Attendant Care - Agency ACFM Attendant Care - Agency



This is not a bill

Claim Number: 22-318J-672

Date of Loss: 07-12-2013

Office Name: State Farm Mutual Automobile Insurance

Company

PIPMPC E1 Office - DAL

Patient:

Provider: The Village Of Heather Hills 1055 FOREST HILL AVE SE GRAND RAPIDS, MI 49546-8321

Claim Handler: Marian Gadwell

Address: PO Box 106170

Atlanta, GA 30348-6170

Phone: (844)292-8615 Ext: 9726996788 Named Insured:

Policy Number:

Date Received: 05-07-2021

Jurisdiction: Michigan

TIN: 364736291

Payment Number: 104815941J

Zip of Service: 49306

Diagnosis Codes:

Bill Reference Number: NA

Line	Date of Service	POS	CPT/ HCPCS	MOD/TS	11292	Submitted	Approved	B
4	03-01-2021 - 03-01-2021	11	80-79-79-79-79-79-79-79-79-79-79-79-79-79-	MODITS	<u>Units</u>	Amount	Amount	Reason Codes
			S9122		12.00	\$360.00	\$360.00	SF467
2	03-03-2021 - 03-03-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
3	03-04-2021 - 03-04-2021	11	S9122		4.00	\$120.00	\$120.00	SF467
4	03-05-2021 - 03-05-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
5	03-07-2021 - 03-07-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
6	03-08-2021 - 03-08-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
7	03-11-2021 - 03-11-2021	11	S9122		4.00	\$120.00	\$120.00	SF467
8	03-12-2021 - 03-12-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
9	03-15-2021 - 03-15-2021	11	\$9122		12.00	\$360.00	\$360.00	SF467
10	03-17-2021 - 03-17-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
11	03-18-2021 - 03-18-2021	11	S9122		4.00	\$120.00	\$120.00	SF467
12	03-19-2021 - 03-19-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
13	03-21-2021 - 03-21-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
14	03-22-2021 - 03-22-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
15	03-25-2021 - 03-25-2021	11	S9122		4.00	\$120.00	\$120.00	SF467
16	03-26-2021 - 03-26-2021	11	59122		12.00	\$360.00	\$360.00	SF467
17	03-29-2021 - 03-29-2021	11	59122		12.00	\$360.00	\$360.00	SF467
18	03-30-2021 - 03-30-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
19	03-31-2021 - 03-31-2021	11	S9122		12.00	\$360.00	\$360.00	SF467

**Total Submitted Charges:** \$5,880.00 **Total Approved Amount:** \$5,880.00 Amount Not Payable: \$0.00

> Deductible: \$0.00

CoPay: \$0.00 \$0.00

Apportionment / Pro Rata: Offset: \$0.00

DATE: 05-18-2021

22-318J-672

Professional

Paid Amount:

\$5,880.00

# **Explanations**

SF467 - Paid as Submitted

#### **Procedure Guide**

S9122 - Home health aide or certified nurse assistant, providing care in the home; per hour

Please be advised pursuant to MCL 500.3145, State Farm is supplying this Explanation of Review as written notice of response to the claim for the date(s) of service indicated above.

DATE: 05-18-2021

22-318J-672

Professional



This is not a bill

Claim Number: 22-318J-672

Date of Loss: 07-12-2013

Office Name: State Farm Mutual Automobile Insurance

Company

PIPMPC E1 Office - DAL

Patient:



Provider: The Village Of Heather Hills

1055 FOREST HILL AVE SE

GRAND RAPIDS, MI 49546-8321

Claim Handler: Marian Gadwell

Address: PO Box 106170

Atlanta, GA 30348-6170

Phone: (844)292-8615 Ext: 9726996788

Date Received: 05-07-2021

Jurisdiction: Michigan

Bill Reference Number: NA

Named Insured:

**Policy Number:** 



TIN: 364736291

Payment Number: 104815941J

Zip of Service: 49546

Diagnosis Codes:

Line	Date of Service	POS	CPT/ HCPCS	MOD/TS	Units	Submitted Amount	Approved Amount	Reason Codes
1	02-01-2021 - 02-01-2021	11	S9122	: <del>(10.1. 10.1. 1.1.1.</del>	12.00	\$360.00	\$360.00	
2	02-03-2021 - 02-03-2021	11	59122		12.00	\$360.00	\$360.00	SF467
3	02-04-2021 - 02-04-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
4	02-07-2021 - 02-07-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
5	02-08-2021 - 02-08-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
6	02-12-2021 - 02-12-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
7	02-14-2021 - 02-14-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
8	02-15-2021 - 02-15-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
9	02-17-2021 - 02-17-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
10	02-19-2021 - 02-19-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
11	02-21-2021 - 02-21-2021	11	59122		12.00	\$360.00	\$360.00	SF467
12	02-22-2021 - 02-22-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
13	02-25-2021 - 02-25-2021	11	S9122		4.00	\$120.00	\$120.00	SF467
14	02-26-2021 - 02-26-2021	11	S9122		12.00	\$360.00	\$360.00	SF467

**Total Submitted Charges:** \$4,800.00 **Total Approved Amount:** \$4,800.00 Amount Not Payable: \$0.00

Deductible: \$0.00

> CoPay: \$0.00

Apportionment / Pro Rata: \$0.00 Offset: \$0.00

> Paid Amount: \$4,800.00

Explanations

SF467 - Paid as Submitted

DATE: 05-18-2021

22-318J-672

Professional

#### Procedure Guide

S9122 - Home health aide or certified nurse assistant, providing care in the home; per hour

Please be advised pursuant to MCL 500.3145, State Farm is supplying this Explanation of Review as written notice of response to the claim for the date(s) of service indicated above.

DATE: 05-18-2021

22-318J-672

Professional



This is not a bill

Claim Number: 22-318J-672

Date of Loss: 07-12-2013

Ext: 9726996788

Office Name: State Farm Mutual Automobile Insurance

Company

PIPMPC E1 Office - DAL

Patient:

Provider: The Village Of Heather Hills 1055 FOREST HILL AVE SE GRAND RAPIDS, MI 49546-8321

Claim Handler: Marian Gadwell

Address: PO Box 106170

Atlanta, GA 30348-6170

Phone: (844)292-8615

Named Insured:

Policy Number:

Date Received: 05-28-2021

Jurisdiction: Michigan

Bill Reference Number: NA

TIN: 364736291

Payment Number: 104892938J

Zip of Service: 49306

Diagnosis Codes: S06.9X0D -

11	Data of Parishan	nos	CPT/	Monae	11016	Submitted	Approved	B
Line	Date of Service	POS	HCPCS	MOD/TS	Units	Amount	Amount	
7	05-02-2021 - 05-02-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
2	05-03-2021 - 05-03-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
3	05-06-2021 - 05-06-2021	11	S9122		4.00	\$120.00	\$120.00	SF467
4	05-07-2021 - 05-07-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
5	05-09-2021 - 05-09-2021	11	59122		12.00	\$360.00	\$360.00	SF467
6	05-10-2021 - 05-10-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
7	05-12-2021 - 05-12-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
8	05-13-2021 - 05-13-2021	11	S9122		4.00	\$360.00	\$360.00	SF467
9	05-15-2021 - 05-15-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
10	05-16-2021 - 05-16-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
11	05-17-2021 - 05-17-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
12	05-20-2021 - 05-20-2021	11	S9122		4.00	\$120.00	\$120.00	SF467
13	05-21-2021 - 05-21-2021	11	\$9122		12.00	\$360.00	\$360.00	SF467
14	05-24-2021 - 05-24-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
15	05-26-2021 - 05-26-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
16	05-27-2021 - 05-27-2021	11	S9122		4.00	\$120,00	\$120.00	SF467
17	05-28-2021 - 05-28-2021	11	S9122		12.00	\$360.00	\$360.00	SF467

**Total Submitted Charges:** \$5,400.00 **Total Approved Amount:** \$5,400.00

Amount Not Payable: Deductible:

\$0.00 \$0.00

CoPay:

\$0.00

Apportionment / Pro Rata:

\$0.00

Offset:

\$0.00

Interest:

\$44,39

Paid Amount:

\$5,444.39

DATE: 07-21-2021

22-318J-672

Professional

ICOSSIE

2010 147768 210 06-30-2021



# **Auto Consolidated Payment Summary**

Payee: THE VILLAGE OF HEATHER HILLS 1055 FOREST HILL AVE SE

GRAND RAPIDS, MI 49546-8321

State-TIN: 22-364736291

Payment Number: 104892938J

Issued Date: 07-21-2021

Payment Amount: \$5,927.24

EFT Payment: N

Company: State Farm Mutual Automobile Insurance Company

Operation: MICHIGAN

Name

Claim Number 22-318J-672

22-318J-672

Date of Loss

07-12-2013 07-12-2013 Amount Individual Remarks

\$482.85 ACFM Attendant Care - Agency \$5,444.39 ACFM Attendant Care - Agency



This is not a bill

Claim Number: 22-318J-672

Date of Loss: 07-12-2013

Office Name: State Farm Mutual Automobile Insurance

Company

PIPMPC E1 Office - DAL

Patient:



Provider: The Village Of Heather Hills

1055 FOREST HILL AVE SE GRAND RAPIDS, MI 49546-8321

Claim Handler: Marian Gadwell

Address: PO Box 106170

Atlanta, GA 30348-6170

Phone: (844)292-8615

Ext: 9726996788

Date Received: 06-04-2021

Jurisdiction: Michigan

Bill Reference Number: NA

Policy Number:

TIN: 364736291

Payment Number: 104892938J

Zip of Service: 49306

Named Insured:

Diagnosis Codes: S06.9X0S -

V89.2XXS -

			CPT/			Submitted	Approved	
Line	Date of Service	POS	HCPCS	MOD/TS	Units	Amount	Amount	Reason Codes
1	02-01-2021 - 02-01-2021	11	S9122		12.00	\$360.00	\$0.00	4
2	02-03-2021 - 02-03-2021	11	\$9122		12.00	\$360.00	\$0.00	4
3	02-04-2021 - 02-04-2021	11	S9122		12.00	\$36.00	\$0.00	4
4	02-07-2021 - 02-07-2021	11	S9122		12.00	\$360.00	\$0.00	4
5	02-08-2021 - 02-08-2021	11	S9122		12.00	\$360.00	\$0.00	4
6	02-12-2021 - 02-12-2021	11	S9122		12.00	\$360.00	\$0.00	4
7	02-14-2021 - 02-14-2021	11	\$9122		12.00	\$360.00	\$0.00	4
8	02-15-2021 - 02-15-2021	11	S9122		12.00	\$360.00	\$0.00	4
9	02-17-2021 - 02-17-2021	11	S9122		12.00	\$360.00	\$0.00	4
10	02-21-2021 - 02-21-2021	11	S9122		12.00	\$360.00	\$0.00	4
11	02-22-2021 - 02-22-2021	11	S9122		12.00	\$360.00	\$0.00	4
12	02-25-2021 - 02-25-2021	11	59122		4.00	\$120.00	\$0.00	4
13	02-26-2021 - 02-26-2021	11	59122		12.00	\$360.00	\$0.00	4
14	03-01-2021 - 03-01-2021	11	S9122		12.00	\$360.00	\$0.00	4
15	03-03-2021 - 03-03-2021	11	S9122		12.00	\$360.00	\$0.00	4
16	03-04-2021 - 03-04-2021	11	S9122		4.00	\$120.00	\$0.00	4
17	03-05-2021 - 03-05-2021	11	S9122		12.00	\$360.00	\$0.00	4
18	03-07-2021 - 03-07-2021	11	S9122		12.00	\$360.00	\$0.00	4
19	03-08-2021 - 03-08-2021	11	59122		12.00	\$360.00	\$0.00	4
20	03-11-2021 - 03-11-2021	11	59122		4.00	\$120.00	\$0.00	4
21	03-12-2021 - 03-12-2021	11	59122		12.00	\$360.00	\$0.00	4
22	03-15-2021 - 03-15-2021	11	S9122		12.00	\$360.00	\$0.00	4
23	03-17-2021 - 03-17-2021	11	S9122		12.00	\$360.00	\$0.00	4
24	03-18-2021 - 03-18-2021	11	S9122		4.00	\$120.00	\$0.00	4
25	03-19-2021 - 03-19-2021	11	S9122		12.00	\$360.00	\$0.00	4
26	03-21-2021 - 03-21-2021	11	S9122		12.00	\$360.00	\$0.00	4
27	03-22-2021 - 03-22-2021	11	S9122		12.00	\$360.00	\$0.00	4
28	03-25-2021 - 03-25-2021	11	59122		4.00	\$120.00	\$0.00	4
29	03-26-2021 - 03-26-2021	11	\$9122		12.00	\$360.00	\$0.00	4

			CPT/	275		Submitted	Approved	
Line	Date of Service	POS	HCPCS	MOD/TS	Units	Amount	Amount	Reason Codes
30	03-29-2021 - 03-29-2021	11	S9122		12.00	\$360.00	\$0.00	4
31	03-30-2021 - 03-30-2021	11	S9122		12.00	\$360.00	\$0.00	4
32	03-31-2021 - 03-31-2021	11	S9122		12.00	\$360.00	\$0.00	
33	04-01-2021 - 04-01-2021	11	S9122		4.00	\$120.00	\$0.00	
34	04-02-2021 - 04-02-2021	11	S9122		12.00	\$360.00	\$0.00	4
35	04-03-2021 - 04-03-2021	11	S9122		12.00	\$360.00	\$0.00	4
36	04-04-2021 - 04-04-2021	11	S9122		12.00	\$360.00	\$0.00	
37	04-05-2021 - 04-05-2021	11	59122		12.00	\$360.00	\$0.00	4
38	04-06-2021 - 04-06-2021	11	S9122		12.00	\$360.00	\$0.00	4
39	04-09-2021 - 04-09-2021	11	S9122		12.00	\$360.00	\$0.00	4
40	04-12-2021 - 04-12-2021	11	S9122		1.00	\$360.00	\$0.00	
41	04-14-2021 - 04-14-2021	11	S9122		12.00	\$360.00	\$0.00	4
42	04-15-2021 - 04-15-2021	11	S9122		4.00	\$120.00		
43	04-16-2021 - 04-16-2021	11	S9122		12.00	\$360.00	\$0.00	
44	04-18-2021 - 04-18-2021	11	S9122		12.00	\$360.00	\$0.00	
45	04-19-2021 - 04-19-2021	11	S9122		12.00	\$360.00	\$0.00	
46	04-21-2021 - 04-21-2021	11	\$9122		12.00	\$360.00	\$0.00	
47	04-22-2021 - 04-22-2021	11	59122		4.00	\$120.00	\$0.00	
48	04-23-2021 - 04-23-2021	11	59122		12.00	\$360.00	\$0.00	
49	04-26-2021 - 04-26-2021	11	59122		12.00	\$360.00	\$0.00	4
50	04-28-2021 - 04-28-2021	11	59122		12.00	\$360.00	\$0.00	
51	04-29-2021 - 04-29-2021	11	\$9122		4.00	\$120.00	\$120.00	SF467
52	04-30-2021 - 04-30-2021	11	59122		12.00	\$360.00	\$360.00	SF467
53	05-02-2021 - 05-02-2021	11	S9122		12.00	\$360.00	\$0.00	4
54	05-03-2021 - 05-03-2021	11	S9122		12.00	\$360.00	\$0.00	4
55	05-06-2021 - 05-06-2021	11	S9122		4.00	\$120.00	\$0.00	
56	05-07-2021 - 05-07-2021	11	S9122		12.00	\$360.00	\$0.00	4
57	05-09-2021 - 05-09-2021	11	S9122		12.00	\$360.00	\$0.00	4
58	05-10-2021 - 05-10-2021	11	S9122		12.00	\$360.00	\$0.00	4
59	05-12-2021 - 05-12-2021	11	S9122		12.00	\$360.00	\$0.00	4
60	05-13-2021 - 05-13-2021	11	S9122		4.00	\$120.00	\$0.00	4
61	05-15-2021 - 05-15-2021	11	S9122		12.00	\$360.00	\$0.00	
62	05-16-2021 - 05-16-2021	11	S9122		12.00	\$360.00	\$0.00	4
63	05-17-2021 - 05-17-2021	11	S9122		12.00	\$360.00	\$0.00	
64	05-20-2021 - 05-20-2021	11	59122		4.00	\$120.00	\$0.00	4
65	05-21-2021 - 05-21-2021	11	59122		12.00	\$360.00	\$0.00	4
66	05-24-2021 - 05-24-2021	11	S9122		12.00	\$360.00	\$0.00	4
67	05-26-2021 - 05-26-2021	11	S9122		12.00	\$360.00	\$0.00	
68	05-27-2021 - 05-27-2021	11	S9122		4.00	\$120.00	\$0.00	
69	05-28-2021 - 05-28-2021	11	S9122		12.00	\$360.00	\$0.00	4

Total Submitted Charges:	\$21,396.00
Total Approved Amount:	\$480.00
Amount Not Payable:	\$0.00
Deductible:	\$0.00
CoPay:	\$0.00
Apportionment / Pro Rata:	\$0.00
Offset:	\$0.00
Interest:	\$2.85
Paid Amount:	\$482.85

#### Explanations

4 - The CPT/HCPCS procedure code or NDC billed is a duplicate service billed previously. SF467 - Paid as Submitted

#### Procedure Guide

S9122 - Home health aide or certified nurse assistant, providing care in the home; per hour

Please be advised pursuant to MCL 500.3145, State Farm is supplying this Explanation of Review as written notice of response to the claim for the date(s) of service indicated above.

DATE: 07-21-2021



This is not a bill

Claim Number: 22-318J-672

Date of Loss: 07-12-2013

Office Name: State Farm Mutual Automobile Insurance

Company

PIPMPC E1 Office - DAL

Patient:



Provider: Village Care The Village Of Heather Hills

1055 FOREST HILL AVE SE GRAND RAPIDS, MI 49546-3626

Claim Handler: Marian Gadwell

Address: PO Box 106170

Atlanta, GA 30348-6170

Phone: (844)292-8615

Ext: 9726996788

Date Received: 08-25-2021

Jurisdiction: Michigan

Bill Reference Number: NA

Named Insured:

**Policy Number:** 

TIN: 364736291

Payment Number:

Zip of Service: 49306

Diagnosis Codes: S06.9X0S -

V89.2XXS -

Date of Service 08-29-2020 - 08-29-2020

POS

CPT/ HCPCS 59122

MODITS

Units

Amount \$420.00 Approved

Amount Reason Codes

\$0.00 SF460

Total Submitted Charges:

Total Approved Amount: Amount Not Payable:

Deductible:

CoPay:

CoPay: Apportionment / Pro Rata:

> Offset: Paid Amount:

\$0.00 \$0.00 \$0.00

\$0.00 \$0.00

\$420.00

\$0.00

\$0.00

#### Explanations

Line

SF460 - Please see attached

#### Procedure Guide

S9122 - Home health aide or certified nurse assistant, providing care in the home; per hour

Please be advised pursuant to MCL 500.3145, State Farm is supplying this Explanation of Review as written notice of response to the claim for the date(s) of service indicated above.

Page: 2 of 3

8/29/2020

59122

2021-08-25 15:24:14 GMT

16162274417

From: Traci M

Claim 4	27-3181-672	Loss Date:	7/12/2013 Aug-20
Patient,	Rosalene Surd	Provider:	VHOSE CARE THE VILLAGE OF HEATHER HILLS
Service	1055 Forest Hills Ave	Provider	4/14 (1001) 34 (1001)
Address;	Apt. 223	Address	1055 Forest Hillis AVe
	Grand Rapids, Mr, 49546		Grand Racids, MI, 49306

Total Due

\$420.00 \$470.00

DIAGNOSIS SO6,9X9S	FEIN: 36-4736291
DIAGNOSIS V89:2XXS	Later to the second second
The state of the s	
DATE Code	Time Units I Amount DU

9am-11pm

Total Hours

Payment	on Receipt to		
- Santa de la Santa	Village Core	FEIN:	16-4716791
	Heather Hills Assisted Living		12.70
	1055 Forest Hills Ava		1
and the same	Crand Rapids IM 49306	1	

E40125109 of to de garde a construction of the construction econograficati di congregati sencica di cata construiri prima de construiri di construiri di construiri di cata of the street the state of the confidence and the second the second the second the second nastal (1,500 Sedan), a laboro, des Clas II anteriores de gradies na des de la perfectación y debita II a laboro. La permane cada (1,500 pro. 140 por 1 de e en tra primero mente de com a la mente destante mos, esta gran, esperar uma se receivada de constitución e prima tras en entre ferança partir esta entre de esta en uma se publica de consensa constituir especial por la consensa en consensa en consensa en uma se publica. ner af net tit tit i tree of eithe vinn it we mee that net mid mid and an anaboring by good of consistency figures. He will Net to offer at time of the or an anaboring of the capability of con-The second state in regular billion in high fair state.

If the last the first state is not second and a second state is the first country of grant place. Do 15: . Elia vienta cara en envertegia con en e e voca que en escala en la entre en entre en entre en entre en entre La comita de contrata de encolar esta entre en encolar esta los conquestas. ARTHURA MAY MARKE PT COMMENTS. ARTHUR CONTROL OF THE CONTROL OF THE THE MARKET OF A SECRETARY OF THE PROPERTY Political process and the financial restricted in the edition of the plane of the con-part of the control of t ALTO SERVE.

The service of the control of the cont of Christian Purch accepts Device before a Darwering being A PRODUCT A PROPERTY OF A CALL OF A MADE CONTROL OF A PROPERTY AND A PARTY OF authoritis to the same areas interpreted to provide a filter the particle and the same and the s The second of th economic medical files for the control of the file of the control in the second recognition of property of the party of the second second section are second wanter and make places were pulse as a full formation of the state of Marianian - Seut enterminal inder annual et et le leuroù " mendre katar anno de tret et en trak d'en allandateur. Le controndució de l'Arten de leuroù como et protectat que describit el des entre coloures et de والمراجع والعراقة فيجاله والمنافق والمنافقة والمنافعة والمناف والمنافية والمنافقة والمنافعة والمنافقة Specifical in the problem of the specific in the problem of the specific of the specific in the specific of the specific in the s pactive authors.

Red indirection in the discrete mention may be received to deep and the principle are given a received and the control of t



This is not a bill

Claim Number: 22-318J-672

Date of Loss: 07-12-2013

Ext: 9726996788

Office Name: State Farm Mutual Automobile Insurance

Company

PIPMPC E1 Office - DAL

Patient:

Provider: The Village Of Heather Hills

1055 FOREST HILL AVE SE GRAND RAPIDS, MI 49546-8321

Claim Handler: Marian Gadwell

Address: PO Box 106170

Atlanta, GA 30348-6170

Phone: (844)292-8615

Named Insured: Policy Number:

Date Received: 05-28-2021

Jurisdiction: Michigan

Bill Reference Number: NA

TIN: 364736291

Payment Number: 104034861J

Zip of Service: 49306

Diagnosis Codes: S06.9X0D -

			CPT/			Submitted	Approved	
Line	Date of Service	POS	HCPCS	MOD/TS	Units	Amount	Amount	Reason Codes
1	05-02-2021 - 05-02-2021	11	59122		12.00	\$360.00	\$360.00	SF467
2	05-03-2021 - 05-03-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
3	05-06-2021 - 05-06-2021	11	S9122		4.00	\$120.00	\$120.00	SF467
4	05-07-2021 - 05-07-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
5	05-09-2021 - 05-09-2021	11	S9122		12,00	\$360.00	\$360.00	SF467
6	05-10-2021 - 05-10-2021	11	59122		12.00	\$360.00	\$360.00	SF467
7	05-12-2021 - 05-12-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
8	05-13-2021 - 05-13-2021	11	S9122		4.00	\$360,00	\$360.00	SF467
9	05-15-2021 - 05-15-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
10	05-16-2021 - 05-16-2021	11	59122		12.00	\$360.00	\$360.00	SF467
11	05-17-2021 - 05-17-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
12	05-20-2021 - 05-20-2021	11	S9122		4.00	\$120.00	\$120.00	SF467
13	05-21-2021 - 05-21-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
14	05-24-2021 - 05-24-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
15	05-26-2021 - 05-26-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
16	05-27-2021 - 05-27-2021	11	S9122		4.00	\$120.00	\$120.00	SF467
17	05-28-2021 - 05-28-2021	11	S9122		12.00	\$360.00	\$360.00	SF467

Total Submitted Charges: \$5,400.00

Total Approved Amount: \$5,400.00

Amount Not Payable: \$0.00

Deductible: \$0.00

CoPay: \$0.00 Apportionment / Pro Rata: \$0.00

> Offset: \$0.00 Interest: \$234.35

Paid Amount: \$5,634.35

# **Explanations**

SF467 - Paid as Submitted

#### **Procedure Guide**

S9122 - Home health aide or certified nurse assistant, providing care in the home; per hour

Please be advised pursuant to MCL 500.3145, State Farm is supplying this Explanation of Review as written notice of response to the claim for the date(s) of service indicated above.

DATE: 11-05-2021

22-318J-672

Professional

10/69/6



This is not a bill

Claim Number: 22-318J-672

Date of Loss: 07-12-2013

Office Name: State Farm Mutual Automobile Insurance

Company

PIPMPC E1 Office - DAL

Patient:

Provider: The Village Of Heather Hills

1055 FOREST HILL AVE SE GRAND RAPIDS, MI 49546-8321

Claim Handler: Marian Gadwell

Address: PO Box 106170

Atlanta, GA 30348-6170

Phone: (844)292-8615

Ext: 9726996788

Date Received: 06-04-2021

Jurisdiction: Michigan

Bill Reference Number: NA

Named Insured:

Policy Number:

TIN: 364736291

Payment Number: 104034861J

Zip of Service: 49306

Diagnosis Codes: S06.9X0S -

V89.2XXS -

			CPT/			Submitted	Approved	
Line	Date of Service	POS	HCPCS	MOD/TS	Units	Amount	Amount	Reason Codes
1	02-01-2021 - 02-01-2021	11	59122		12.00	\$360.00	\$0.00	4
2	02-03-2021 - 02-03-2021	11	59122		12.00	\$360.00	\$0.00	4
3	02-04-2021 - 02-04-2021	11	S9122		12.00	\$36.00	\$0.00	4
4	02-07-2021 - 02-07-2021	11	S9122		12.00	\$360.00	\$0.00	4
5	02-08-2021 - 02-08-2021	11	S9122		12.00	\$360.00	\$0.00	4
6	02-12-2021 - 02-12-2021	11	S9122		12.00	\$360.00	\$0.00	4
7	02-14-2021 - 02-14-2021	11	S9122		12.00	\$360.00	\$0.00	4
8	02-15-2021 - 02-15-2021	11	S9122		12.00	\$360.00	\$0.00	4
9	02-17-2021 - 02-17-2021	11	\$9122		12.00	\$360.00	\$0.00	4
10	02-21-2021 - 02-21-2021	11	S9122		12.00	\$360.00	\$0.00	4
11	02-22-2021 - 02-22-2021	11	S9122		12.00	\$360.00	\$0.00	4
12	02-25-2021 - 02-25-2021	11	S9122		4.00	\$120.00	\$0.00	4
13	02-26-2021 - 02-26-2021	11	S9122		12.00	\$360.00	\$0.00	4
14	03-01-2021 - 03-01-2021	11	S9122		12.00	\$360.00	\$0.00	4
15	03-03-2021 - 03-03-2021	11	S9122		12.00	\$360.00	\$0.00	4
16	03-04-2021 - 03-04-2021	11	S9122		4.00	\$120.00	\$0.00	4
17	03-05-2021 - 03-05-2021	11	59122		12.00	\$360.00	\$0.00	4
18	03-07-2021 - 03-07-2021	11	S9122		12.00	\$360.00	\$0.00	4
19	03-08-2021 - 03-08-2021	11	S9122		12.00	\$360.00	\$0.00	4
20	03-11-2021 - 03-11-2021	11	S9122		4.00	\$120.00	\$0.00	4
21	03-12-2021 - 03-12-2021	11	S9122		12.00	\$360.00	\$0.00	4
22	03-15-2021 - 03-15-2021	11	S9122		12.00	\$360.00	\$0.00	4
23	03-17-2021 - 03-17-2021	11	S9122		12.00	\$360.00	\$0.00	4
24	03-18-2021 - 03-18-2021	11	\$9122		4.00	\$120.00	\$0.00	4
25	03-19-2021 - 03-19-2021	11	S9122		12.00	\$360.00	\$0.00	4
26	03-21-2021 - 03-21-2021	11	\$9122		12.00	\$360.00	\$0.00	4
27	03-22-2021 - 03-22-2021	11	S9122		12.00	\$360.00	\$0.00	4
28	03-25-2021 - 03-25-2021	11	S9122		4.00	\$120.00	\$0.00	4
29	03-26-2021 - 03-26-2021	11	\$9122		12.00	\$360.00	\$0.00	4

			CPT/			Submitted	Approved	
Line	Date of Service	POS	HCPCS	MOD/TS	<u>Units</u>	Amount		Reason Codes
30	03-29-2021 - 03-29-2021	11	S9122		12.00	\$360.00	\$0.00	4
31	03-30-2021 - 03-30-2021	11	S9122		12.00	\$360.00	\$0.00	4
32	03-31-2021 - 03-31-2021	11	S9122		12.00	\$360.00	\$0.00	4
33	04-01-2021 - 04-01-2021	11	\$9122		4.00	\$120.00	\$0.00	4
34	04-02-2021 - 04-02-2021	11	S9122		12.00	\$360.00	\$0.00	4
35	04-03-2021 - 04-03-2021	11	S9122		12.00	\$360.00	\$0.00	4
36	04-04-2021 - 04-04-2021	11	S9122		12.00	\$360.00	\$0.00	4
37	04-05-2021 - 04-05-2021	11	S9122		12.00	\$360.00	\$0.00	4
38	04-06-2021 - 04-06-2021	11	S9122		12.00	\$360.00	\$0.00	4
39	04-09-2021 - 04-09-2021	11	S9122		12.00	\$360.00	\$0.00	4
40	04-12-2021 - 04-12-2021	11	S9122		1.00	\$360.00	\$0.00	4
41	04-14-2021 - 04-14-2021	11	S9122		12.00	\$360.00	\$0.00	4
42	04-15-2021 - 04-15-2021	11	S9122		4.00	\$120.00	\$0.00	4
43	04-16-2021 - 04-16-2021	11	S9122		12.00	\$360.00	\$0.00	4
44	04-18-2021 - 04-18-2021	11	S9122		12.00	\$360.00	\$0.00	4
45	04-19-2021 - 04-19-2021	11	S9122		12.00	\$360.00	\$0.00	4
46	04-21-2021 - 04-21-2021	11	S9122		12.00	\$360.00	\$0.00	4
47	04-22-2021 - 04-22-2021	11	S9122		4.00	\$120.00	\$0.00	4
48	04-23-2021 - 04-23-2021	11	S9122		12.00	\$360.00	\$0.00	4
49	04-26-2021 - 04-26-2021	11	S9122		12.00	\$360.00	\$0.00	4
50	04-28-2021 - 04-28-2021	11	S9122		12.00	\$360.00	\$0.00	4
51	04-29-2021 - 04-29-2021	11	59122		4.00	\$120.00	\$120.00	SF467
52	04-30-2021 - 04-30-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
53	05-02-2021 - 05-02-2021	11	S9122		12.00	\$360.00	\$0.00	4
54	05-03-2021 - 05-03-2021	11	S9122		12.00	\$360.00	\$0.00	4
55	05-06-2021 - 05-06-2021	11	\$9122		4.00	\$120.00	\$0.00	4
56	05-07-2021 - 05-07-2021	11	S9122		12.00	\$360.00	\$0.00	4.
57	05-09-2021 - 05-09-2021	11	S9122		12.00	\$360.00	\$0.00	4
58	05-10-2021 - 05-10-2021	11	S9122		12.00	\$360.00	\$0.00	4
59	05-12-2021 - 05-12-2021	11	S9122		12.00	\$360.00	\$0.00	4
60	05-13-2021 - 05-13-2021	11	S9122		4.00	\$120.00	\$0.00	4
61	05-15-2021 - 05-15-2021	11	S9122		12.00	\$360.00	\$0.00	4
62	05-16-2021 - 05-16-2021	11	S9122		12.00	\$360.00	\$0.00	4
63	05-17-2021 - 05-17-2021	11	59122		12.00	\$360.00	\$0.00	4
64	05-20-2021 - 05-20-2021	11	S9122		4.00	\$120.00	\$0.00	4
65	05-21-2021 - 05-21-2021	11	S9122		12.00	\$360.00	\$0.00	4
66	05-24-2021 - 05-24-2021	11	59122		12.00	\$360.00	\$0.00	4
67	05-26-2021 - 05-26-2021	11	59122		12.00	\$360.00	\$0.00	4
68	05-27-2021 - 05-27-2021	11	59122		4.00	\$120.00	\$0.00	4
69	05-28-2021 - 05-28-2021	11	S9122		12.00	\$360.00	\$0.00	4

Total Submitted Charges:	\$21,396.00
Total Approved Amount:	\$480.00
Amount Not Payable:	\$0.00
Deductible:	\$0.00
CoPay:	\$0.00
Apportionment / Pro Rata:	\$0.00
Offset:	\$0.00
Interest:	\$19.73
Paid Amount	\$499.73

#### Explanations

4 - The CPT/HCPCS procedure code or NDC billed is a duplicate service billed previously. SF467 - Paid as Submitted

#### Procedure Guide

S9122 - Home health aide or certified nurse assistant, providing care in the home; per hour

Please be advised pursuant to MCL 500.3145, State Farm is supplying this Explanation of Review as written notice of response to the claim for the date(s) of service indicated above.

DATE: 11-05-2021

DATE: 11-05-2021

22-318J-672

Professional

2010 147768 210 06-30-2021



This is not a bill

Claim Number: 22-318J-672

Date of Loss: 07-12-2013

Office Name: State Farm Mutual Automobile Insurance

Company

PIPMPC E1 Office - DAL

Patient:

Provider: The Village Of Heather Hills 1055 FOREST HILL AVE SE GRAND RAPIDS, MI 49546-8321

Box 106170

Atlanta, GA 30348-6170

Phone: (844)292-8615

Ext: 9726996788

Date Received: 05-07-2021

Jurisdiction: Michigan

Bill Reference Number: NA

TIN: 364736291

Payment Number: 104034861J

Zip of Service: 49306

Named Insured:

Policy Number:

Diagnosis Codes:

			CPT/			Submitted	Approved	
Line	Date of Service	POS	HCPCS	MOD/TS	Units	Amount	Amount	Reason Codes
1	03-01-2021 - 03-01-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
2	03-03-2021 - 03-03-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
3	03-04-2021 - 03-04-2021	11	S9122		4.00	\$120.00	\$120.00	SF467
4	03-05-2021 - 03-05-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
5	03-07-2021 - 03-07-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
6	03-08-2021 - 03-08-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
7	03-11-2021 - 03-11-2021	11	S9122		4.00	\$120.00	\$120.00	SF467
8	03-12-2021 - 03-12-2021	11	S9122		12 00	\$360.00	\$360.00	SF467
9	03-15-2021 - 03-15-2021	11	59122		12.00	\$360.00	\$360.00	SF467
10	03-17-2021 - 03-17-2021	11	59122		12.00	\$360.00	\$360.00	SF467
11	03-16-2021 - 03-18-2021	11	S9122		4.00	\$120.00	\$120.00	SF467
12	03-19-2021 - 03-19-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
13	03-21-2021 - 03-21-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
14	03-22-2021 - 03-22-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
15	03-25-2021 - 03-25-2021	11	S9122		4.00	\$120.00	\$120.00	SF467
16	03-26-2021 - 03-26-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
17	03-29-2021 - 03-29-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
18	03-30-2021 - 03-30-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
19	03-31-2021 - 03-31-2021	11	S9122		12.00	\$360.00	\$360.00	SF467

**Total Submitted Charges:** \$5,880.00 **Total Approved Amount:** \$5,880.00 Amount Not Payable: \$0.00 Deductible: \$0.00

CoPay: \$0.00

Apportionment / Pro Rata: \$0.00 \$0.00

Offset:

DATE: 11-05-2021

22-318J-672

Professional

2010 147785 210 06-30-2021

Interest:

\$295.78

Paid Amount:

\$6,175.78

#### Explanations

SF467 - Paid as Submitted

#### **Procedure Guide**

S9122 - Home health aide or certified nurse assistant, providing care in the home; per hour

Please be advised pursuant to MCL 500.3145, State Farm is supplying this Explanation of Review as written notice of response to the claim for the date(s) of service indicated above.

DATE: 11-05-2021

22-318J-672

Professional



This is not a bill

Claim Number: 22-318J-672

Date of Loss: 07-12-2013

Office Name: State Farm Mutual Automobile Insurance

Company

PIPMPC E1 Office - DAL

Patient: Rosalene Burd

PO BOX 452

BELMONT, MI 49306-0452

Provider: The Village Of Heather Hills

1055 FOREST HILL AVE SE

GRAND RAPIDS, MI 49546-8321

Claim Handler: Marian Gadwell

Address: PO Box 106170

Atlanta, GA 30348-6170

Phone: (844)292-8615

Date Received: 05-07-2021

Jurisdiction: Michigan Bill Reference Number: NA

Ext: 9726996788

TIN: 364736291

Payment Number: 104034861J

Zip of Service: 49306

Named Insured:

Policy Number:

Diagnosis Codes:

			CPT/			Submitted	Approved	
Line	Date of Service	POS	HCPCS	MQD/TS	Units	Amount	Amount	Reason Codes
1	04-01-2021 - 04-01-2021	11	S9122		4.00	\$120.00	\$120.00	SF467
2	04-02-2021 - 04-02-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
3	04-03-2021 - 04-03-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
4	04-04-2021 - 04-04-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
5	04-05-2021 - 04-05-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
6	04-06-2021 - 04-06-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
7	04-09-2021 - 04-09-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
8	04-12-2021 - 04-12-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
9	04-14-2021 - 04-14-2021	11	\$9122		12.00	\$360.00	\$360.00	SF467
10	04-15-2021 - 04-15-2021	11	S9122		4.00	\$120.00	\$120.00	SF467
11	04-16-2021 - 04-16-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
12	04-18-2021 - 04-18-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
13	04-19-2021 - 04-19-2021	11	59122		12.00	\$360.00	\$360.00	SF467
14	04-21-2021 - 04-21-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
15	04-22-2021 - 04-22-2021	11	S9122		4.00	\$120.00	\$120.00	SF467
16	04-23-2021 - 04-23-2021	11	\$9122		12.00	\$360.00	\$360.00	SF467
17	04-26-2021 - 04-26-2021	11	59122		12.00	\$360.00	\$360.00	SF467
18	04-28-2021 - 04-28-2021	11	S9122		12.00	\$360.00	\$360.00	SF467

**Total Submitted Charges:** \$5,760.00 **Total Approved Amount:** \$5,760.00 Amount Not Payable: \$0.00 Deductible: \$0.00

CoPay: \$0.00

Apportionment / Pro Rata: \$0.00 Offset: \$0.00

Interest: \$289.74 Paid Amount:

\$6,049.74

#### **Explanations**

SF467 - Paid as Submitted

#### **Procedure Guide**

S9122 - Home health aide or certified nurse assistant, providing care in the home; per hour

Please be advised pursuant to MCL 500.3145, State Farm is supplying this Explanation of Review as written notice of response to the claim for the date(s) of service indicated above.

DATE: 11-05-2021

22-318J-672

Professional

3010 147768 210 06-30-2021



# **EXPLANATION OF REVIEW**

This is not a bill

Claim Number: 22-318J-672

Date of Loss: 07-12-2013

Office Name: State Farm Mutual Automobile Insurance

Company

PIPMPC E1 Office - DAL

Patient:

Provider: The Village Of Heather Hills

1055 FOREST HILL AVE SE GRAND RAPIDS, MI 49546-8321

Claim Handler: Marian Gadwell

Address: PO Box 106170

Atlanta, GA 30348-6170

Phone: (844)292-8615

Ext: 9726996788

TIN: 364736291

Payment Number: 104034861J

Zip of Service: 49546

Named Insured:

Policy Number:

Date Received: 05-07-2021

Jurisdiction: Michigan

Bill Reference Number: NA

Diagnosis Codes:

			CPT/			Submitted	Approved	
Line	Date of Service	POS	HCPCS	MOD/TS	Units	Amount	Amount	Reason Codes
1	02-01-2021 - 02-01-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
2	02-03-2021 - 02-03-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
3	02-04-2021 - 02-04-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
4	02-07-2021 - 02-07-2021	11	59122		12.00	\$360.00	\$360.00	SF467
5	02-08-2021 - 02-08-2021	11	59122		12.00	\$360.00	\$360.00	SF467
6	02-12-2021 - 02-12-2021	11	\$9122		12.00	\$360.00	\$360.00	SF467
7	02-14-2021 - 02-14-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
8	02-15-2021 - 02-15-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
9	02-17-2021 - 02-17-2021	11	S9122		12.00	\$360.00	\$360,00	SF467
10	02-19-2021 - 02-19-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
11	02-21-2021 - 02-21-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
12	02-22-2021 - 02-22-2021	11	S9122		12.00	\$360.00	\$360.00	SF467
13	02-25-2021 - 02-25-2021	11	S9122		4.00	\$120.00	\$120.00	SF467
14	02-26-2021 - 02-26-2021	11	59122		12.00	\$360.00	\$360.00	SF467

Total Submitted Charges: \$4,800.00
Total Approved Amount: \$4,800.00
Amount Not Payable: \$0.00

Deductible: \$0.00 CoPay: \$0.00

Apportionment / Pro Rata: \$0.00

Offset: \$0.00 Interest: \$241.45

Paid Amount: \$5,041.45

**Explanations** 

SF467 - Paid as Submitted

DATE: 11-05-2021

22-318J-672

Professional

1006975

2010 147756 210 06-30-2021

#### **Procedure Guide**

S9122 - Home health aide or certified nurse assistant, providing care in the home; per hour

Please be advised pursuant to MCL 500.3145, State Farm is supplying this Explanation of Review as written notice of response to the claim for the date(s) of service indicated above.

DATE: 11-05-2021

22-318J-672

Professional

(006976



# **Auto Consolidated Payment Summary**

Payee: THE VILLAGE OF HEATHER HILLS

1055 FOREST HILL AVE SE GRAND RAPIDS, MI 49546-8321 State-TIN: 22-364736291

Payment Number: 104034861J

Issued Date: 11-05-2021

Payment Amount: \$23,401.05

**EFT Payment: N** 

Company: State Farm Mutual Automobile Insurance Company

Operation: MICHIGAN

Name	Claim Number	Date of Loss	Amount	Individual Remarks
	22-318J-672	07-12-2013	\$5.041.45	ACFM Attendant Care - Agency
	22-318J-672	07-12-2013	\$6,049.74	ACFM Attendant Care - Agency
	22-318J-672	07-12-2013		ACFM Attendant Care - Agency
	22-318J-672	07-12-2013	\$499.73	ACFM Attendant Care - Agency
	22-318J-672	07-12-2013	\$5,634.35	ACFM Attendant Care - Agency



# **EXPLANATION OF REVIEW**

This is not a bill

Claim Number: 22-318J-672

Date of Loss: 07-12-2013

Office Name: State Farm Mutual Automobile Insurance

Company

PIPMPC E1 Office - DAL

Patient:

Provider: Village Care The Village Of Heather Hills

1055 FOREST HILL AVE SE GRAND RAPIDS, MI 49546-3626

Claim Handter: Marian Gadwell

Address: PO Box 106170

Atlanta, GA 30348-6170 Ext: 9726996788

Phone: (844)292-8615

Named Insured:

Policy Number:

Date Received: 06-04-2021

Bill Reference Number: NA

Jurisdiction: Michigan

TIN: 364736291

Payment Number:

Zip of Service: 49306

Diagnosis Codes: S06.890A - Other specified intracranial injury without loss of consciousness, initial encounter

			CPT/			Submitted	Approved	
Line	Date of Service	POS	HCPCS	MOD/TS	Units	Amount	Amount	Reason Codes
1	10-17-2020 - 10-17-2020	11	S9122		12.00	\$360.00	\$0.00	SF431
2	10-18-2020 - 10-18-2020	11	S9122		12.00	\$360.00	\$0.00	SF431
3	10-22-2020 - 10-22-2020	11	59122		4.00	\$120.00	\$0.00	SF431
4	10-23-2020 - 10-23-2020	11	S9122		12.00	\$360.00	\$0.00	SF431
5	10-24-2020 - 10-24-2020	11	S9122		12.00	\$360.00	\$0.00	SF431
6	10-26-2020 - 10-26-2020	11	S9122		12.00	\$360,00	\$0.00	SF431
7	10-29-2020 - 10-29-2020	11	S9122		4.00	\$120.00	\$0.00	SF431
8	10-30-2020 - 10-30-2020	11	S9122		12.00	\$360.00	\$0.00	SF431
9	11-01-2020 - 11-01-2020	11	\$9122		12.00	\$360.00	\$0.00	SF431
10	11-02-2020 - 11-02-2020	11	S9122		12.00	\$360.00	\$0.00	SF431
11	11-04-2020 - 11-04-2020	11	S9122		12.00	\$360.00	\$0.00	SF431
12	11-06-2020 - 11-06-2020	11	S9122		12.00	\$360.00	\$0.00	SF431
13	11-09-2020 - 11-09-2020	11	S9122		12.00	\$360.00	\$0.00	SF431
14	11-12-2020 - 11-12-2020	11	S9122		4.00	\$120.00	\$0.00	SF431
15	11-13-2020 - 11-13-2020	11	S9122		12.00	\$360.00	\$0.00	SF431
16	11-15-2020 - 11-15-2020	11	S9122		12.00	\$360.00	\$0.00	SF431
17	11-16-2020 - 11-16-2020	11	S9122		12.00	\$360.00	\$0.00	SF431
18	11-18-2020 - 11-18-2020	11	S9122		12.00	\$360.00	\$0.00	SF431
19	11-19-2020 - 11-19-2020	11	S9122		4.00	\$120.00	\$0.00	SF431
20	11-20-2020 - 11-20-2020	11	S9122		12.00	\$360.00	\$0.00	SF431
21	11-23-2020 - 11-23-2020	11	S9122		12.00	\$36.00	\$0.00	SF431
22	11-26-2020 - 11-26-2020	11	S9122		4.00	\$240.00	\$0.00	SF431
23	11-27-2020 - 11-27-2020	11	\$9122		12.00	\$360.00	\$0.00	SF431
24	11-29-2020 - 11-29-2020	11	S9122		12.00	\$360.00	\$0.00	SF431
25	11-30-2020 - 11-30-2020	11	S9122		12.00	\$360.00	\$0.00	SF431
26	12-02-2020 - 12-02-2020	11	S9122		4.00	\$120.00	\$0.00	SF431
27	12-03-2020 - 12-03-2020	11	S9122		12.00	\$360.00	\$0.00	SF431
28	12-04-2020 - 12-04-2020	11	S9122		12.00	\$360.00	\$0.00	SF431
29	12-05-2020 - 12-05-2020	11	S9122		12.00	\$360.00	\$0.00	SF431
30	12-07-2020 - 12-07-2020	11	S9122		12.00	\$360.00	\$0.00	SF431

DATE: 11-23-2021

22-318J-672

Professional

1009878

			CPT/			Submitted	Approved		
Line	Date of Service	POS	HCPCS	MOD/TS	Units	Amount	Amount	Reason Codes	
31	12-08-2020 - 12-08-2020	11	S9122		12.00	\$360.00	\$0.00	SF431	
32	12-09-2020 - 12-09-2020	11	S9122		4.00	\$120.00	\$0.00	SF431	
33	12-10-2020 - 12-10-2020	11	59122		4.00	\$120.00		SF431	
34	12-12-2020 - 12-12-2020	11	S9122		12.00	\$360.00	\$0.00	SF431	
35	12-13-2020 - 12-13-2020	11	S9122		12.00	\$360.00	\$0.00	SF431	
36	12-14-2020 - 12-14-2020	11	S9122		4.00	\$120.00		SF431	
37	12-15-2020 - 12-15-2020	11	\$9122		4.00	\$120.00		SF431	
38	12-17-2020 - 12-17-2020	11	S9122		12.00	\$360.00	\$0.00	SF431	
39	12-18-2020 - 12-18-2020	11	S9122		12.00	\$360.00	\$0.00	SF431	
40	12-21-2020 - 12-21-2020	11	\$9122		12.00	\$360.00	\$0,00	SF431	
41	12-23-2020 - 12-23-2020	11	\$9122		12.00	\$360.00	\$0.00	SF431	
42	12-24-2020 - 12-24-2020	71	S9122		4.00	\$240.00	\$0.00	SF431	
43	12-25-2020 - 12-25-2020	11	S9122		12.00	\$720.00	\$0.00	SF431	
44	12-27-2020 - 12-27-2020	11	S9122		12.00	\$360.00	\$0.00	SF431	
45	12-31-2020 - 12-31-2020	11	S9122		4.00	\$120.00	\$0.00	SF431	
46	01-01-2021 - 01-01-2021	11	S9122		12.00	\$720.00	\$0.00	SF431	
47	01-04-2021 - 01-04-2021	11	S9122		12.00	\$360.00	\$0.00	SF431	
48	01-06-2021 - 01-06-2021	11	S9122		12.00	\$360.00	\$0.00	SF431	
49	01-07-2021 - 01-07-2021	11	S9122		4.00	\$120.00	\$0.00	SF431	
50	01-08-2021 - 01-08-2021	11	S9122		12.00	\$360.00	\$0.00	SF431	
51	01-10-2021 - 01-10-2021	11	S9122		12.00	\$360.00	\$0.00	SF431	
52	01-11-2021 - 01-11-2021	11	59122		12.00	\$360.00	\$0.00	SF431	
53	01-14-2021 - 01-14-2021	11	S9122		2.00	\$120.00	\$0.00	SF431	
54	01-15-2021 - 01-15-2021	11	S9122		12.00	\$360.00	\$0.00	SF431	
55	01-18-2021 - 01-18-2021	11	S9122		12.00	\$360.00	\$0.00	SF431	
56	01-20-2021 - 01-20-2021	11	S9122		12.00	\$360.00	\$0.00	SF431	
57	01-21-2021 - 01-21-2021	11	S9122		4.00	\$120.00	\$0.00	SF431	
58	01-22-2021 - 01-22-2021	11	S9122		12.00	\$360.00	\$0.00	SF431	
59	01-24-2021 - 01-24-2021	11	59122		12.00	\$360.00	\$0.00	SF431	
60	01-25-2021 - 01-25-2021	11	S9122		12.00	\$360.00	\$0.00	SF431	
61	01-28-2021 - 01-28-2021	11	S9122		4.00	\$120.00	\$0.00	SF431	
62	01-29-2021 - 01-29-2021	11	S9122		12.00	\$360.00	\$0.00	SF431	

Total Submitted Charges:	\$19,116.00
Total Approved Amount:	\$0.00
Amount Not Payable:	\$0.00
Deductible:	\$0.00
CoPay:	\$0.00
Apportionment / Pro Rata:	\$0.00
Offset:	\$0.00
Paid Amount:	\$0.00

#### Explanations

SF431 - This bill is denied based upon the company's investigation and/or the testimony of your representative(s). Records and/or testimony indicate the provider (a) cannot document the time that it bills for or; (b) bills for services not rendered or; (c) services are being rendered by unlicensed persons with no supervision or; (d) corporation is owned and operated by unlicensed persons

#### Procedure Guide

S9122 - Home health aide or certified nurse assistant, providing care in the home; per hour

Please be advised pursuant to MCL 500.3145, State Farm is supplying this Explanation of Review as written notice of response to the claim for the date(s) of service indicated above.



Facsimile Cover Sheet Carátula de facsimil Confidential Business Confidencial Empresarial State Farm®
Providing Insurance and Financial Services
Su Compañía de Seguros y Servicios Financieros
Home Office, Bloomington, Illinois 61710
Officha Centrale, Bloomington, Illinois

To / A Heather

Data Facha 11:50/2021 5:03:46 PM

Fax number / Número de fax: 6169428658

Total pages / Cantidad de paginos : S

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Message / Mensaje: From/De [Marian Gadwell] Phone:[9726996788], Subject:[22-318J-672

1004519 119545 03-03-2014 190-6580 a 8



#### **EXPLANATION OF REVIEW**

This s not a bill

Claim Number: 22-318J-672

Date of Loss: 07-12-2013

Office Name: State Farm Mutual Automobile Insurance

Company

PIPMPC E1 Office - DAL

Patient:

Provider: The Village Of Heather Hills

Named Insured:

Policy Number:

1055 FOREST HILL AVE SE GRAND RAPIDS, MI 49546-8321

TIN: 364736291

Claim Handler: Marian Gadwell

Address: PO Box 106170

Atlanta GA 30348-6170

Phone: (844)292-8615

Ext: 9726996788

Date Received: 09-25-2021

Jurisdiction: Michigan

Bill Reference Number: NA

Adjusted DRG: Estimated Amount Due: \$0.00

Discharge Date: 08-31-2021

Payment Number: 104016260J

Zip of Service: 49546

Submitted DRG:

Bill Type: 841

Admission Date: 07-20-2016

Diagnosis Codes: S06 890A (POA-Y) -

S06 9X05 (POA-Y)

V89 2XXS (POA-Y) -

ICD Procedure Codes:

		Rev	CPT/			Submitted	Approved	
Line	Date of Service	Code	HCPCS	MOD/TS	Units.	Amount	Amount	Reason Codes
1	07-01-2021 - 07-31-2021	0100	T2032		31 00	\$4,702.56	\$4 702 55	SF467
2	08-01-2021 - 08-31-2021	0100	T2032		31.00	\$4 886 95	\$4 702 56	SE029

Total Submitted Charges: \$9,589,51 Total Approved Amount: \$9,405.12 Amount Not Payable: \$0.00 Deductible: \$0 00 CoPay: \$0 00 Apportionment / Pro Rata: \$0.00 Offset: \$0.00 Paid Amount: \$9,405.12

SF029 - The amount allowed is based on provider charges within the provider's geographic region.

SF467 - Paid as Submitted

#### Procedure Guide

T2032 - Residential care, not otherwise specified (NOS), waiver, per month

Please be advised pursuant to MCL 500 3145. State Farm is supplying this Explanation of Review as written notice of response to the claim for the date(s) of service indicated above

DATE: 10-22-2021

22-318J-672

Institutional

11/30/2021 3:26:23 PM PAGE 3/003 Fax Server

DATE: 10-22-2021

1234.274

22-318J-672

Institutional



Facsimile Cover Sheet Carátula de facsimil Confidential Business Confidencial Empresarial

State Farm®
Providing Insurance and Financial Services
Su Compañía de Seguros y Servicios Financieros
Home Office, Bloomington, Illinois 61710
Officina Centrale, Bloomington, Illinois

To / A-Heather

Date / Fecha: 11/30/2021 5:01:44 PM

Fax number / Numero de fax 6189428658

Total pages / Cardina de paginas :3

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Message / Mensaje: From/De [Marian Gadwell], Phone:[9726996786] Subject:[22-318J-672 BURD, ROSALENE] Comments[EOR]

1004519 119545 03-03-2014 190-6580 a.B.



### EXPLANATION OF REVIEW

This is not a bill

Claim Number: 22-318J-672

Date of Loss: 07-12-2013

Office Name: State Farm Mutual Automobile Insurance

Company

PIPMPC E1 Office - DAL

Patient:

Provider: The Village Of Heather Hills

1055 FOREST HILL AVE SE GRAND RAPIDS, MI 49546-8321

Claim Handler: Marian Gadwell

Address: PO Box 106170

Atlanta, GA 30348-6170

Phone: (844)292-8615 Ext: 9726996788

Date Received: 10-22-2021

Jurisdiction: Michigan

Bill Reference Number: NA

Named Insured:

Policy Number:

TIN: 364736291

Payment Number: 104058081J

Zip of Service: 49546

Diagnosis Codes: S06.890A -

S06.9X0S -

V89.2XXS -

Line	Date of Service	POS	CPT/ HCPCS	MOD/TS	Units	Submitted Amount	Approved	Reason Codes
1	11-01-2021 11-01-2021	13	12033		1 00	\$3,536,95	\$1.994.08	S1043
2	11 01 2021 - 11 01 2021	13	S9122		13.00	\$900 00	\$515 34	\$1043
3	11 01-2021 - 11-01 2021	13	59122		1 00	\$450 00	50 00	SF452

Total Submitted Charges: \$4,886.95
Total Approved Amount: \$2,509.40
Amount Not Payable: \$0.00
Deductible: \$0.00
CoPay: \$0.00

Apportionment / Pro Rata: \$0 00
Offset: \$0 00

Interest: \$2 48

Paid Amount: \$2,511 88

# Explanations

S1043 - Recommended allowance is based on the applicable percentage of the provider average amount charged and is further adjusted by the annual CPI.

SF452 - The product, service or accommodation was not reasonable and necessary for the injured person's care, recovery or rehabilitation as outlined in MCL 500.3107.

#### Procedure Guide

S9122 - Home health aide or certified nurse assistant, providing care in the home, per hour

F2033 - Residential care, not otherwise specified (NOS), waiver, per diem

Please be advised pursuant to MCL 500.3145, State Farm is supplying this Explanation of Review as written notice of response to the claim for the date(s) of service indicated above.

DATE: 11-23-2021

22-318J-672

Professional

125.00

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Facsimile Cover Sheet Carátula de facsimil Confidential Business Confidencial Empresarial State Farm®

Providing Insurance and Financial Services Su Compania de Seguros y Servicios Financieros Home Office, Bloomington, Illinois 61710 Officina Centrale, Bloomington, Illinois

To A Heather

Date Fed a 11/30/2021 5:35/5/ PM

Fax number | Número de fax 6169428658

Total pages / Caruldad de paginas 4

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Message / Mensaje From/De [Marian Gadwell], Phone:[9726996788], Subject;[22-318J-672. BURD, ROSALENE], Comments:[]

1004519 119545 03-03-2014 190-6580 a.8



# **EXPLANATION OF REVIEW**

This is not a bill

Claim Number: 22-318J-672

Date of Loss: 07-12-2013

Office Name: State Farm Mulual Automobile Insurance

Company

PIPMPC E1 Office - DAL

Patient:

Provider: The Village Of Heather Hills

1055 FOREST HILL AVE SE GRAND RAPIDS, MI 49546-8321

Claim Handler: Marian Gadwell

Address: PO Box 106170

Atlanta GA 30348-6170

Phone: (844)292-8615

Ext: 9726996788

Date Received: 06-04-2021

Jurisdiction: Michigan

Bill Reference Number: NA

TIN: 364736291

Payment Number: 104034861J

Zip of Service: 49306

Named Insured:

Policy Number:

Diagnosis Codes: S06.9X0S -

V89 2XXS -

			CPTI			Submitted	Approved		
Line	Date of Service	POS	HCPCS	MOD/TS	Units	Amount	Amount	Reason Codes	
1	02-01-2021 - 02-01-2021	11	S9122		12 00	\$360 00	\$0.00	4	
2	02 03-2021 02 03 2021	13	59122		12 00	\$360.00	\$0.00	4	
3	02-04-2021 - 02-04-2021	11	\$9122		12 00	\$36 00	\$0.00	4	
4	02-07-2021 - 02-07-2021	11	S9122		12 00	\$360 00	\$0.00	4	
5	02 08-2021 - 02 08 2021	11	S9122		12.00	\$360.00	\$0.00	4	
6	02-12 2021 - 02 12 2021	11	S9122		12 00	\$360 00	\$0.00	A	
7	02-14 2021 - 02-14 2021	11	S9122		12 00	\$360 00	\$0.00	4	
8	02-15-2021 - 02-15-2021	11	\$9122		12 00	\$360.00	\$0.00	4	
9	02-17 2021 - 02 17 2021	11	S9122		12 00	\$360 00	\$0.00	4	
10	02-21-2021 - 02-21-2021	11	89122		12 00	\$360 00	\$0.00	4	
11	02-22 2021 - 02-22 2021	11	S9122		12 00	\$360 00	\$0.00	4	
12	02-25-2021 - 02-25-2021	11	S9122		4 00	\$120 00	50 00	4	
13	02-26-2021 - 02-26-2021	11	S9122		12 00	\$360 00	\$0.00	4	
14	03-01-2021 - 03-01-2021	11	S9122		12.00	\$360.00	\$0.00	4	
15	03-03-2021 - 03-03-2021	11	S9122		12 00	\$360 00	SO 03	4	
16	03-04-2021 - 03-04-2021	11	59122		4 00	\$120 00	\$0.00	4	
17	03-05-2021 - 03-05-2021	11	59122		12 00	\$360 00	\$0.00	4	
18	03-07-2021 - 03-07-2021	11	S9122		12 00	\$360 00	\$0 00	4	
19	03-08-2021 - 03-08-2021	11	S9122		12 00	\$360.00	\$0.00	4	
20	03-11 2021 - 03-11 2021	11	59122		4 00	\$120.00	\$0.00	4	
21	03-12-2021 - 03-12-2021	11	59122		12 00	\$360.00	\$0 00	4	
22	03 15 2021 - 03 15 2021	11	S9122		12 00	\$360 00	\$0.00	4	
23	03-17-2021 - 03-17 2021	11	59122		12 00	\$360.00	\$0.00	4	
24	03-18-2021 03-18-2021	11	S9122		4.00	\$120 00	50 00	4	
25	03-19 2021 - 03 19 2021	11	S9122		12 00	\$360 00	\$0.00	4	
26	03-21-2021 - 03-21-2021	11	S9122		12 00	\$360 00	\$0.00	4	
27	03-22-2021 - 03-22-2021	11	59122		12 00	\$360 00	\$0.00	4	
28	03-25-2021 - 03-25-2021	11	59122		4 00	\$120 00	\$0.00	4	
29	03-26-2021 - 03-26-2021	11	59122		12 00	\$360 00	\$0.00	4	

DATE: 11-05-2021

22-318J-672

Professional

100 (174

			CPTI			Submitted	Approved	
Line	Date of Service	POS	HCPCS	MOD/TS	Units	Amount		Reason Codes
30	03-29-2021 03 29-2021	11	S9122	Marian San All Society Co. 2011	12.00	\$360.00	\$0.00	
31	03-30-2021 - 03-30-2021	11	S9122		12 00	\$360 00	50 00	
32	03-31-2021 03-31-2021	11	59122		12 00	\$360 00	\$0.00	
33	04-01-2021 04-01-2021	11	S9122		4.00	\$120.00	50 00	
34	04-02-2021 04-02-2021	11	S9122		12 00	\$360.00	SO 00	
35	04-03-2021 04-03-2021	11	59122		12 00	\$360.00	\$0.00	
36	04-04-2021   04-04-2021	11	59122		12 00	\$360 00	SO 00	4
37	04-05-2021 04-05-2021	11	59122		12 00	\$360.00	50 00	4
38	04-06-2021 - 04-06-2021	11	59122		12 00	\$360 00	50 00	4
39	04-09-2021 - 04-09-2021	11	59122		12 00	\$360.00	\$0.00	4
40	04-12-2021 04-12-2021	11	89122		1 03	\$360.00	50 00	4
41	04-14-2021 04 14-2021	11	S9122		12 00	\$360 00	SD CO	
42	04-15-2021 - 04-15-2021	11	S9122		4 00	\$120.00	\$0.00	4
43	04-16-2021 04 15 2021	11	S9122		12 00	\$360 00	\$0.00	4
44	04-18-2021 - 04-18-2021	11	59122		12 00	\$360 00	\$0.00	4
45	04-19-2021 04-19-2021	11	59122		12 00	\$360 00	50 00	4
45	04-21-2021 - 04-21-2021	11	59122		12 00	\$360 00	\$0.00	4
47	04-22-2021 - 04 22 2021	11	\$9122		CO 4	\$120 00	\$0.00	
48	04-23-2021 - 04-23-2021	11	S9122		12 00	\$360 00	\$0.00	4
49	04-26-2021 04-26-2021	11	59122		12 00	\$360.00	60 00	4
50	04-28-2021 - 04-28-2021	11	59122		12 00	\$360.00	\$0.00	4
51	04-29-2021 - 04-29-2021	11	59122		4 00	\$120.00	5120 00	SF467
52	04-30-2021 - 04-30-2021	11	59122		12 00	\$350.00	\$360.00	S-467
53	05-02-2021 - 05-02-2021	41	\$9122		12.00	\$360.00	\$0.00	4
54	05-03-2021 - 05-03-2021	11	59122		12 00	\$360 00	50 00	4
55	05-06-2021 - 05-06-2021	11	S9122		4.00	\$120.00	\$0.00	4
56	05-07-2021 05-07-2021	11	S9122		12.00	5360 00	\$0.00	4
57	05-09-2021 05-09-2021	11	S9122		12.00	\$360.00	\$0.00	4
58	05-10-2021 05 10 2021	11	S9122		12 00	\$360 00	\$0.00	4
59	05-12-2021 - 05-12-2021	11	S9122		12 00	\$360 00	\$0,00	4
60	05-13-2021 05-13-2021	11	59122		4 00	\$120.00	\$0.03	4
61	05-15-2021 05 15 2021	11	59122		12.00	\$360 00	\$0.00	4
62	05-16-2021 05-16-2021	11	S9122		12 00	\$360 00	\$0.00	4
63	05-17-2021 05-17-2021	11	59122		12 00	\$360.00	\$0.00	4
64	05 20 2021 - 05 20 2021	11	S9122		4 00	\$120.00	\$0.00	
65	05 21 2021 05 21 2021	11	59122		12 00	\$360 00	\$0.00	
66	05 24 2021 - 05 24 2021	11	S9122		12 00	\$360 00	SO 03	4
67	05 26 2021 - 05 26 2021	11	S9122		12 00	5350 00	50 00	4
68	05 27 2021 05 27 2021	11	S9122		4 00	\$120.00	\$0.00	4
69	05-28-2021 - 05-28-2021	11	S9122		12 00	\$360 00	\$0.00	4

Total Submitted Charges:	\$21,396.00
<b>Total Approved Amount:</b>	\$480.00
Amount Not Payable:	\$0,00
Deductible:	\$0.00
GoPay:	\$0.00
Apportionment / Pro Rata:	\$0.00
Offset:	\$0.00
Interest:	\$19.73
Paid Amount:	5499 73

# Explanations

4 - The CPT/HCPCS procedure code or NDC billed is a duplicate service billed previously. SF467 - Paid as Submitted

#### Procedure Guide

S9122 - Home health aide or certified nurse assistant, providing care in the home, per hour

Please be advised pursuant to MCL 500 3145, State Farm is supplying this Explanation of Review as written notice of response to the claim for the date(s) of service indicated above

DATE: 11-05-2021

22-318J-672

Professional

72137-2770





Sorry I missed you. We're in a pretty tough spot with this one without an arrangement with State Farm. If this is a better conversation to have offline. I understand and I'm open anytime tomorrow after 1230. Thanks Traci.

Yep call tomorrow anytime. I can draft something more contractvlooking if you want. It's nbd. I just thought we were doing informal email.

What has happened with all the 2rd floor residents .... Damn like 7 empty when I was there Friday

Tue, Aug 24, 2:18 PM

Sorry Traci. 2 transferred rooms and the others either passed or were just short term stays.

The biggest issue we're facing

























The biggest issue we're facing with insurance is that we didn't issue the statement to State Farm, If there is someone there I can talk with to try and clear things up with them I'm more than happy to do that. I want them to know that the staffing agencies couldn't meet needs so you had to go outside the box to get her what she needs. It was never the intention to go this route long term but what else were you supposed to do. Anyone you can think of who can give the blessing on this so we can move forward? Thanks Traci

Tue, Aug 24, 3:48 PM

Your lady said we just need to confirm the relationship I will draft a contract

Scrambling right now to fill the





Message





















Mon, Aug 23, 3:13 PM

Hi Traci.

What would be your availability over the next day or so to get back together on insurance?

What are we getting together about? You guys have been paid the money. I just want what you've been paid less the 10%

> We needed a contract connecting dots between HH, State Farm, you and care providers.

I did that in the e-mail.

My ringer is on now I just tried calling you. I thought I did what we agreed to. If you need more I'll do it.

I looked at my notes that I took that day we met and put it in email





Message





















# Thanks Traci

Tue, Aug 24, 3:48 PM

Your lady said we just need to confirm the relationship I will draft a contract

Scrambling right now to fill the spot that will be open when the hole I plugged for a year now goes back to school. I am not sure who has the hang up since your HR lady didn't.

Looking to plug the dike right now with staffing ... literally only have 2 days covered starting Friday

> It's a mess out there. People got accustomed to freebies. People will be in a world of shit when the rent moratorium expires and they have to get jobs again.

> > Delivered





















## Sent from my iPhone

#### Begin forwarded message:

**From:** Joe Leblanc < <u>jleblanc@heatherhills.com</u>>

**Date:** July 19, 2022 at 2:37:51 PM EDT

To: Joe LeBlanc < Subject: FW: 22-318j-672

From: Traci M. Kornak <tkornak@kornaklaw.com>

**Sent:** Friday, May 28, 2021 11:47 AM

**To:** Joe Leblanc < ileblanc@heatherhills.com>

**Subject:** Re: 22-318j-672

This is what I was hoping to avoid ...

On Fri, May 28, 2021 at 11:45 AM Marian Gadwell-Gunn < <u>marian.gadwell-gunn.cjp3@statefarm.com</u>> wrote:

Hi Traci,

I am just following up on this requested info. There is no phone # on the bills so I have no way to reach to find out if the bill is from an agency or if it is family/friend provided Attendant Care.

There are bills still pending from February that I have not been able to process yet. I am also confused about this bill from Heather Hills (attached) which appears to be for Attendant Care and when I just spoke to Heather there she did not seem to know anything about it. Please email or call me when you have a moment to clarify these issues.

Thanks,

Marian Gadwell-Gunn

**State Farm Insurance Companies** 

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#### **DURABLE POWER OF ATTORNEY**

I, Grand Rapids, Michigan, do hereby appoint Traci M. Kornak, of Comstock Park, Michigan, to act as my agent and attorney-in-fact (hereinafter my "Agent").

- 1. Effective Date. This Durable Power of Attorney shall become effective immediately and shall remain in effect until it is revoked by me, by a conservator appointed for my benefit, by a court of competent jurisdictions, or by my death.
- 2. Powers of Agent. I grant to my Agent full power and authority to deal with my estate, property, medical care and services, housing, and affairs as fully as I might or could do if personally present. All powers shall be exercised in a fiduciary capacity in my best interests and for my welfare. The following specially enumerated powers are intended to amplify, rather than to limit or restrict, the general power of attorney herein granted:
  - a. Banking Transactions. To open or close any bank, savings and loan, or credit union account owned in my name alone or jointly with others, including my Agent; to make deposits to any such account; to sign in my name checks or drafts on such accounts; to withdraw funds form such accounts; to endorse in my name and negotiate checks, certificates of deposit, drafts and other instruments for the payment of money; and to carry on all my ordinary banking business.
  - b. Securities Transactions. To sign in my name and deliver stock certificates and bonds (including stock and bond powers and assignments separate from certificates), United States Government obligations (including savings bonds, treasury bills, and bonds and notes of every type or description), and other securities; to have such securities registered in my name alone or jointly with others, including my Agent; to receive and provide receipts for all dividends and interest; to vote stock in person or by proxy; to sell, cash, redeem, exchange, and transfer any security; and to open or close or write drafts against any brokerage, money market fund, cash management, or other similar account owned in my name alone or jointly with others, including my Agent.

- c. Real Estate and Tangible Personal Property. To purchase, sell, exchange, or lease real estate or tangible personal property or any interest therein; to sign in my name, grant, and deliver options, purchase agreements, deeds, bills of sale, easements, mortgages, land contracts, leases, security agreements, installment contracts, and other similar or related documents; to exercise all options, rights of first refusal, ownership, lessor, lessee, or other rights with respect to any of my real estate or tangible personal property, including the right to title such property jointly with others, including my Agent, and the right to plat and partition real estate; and to insure and safeguard my real estate and tangible personal property.
- d. Life Insurance, Retirement Assets and Employee Benefits. To exercise any right, option, or privilege available to me under any life insurance policy owned by me including the right to surrender the policy, obtain a policy loan, convert the policy to paid up insurance, or change the beneficiary or ownership; provided that, my Agent shall not have or exercise any right, privilege, or incident of ownership with respect to any life insurance policy on my Agent's life. In addition, to exercise all rights, options, and privileges, involving retirement programs, compensation plans, individual retirement accounts, annuities, pensions, profit sharing, and other retirement assets and employee fringe benefits (including, without limitations, the power to change beneficiary designations, to effect a spousal roller, to elect required minimum distributions, to direct investments, to effect a transfer from one custodian to another, to divide a plan into two or more parts, and to remove assets from such plans)
- e. Contributions to Retirement Plans. To the extend that I receive payments qualifying as salary, wages or earnings from self-employment, my Agent shall have the power to contribute the maximum amount to any qualified retirement plan or individual retirement account established for my benefit in order to achieve the maximum federal income tax deductions therefore.
- f. Motor vehicles. To apply for a certificate of title upon, and endorse in my name and transfer title to any motor vehicle, and to represent in such transfer that title to the motor vehicle is free and clear of all liens and encumbrances except those specifically referenced.
- g. Business Interests. To continue to conduct or participate in any business in which I may be engaged regardless of its form for such time and in such manner as my Agent may deem advisable, and to perform or amend any business agreement to which I may be a party; to sell, exchange, modify, or terminate any business; to incorporate, reorganize, merge, consolidate, recapitalize, sell, liquidate, or dissolve any

- corporation, limited liability company, partnership, or other business; and to elect or employ officers, directors, managers, and agents.
- h. Contracts. To enter into and perform on my behalf any contract or business transaction and, in fulfillment thereof, to sign in my name and deliver all necessary documents.
- i. Collection Powers. To demand, sue for, collect, or forgive all indebtedness owed me; to exercise all legal and equitable remedies to collect indebtedness owed me; to adjust and compromise all indebtedness owed me; and to provide a receipt for and discharge indebtedness owed me.
  - j. Investments. To invest in stocks, bonds (including United States Treasury Bonds which can be redeemed at par to pay federal estate taxes in my estate), securities, real estate, life insurance, annuities, endowment policies, or in any other investment; to deal with and give instructions to any brokerage firm with respect to the purchase, sale, or other disposition of securities and other assets; to add assets to or withdraw assets from any account in my name; and to sign in my name any representation, certification, or agreement, including agreements regarding margin, option trading or commodities accounts.
  - k. Tax Matters. To prepare, sign and file federal, state, or local income, gift, or other tax returns of all kinds (including, without limitation, Forms 1040, 709 and 709A), claims for refund, requests for extension of time, petitions to the Tax Court or other courts regarding tax matters, and any and all other tax-related documents, including, without limitation, receipts, offers, waivers, consents, powers of attorney (including Form 2848), closing agreements; to exercise any elections I may have under federal, state, or local tax law; and generally to act in my behalf in all tax matters of all kinds and for all periods from 2008 through 2040 before all persons representing the Internal Revenue Service and any other taxing authority, including receipt of confidential information and the posting of bonds
  - Safe Deposit Box. To lease a safe deposit box; to enter any safe deposit box leased by me individually or jointly (including drilling if the keys are not available); to withdraw or change the contents thereof; and to exchange or surrender the box.
  - m. Agents and Medical Care Providers and Services. To retain, compensate, and discharge medical care providers and services, agents, accountants, attorneys, and any other professionals.
  - n. Living Trust. To transfer any of my real estate and personal property, tangible and intangible, to the Trustees of any revocable inter vivos trust which I establish or any trust in which I have an unlimited discretionary right of withdrawal. To accomplish this purpose, my Agent may sign in my name and deliver to my Trustees all deeds,

bills of sale, assignments, stock powers, stock certificates, and other documents necessary to transfer legal title to my real and personal property, specifically including disability, hospital, and medical policies and the right to receive payments and profits, and may terminate bank accounts, investment advisory accounts, brokerage accounts, custody accounts, and all other accounts by transferring the balance in these accounts to my Trustees. This power shall include the power to withdraw and/or receive on my behalf income and principal of a trust to which I may be entitled.

- o. Debts and Expenses. To pay bills, loans, notes, or other indebtedness owed by me, or which may be incurred by my Agent for my benefit; and to incur and pay all reasonable expenses related to the control, management, and supervision of my property and the maintenance, support, care and comfort of myself and those dependent upon me (including expenses incurred on my behalf by my Patient Advocate or other person serving under a medical power of attorney I have executed or may execute in the future).
- Legal Proceedings. To commence, defend, submit to arbitration, and resolve all legal and administrative proceedings pertaining to me or my property
- q. Disclaimer. To release or disclaim on my behalf any interest in property acquired by intestate, beneficiary designation, or inter vivos transfer, including exercising or surrendering any right to amend or revoke a revocable trust.
- r. Fiduciary Responsibilities. To renounce any or resign from any fiduciary positions to which I have been appointed including personal representative, trustee, guardian, conservator, attorney-in-fact, or other entity, and to resign such positions and settle on a receipt or release or other informal method of withdrawal as my Agent deems advisable.
- s. Support of Dependents. To disperse funds as may be necessary in the sole discretion of my Agent for my proper maintenance and support, to continue any support that I may be giving to others, and to meet any emergencies which happen to me or persons dependent in whole or in part upon me.
- t. Privilege. To assert or waive any physician-patient privilege, attorney-client privilege, or accountant-client privilege which I or my physician, legal counsel, or accountant my have, and to obtain any and all confidential or privileged information concerning my affairs from my physician, legal counsel, or accountant. I hereby waive such privilege to my Agent and request and authorize all my physicians, legal counsel, and accountants to release to my Agent any and all information concerning me in their possession.

- u. Acting in Other States. To act pursuant to each of the above-described powers within every state in the United States.
- v. Gifts-Restricted Amount. My Agent may make irrevocable gifts that are eligible for exclusion under sections 2503(b) or 2503(e) of the Code (concerning direct payment of tuition and/or medical care) as my Agent deems proper, with any of my real estate or personal property, to or for: my spouse (if I am married), any of my children, their spouses, or their descendants (and their spouses), any of my relatives or in-laws, or any persons who are listed as beneficiaries or devisees (present or contingent) under my will or any trust created by me ( and not created by my Agent), or any charitable organization (including gifts to complete or fulfill a charitable pledge made by me). Any gifts my Agent may make to him or herself as a permissible donee hereunder shall be limited by an ascertainable standard related to my Agent's health, education, support, and maintenance, and my Agent may not make gifts to my Agent's creditors or transfer under section 2503(e), no gifts to a single persons in a calendar year shall exceed the annual federal gift tax exclusion under section 2503(b), or twice that amount if I am married and my spouse is a resident or citizen of the United States; provided however, gifts to my spouse (if I am married) shall not be limited to the annual federal gift tax marital deduction. Gifts to any charitable organization shall be deductible under sections 170 and 2522 of the Code in the year in which such gifts are made (subject to any carry forward rules). All such gifts may be made outright, in trust, to a trust (including any irrevocable trust I have created or shall create at any time) or to any legal guardian or custodian under any applicable Uniform Transfers (or Gifts) to Minors Act, or under an account established under Section 529 of the Code, as my Agent deems appropriate, even if my Agent is such trustee, guardian, or custodian.
- 3. Court-Appointed Fiduciary. If a petition is made to a court of proper jurisdiction for the appointment of a conservator, guardian of my person and/or estate, or other fiduciary charged with the care of my person and/or management of any or all of my property, then I nominate my Agent named herein, including any alternate Agent named herein if he or she is acting as my Agent at such time, for consideration by the court of appointment.
- 4. General Authority. Subject to those limitations specified in the Prohibitions paragraph below, to do and perform all matters and things, transact all business, make execute, acknowledge, and deliver all contract, orders, writing, assurances, and instruments which may be requisite or proper to effectuate any matter pertaining to me or in which I have any interest, and generally to act for me in all matters of any nature or description affecting my business, property, or personal affairs. The enumeration of specific powers in

the preceding paragraphs is not intended to, nor does it, limit or restrict the general powers herein granted to my Agent.

- 5. Prohibitions. My Agent shall act only in my best interests and shall NOT have the power to execute a will or codicil on my behalf or to execute or amend any trust on my behalf; provided that, my Agent may enter into a custodial agreement with a bank with trust powers. My Agent is a fiduciary, possessing no general or limited power of appointment. My Agent shall NOT exercise any powers which I received from my Agent in a fiduciary capacity, and my Agent shall have no authority to exercise any powers, the exercise of which would cause assets of mine to be considered as taxable in my Agent's estate for the purposes of the federal or Michigan estate taxes.
- 6. Interpretation and Governing Law. Paragraph headings are for convenience only and are not part of this instrument. This instrument is executed and delivered in Michigan and shall be governed by Michigan law.
- 7. Third-Party Reliance. Third parties may rely upon the representation of my Agent as to all matters relating to any power granted to my Agent, and no person who acts in reliance upon the representations of my Agent or the authority granted to my Agent shall incur any liability to me or my estate as a result of permitting my Agent to exercise any power. Copies of this executed document may be made and delivered by my Agent, and may be relied upon by any person to the same extent as though the copy were an original.

THIS POWER OF ATTORNEY IS NOT AFFECTED BY THE PRINCIPAL'S SUBSEQUENT DISABILITY OR INCAPACITY, OR BY THE LAPSE OF TIME.

I have signed this Durable Power of Attorney on 19/12, 2017.

	STATE OF MICHIGAN ) COUNTY OF KUNT )
by	The forgoing instrument was acknowledged before me on 2 12, 2017,
	Charlotto Marie
	Charlotte Martinaztary Public

State of Michigan, County of OHOLO My Commission Expires: 09-17-2022

From: "Traci M. Kornak" < tkornak@kornaklaw.com>

**Sent:**Thu, 25 Feb 2021 22:43:29 -0500

To: "AutoMedicalClaims@StateFarm.com" < automedicalclaims@statefarm.com>

Subject:[EXTERNAL] Claim 22-318J-672.

**Attachments:**new doc 2021-02-25 21.51.08.pdf

----- Forwarded message -----

From: Traci M. Kornak <tkornak@kornaklaw.com>

Date: Thu, Feb 25, 2021 at 10:37 PM

Subject: Re

To: AutoMedicalClaims@StateFarm.com < automedicalclaims@statefarm.com >, Traci M.

Kornak < tkornak@kornaklaw.com >

See attached.

Have repeatedly tried faxing and it is saying there is a problem on your end.

Also still waiting for a date and time to have a discussion on this claim.

Thx

FEIN: 38-3195631

DATE	Code	Time	Units		Amount DUE
2/25/2020	S9122	9am-3pm	6		\$180.00
		<b>Total Hours</b>	12	Total Due	\$180.00

Payment on Receipt to

Traci M. Kornak P.C. PO Box 452

Belmont MI, 49306

FEIN: 38-3195631

ebruary 2020 Care Log		
	Date	11 2 3 4 5 6 7 6 9 5 11 11 11 11 11 11 11 11 11 11 11 11 1
ncourage fluids throughout day (Goal is 1,500 mt/day) Document intake in imt to assist with		,
RANSFERS	1	
ait belt must be worn by at all times except when she is in bed for the night to sleep.		
ransfer to/from bed with assistance to walker or wheelchair using gait belt to assist and support stability of to avoid fall lace walker/wheelchair in locked position.		-:-
fransfer to/from wheelchair/walker to toilet with gait belt to assist and support stability of to avoid fall.  Assist with taking pants down with prompting on holding fall bars until she is in seated position.		*
Place walker/wheelchair in locked position		;
transfer in/out of living room chair with prompting and assistance of galli belt for support stability		
Place walker/wheelchair in position and in locked position:	1	
Upon arrival review caregivers, DPOA, Village Care notes.	1	1
Review (alendar for appointments and activities schedule to advise and prepare for the day	4	,
DISPENSING OF MEDICATIONS		
All medications are in the locked safe on top of refrigerator.	1	
Medications are in daily containers	1	
Medications are given at 9 00 am, 3 00 pm, 8 00 pm (or prior to bedtime if a goes earlier).		,
I fiber gummies to be given daily with 9.00 am meds.  If pro meditations are needed you must get approval from DPOA and the dose, time dispensed, reason shall be documented.		
is promouseless are circular you must get approve must be and the dose; time dispensed, reason shall be documented.		
Refore medications are dispensed Rose must be in a fully upright position to avoid choking/assist with swallowing	1	
Each pill should be given individually with water in her cops with lids. (No straw.)		
URINATION AND BOWEL MOVEMENTS		
Document BM size and consistency Assist with wiping after BM with wipes provided.	1	
If no EM in 3 days contact DPGA for Miralax administration and document.	1	
With urination please note if there is any burning with urination, smell, cloudiness, overall weakness or confusion	1	· ·
New pad to brief everytime toileted. Apply new pad to brief each time toileted even if not soiled. UT/ prevention.		*
START OF DAY	1	
Wakeling upon arrival and give 9 00 am medications per DISPENSING OF MEDICATIONS		
Give each pill with water after seated in fully upright position to avoid choking or difficulty swallowing issues	1	N N
Open blinds to allow natural light to wake patient. Advise Rose of day appointments, PT, activities.	1	× ·
valuate if the was incontinent and/or that her body and bed are free of urine.	1	*
Prepare Bose for tolleting by applying gait belt and assisting w/ transfer to walker or wheelchair per TRANSFER.  Assist with changing her Department and for providing and assisting w/ transfer to walker or wheelchair per TRANSFER.		
Assist with changing her Depends and/or inserting a pad as appropriate. Coe to use biden if uses toilet paper cue to wipe from front to back and provide assistance when warranted		
Assis with washing hands and sanithing		
Ask all if she is ready to get up for the day if she wants to stay in bed and wake in or up hark to steen respect her desire		
was it she would like her TV turned on, make sure she has her plastes within reach and walker wheels has a positioned		X X
appropriately and in locked position to avoid a fall with impulsivity		*
Monitor via camera if you leave her bedroom	1	The state of the s

repare coffee with Boost as creamer and put in her spillproof mug with lid.		*
Offer breakfast. Breakfast should be appropriately prepared, warmed and cut in small pieces due to swallowing issues.		X.
When is ready to get out of bed and ready for the day please assist. If not up by 11: 00 am please prompt her.		×
ssist with washing face, hands, brushing teeth and hair, make up, application in her bathroom.		x
in getting dressed either as she is sitting on toilet in bathroom, in her wheelchair in her room or bedside.		x
should be seated at table in her wheelchair with SAD lamp on for 30 minutes daily from Oct. 1 - May 1		X
Lunch- Offer lunch in afternoon, prepare lunch for to ensure bites are small and chewable		×
Assist with preparing for PT or for transportation to outside appointments in coordination w/DPOA		¥.
DAILY ACTIVITES THAT		
likes to participate in household chores. In addition, there are sanitary issues that need to be addressed as well.  DAILY	h l	
Bed is made daily. Sheets are washed when soiled or when appropriate. M.W.F/S. Laundry is washed, folded, put away.		×
Delivered meals are heated, cut, plated. Dishes washed, dried, put away.		x
Refrigerator is cleared of old food and wiped out as needed.		x
Garbages and Depends disposal is emptied daily and taken to trash room.		×
Straighten up as needed and dispose of unnecessary items, mail, calendars, wrappers, etc.		×
Vacuum and sweep floors as needed.		x
Bathroom toilet seat, counters, toilet, shower disinfected and sanitized as needed.		×
Every Friday water her plants with her and refill her bird feeder as needed.		
Other activites:		
She likes to watch movies, TV shows, and journaling/ lists of to do/documenting her daily experiences.		
She also enjoys the many activities that are offered by Heather Hills. Please review dally, weekly, month offerings and help her have sonething to look forward to and enjoy.		X.
in non-COVID times she enjoys going to the Y for exercise w/PT, shopping for her own groceries and incidentals, seeing family.	li de la companya de	
she also enjoys in residence activities - movie theater, social hours, bands, classes, crafts, etc.		
3:00 pm meds administered		*
4:00 pm LEGS AND ABILITY TO AMBULATE BEGINS DECREASING. PLEASE BE CAUTIOUS WITH GUARD ASSIST.		
4:00 pm LEGS AND ABILITY TO AMBULATE BEGINS DECREASING. PLEASE BE CAUTIOUS WITH GUARD ASSIST.  As a safety measure that use the wheelchair for transport as much as possible.		
ackine with the contract of the report as model as possible.		10
5:00 pm generally likes to eat dinner. If she refuses, says not hungry provide snack options that are protein/nutrition filled		×
7:00 - 8:00 pm Depending on the activities throughout the day, mood, TV offerings will usually self prompt that she is		
ready to get ready for the night, if needed prompt by 8:30 pm.		×
BEDTIME ROUTINE		
Start routine with tolleting . Very important that she void prior to bed to avoid her getting up to go after caregiver gone.		X.
Pull her pajamas from the dresser in her bedroom dresser by the door and assist as necessary while she sits on toilet.		x
Assist with washing her face, hands and brushing her teeth with prompting and guard assist.		X
Assist with getting into her bed, cover her. Ask if she would liket ty on, light left on or off.		X
Meds dispensed as above DISPENSING OF MEDICATIONS		×
Refill her water and place on night stand within reach. Make sure she has remote to TV and phone within reach.  Remind her to push the button for assist from Village Care, call Traci or signal her on night camera.		X

Claim #: 22-318J-672

Service

Loss Date: 7/12/2013

Patient: Delayni Kotarba

Contracted Home Health Care Services for

COVID Staffing Shortage Provider c/o Traci M. Kornak P.C.

Address: PO Box 452

Belmont, MI, 49306

FEIN: 38-3195631

DATE	Code	Time	Units		Amount DUE
2/12/2021	59122	9am-9pm	12		\$300.00
2/14/2021	S9122	9am-9pm	12		\$300.00
2/15/2021	S9122	9am-9pm	12		\$300.00
2/17/2021	59122	9am-9pm	12	7	\$300.00
2/19/2021	59122	9am-9pm	12		\$300.00
2/21/2021	59122	9am-9pm	12		\$300.00
2/22/2021	S9122	9am-9pm	12		\$300.00
2/25/2021	\$9122	6pm-10pm	4		\$120.00
2/26/2021	59122	9am-9pm	12		\$300.00
		Total Hours	12	Total Due	\$2,520.00

Payment on Receipt to

Traci M. Kornak P.C. <u>FEIN:</u> 38-3195631

PO Box 452

Belmont MI, 49306

	-												
MANDATORY COVID PROTOCOLS	Date	1 2	3 4 5	67891				6 17 1	8 19 2	0 21	22 2	24 25	26
MASKING IS REQUIRED AT ALL TIMES BY ANYONE WHO ENTERS RESIDENCE		W	XX	XX	×	×		×	X	×	X	X	×
Hands of both caregiver and the must be washed and sanitzied after bathroom use and frequently.		100	XX	XX	×	X	100	X	X	X	X	×	X
Paregiver must document and verifying exposure, symptoms and record temp.		X	XX	XX	X	×	7.00	X	X	×	1. 104	X	X
remograture of the must be take at 9 am and 8 pm and post on door for Village Care for state mandate.		X	X X	XX	X	X	.6.6	X	X	X		×	×
All surfaces and door knobs shall be sanitized and disinfected with materials provided for COVID and flu precauations.		X	x x	x x	×	×		X	X	×		X	X
All of the equipment must be sanitized and disinfected with materials povided for COVID and flu precautions.		×	XX	x x	×	X	100	x	×	×	913		×
This shall include her wheelchair seat and arms, walker seat and handles, door knobs, drawers and cabinets.		X	XX	x x	×	X		X	X	×		×	
Humidifiers for respiratory and COVID should be refilled daily and cleaned once a week.		×	x x	x x	×	X	X	x	X	×	X	×	×
Encourage fluids throughout day (Goal is 1,500 mL/day) Document intake in mL to assist with		×	хх	x x	×	x	X	x	x	×	X	×	X
TRANSFERS													
Gait belt must be wom by at all times except when she is in bed for the night to sleep.		X	XX	xx	×	X	×	×	×	×	X	×	X
Transfer to/from bed with assistance to walker or wheelchair using gait belt to assist and support stability of to avoid fall.			хх	x x	×		×	x	×	×			×
Place walker/wheelchair in locked position.		×	xx	XX	x	x	X	×	x	×	×	×	×
Transfer to/from wheelchair/walker to toilet with gait belt to assist and support stability of		×	xx	x x	X	×	X	x	X	×	×	×	x
Assist with taking pants down with prompting on holding fall bars until she is in seated position.		x	xx	x x	X	X	x	X	×	×	X	×	X
Place walker/wheelchair in locked position.		×	хx	* ×	×	×	x	×	×	×	x	×	×
Transferment in/out of living room chair with prompting and assistance of gait belt for support stability.		x	xx	xx	x	×	×	x	×	x	x	x	x
Place walker/wheelchair in position and in locked position.		×	хx	x x	X	X	x	X	X	X	×	×	X
Upon arrival review caregivers, DPDA, Village Care notes.		x	xx	x x	×	×	X	X	X	X	X	×	X
Review calendar for appointments and activities schedule to advise and prepare for the day.		×	x x	ĸ x	×	x	×	x	×	×	×	×	×
DISPENSING OF MEDICATIONS													
All medications are in the locked safe on top of refrigerator.		1											
Medications are in daily containers.			1991.44	10000	744	840	21		deci	40			-
Medications are given at 9:00 arn, 3:00 pm, 8:00 pm (or prior to bedtime it goes earlier).		×	XX	× ×	×		×	×	X	X		×	×
2 fiber gummies to be given daily with 9:00 am meds If prn medications are needed you must get approval from DPOA and the dose, time dispensed, reason shall be documented.		×	XX	x x	×	×	X	X	X	X	×		X
Before medications are dispensed must be in a fully upright position to avoid choking/assist with swallowing.			~ ~		v	v	v		v	X	,		x
Each pill should be given individually with water in her cups with lids. (No straw.)		x	XX	X X	×	×	0	×	×	X			×
Each pill should be given mulvidually with water in her cops with hos prostraw.	-	r	^ ^	^ ^	^	^	*	•	^	^	^	A.	•
URINATION AND BOWEL MOVEMENTS	1												
Document BM size and consistency.		×	xx	x x	×	х	×	×	×	×	×	x	×
Assist with wiping after BM with wipes provided.		X	xx	x x	×		x	x	X	x			x
If no BM in 3 days contact DPOA for Miralax administration and document.				160 10	-	**				***	20	- 4	-
With urination please note if there is any burning with urination, smell, cloudiness, overall weakness or confusion.		x	XX	× ×	×	×	x	x	x	x	×	X	x
New pad to brief everytime toileted- Apply new pad to brief each time toileted even if not soiled. UTI prevention.		×	x x	×х	×	x		x	×		×	×	×
The words of the William Control of the State of the Control of th													

TART OF DAY	
Vake upon arri	val and give 9:00 am medications per DISPENSING OF MEDICATIONS
Sive each pill with w	ater after seated in fully upright position to avoid choking or difficulty swallowing issues.
Open blinds to allow	natural light to wake patient. Advise of day appointments, PT, activities.
valuate if was	incontinent and/or that her body and bed are free of urine.
repare for toil	eting by applying gait belt and assisting w/ transfer to walker or wheelchair per TRANSFER.
Assist with changing	her Depends and/or inserting a pad as appropriate.
Que to use bidet. If u	ses toilet paper cue to wipe from front to back and provide assistance when warranted.
	hing hands and sanitizing.
Ask in the is rea	dy to get up for the day. If she wants to stay in bed and wake up or go back to sleep, respect her desire.
Ask if she would like	her TV turned on, make sure she has her glasses within reach and walker/wheelchair is positioned
	locked position to avoid a fall with impulsivity.
	mera if you leave her bedroom.
	with Boost as creamer and put in her spillproof mug with lid.
Offer breakfast	. Breakfast should be appropriately prepared, warmed and cut in small pieces due to swallowing issues.
	to get out of bed and ready for the day please assist. If not up by 11: 00 am please prompt her.
	shing face, hands, brushing teeth and hair, make up, application in her bathroom.
Assistant in gettin	g dressed either as she is sitting on toilet in bathroom, in her wheelchair in her room or bedside.
should be seat	ed at table in her wheelchair with SAD lamp on for 30 minutes daily from Oct. 1 - May 1
	n afternoon, prepare lunch for to ensure bites are small and chewable paring for PT or for transportation to outside appointments in coordination w/DPOA
Assist with pre	paring for PT or for transportation to outside appointments in coordination w/DPOA
Assist with pre	paring for PT or for transportation to outside appointments in coordination w/DPOA  NEEDS ASSISTANCE AND SUPPORT DURING THE DAY
Assist with pre	paring for PT or for transportation to outside appointments in coordination w/DPOA
Assist with pre  DAILY ACTIVITES THE likes to participally	paring for PT or for transportation to outside appointments in coordination w/DPOA  NEEDS ASSISTANCE AND SUPPORT DURING THE DAY pate in household chores. In addition, there are sanitary issues that need to be addressed as well.
Assist with pre  DAILY ACTIVITES THE likes to participally  Bed is made daily. S	paring for PT or for transportation to outside appointments in coordination w/DPOA  NEEDS ASSISTANCE AND SUPPORT DURING THE DAY pate in household chores. In addition, there are sanitary issues that need to be addressed as well.  heets are washed when soiled or when appropriate. M W F/S. Laundry is washed, folded, put away.
Assist with pre  DAILY ACTIVITES THE likes to particip DAILY Bed is made daily. S Delivered meals are	paring for PT or for transportation to outside appointments in coordination w/DPOA  NEEDS ASSISTANCE AND SUPPORT DURING THE DAY pate in household chores. In addition, there are sanitary issues that need to be addressed as well. heets are washed when soiled or when appropriate. M W F/S. Laundry is washed, folded, put away. heated, cut, plated. Dishes washed, dried, put away.
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DAILY ACTIVITES THE likes to participally. So Delivered meals are Refrigerator is clear Garbages and Depe Straighten up as new Vacuum and sweep Bathroom toilet sea	NEEDS ASSISTANCE AND SUPPORT DURING THE DAY pate in household chores. In addition, there are sanitary issues that need to be addressed as well. theets are washed when soiled or when appropriate. M W F/S. Laundry is washed, folded, put away. theated, cut, plated. Dishes washed, dried, put away. ed of old food and wiped out as needed. inds disposal is emptied daily and taken to trash room. eded and dispose of unnecessary items, mail, calendars, wrappers, etc. floors as needed.
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She also enjoys in residence activities - movie theater, social hours, bands, classes, crafts, etc.

x	x x	xx	×	x	X	x	x	×	X		x
X	XX	XX	X	X	X	X	x		X		X
X	XX	x x	×	x	X	X	χ	×	X		×
X	XX	XX	X	X	X	X	X	X	X		X
X	XX	XX	X	X	X	×	X	X	X		X
X	XX	XX	×	X	X	X	X	×	X		X
X	XX	XX	X	X	X	X	X	X	X		X
X	XX	XX	×	X	X	X	Х	X	X		X
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D pm LEGS AND ABILITY TO AMBULATE BEGINS DECREASING. PLEASE BE CAUTIOUS WITH GUARD ASSIST.  a safety measure that use the wheelchair for transport as much as possible.	x	××	x x x x	×	v v	126			
	х			-	V V	X	×	x x	x x x x
		* ×	x x	X	хх	×	×	x x	x x
pm generally likes to eat dinner. If she refuses, says not hungry provide snack options that are protein/nutrition filled	x	x x	x x	x	x x	×	×	x x	x
0 - 8:00 pm Depending on the activities throughout the day, mood, TV offerings will usually self prompt that she is dy to get ready for the night. If needed prompt by 8:30 pm.	x	хx	x x	x	хх	×	x	x x	x x
OTIME ROUTINE	1000		47.41		W W	-			
rt routine with toileting	X	XX	XX	X	XX	×	×	x x	x x
her pajamas from the dresser in her bedroom dresser by the door and assist as necessary while she sits on toilet.	×	XX	XX	Α.	× ×	^	2	× ×	x x x x
ist with washing her face, hands and brushing her teeth with prompting and guard assist.	×	XX	XX	x	X X	÷	3	X X	
ist with getting into her bed, cover her. Ask if she would liket to on, light left on or off.	X	XX	x x	X	XX	×	-	, x	x x
eds dispensed as above DISPENSING OF MEDICATIONS	×	XX	XX	×	XX	× ×	÷.	2 2	XX
ill her water and place on night stand within reach. Make sure she has remote to TV and phone within reach.  nind her to push the button for assist from Village Care, call Traci or signal her on night camera.	13	XX	××	Ŷ	x x	Ŷ	Ŷ	x x	××

From: To:

Subject: More Kornak State Farm

**Date:** Tuesday, August 16, 2022 1:08:54 PM

----- Forwarded message -----

From: **Joe LeBlanc** < Date: Tue, Jul 19, 2022, 2:43 PM

Subject: Fwd: 22-318j-672

To:

Sent from my iPhone

Begin forwarded message:

From: Joe Leblanc < <u>ileblanc@heatherhills.com</u>>

**Date:** July 19, 2022 at 2:37:51 PM EDT

To: Joe LeBlanc <

Subject: FW: 22-318j-672

From: Traci M. Kornak < tkornak@kornaklaw.com >

**Sent:** Friday, May 28, 2021 11:47 AM

To: Joe Leblanc < ileblanc@heatherhills.com >

**Subject:** Re: 22-318j-672

This is what I was hoping to avoid ...

On Fri, May 28, 2021 at 11:45 AM Marian Gadwell-Gunn < marian.gadwell-gunn.cjp3@statefarm.com> wrote:

Hi Traci,

I am just following up on this requested info. There is no phone # on the bills so I have no way to reach Delayni Kotarba to find out if the bill is from an

agency or if it is family/friend provided Attendant Care.

There are bills still pending from February that I have not been able to process yet. I am also confused about this bill from Heather Hills (attached) which appears to be for Attendant Care and when I just spoke to Heather there she did not seem to know anything about it. Please email or call me when you have a moment to clarify these issues.

Thanks,

Marian Gadwell-Gunn State Farm Insurance Companies (972) 699-6788

E-mail automatically created by the free PDFCreator www.pdfforge.org

Attorney at Law



1629 Tammarron Ave. SE Grand Rapids, MI 49546

e-mail: marckidder@sbcglobal.net

Telephone: (616) 942-2060

October 4, 2021

Traci M. Kornak P.C. Attorney P.O. Box 452 Belmont, Michigan 49306

RE:

Dear Traci M. Kornak:

Please be advised that I represent the The Village of Heather Hills, it's Owners and Board of Directors. It is my understanding that you are the Conservator, Health Care POA, and Finance POA for a resident of The Village of Heather Hills, namely

became a resident of The Village of Heather Hills in July of 2016. As a result of an auto accident, was eligible to have her Rent, Level of Care, and Wellness costs paid to The Village of Heather Hills by her insurance carrier, State Farm. Those charges are invoiced monthly by The Village of Heather Hills in a specific invoicing format directly to State Farm.

At a point in time it is my understanding that you hired an entity known as Best Care to serve as a Home Health Care Agent/ Attendant Care Agent for this was necessary to assist with some of her personal needs. The Village of Heather Hills does not have any contractual relationship with Best Care, and does not pay Best Care for its services. Further, The Village of Heather Hills has never invoiced State Farm for attendant care services provided to or for the benefit of

I have now been provided with copies of invoices which I am advised that you prepared and submitted directly to State Farm. It is my understanding that you and/or a member of your family provided attendant care for in addition to the care rendered by the Best Care Entity. You have never been hired or contracted by The Village of Heather Hills to provide any services for You prepared your own invoices and attached the Best Care format for reporting

#### Attorney at Law

Traci M. Kornak P.C. October 4, 2021 Page 2

attendant care services (not a Heather Hills invoicing system). However, you listed on your invoices the Provider as Village Care, The Village of Heather Hills. In addition, you submitted these invoices directly to State Farm using the Federal Employer Identification Number of The Village of Heather Hills.

It is my understanding that you did not have any authority from The Village of Heather Hills to submit any invoices to State Farm for attendant care services you or your family member provided to or for the benefit of provided, specifically:

- 1. You did not have authority to name Village Care, The Village of Heather Hills as Provider of the attendant care services.
- 2. You did not have authority to use the Federal Employer Identification Number of The Village of Heather Hills on the invoices you submitted to State Farm.
- 4. You have telephoned the State Farm PIP Office, and followed up the call with a letter dated September 21, 2021 (copy enclosed) in which you stated in paragraph two of you letter:

"As you are aware, as a result of staffing shortages and the inability of Best Care Nursing to fully staff, I obtained these services through her facility. I am very appreciative of you working with Heather Hills promptly reimbursing in full for these services."

While Best Care Nursing may have had staffing shortages, you did not obtain "these services" through Heather Hills. Further, you did not have any authority to represent to State Farm that Heather Hills provided "these services" which it did not.

5. You have asked The Village of Heather Hills to pay you for the attendant care services you represented in your invoices.

Your actions have now resulted in serious consequences. First, two checks were issued by State Farm, made payable to, and forwarded to, The Village of Heather Hills referencing your invoices as the basis for same. These checks have not (and will not) be cashed by the Village of Heather Hills, and same are being returned to State Farm. Your request to be paid by The Village of Heather Hills for the services you invoiced to State Farm is hereby denied.

**Attorney at Law** 

Traci M. Kornak P.C. October 4, 2021 Page 3

Next, your using, without authority, The Village of Heather Hills Federal Employer Identification Number will result in a complicated and time consuming accounting and audit process to correct the income being reported to the Internal Revenue Service.

monthly

Next, State Farm has not paid The Village of Heather Hills for

charges namely for Rent, Level of Care, and Wellness costs since July of 2021. When contacted, State Farm reported that account for The Village of Heather Hills was out of funds. This may be because funds were redirected (improperly) to pay for your invoices. State Farm now has to completely audit the account to clear it's system.

Finally, because State Farm has not paid the monthly charges to The Village of Heather Hills, individually must pay same in accordance with her Rental and Services Agreement. The amount currently due from to The Village of Heather Hills is \$19,125.65, and that amount continues to accrue. As Conservator, your prompt payment of the balance due to bring

account current is required at this time. In the event State Farm resumes payment

will be credited/reimbursed accordingly.

Yours respectfully,

Warel Kidder

Marc A Kidder

MAK/tak

cc: The Village of Heather Hills

to The Village of Heather Hills in the future,

Enclosure

Traci M. Kornak Ltr 1.wpd

Attorney at Law



1629 Tammarron Ave. SE Grand Rapids, MI 49546 Telephone: (616) 942-2060 e-mail: marckidder@sbcglobal.net

October 4, 2021

Traci M. Kornak P.C. Attorney P.O. Box 452 Belmont, Michigan 49306

RE:

Dear Traci M. Kornak:

Please be advised that I represent the The Village of Heather Hills, it's Owners and Board of Directors. It is my understanding that you are the Conservator, Health Care POA, and Finance POA for a resident of The Village of Heather Hills, namely became a resident of The Village of Heather Hills in July of 2016. As a was eligible to have her Rent, Level of Care, and Wellness costs result of an auto accident, paid to The Village of Heather Hills by her insurance carrier, State Farm. Those charges are invoiced monthly by The Village of Heather Hills in a specific invoicing format directly to State Farm. At a point in time it is my understanding that you hired an entity known as Best Care to serve as a Home Health Care Agent/ Attendant Care Agent for . This was necessary to with some of her personal needs. The Village of Heather Hills does not have assist any contractual relationship with Best Care, and does not pay Best Care for its services. Further, The Village of Heather Hills has never invoiced State Farm for attendant care services provided to or for the benefit of

I have now been provided with copies of invoices which I am advised that you prepared and submitted directly to State Farm. It is my understanding that you and/or a member of your family provided attendant care for in addition to the care rendered by the Best Care Entity. You have never been hired or contracted by The Village of Heather Hills to provide any services for You prepared your own invoices and attached the Best Care format for reporting

#### Attorney at Law

Traci M. Kornak P.C. October 4, 2021 Page 2

attendant care services (not a Heather Hills invoicing system). However, you listed on your invoices the Provider as Village Care, The Village of Heather Hills. In addition, you submitted these invoices directly to State Farm using the Federal Employer Identification Number of The Village of Heather Hills.

It is my understanding that you did not have any authority from The Village of Heather Hills to submit any invoices to State Farm for attendant care services you or your family member provided to or for the benefit of provided, specifically:

- 1. You did not have authority to name Village Care, The Village of Heather Hills as Provider of the attendant care services.
- 2. You did not have authority to use the Federal Employer Identification Number of The Village of Heather Hills on the invoices you submitted to State Farm.
- 4. You have telephoned the State Farm PIP Office, and followed up the call with a letter dated September 21, 2021 (copy enclosed) in which you stated in paragraph two of you letter:

"As you are aware, as a result of staffing shortages and the inability of Best Care Nursing to fully staff I obtained these services through her facility. I am very appreciative of you working with Heather Hills promptly reimbursing in full for these services."

While Best Care Nursing may have had staffing shortages, you did not obtain "these services" through Heather Hills. Further, you did not have any authority to represent to State Farm that Heather Hills provided "these services" which it did not.

5. You have asked The Village of Heather Hills to pay you for the attendant care services you represented in your invoices.

Your actions have now resulted in serious consequences. First, two checks were issued by State Farm, made payable to, and forwarded to, The Village of Heather Hills referencing your invoices as the basis for same. These checks have not (and will not) be cashed by the Village of Heather Hills, and same are being returned to State Farm. Your request to be paid by The Village of Heather Hills for the services you invoiced to State Farm is hereby denied.

**Attorney at Law** 

Traci M. Kornak P.C. October 4, 2021 Page 3

Next, your using, without authority, The Village of Heather Hills Federal Employer Identification Number will result in a complicated and time consuming accounting and audit process to correct the income being reported to the Internal Revenue Service.

monthly

Next, State Farm has not paid The Village of Heather Hills for

charges namely for Rent, Level of Care, and Wellness costs since July of 2021. When contacted, State Farm reported that account for The Village of Heather Hills was out of funds. This may be because funds were redirected (improperly) to pay for your invoices. State Farm now has to completely audit the account to clear it's system.

Finally, because State Farm has not paid the monthly charges to The Village of Heather Hills, individually must pay same in accordance with her Rental and Services Agreement. The amount currently due from to The Village of Heather Hills is \$19,125.65, and that amount continues to accrue. As Conservator, your prompt payment of the balance due to bring

account current is required at this time. In the event State Farm resumes payment

will be credited/reimbursed accordingly.

Yours respectfully,

Warel Kidder

Marc A Kidder

MAK/tak

cc: The Village of Heather Hills

to The Village of Heather Hills in the future,

Enclosure

Traci M. Kornak Ltr 1.wpd

From: "Marian Gadwell-Gunn" <marian.gadwell-gunn.cjp3@statefarm.com>
Sent:Wed, 10 Mar 2021 18:46:52 +0000
To: "Traci M. Kornak" <tkornak@kornaklaw.com>
Cc: "OC - AUTO - Outgoing Correspondence" <OC-AUTO-CL@internal.statefarm.com>
Subject:22-318J-672
Attachments: https\_www.careeronestop.org\_Toolkit\_Wages\_find-salary.aspx\_ke.pdf

Hi Traci,

I'm just seeing the bill for Ms. a now or I would have asked you about it earlier. Is she from an agency? If not I can't consider agency rates (\$30/hr is the high end agency rate for that area) as they are typically licensed, bonded & have overhead that is factored in. If she is from an agency I'd need their info. If not I can just list her under family & friends attendant care but would have to pay a rate approved by the Michigan Catastrophic Claims Association (MCCA) for that level of care (basic home health aide, no specialized training required or overhead involved) which is typically the usual & customary rate in that area for home health aides. The MCCA requires us to justify the rate we are requesting approval of so we typically use the Career One Stop source, provided the Dept. of Labor, as a basis for it. I have attached the one I ran for area and as you can see the median rate is \$12.15/hr. In order to get them to consider a higher rate I would need more info to be able to substantiate it. I'm just going by memory but I don't recall at this time, so correct me if I'm wrong, but it would appear the level of care is just basic Home Health Aide services to assist her am I right? If I am missing anything please let me know so that I can include all info with my request for approval of the Home Health Aide rate.

Thanks much for your help and I do appreciate the info you provided earlier,

Marian Gadwell-Gunn State Farm Insurance Companies (972) 699-6788

E-mail automatically created by the free PDFCreator www.pdfforge.org



# your source for career exploration, training & jobs

Sponsored by the U.S. Department of Labor. A proud partner of the americanjobcenter network.

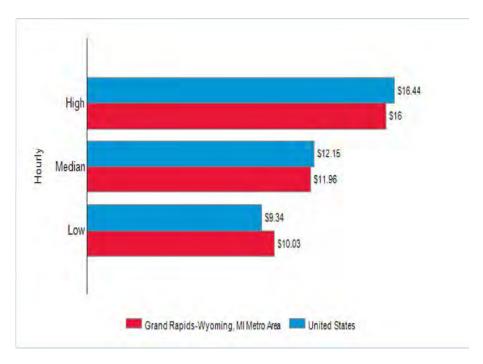
Use this tool to find salary information for more than 800 different occupations. To start, search for an occupation by keyword.

Search by Occupation	
Home Health Aides	
Location	
49546	

# Wages for Home Health and Personal Care Aides in 49546

You're seeing wages for Home Health and Personal Care Aides because we don't have information for **Home Health Aides**.

<u>View Yearly Wages</u> <u>View Table</u>: **View Chart**: <u>View Map</u>



Want to Compare Salaries to other occupations or locations?

#### **Occupation Description**

#### **Home Health Aides**

Monitor the health status of an individual with disabilities or illness, and address their health-related needs, such as changing bandages, dressing wounds, or administering medication. Work is performed under the direction of offsite or intermittent onsite licensed nursing staff. Provide assistance with routine healthcare tasks or activities of daily living, such as feeding, bathing, toileting, or ambulation. May also help with tasks such as preparing meals, doing light housekeeping, and doing laundry depending on the patient's abilities.

# **Learn more about this occupation**

For information about jobs, training, career resources, or unemployment benefits call:

1-877-US2-JOBS (1-877-872-5627) or TTY 1-877-889-5627



For help using the CareerOneStop website:

info@careeronestop.org

CareerOneStop is sponsored by the U.S. Department of Labor, Employment and Training Administration

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From: Tooman, Kate (AG)

To: Fox-Applebee, Katherine (AG)
Cc: Bates, Lorrie (AG); Teter, Scott (AG)

Subject: Please open INV

**Date:** Thursday, July 21, 2022 8:04:00 AM

Attachments: <u>Untitled.PDF</u>

Kathy – I don't have much information other than the attached article. Lorrie and Scott can fill you in. Not sure if Scott has spoken with DIFS, or if it will be GF.

Once you have the info needed, please open an investigation and assign Lorrie and Kristen for now.

Thank you!

 From:
 Stinedurf, Kristen (AG)

 To:
 Teter, Scott (AG)

 Subject:
 RE: conflict wall

Date: Tuesday, September 6, 2022 8:50:55 AM
Attachments: conflict wall request memo KS edits.docx

image001.jpg

# See attached.

From: Teter, Scott (AG) <TeterS@michigan.gov> Sent: Friday, September 2, 2022 10:06 AM

To: Stinedurf, Kristen (AG) <StinedurfK@michigan.gov>

Subject: conflict wall

#### Please review

Scott L. Teter Division Chief Financial Crimes Division Michigan Department of Attorney General P.O. Box 30755 Lansing, MI 48909 (517) 335-7560 517-241-3119 fax



From: Bates, Lorrie (AG)

To: <u>Teter, Scott (AG)</u>; <u>Morse, Stephen (AG)</u>

Subject: RE: DIFS updates

**Date:** Wednesday, August 31, 2022 4:26:15 PM

Attachments: Rpt 003 Receipt of Documents from .pd

# This is the 3<sup>rd</sup> report

From: Teter, Scott (AG) <TeterS@michigan.gov> Sent: Wednesday, August 31, 2022 4:23 PM

To: Bates, Lorrie (AG) <BatesL5@michigan.gov>; Morse, Stephen (AG) <Morses1@michigan.gov>

**Subject:** RE: DIFS updates

thanks

From: Bates, Lorrie (AG) < <a href="mailto:BatesL5@michigan.gov">BatesL5@michigan.gov</a>>

Sent: Wednesday, August 31, 2022 4:22 PM

To: Teter, Scott (AG) < <a href="mailto:TeterS@michigan.gov">TeterS@michigan.gov</a>>; Morse, Stephen (AG) < <a href="mailto:Morses1@michigan.gov">Morses1@michigan.gov</a>>

**Subject:** RE: DIFS updates

I believe you have all of them except #3. I sent that to Blanca on Monday but it isn't in Assignment Control.

**From:** Teter, Scott (AG) < <u>TeterS@michigan.gov</u>>

Sent: Wednesday, August 31, 2022 4:11 PM

**To:** Bates, Lorrie (AG) < <u>BatesL5@michigan.gov</u>>; Morse, Stephen (AG) < <u>Morses1@michigan.gov</u>>

**Subject:** RE: DIFS updates

Ok, do you have your reports so I can ask for conflict wall?

From: Bates, Lorrie (AG) < <a href="mailto:BatesL5@michigan.gov">BatesL5@michigan.gov</a>>

Sent: Wednesday, August 31, 2022 4:10 PM

To: Teter, Scott (AG) < <a href="mailto:TeterS@michigan.gov">TeterS@michigan.gov</a>>; Morse, Stephen (AG) < <a href="mailto:Morses1@michigan.gov">Morses1@michigan.gov</a>>

**Subject:** RE: DIFS updates

No, they generally don't deal with assisted living because its private pay and not Medicaid funded.

**From:** Teter, Scott (AG) < <u>TeterS@michigan.gov</u>>

Sent: Wednesday, August 31, 2022 4:04 PM

To: Bates, Lorrie (AG) <<u>BatesL5@michigan.gov</u>>; Morse, Stephen (AG) <<u>Morses1@michigan.gov</u>>

**Subject:** RE: DIFS updates

If this is an assisted living, HFCD wouldn't have jurisdiction, would they?

From: Bates, Lorrie (AG) < <u>BatesL5@michigan.gov</u>> Sent: Wednesday, August 31, 2022 10:57 AM

To: Teter, Scott (AG) < <a href="mailto:Teters@michigan.gov">Teters@michigan.gov</a>>; Morse, Stephen (AG) < <a href="mailto:Morses1@michigan.gov">Morses1@michigan.gov</a>>

**Subject:** RE: DIFS updates

The plot thickens on the Kornak complaint. Drew Macon from HCFD called me today tell me they received an online complaint on the new portal that nursing facilities can used to report neglect/abuse. That complaint was filed by a "Joe LeBlanc", alleging financial exploitation (\$20K) against Traci Kornak's ward,

The complaint is very vague and does not provide a lot of detail. He is going to have his division forward that information over here.

I called the general counsel for the Village of Heather Hills, Ricardo Solano, the call went to vm and the mailbox was full.

I then called the facility to find out what is going on over there and ask if the facility was aware of the complaint of financial exploitation filed online. I spoke with Heather and she had no clue about the online complaint. She explained that LeBlanc resigned last June 2021, giving a year's notice, and his last day with the facility was Aug 1, 2022. He is no longer affiliated with the facility. Heather was vaguely aware of the Detroit News article, but didn't know what the facility's response was. She stated she is going to reach out to Solano to find out what the facility wants to do and have him return my call.

**From:** Teter, Scott (AG) < <u>TeterS@michigan.gov</u>>

**Sent:** Tuesday, August 30, 2022 3:39 PM

**To:** Morse, Stephen (AG) < <u>Morses1@michigan.gov</u>>; Bates, Lorrie (AG) < <u>BatesL5@michigan.gov</u>>

**Subject:** RE: DIFS updates

Are you both available for a Teams call?

From: Morse, Stephen (AG) < Morses1@michigan.gov>

**Sent:** Tuesday, August 30, 2022 3:36 PM

To: Bates, Lorrie (AG) < <a href="mailto:BatesL5@michigan.gov">BatesL5@michigan.gov</a>>; Teter, Scott (AG) < <a href="mailto:TeterS@michigan.gov">TeterS@michigan.gov</a>>

**Subject:** RE: DIFS updates

I totally agree...he isn't a party. I read your interview with Kornak which explains a lot...not sure this should go further but there are other news articles out there.

**From:** Bates, Lorrie (AG) < <u>BatesL5@michigan.gov</u>>

**Sent:** Tuesday, August 30, 2022 3:33 PM

To: Teter, Scott (AG) < TeterS@michigan.gov >; Morse, Stephen (AG) < Morses1@michigan.gov >

**Subject:** RE: DIFS updates

He finally sent me the information that I'm sure he obtained from LeBlanc. It is all in legal files and should be in the Assignment Control folder. I did a report on it.

I don't know what he wants anyone to talk to him about, he isn't involved in the matter. It should be between the facility, State Farm and Kornak. He probably wants a story out of it. That is why I have been hesitant to speak with him other than provide my info so he could send me what he had. I confirmed with him that it was received.

**From:** Teter, Scott (AG) < <u>TeterS@michigan.gov</u>>

**Sent:** Tuesday, August 30, 2022 3:28 PM

To: Bates, Lorrie (AG) < <a href="mailto:BatesL5@michigan.gov">BatesL5@michigan.gov</a>>; Morse, Stephen (AG) < <a href="mailto:Morses1@michigan.gov">Morses1@michigan.gov</a>>

**Subject:** RE: DIFS updates

He is making It a big deal that no one has contacted him. He also says he has texts, etc.

**From:** Bates, Lorrie (AG) < <u>BatesL5@michigan.gov</u>>

**Sent:** Tuesday, August 30, 2022 3:20 PM

**To:** Teter, Scott (AG) < <a href="mailto:TeterS@michigan.gov">TeterS@michigan.gov">To: Teter, Scott (AG) < <a href="mailto:Morses1@michigan.gov">Morse, Stephen (AG) < <a href="mailto:Morses1@michigan.gov">Morse, Morse, Mor

**Subject:** RE: DIFS updates

Only briefly when he called me to tell me LeBlanc no longer worked at the facility. I didn't go into detail or ask him any questions. I didn't want to speak with him without approval from PIE or without getting a statement from the facility first.

**From:** Teter, Scott (AG) < <u>TeterS@michigan.gov</u>>

**Sent:** Tuesday, August 30, 2022 3:18 PM

To: Bates, Lorrie (AG) < <a href="mailto:BatesL5@michigan.gov">BatesL5@michigan.gov</a>>; Morse, Stephen (AG) < <a href="mailto:Morses1@michigan.gov">Morses1@michigan.gov</a>>

**Subject:** RE: DIFS updates

Have we talked to

**From:** Bates, Lorrie (AG) < <u>BatesL5@michigan.gov</u>>

**Sent:** Tuesday, August 30, 2022 2:32 PM

**To:** Morse, Stephen (AG) < <a href="mailto:Morses1@michigan.gov">Morses1@michigan.gov">Morses1@michigan.gov</a>>; Teter, Scott (AG) < <a href="mailto:TeterS@michigan.gov">TeterS@michigan.gov</a>>

**Subject:** RE: DIFS updates

I have done reports, they are in legal files. I think I've put the dates I've reached out to the attorney. If not, I can add that in the notes section

From: Morse, Stephen (AG) < <a href="mailto:Morses1@michigan.gov">Morses1@michigan.gov</a>>

**Sent:** Tuesday, August 30, 2022 2:27 PM **To:** Teter, Scott (AG) < TeterS@michigan.gov >

Cc: Bates, Lorrie (AG) < <a href="mailto:BatesL5@michigan.gov">BatesL5@michigan.gov</a>>

**Subject:** RE: DIFS updates

Lorrie, as Scott and I were talking about this can you keep a timeline of what was done and when. If we need to assign someone else we can.

**From:** Teter, Scott (AG) < <u>TeterS@michigan.gov</u>>

Sent: Tuesday, August 30, 2022 2:22 PM

**To:** Morse, Stephen (AG) < <u>Morses1@michigan.gov</u>> **Cc:** Bates, Lorrie (AG) < <u>BatesL5@michigan.gov</u>>

**Subject:** RE: DIFS updates

Lorrie,

Please send me the contact information for the nursing home attorney and I will call them on this.

Scott

**From:** Morse, Stephen (AG) < <u>Morses1@michigan.gov</u>>

Sent: Tuesday, August 30, 2022 11:07 AMTo: Teter, Scott (AG) < <a href="mailto:TeterS@michigan.gov">TeterS@michigan.gov</a>Cc: Bates, Lorrie (AG) < <a href="mailto:BatesL5@michigan.gov">BatesL5@michigan.gov</a>

Subject: FW: DIFS updates

Scott, see Lorrie's update below. This guy also went on Tucker Carlson after the initial story was released. I think we would need DIFS to weigh in.

Michigan Rising Action on Twitter: "WATCH: @MichiganDems Treasurer Traci Kornak is facing allegations of insurance fraud. Can we expect @DanaNessel to properly investigate a member of her transition team? This is corruption, courtesy of the Democrat party. (Via: @Charlieleduff) https://t.co/1wX4sFJdWb" / Twitter

**From:** Bates, Lorrie (AG) < <u>BatesL5@michigan.gov</u>>

**Sent:** Monday, August 29, 2022 5:28 PM

**To:** Morse, Stephen (AG) < <u>Morses1@michigan.gov</u>>

**Subject:** RE: DIFS updates

Re: Traci Kornak, 2022-0353815-A

This is the case that stemmed from the article in the Detroit News about the Village of Heather Hills assisted living facility. Where an exec from the facility was claiming Kornak used the facility's tax ID number and FEIN to submit a claim to State Farm.

I still don't have a complainant because the guy who made the accusations in the newspaper has supposedly been fired from the facility and the facility has not

responded to a request for how they want to proceed with filing a complaint against Kornak.

I just recently received the ward's information from . But the issue still remains, we don't have a complainant and State Farm is not out of any money because the check they sent out was returned by the facility.

So if DIFS wants our office to pursue something it can be added to the pile of cases.

If DIFS wants to look into the insurance issue on their end the wards name is: Rose Burd.

#### Lorrie

From: Morse, Stephen (AG) < Morses 1@michigan.gov>

**Sent:** Monday, August 29, 2022 1:41 PM

To: Bates, Lorrie (AG) < Bates L5@michigan.gov >; Campbell, Jeff (AG) < Campbell J32@michigan.gov >; Dahlke, David (AG) <a href="mailto:DahlkeD@michigan.gov">DahlkeD@michigan.gov</a>; Doyle, Edward (AG) <a href="mailto:DoyleE1@michigan.gov">DoyleE1@michigan.gov</a>; Ferguson, Bryan (AG) < Ferguson B9@michigan.gov>; May, Martin (AG) < May M1@michigan.gov>; Griffin, Michael (AG) < GriffinM10@michigan.gov >; Schwartz, Ashley (AG) <<u>SchwartzA5@michigan.gov</u>>; Sharp, Douglas (AG) <<u>SharpD9@michigan.gov</u>>; Morse, Stephen (AG) < Morses1@michigan.gov>; VanHeyningen, Ralph (AG) < VanHeyningenR@michigan.gov>

Subject: DIFS updates

Any DIFS case updates you can provide would be appreciated as I have a meeting with them tomorrow afternoon. Thanks

From: <u>Bates, Lorrie (AG)</u>

To: Morse, Stephen (AG); Teter, Scott (AG)

Subject: RE: Village of Heather Hills

Date: Tuesday, July 19, 2022 2:45:39 PM

Attachments: image001.png

I spoke Ricardo Solano, General Counsel for The Village of Heather Hills on Friday (07/15). He stated The Village of Heather Hills is under new ownership, acquired in June 2022.

Solano stated Heather Hills will cooperate with an investigation, however, he mentioned he just found out about the article in the paper himself, so he asked for a couple of days to gather the facts and then he'll call me back.

Solano stated he will call me back this week and provide whatever information we need to move forward.

#### Lorrie

From: Morse, Stephen (AG) < Morses1@michigan.gov>

Sent: Tuesday, July 19, 2022 2:31 PM

To: Bates, Lorrie (AG) <BatesL5@michigan.gov>; Teter, Scott (AG) <TeterS@michigan.gov>

Subject: RE: Village of Heather Hills

Lorrie – anything from this atty yet? We had a DIFS meeting and brought them up to speed.

From: Bates, Lorrie (AG) < <a href="mailto:BatesL5@michigan.gov">BatesL5@michigan.gov</a>>

Sent: Thursday, July 14, 2022 10:37 AM

To: Sargent, Aubrey (AG) <<u>SargentA1@michigan.gov</u>>; Teter, Scott (AG) <<u>TeterS@michigan.gov</u>>

Cc: Morse, Stephen (AG) < Morses1@michigan.gov>

Subject: Village of Heather Hills

## Good Morning,

I just spoke with Marc Kidder, former atty for Village of Heather Hills. Mr. Kidder indicated he no longer represents Heather Hills, as the facility was sold and is under new ownership and has new attorneys representing them. Mr. Kidder wanted to make it clear that he has NOT spoken with Mr. LeDuff, as he doesn't give interviews, and he does not know where LeDuff obtained the details/information to write his article. Mr. Kidder stated that in Nov. 2021 he sent a letter to (Kornak), that was copied to Heather Hills, discussing the arrearages that were owed to the facility. Mr. Kidder stated the letter was sent to the party that owed the facility and was never made public.

Mr. Kidder also mentioned that LeDuff contacted him on 07/05/22 and left a message, however, he never returned his call.

Mr. Kidder was not willing to share who the patient is in this situation for privacy reasons but stated Mr. LeBlanc would have that information available.

#### Lorrie



Lorrie A. Bates
Supervisory Special Agent
Michigan Department of Attorney General
Criminal Investigations Division~Financial Crimes Section
525 W. Ottawa St., P.O. Box 30755 Lansing, MI 48909
Phone: (517) 749 (cell) Fax: (517) 335-3098
Bates L5@michigan.gov

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From:
To:
Bates, Lorrie (AG)
Subject:
sign in List

Date: Tuesday, August 16, 2022 6:31:22 PM

Attachments: sign in.csv

CAUTION: This is an External email. Please send suspicious emails to abuse@michigan.gov

And here is a visitation list for the old woman. You'll notice that for July and August 2021, the latest billing period, Kornak's daughter does not appear to have shown up.

 From:
 Bates, Lorrie (AG)

 To:
 Teter, Scott (AG)

 Subject:
 Traci Kornak

**Date:** Tuesday, August 30, 2022 5:03:30 PM

Attachments: Rpt 001-Initial Report, Contact with Marc Kidder and Ricardo Solano.pdf

Rpt 002 Interview with Traci Kornak.pdf

image001.png

# Reports attached



Lorrie A. Bates
Supervisory Special Agent
Michigan Department of Attorney General
Criminal Investigations Division~Financial Crimes Section
525 W. Ottawa St., P.O. Box 30755 Lansing, MI 48909
Phone: (517) 749 (cell) Fax: (517) 335-3098
Bates L5@michigan.gov

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From: Fox-Applebee, Katherine (AG)

To: Hammoud, Fadwa (AG); Osikowicz, Bryant (AG)
Cc: Payok, Matthew (AG); Teter, Scott (AG)

Subject: Traci Kornak

Date:Monday, December 19, 2022 3:30:39 PMAttachments:Kornak memo to close v2 12.19.22 - slt.pdf

# Good afternoon.

Attached you will find the closure memo on the Traci Kornak matter. If you have any questions, please reach out to Financial Crimes Division Chief Scott Teter or Assistant Attorney General Matthew Payok.

Katherine Fox-Applebee
Legal Secretary
Michigan Department of Attorney General
Financial Crimes Division
525 West Ottawa Street
P.O. Box 30755
Lensing Michigan 48933

Lansing, Michigan 48933 Telephone: (517) 335-7560

# Price, Paula (AG)

From: Schwartz, Ashley (AG)

Sent: Monday, December 5, 2022 2:08 PM

**To:** Campbell, Jeff (AG)

**Subject:** Kornack

Attachments: Re: Kornack, Traci 2022-0353815; [http][SNUTPW0L0D11N3][][v][R4 Response from The Village o]

(2).pdf

# Ashley Schwartz

Special Agent

Michigan Department of Attorney General Criminal Investigation Division

525 W. Ottawa St. PO Box 30755 Lansing, MI 48909

Mobile: 517-388- Fax: 517-335-3098

# Price, Paula (AG)

From: Schwartz, Ashley (AG)

**Sent:** Monday, December 5, 2022 10:56 AM **To:** Fallon, Blanca (AG); Campbell, Jeff (AG)

**Subject:** RE: Kornak 2022-0353815-A

Lorrie requested it to be closed and emailed her report to Scott before she left. I just emailed Scott last week following up and he said Matt was assigned. Matt is aware and will be reviewing and letting me know. I will keep you in the loop.

From: Fallon, Blanca (AG) <FallonB3@michigan.gov>

Sent: Friday, December 2, 2022 12:04 PM

To: Campbell, Jeff (AG) <CampbellJ32@michigan.gov>; Schwartz, Ashley (AG) <SchwartzA5@michigan.gov>

Subject: FW: Kornak 2022-0353815-A

Hi Jeff and Ashley,

I am just following up on this file to be sure it doesn't get buried in the files needing further review/investigation due to the possible high profile nature.

What I do know from Lorrie is that we were waiting to see if LeBlanc was fired because of the article; *I believe*.

#### Here are file facts to assist.

In a Detroit News article from 7/13/22, Joe LeBlanc (Executive Director of The Village of Heather Hills) alleges attorney Traci Kornak fraudulently used the facility's tax ID number and federal employer ID number to submit invoices to State Farm Insurance for caregiver services. Heather Hills claims they had no knowledge of the services provided and returned the payments back to State Farm Insurance.

There is an s drive file, if you need anything else.

I will begin working on the evidence log. Attaching the report log for your convenience.

#### THIS FILE DOES HAVE A CONFLICT WALL also.

1. Exclude Attorney General Dana Nessel from access to the Criminal Investigations Division and Financial Crimes Division's files in this matter.

Thanks, Blanca

From: Bates, Lorrie (AG) < <u>BatesL5@michigan.gov</u>> Sent: Friday, September 23, 2022 10:07 AM

To: Fallon, Blanca (AG) < Fallon B3@michigan.gov >

Subject: Kornak 2022-0353815-A

Good Morning Blanca,

I've attached Rpt 004-Response from The Village of Heather Hills

# Lorrie



Lorrie A. Bates
Supervisory Special Agent
Michigan Department of Attorney General
Criminal Investigations Division~Financial Crimes Section
525 W. Ottawa St., P.O. Box 30755 Lansing, MI 48909
Phone: (517) 749 (cell) Fax: (517) 335-3098

BatesL5@michigan.gov

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# Price, Paula (AG)

From: Teter, Scott (AG)

Sent: Monday, November 21, 2022 2:45 PM

**To:** Schwartz, Ashley (AG)

**Subject:** FW: Traci Kornak-Village of Heather Hills

From: Teter, Scott (AG)

Sent: Thursday, July 14, 2022 8:10 AM

**To:** Tooman, Kate (AG) <ToomanK@michigan.gov> **Subject:** RE: Traci Kornak-Village of Heather Hills

Okay, thank you!

From: Tooman, Kate (AG) < <u>ToomanK@michigan.gov</u>>

Sent: Thursday, July 14, 2022 7:32 AM

**To:** Teter, Scott (AG) < <u>TeterS@michigan.gov</u>> **Subject:** RE: Traci Kornak-Village of Heather Hills

Yes, and Matt is assigned.

From: Teter, Scott (AG) < TeterS@michigan.gov >

Sent: Wednesday, July 13, 2022 4:42 PM

**To:** Tooman, Kate (AG) < <u>ToomanK@michigan.gov</u>> **Subject:** FW: Traci Kornak-Village of Heather Hills

Do we have an open complaint on this?

From: Sargent, Aubrey (AG) < <a href="mailto:SargentA1@michigan.gov">SargentA1@michigan.gov</a>>

**Sent:** Wednesday, July 13, 2022 4:05 PM

To: Bates, Lorrie (AG) < <a href="mailto:BatesL5@michigan.gov">BatesL5@michigan.gov</a>>; Teter, Scott (AG) < <a href="mailto:TeterS@michigan.gov">TeterS@michigan.gov</a>>

**Cc:** Morse, Stephen (AG) < <u>Morses1@michigan.gov</u>> **Subject:** RE: Traci Kornak-Village of Heather Hills

Thank you Lorrie.



# **Aubrey Sargent**

Chief of Investigations Michigan Department of Attorney General Criminal Investigations Division

3030 W. Grand Boulevard, Suite 10-200, Detroit, MI 48202 525 W. Ottawa Street, PO Box 30755, Lansing, MI 48909

Phone: 313-456-3870 **Mobile: 517-599** 

SargentA1@michigan.gov

From: Bates, Lorrie (AG) < <a href="mailto:BatesL5@michigan.gov">BatesL5@michigan.gov</a>>

Sent: Wednesday, July 13, 2022 4:04 PM

To: Sargent, Aubrey (AG) < SargentA1@michigan.gov >; Teter, Scott (AG) < TeterS@michigan.gov >

Cc: Morse, Stephen (AG) < <a href="mailto:Morses1@michigan.gov">Morses1@michigan.gov</a> Subject: Traci Kornak-Village of Heather Hills

Messages were left with Village of Heather Hills atty Marc Kidder and Village of Heather Hills CEO Joe LeBlanc.

FYI, our office has an open complaint against Village of Heather Hills employee

It is unknow if this is related, although I don't believe it is.



Lorrie



Lorrie A. Bates
Supervisory Special Agent
Michigan Department of Attorney General
Criminal Investigations Division~Financial Crimes Section
525 W. Ottawa St., P.O. Box 30755 Lansing, MI 48909
Phone: (517) 749 (cell) Fax: (517) 335-3098

BatesL5@michigan.gov

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# Price, Paula (AG)

From: Teter, Scott (AG)

Sent: Friday, December 2, 2022 2:25 PM

**To:** Payok, Matthew (AG) **Cc:** Schwartz, Ashley (AG)

**Subject:** FW: Kornack, Traci 2022-0353815

Attachments: [http][SNUTPW0L0D11N3][][v][R4 Response from The Village o] (2).pdf

Matt,

Are we going to close this?

Scott

From: Schwartz, Ashley (AG) <SchwartzA5@michigan.gov>

**Sent:** Monday, November 21, 2022 1:44 PM **To:** Teter, Scott (AG) <TeterS@michigan.gov>

Subject: Kornack, Traci 2022-0353815

Scott,

This was Lorrie's case that was reassigned to me once she left. Lorrie and I talked briefly before she left and said she sent you an email with a report requesting the case be closed.

I am just following up on this. I have attached the last report Lorrie did that I found in Legal Files.

Thank you,

# Ashley Schwartz

Special Agent
Michigan Department of Attorney General
Criminal Investigation Division
525 W. Ottawa St. PO Box 30755 Lansing, MI 48909
Mobile: 517-388
Fax: 517-335-3098

# Price, Paula (AG)

From: Payok, Matthew (AG)

Sent: Friday, December 2, 2022 2:29 PM

To: Teter, Scott (AG)
Cc: Schwartz, Ashley (AG)

Subject: Re: Kornack, Traci 2022-0353815

I think so per the recommendation but I haven't reviewed it yet. Hopefully the beginning of next week.

From: Teter, Scott (AG) <TeterS@michigan.gov>

Sent: Friday, December 2, 2022 2:25 PM

**To:** Payok, Matthew (AG) <PayokM@michigan.gov> **Cc:** Schwartz, Ashley (AG) <SchwartzA5@michigan.gov>

Subject: FW: Kornack, Traci 2022-0353815

Matt,

Are we going to close this?

Scott

From: Schwartz, Ashley (AG) <SchwartzA5@michigan.gov>

**Sent:** Monday, November 21, 2022 1:44 PM **To:** Teter, Scott (AG) <TeterS@michigan.gov>

Subject: Kornack, Traci 2022-0353815

Scott,

This was Lorrie's case that was reassigned to me once she left. Lorrie and I talked briefly before she left and said she sent you an email with a report requesting the case be closed.

I am just following up on this. I have attached the last report Lorrie did that I found in Legal Files.

Thank you,

# Ashley Schwartz

Special Agent

Michigan Department of Attorney General

Criminal Investigation Division

525 W. Ottawa St. PO Box 30755 Lansing, MI 48909

Mobile: 517-388 Fax: 517-335-3098

From: <u>Teter, Scott (AG)</u>

To: Bates, Lorrie (AG); Morse, Stephen (AG)

Subject: RE: DIFS updates

Date: Wednesday, August 31, 2022 4:03:55 PM

If this is an assisted living, HFCD wouldn't have jurisdiction, would they?

From: Bates, Lorrie (AG) <BatesL5@michigan.gov> Sent: Wednesday, August 31, 2022 10:57 AM

To: Teter, Scott (AG) <TeterS@michigan.gov>; Morse, Stephen (AG) <Morses1@michigan.gov>

**Subject:** RE: DIFS updates

The plot thickens on the Kornak complaint. Drew Macon from HCFD called me today tell me they received an online complaint on the new portal that nursing facilities can used to report neglect/abuse. That complaint was filed by a "Joe LeBlanc", alleging financial exploitation (\$20K) against Traci Kornak's ward, . The complaint is very vague and does not provide a lot of detail. He is going to have his division forward that information over here.

I called the general counsel for the Village of Heather Hills, Ricardo Solano, the call went to vm and the mailbox was full.

I then called the facility to find out what is going on over there and ask if the facility was aware of the complaint of financial exploitation filed online. I spoke with Heather and she had no clue about the online complaint. She explained that LeBlanc resigned last June 2021, giving a year's notice, and his last day with the facility was Aug 1, 2022. He is no longer affiliated with the facility. Heather was vaguely aware of the Detroit News article, but didn't know what the facility's response was. She stated she is going to reach out to Solano to find out what the facility wants to do and have him return my call.

**From:** Teter, Scott (AG) < <u>TeterS@michigan.gov</u>>

**Sent:** Tuesday, August 30, 2022 3:39 PM

To: Morse, Stephen (AG) < Morses1@michigan.gov>; Bates, Lorrie (AG) < BatesL5@michigan.gov>

**Subject:** RE: DIFS updates

Are you both available for a Teams call?

From: Morse, Stephen (AG) < <a href="mailto:Morses1@michigan.gov">Morses1@michigan.gov</a>>

**Sent:** Tuesday, August 30, 2022 3:36 PM

To: Bates, Lorrie (AG) < <a href="mailto:BatesL5@michigan.gov">BatesL5@michigan.gov</a>>; Teter, Scott (AG) < <a href="mailto:TeterS@michigan.gov">TeterS@michigan.gov</a>>

**Subject:** RE: DIFS updates

I totally agree...he isn't a party. I read your interview with Kornak which explains a

lot...not sure this should go further but there are other news articles out there.

**From:** Bates, Lorrie (AG) < <u>BatesL5@michigan.gov</u>>

**Sent:** Tuesday, August 30, 2022 3:33 PM

**To:** Teter, Scott (AG) < <a href="mailto:TeterS@michigan.gov">TeterS@michigan.gov">To: Teter, Scott (AG) < <a href="mailto:Morses1@michigan.gov">Morse, Stephen (AG) < <a href="mailto:Morses1@michigan.gov">Morse, Morse, Mor

**Subject:** RE: DIFS updates

He finally sent me the information that I'm sure he obtained from LeBlanc. It is all in legal files and should be in the Assignment Control folder. I did a report on it.

I don't know what he wants anyone to talk to him about, he isn't involved in the matter. It should be between the facility, State Farm and Kornak. He probably wants a story out of it. That is why I have been hesitant to speak with him other than provide my info so he could send me what he had. I confirmed with him that it was received.

**From:** Teter, Scott (AG) < <u>TeterS@michigan.gov</u>>

**Sent:** Tuesday, August 30, 2022 3:28 PM

**To:** Bates, Lorrie (AG) < <u>BatesL5@michigan.gov</u>>; Morse, Stephen (AG) < <u>Morses1@michigan.gov</u>>

**Subject:** RE: DIFS updates

He is making It a big deal that no one has contacted him. He also says he has texts, etc.

**From:** Bates, Lorrie (AG) < <u>BatesL5@michigan.gov</u>>

**Sent:** Tuesday, August 30, 2022 3:20 PM

To: Teter, Scott (AG) < TeterS@michigan.gov >; Morse, Stephen (AG) < Morses1@michigan.gov >

**Subject:** RE: DIFS updates

Only briefly when he called me to tell me LeBlanc no longer worked at the facility. I didn't go into detail or ask him any questions. I didn't want to speak with him without approval from PIE or without getting a statement from the facility first.

**From:** Teter, Scott (AG) < <u>TeterS@michigan.gov</u>>

**Sent:** Tuesday, August 30, 2022 3:18 PM

**To:** Bates, Lorrie (AG) < <u>BatesL5@michigan.gov</u>>; Morse, Stephen (AG) < <u>Morses1@michigan.gov</u>>

**Subject:** RE: DIFS updates

Have we talked to ?

**From:** Bates, Lorrie (AG) < <u>BatesL5@michigan.gov</u>>

**Sent:** Tuesday, August 30, 2022 2:32 PM

To: Morse, Stephen (AG) < <a href="mailto:Morses1@michigan.gov">Morses1@michigan.gov">Morses1@michigan.gov</a>>; Teter, Scott (AG) < <a href="mailto:Teters@michigan.gov">Teters@michigan.gov</a>>

**Subject:** RE: DIFS updates

I have done reports, they are in legal files. I think I've put the dates I've reached out to the attorney. If not, I can add that in the notes section

From: Morse, Stephen (AG) < <a href="mailto:Morses1@michigan.gov">Morses1@michigan.gov</a>>

Sent: Tuesday, August 30, 2022 2:27 PMTo: Teter, Scott (AG) < <a href="mailto:TeterS@michigan.gov">TeterS@michigan.gov</a>Cc: Bates, Lorrie (AG) < <a href="mailto:BatesL5@michigan.gov">BatesL5@michigan.gov</a>

**Subject:** RE: DIFS updates

Lorrie, as Scott and I were talking about this can you keep a timeline of what was done and when. If we need to assign someone else we can.

**From:** Teter, Scott (AG) < <u>TeterS@michigan.gov</u>>

**Sent:** Tuesday, August 30, 2022 2:22 PM

**To:** Morse, Stephen (AG) < <u>Morses1@michigan.gov</u>> **Cc:** Bates, Lorrie (AG) < <u>BatesL5@michigan.gov</u>>

**Subject:** RE: DIFS updates

Lorrie,

Please send me the contact information for the nursing home attorney and I will call them on this.

Scott

From: Morse, Stephen (AG) < <a href="mailto:Morses1@michigan.gov">Morses1@michigan.gov</a>>

Sent: Tuesday, August 30, 2022 11:07 AMTo: Teter, Scott (AG) < <a href="mailto:TeterS@michigan.gov">TeterS@michigan.gov</a>Cc: Bates, Lorrie (AG) < <a href="mailto:BatesL5@michigan.gov">BatesL5@michigan.gov</a>

Subject: FW: DIFS updates

Scott, see Lorrie's update below. This guy also went on Tucker Carlson after the initial story was released. I think we would need DIFS to weigh in.

Michigan Rising Action on Twitter: "WATCH: @MichiganDems Treasurer Traci Kornak is facing allegations of insurance fraud. Can we expect @DanaNessel to properly investigate a member of her transition team? This is corruption, courtesy of the Democrat party. (Via: @Charlieleduff) <a href="https://t.co/1wX4sFJdWb"/Twitter">https://t.co/1wX4sFJdWb"/Twitter</a>

**From:** Bates, Lorrie (AG) < <u>BatesL5@michigan.gov</u>>

**Sent:** Monday, August 29, 2022 5:28 PM

**To:** Morse, Stephen (AG) < <u>Morses1@michigan.gov</u>>

**Subject:** RE: DIFS updates

Re: Traci Kornak, 2022-0353815-A

This is the case that stemmed from the article in the Detroit News about the Village of Heather Hills assisted living facility. Where an exec from the facility was claiming Kornak used the facility's tax ID number and FEIN to submit a claim to State Farm.

I still don't have a complainant because the guy who made the accusations in the newspaper has supposedly been fired from the facility and the facility has not responded to a request for how they want to proceed with filing a complaint against Kornak.

I just recently received the ward's information from Charlie LeDuff, the guy who wrote the newspaper article. But the issue still remains, we don't have a complainant and State Farm is not out of any money because the check they sent out was returned by the facility.

So if DIFS wants our office to pursue something it can be added to the pile of cases.

If DIFS wants to look into the insurance issue on their end the wards name is:

### Lorrie

From: Morse, Stephen (AG) < <a href="mailto:Morses1@michigan.gov">Morses1@michigan.gov</a>>

**Sent:** Monday, August 29, 2022 1:41 PM

**To:** Bates, Lorrie (AG) < <u>BatesL5@michigan.gov</u>>; Campbell, Jeff (AG) < <u>CampbellJ32@michigan.gov</u>>; Dahlke, David (AG) < <u>DahlkeD@michigan.gov</u>>; Doyle, Edward (AG) < <u>DoyleE1@michigan.gov</u>>; Ferguson, Bryan (AG) < <u>FergusonB9@michigan.gov</u>>; May, Martin (AG) < <u>MayM1@michigan.gov</u>>; Griffin, Michael (AG) < <u>GriffinM10@michigan.gov</u>>; Schwartz, Ashley (AG) < <u>SchwartzA5@michigan.gov</u>>; Sharp, Douglas (AG) < <u>SharpD9@michigan.gov</u>>; Morse, Stephen (AG) < <u>Morses1@michigan.gov</u>>; VanHeyningen, Ralph (AG) < <u>VanHeyningenR@michigan.gov</u>>

**Subject:** DIFS updates

Any DIFS case updates you can provide would be appreciated as I have a meeting with them tomorrow afternoon. Thanks



# STATE OF MICHIGAN DEPARTMENT OF ATTORNEY GENERAL

### INCIDENT REPORT

ORIGINAL DATE	ATTY GEN LEGAL FILES NUMBER
07/25/2022	2022-0353815-A
DATE OF THIS REPORT	DIVISION AND UNIT ASSIGNED
08/29/2022	CID - FINANCIAL CRIMES SECTION

SPECIAL AGENT NAME	AAG ASSIGNED	CASE STATUS
Lorrie A. Bates	Scott Teter	Open
STREET ADDRESS AND CITY OF INVESTIGATOR OFFICE Williams Building - 525 W. Ottawa St. Lansing, MI 48909		REPORT NUMBER AND REPORT TYPE Rpt 003-Supplemental Report

Report Type:

Receipt of Documents from



Complaint:

Improper Use of Tax ID Number/Federal Employer ID Number

Venue:

Kent County—City of Grand Rapids

Complainant(s):

Joe LeBlanc via a Detroit News article authored by Charlie LeDuff

# Additional Involved:

Joe LeBlanc, Chief Executive The Village of Heather Hills 1055 Forest Hill Ave SE Grand Rapids, MI 49546 (616) 942-1990



#### Victim:

The Village of Heather Hills 1055 Forest Hill Ave SE Grand Rapids, MI 49546 (616) 942-1990

State Farm Insurance Company One State Farm Plaza Bloomington, IL 61710

### Accused:

Traci Michelle Kornak, Attorney/Guardian

Page 1 of 3	REPORTED BY (Signature)	REPORTED BY (Printed Name) Lorrie A. Bates	APPROVED BY:
	The Bute	DATE APPROVED: 08/29/2022	LAB



#### STATE OF MICHIGAN DEPARTMENT OF ATTORNEY GENERAL

## INCIDENT REPORT

ORIGINAL DATE	ATTY GEN LEGAL FILES NUMBER
07/25/2022	2022-0353815-A
DATE OF THIS REPORT	DIVISION AND UNIT ASSIGNED
08/29/2022	CID - FINANCIAL CRIMES SECTION

(616)				
70	k@korna	k	law	com

## **Initial Information:**

On July 13, 2022, an article written by Charlie LeDuff appeared on the Detroit News online website titled "Nursing Home Accuses Top Democrat of Suspect Billing". The article identifies Joe LeBlanc as the chief executive of The Village of Heather Hills, an assisted living facility in the Grand Rapids area. In the article LeBlanc alleges Traci Kornak, identified in the article as the treasurer of the Michigan Democratic Party and guardian to a ward residing at The Village of Heather Hills, used the tax ID (TIN) and federal employer ID (FEIN) number of the facility to submit fraudulent invoices to State Farm Insurance.

Contact with	
On 08/03/2022 at approximately 1340 hrs I received a telephone identified himself as a proximately 1340 hrs I received a telephone identified himself as a proximately 1340 hrs I received a telephone could send me text messages, log sheets and other "evidence" revidence also inform been fired from The Village of Heather Hills and indicated that	equested my email address so he elated to Traci Kornak and The ned me that Joe LeBlanc had
On 08/016/2022 at 1412 hrs I received an email from following: Good morning. It's	The email stated the my inbox and the junk mail folder
On 08/16/2022 I received two emails from zip file", and another at 1831 hrs titled sign in". The mess message was: Here is the zip file. Let me know if you can access it	One at 1829 hrs titled, "Kornak age that accompanied the first
The message that accompanied the second email indicated the the old woman. You'll notice that for July and August 2021, the latest billing period, Koshown up.	

Contents of the zip file (spelling left how it appears on the file):

- Electronic Visitor sign in...no record of daughter
- Kornac Billing Docs + out of state check
- Kornak 10 percent ll text
- Kornak 10 percent lll text
- Kornak 10 percent text l
- Kornak 10 percent text lV
- Kornak Complains to Nursing Home (email message)
- Kornak Complains to Nursing Home text
- Kornak Power of Attorney

Page 2 of 3	REPORTED BY (Signature)	REPORTED BY (Printed Name) Lorrie A. Bates	APPROVED BY:
	Au But	DATE APPROVED: 08/29/2022	LAB



#### STATE OF MICHIGAN DEPARTMENT OF ATTORNEY GENERAL

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07/25/2022	2022-0353815-A
DATE OF THIS REPORT	DIVISION AND UNIT ASSIGNED
08/29/2022	CID - FINANCIAL CRIMES SECTION

Kornak State Farm First billing

Open pending additional information.

- Nursing home's Legal letter to Kornak (full)
- State Farm Notice of Rates to Kornak

Contents of RB sign in file:

• Excel document indicating the following: First Name, Last Name, Company, Visitor Type, Host Name, Sign In dates/times, Sign Out dates/times, Duration, Site, Phone number, Email, Status, Tags, Notes, Who are you visiting?

The information provided by	identifies the ward in question as
The documents provided by EV001 and EV002.	will be logged in and documented as evidence items
and to determine if Joe LeBlanc had	rdo Solano, to determine how the facility wanted to proceed indeed been fired from the facility. My phone call went to is report I have not received a response back from anyone
Evidence: EV001: Electronic zip file labeled Ko EV002: Electronic Excel document la	
Status	

Page 3 of 3	REPORTED BY (Signature)	REPORTED BY (Printed Name) Lorrie A. Bates	APPROVED BY:
	TheBut	DATE APPROVED: 08/29/2022	LAB



#### INCIDENT REPORT

ORIGINAL DATE	ATTY GEN LEGAL FILES NUMBER
07/25/2022	2022-0353815-A
DATE OF THIS REPORT	DIVISION AND UNIT ASSIGNED
08/29/2022	CID - FINANCIAL CRIMES SECTION

SPECIAL AGENT NAME	AAG ASSIGNED	CASE STATUS
Lorrie A. Bates	Scott Teter	Open
STREET ADDRESS AND CITY OF INVESTIGATOR OFFICE Williams Building - 525 W. Ottawa St. Lansing, MI 48909		REPORT NUMBER AND REPORT TYPE Rpt 003-Supplemental Report

Report Type:

Receipt of Documents from



Complaint:

Improper Use of Tax ID Number/Federal Employer ID Number

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Kent County—City of Grand Rapids

Complainant(s):

Joe LeBlanc via a Detroit News article authored by Charlie LeDuff

#### Additional Involved:

Joe LeBlanc, Chief Executive The Village of Heather Hills 1055 Forest Hill Ave SE Grand Rapids, MI 49546 (616) 942-1990



#### Victim:

The Village of Heather Hills 1055 Forest Hill Ave SE Grand Rapids, MI 49546 (616) 942-1990

State Farm Insurance Company One State Farm Plaza Bloomington, IL 61710

#### Accused:

Traci Michelle Kornak, Attorney/Guardian

Page 1 of 3	REPORTED BY (Signature)	REPORTED BY (Printed Name) Lorrie A. Bates	APPROVED BY:
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DATE OF THIS REPORT	DIVISION AND UNIT ASSIGNED
08/29/2022	CID - FINANCIAL CRIMES SECTION

(616)		
Tkorna	k@kornak	law.com

#### **Initial Information:**

On July 13, 2022, an article written by Charlie LeDuff appeared on the Detroit News online website titled "Nursing Home Accuses Top Democrat of Suspect Billing". The article identifies Joe LeBlanc as the chief executive of The Village of Heather Hills, an assisted living facility in the Grand Rapids area. In the article LeBlanc alleges Traci Kornak, identified in the article as the treasurer of the Michigan Democratic Party and guardian to a ward residing at The Village of Heather Hills, used the tax ID (TIN) and federal employer ID (FEIN) number of the facility to submit fraudulent invoices to State Farm Insurance.

Contact with	
On 08/03/2022 at approximately 1340 hrs I received a telephone call from	an individual who
	y email address so he
could send me text messages, log sheets and other "evidence" related to Tr	
Village of Heather Hills. On this phone call, also informed me that	
been fired from The Village of Heather Hills and indicated that the facility	
	l address listed.
On 08/016/2022 at 1412 hrs I received an email from	The email stated the
following: Good morning. It's . Did you receive the documents?	
I replied to the email at 1553 hrs stating I had double checked my inbox as and had not received anything.	nd the junk mail folder
On 08/16/2022 I received two emails from	29 hrs titled, "Kornak
zip file", and another at 1831 hrs titled 'sign in". The message that ac	companied the first
message was: Here is the zip file. Let me know if you can access it	
The message that accompanied the second email indicated the following: A the old woman. You'll notice that for July and August 2021, the latest billing period, Kornak's daughter shown up.	

Contents of the zip file (spelling left how it appears on the file):

- Electronic Visitor sign in...no record of daughter
- Kornac Billing Docs + out of state check
- Kornak 10 percent ll text
- Kornak 10 percent lll text
- Kornak 10 percent text l
- Kornak 10 percent text lV
- Kornak Complains to Nursing Home (email message)
- Kornak Complains to Nursing Home text
- Kornak Power of Attorney

Page 2 of 3	REPORTED BY (Signature)	REPORTED BY (Printed Name) Lorrie A. Bates	APPROVED BY:
	The But	DATE APPROVED: 08/29/2022	LAB



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07/25/2022	2022-0353815-A
DATE OF THIS REPORT	DIVISION AND UNIT ASSIGNED
08/29/2022	CID - FINANCIAL CRIMES SECTION

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- Nursing home's Legal letter to Kornak (full)
- State Farm Notice of Rates to Kornak

Contents of sign in file:

• Excel document indicating the following: First Name, Last Name, Company, Visitor Type, Host Name, Sign In dates/times, Sign Out dates/times, Duration, Site, Phone number, Email, Status, Tags, Notes, Who are you visiting?

The information provided by	identifies the ward in question as
The documents provided by EV001 and EV002.	will be logged in and documented as evidence items

#### **Additional Information:**

After receiving the information from Interest of The Village of Heather Hills, Ricardo Solano, to determine how the facility wanted to proceed and to determine if Joe LeBlanc had indeed been fired from the facility. My phone call went to voice mail and as of the writing of this report I have not received a response back from anyone representing The Village of Heather Hills.

#### **Evidence:**

EV001: Electronic zip file labeled Kornak zip file.

EV002: Electronic Excel document labeled sign in.

#### Status:

Open pending additional information.

Page 3 of 3	REPORTED BY (Signature)	REPORTED BY (Printed Name) Lorrie A. Bates	APPROVED BY:
	The But	DATE APPROVED: 08/29/2022	LA8

From:

Sent: Tuesday, August 16, 2022 6:31 PM

To: B
Subject: s

Bates, Lorrie (AG)

sign in List

Attachments: sign in.csv

CAUTION: This is an External email. Please send suspicious emails to abuse@michigan.gov

And here is a visitation list for the old woman. You'll notice that for July and August 2021, the latest billing period, Kornak's daughter does not appear to have shown up.

Charlie LeDuff From:

Sent: Tuesday, August 16, 2022 6:29 PM

To: Bates, Lorrie (AG)

Subject: Kornak

Attachments: Kornak zip file.zip

CAUTION: This is an External email. Please send suspicious emails to abuse@michigan.gov

Here is the zip file.

Let me know if you can access it.

248.

From: Sargent, Aubrey (AG)

**Sent:** Tuesday, August 16, 2022 5:15 PM

To: Bates, Lorrie (AG)
Subject: Re: Email from

Ok, thanks

From: Bates, Lorrie (AG) <BatesL5@michigan.gov> Sent: Tuesday, August 16, 2022 4:48:36 PM

To: Sargent, Aubrey (AG) <SargentA1@michigan.gov>

Subject: RE: Email from LeDuff

Also, I contacted the Grand Rapids PD and the Kent Co Sheriffs Office and neither had a report filed.

From: Bates, Lorrie (AG)

Sent: Tuesday, August 16, 2022 4:47 PM

To: Sargent, Aubrey (AG) <SargentA1@michigan.gov>

Subject: Email from LeDuff

The email from was just him asking if I received the documents. I never received anything from him and he didn't attach anything on his recent email.

Lorrie



Lorrie A. Bates

Supervisory Special Agent Michigan Department of Attorney General Criminal Investigations Division~Financial Crimes Section 525 W. Ottawa St., P.O. Box 30755 Lansing, MI 48909

Phone: (517) 749 (cell) Fax: (517) 335-3098

<u>BatesL5@michigan.gov</u>

CONFIDENTIALITY NOTICE: This communication with its contents may contain confidential and/or legally privileged information. It is solely for the use of the intended recipient(s). Any unauthorized review, use, disclosure or distribution of this communication is expressly prohibited. If you are not the intended recipient, please contact the sender and destroy all copies of the communication immediately.

From:

Sent: Tuesday, August 16, 2022 2:14 PM

**To:** Bates, Lorrie (AG)

Subject: Kornak

CAUTION: This is an External email. Please send suspicious emails to abuse@michigan.gov

Good morning. It's

. Did you receive the documents?

**From:** Bates, Lorrie (AG)

Sent: Wednesday, August 3, 2022 9:35 AM

**To:** jleblanc@heatherhills.com

**Subject:** Kornak Allegations

#### Good Morning Mr. LeBlanc

I have been in contact with an individual who represented himself as general counsel for The Village of Heather Hills, Ricardo Solano. He informed me that he would be in contact with me regarding the allegations in the Detroit News and whether you/your facility wanted to file an official complaint against Traci Kornak, however, after numerous attempts to contact him after our conversation I have been unsuccessful in reaching him.

If your facility wishes to file a complaint with our office please contact me so I can take an official statement regarding your allegations. It is difficult to conduct a criminal investigation solely based on accusations in a news paper article, so if you wish to confirm the accusations with an official statement and provide documentation supporting the accusations I can be reached at the number or email listed below.

I am available to meet with you at the location of your choosing or we can speak via telephone.

Thank you,

Lorrie



Lorrie A. Bates Supervisory Special Agent Michigan Department of Attorney General Criminal Investigations Division~Financial Crimes Section 525 W. Ottawa St., P.O. Box 30755 Lansing, MI 48909

Phone: (517) 749 (cell) Fax: (517) 335-3098

BatesL5@michigan.gov

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#### INCIDENT REPORT

ORIGINAL DATE	ATTY GEN LEGAL FILES NUMBER
07/25/2022	2022-0353815-A
DATE OF THIS REPORT 07/25/2022	DIVISION AND UNIT ASSIGNED

SPECIAL AGENT NAME	AAG ASSIGNED	CASE STATUS
Lorrie A. Bates	Scott Teter	Open
STREET ADDRESS AND CITY O	F INVESTIGATOR OFFICE	REPORT NUMBER AND REPORT TYPE
Williams Building - 525 W. Ottawa St. Lansing, MI 48909		Rpt 002 – Interview with Traci Kornak

#### Report Type:

Interview with Traci Kornak

#### Complaint:

Improper Use of Tax ID Number/Federal Employer ID Number

#### Venue:

Kent County—City of Grand Rapids

#### Complainant(s):

Joe LeBlanc via a Detroit News article authored by Charlie LeDuff

#### Additional Involved:

Joe LeBlanc, Chief Executive The Village of Heather Hills 1055 Forest Hill Ave SE Grand Rapids, MI 49546 (616) 942-1990



#### Victim:

The Village of Heather Hills 1055 Forest Hill Ave SE Grand Rapids, MI 49546 (616) 942-1990

State Farm Insurance Company One State Farm Plaza Bloomington, IL 61710

#### Accused:

Traci Michelle Kornak, Attorney/Guardian

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	Tabet .	DATE APPROVED: 07/26/2022	LA3



#### INCIDENT REPORT

ORIGINAL DATE	ATTY GEN LEGAL FILES NUMBER
07/25/2022	2022-0353815-A
DATE OF THIS REPORT	DIVISION AND UNIT ASSIGNED
07/25/2022	CID - FINANCIAL CRIMES SECTION

(616)	
	ornaklaw.com

Witness(es):

Deanna Cronk, RN Best Care Nursing-Home Care Director 2013 Eastcastle Dr. SE #C Grand Rapids, MI 49508 (616) 455-8800

#### **Initial Information:**

On July 13, 2022, an article written by Charlie LeDuff appeared on the Detroit News online website titled "Nursing Home Accuses Top Democrat of Suspect Billing". The article identifies Joe LeBlanc as the chief executive of The Village of Heather Hills, an assisted living facility in the Grand Rapids area. In the article LeBlanc alleges Traci Kornak, identified in the article as the treasurer of the Michigan Democratic Party and guardian to a ward residing at The Village of Heather Hills, used the tax ID (TIN) and federal employer ID (FEIN) number of the facility to submit fraudulent invoices to State Farm Insurance.

#### Interview with Traci Kornak:

On 07/20/22 I was notified via email that Traci Kornak had contacted the department stating that she would provide a statement and turn over any information she had related to the allegations made by Joe LeBlanc in the Detroit News article.

On 07/20/22 I telephoned Traci Kornak at the provided phone number. After identifying myself as an investigator with the Department of Attorney General, I asked Kornak what information she wished to provide related to the article. I informed Kornak that while I am a criminal investigator, our office had not at the time of our conversation received a criminal complaint regarding the allegations in the Detroit News article. I informed her that it is generally not standard practice for me to obtain a statement from someone accused of wrongdoing when the only known accusations were from an article in the newspaper, especially when I had not spoken to the individual(s) making the accusations to confirm the accuracy of the news article, however, since it was my understanding that she had reached out to the department to provide a statement I would document what she wanted to pass on.

Kornak understood that if an official complaint was filed against her with this department, or another law enforcement agency, then this matter would be investigated as a criminal investigation.

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	TheBut	DATE APPROVED: 07/26/2022	LA8



#### INCIDENT REPORT

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Kornak began by stating there have been numerous allegations about her and her perceived connections with Governor Whitmer, AG Nessel, and Justice McCormack based on the Detroit News article written by Charlie LeDuff and stories mentioned about her on Tucker Carlson. As a result of the allegations in the Detroit News article, Kornak stated she has been receiving threatening phone calls accusing her of nursing home fraud. Kornak stated she doesn't know how she is going to proceed and protect the privacy of her client with the constant allegations against her. Basically, Kornak believes the allegations are nothing but a political smear against her.

Addressing the allegations made by LeBlanc in the article, Kornak stated she hasn't been in communication with Joe LeBlanc since September 2021. Kornak stated late last year she received, out of the blue, a letter from Heather Hills attorney Marc Kidder accusing her of not paying rent for the care services of her ward at Heather Hills. Kornak explained that she is not responsible for paying for her wards rent and/or any care provided by Heather Hills. The Village of Heather Hills direct bills State Farm Insurance for payment and State Farm reimburses an approved amount for the wards rent/care services. Kornak stated Heather Hills has argued against that pay arrangement for a long time because they want to be pre-paid for the bills as opposed to being reimbursed by the insurance company.

Kornak believes issues began when Heather Hills raised the rent and changed their billing procedure. That change in procedure caused State Farm to not pay because the billing increase had not been approved by the MCCA (Michigan Catastrophic Claims Association). Kornak stated an adjuster from State Farm had to explain to the Heather Hills biller how to submit changes to the billing process so they could receive payment. Either way, Kornak stated State Farm pays for all of the services for her ward and she is not responsible for any arrearages caused by errors made by the billing staff at Heather Hills. In addition, Kornak stated she worked with DIFS (Department of Insurance and Financial Services) on setting up the payment arrangement with State Farm.

Disputing the claim that Heather Hills is a nursing home, Kornak described Heather Hills as an independent living facility, as opposed to a long-term care facility. Her ward's rent is \$5000/month, paid for by State Farm Insurance. The staff at Heather Hills does not provide the same type of care that would be received in a nursing home. Her ward is in independent living

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DATE OF THIS REPORT	DIVISION AND UNIT ASSIGNED	
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setting and only receives meds, food services, and laundry services from the staff at Heather Hills, which is included in her rent.

Kornak stated around the start of the COVID-19 pandemic Heather Hills was dealing with staffing issues. In addition to not having staff coverage for management, there were no laundry services, and no food services made available. Kornak explained that while Heather Hills was understaffed and LeBlanc, who at the time was VP of the Michigan Center for Assisted Living Facilities, was an outspoken critic of Gov. Whitmer's handling of nursing facilities across the state.

Due to the staff shortages at Heather Hills, Kornak indicated she elected to utilize gap care to provide for the needs of her ward. She stated her daughter a Wayne State University pre-med graduate, filled the gap in care, usually working every other Sunday starting in the fall 2020, October 2020- September 2021. Kornak stated that prior to having her daughter step in to provide the assistance that Heather Hills was unable to provide due to staffing shortages, Kornak stated she had a meeting to discuss the gap care with representatives from Heather Hills.

Kornak claimed she met with a Heather Hills HR rep, Heather (finance/billing clerk at Heather Hills), and Joe LeBlanc. Kornak stated after multiple conversations with Joe LeBlanc and after this meeting the reps from Heather Hills agreed to her proposal of her allowing her daughter to provide gap care services for her ward and those services would be billed as "enhanced services". According to Kornak, all in attendance at the meeting were in consensus that Kornak would submit invoices for the enhanced services her daughter provided, and those invoices would be submitted to State Farm for reimbursement.

Kornak stated Heather Hills provided her with their tax ID number for use on the invoices. Kornak rhetorically asked, where would she have gotten the tax ID number if they hadn't given it to her? Kornak stated she would never just use someone's tax ID without their authorization, stating she takes her reputation as an attorney seriously and wouldn't tarnish her reputation over something like that, especially at a facility where her client is still living.

In addition to using her daughter to fill in the gaps for services not provided by Heather Hills, Kornak stated she also utilized Best Care Nursing, a small outfit that provides daily assistance to her ward. Best Care Nursing provides an RN who performs day attendant care from 9am-10pm to evaluate the ward. Kornak stated she has utilized their services since 2016 or 2017. Kornak stated that when COVID hit, Best Care Nursing also ran into staffing issues and could not provide daily assistance. In those instances when Best Care Nursing had staffing issues Kornak stated her daughter would go in and fill that gap. When asked how her daughter was paid for her gap services, Kornak stated her daughter was paid out of the ward's funds and then she sought reimbursement for the ward via the invoices submitted to State Farm. It is unknown at this time if Kornak submitted invoices to State Farm on behalf of Best Care Nursing seeking reimbursement.

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When asked who she worked with at Best Care Nursing, Kornak provided the name: Deanna Cronk, RN, and her contact number of (616) 455-8800. Kornak stated she was the home care director at Best Care Nursing.

Regarding the invoices that were mentioned in the article, Kornak stated it was agreed by LeBlanc and the reps at Heather Hills that she would create an invoice for the gap/enhanced services. Kornak stated she never used any forms/templates from Best Care Nursing to produce invoices. She stated to her knowledge Best Care Nursing billed for their services electronically and she didn't even know if they had a template, she just created one on her own including the client's name, address, diagnosis code, times of care/service, and what care was performed. The invoices were submitted to State Farm for reimbursement and payment was sent to Heather Hills. Heather Hills had agreed to reimburse the services to the ward, however, Heather Hills reneged on the agreement. Kornak explained that she submitted most of the invoices as the same time and a lump sum was sent by State Farm for reimbursement. Kornak stated the ward never received reimbursement because Heather Hills returned the check to State Farm.

Kornak stated the buildup for the Detroit News article began on June 1, 2022 when she received notice that there were new owners of The Village of Heather Hills. On June 20, 2022 LeBlanc went to LeDuff accusing her of being \$15,000-\$17,000 in arrears. After contacting State Farm and being told they had been paid for April/May but had not received a bill for June/July, Kornak believes Heather Hills is being disingenuous with their billing practices and purposely not submitting the correct paperwork to State Farm because they want to receive prepayment.

#### **Additional Information:**

Kornak was unwilling to share her ward's information for privacy reasons. She stated if she is being criminally investigated for the allegations made against her in the Detroit News, then she will cooperate and provide what is needed for the investigation.

Status:

Open.

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DATE OF THIS REPORT	DIVISION AND UNIT ASSIGNED	
07/25/2022	CID - FINANCIAL CRIMES SECTION	

SPECIAL AGENT NAME	AAG ASSIGNED	CASE STATUS
Lorrie A. Bates	Scott Teter	Open
STREET ADDRESS AND CITY O Williams Building - 525 W. O		REPORT NUMBER AND REPORT TYPE Rpt 001-Initial, Contact Kidder and Solano

Report Type:

Initial-Contact with Marc Kidder and Ricardo Solano

Complaint:

Improper Use of Tax ID Number/Federal Employer ID Number

Venue:

Kent County—City of Grand Rapids

Complainant(s):

Joe LeBlanc via a Detroit News article authored by Charlie LeDuff

#### Additional Involved:

Joe LeBlanc, Chief Executive The Village of Heather Hills 1055 Forest Hill Ave SE Grand Rapids, MI 49546 (616) 942-1990



#### Victim:

The Village of Heather Hills 1055 Forest Hill Ave SE Grand Rapids, MI 49546 (616) 942-1990

State Farm Insurance Company One State Farm Plaza Bloomington, IL 61710

#### Accused:

Traci M. Kornak, Attorney/Guardian (616)

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DATE OF THIS REPORT	DIVISION AND UNIT ASSIGNED
07/25/2022	CID - FINANCIAL CRIMES SECTION

#### Tkornak@kornaklaw.com

#### Witness(es):

Marc A. Kidder, Attorney Former Heather Hills General Counsel (616) 942-2060

Ricardo Solano, Attorney Current Heather Hills General Counsel (201) 414-8125

#### **Initial Information:**

On July 13, 2022, an article written by Charlie LeDuff (see attached) appeared on the Detroit News online website titled "Nursing Home Accuses Top Democrat of Suspect Billing". The article identifies Joe LeBlanc as the chief executive of The Village of Heather Hills, an assisted living facility in the Grand Rapids area. In the article LeBlanc alleges Traci Kornak, identified in the article as the treasurer of the Michigan Democratic Party and guardian to a ward residing at The Village of Heather Hills, used the tax ID (TIN) and federal employer ID (FEIN) number of the facility to submit fraudulent invoices to State Farm Insurance, using a Best Care Nursing invoice template.

In the article, LeBlanc alleges Kornak told State Farm that the invoice(s) she submitted, which included the TIN and EIN, were for an employee of Heather Hills, which LeBlanc claims is untrue. As a result of submitting invoices bearing the name of the Village of Heather Hills, the facility received reimbursement from State Farm in/around November 2021 for the amount of \$23,401.05. In the article, LeBlanc indicates the check received by his facility was returned to State Farm.

According to the article, LeBlanc stated it has taken him a long time to come forward with this information because he is afraid of retaliation, due to his criticism of the state's Covid-19 nursing home policies. LeBlanc claimed the attorney general never looked into the cover up at assisted living facilities during the pandemic, so why would he approach the criminal justice system (it is assumed he is referring to reporting this allegation to law enforcement).

#### Contact with Marc Kidder:

I was asked by my supervisor to reach out to the Village of Heather Hills to inquire if Joe LeBlanc had already filed a criminal complaint with local law enforcement or to inquire if he wanted to file an official criminal complaint against Kornak instead of making allegations in a newspaper article. A search of the Department of Attorney General records management system revealed a criminal complaint had not been filed with this office.

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As the article referred to Marc Kidder as an attorney for Heather Hills, I initiated contact with him first. An internet search revealed a telephone number for Kidder. I telephoned Kidder and ending up leaving a message on the voicemail.

#### Interview with Marc Kidder:

The following day, 07/14/22, I received a return telephone call from Kidder. At the onset of the conversation with Kidder, he informed me he no longer represents Heather Hills. He stated the facility was sold to an out of state entity, was under new ownership, and had new counsel.

Concerning the article, Kidder made it clear that he had not spoken with Charlie LeDuff for the article and explained that he does not give interviews. Kidder stated he did not know where LeDuff obtained the details and information in the article pertaining to him because he did not speak with him. Kidder stated he received a voicemail from LeDuff on July 05, 2022, but he did not return his call.

Kidder volunteered that he had written a letter to Kornak in November 2021 when he was an attorney for the facility. He stated the letter discussed correcting an arrearage. Kidder stated the letter was addressed to Kornak and copied to The Village of Heather Hills. Kidder stated the contents of the letter were never made public by him, but the letter will speak for itself.

Kidder indicated he no longer has any files pertaining to Heather Hills and assumes that any detailed information in the letter mentioned in the article had to have been shared by Joe LeBlanc.

Kidder was unwilling to share the name of the ward of Kornak is the guardian for asserting privacy reasons but stated LeBlanc would have that information available.

#### Attempt(s) to Contact Joe LeBlanc:

Multiple attempts were made to contact Joe LeBlanc at the Village of Heather Hills. Each time I was transferred to his voicemail by the receptionist staff at the facility. Messages were left on his voicemail on 07/14/22 and 07/15/22.

#### Contact with Ricardo Solano:

On 07/15/2022 I received a telephone call from an individual who identified himself as Ricardo Solano. Solano explained he was general counsel for The Village of Heather Hills. Solano stated the company he works for had recently acquired Heather Hills in June 2022, so he doesn't have a long history with the facility. Solano stated he had just been made aware of the Detroit News article and asked if I could give him a couple days to gather the facts about the allegations in the article and he would call me back and provide whatever information that would be needed to move forward. Solano indicated the facility would cooperate with an investigation.

#### **Additional Information:**

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On 07/20/22 I received an email from my supervisor that stated that Kornak had contacted the department and would like to make a statement and provide documents related to the Detroit News article.

As of the receipt of that email on 07/20/22 I had not received a return call from Ricardo Solano, general counsel for the Village of Heather Hills, nor had I, or the department, received an official complaint from LeBlanc or anyone else representing the Village of Heather Hills. The allegations against Kornak were solely made known by the Detroit News article.

Prior to reaching out to Kornak, I called the phone number provided by Solano in an attempt to find out what the facility wanted to do about filing an official criminal complaint against Kornak. A voicemail message was left for Solano.

Status: Open

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	Tash	DATE APPROVED: 07/26/2022	LA8

## LeDuff: Nursing home accuses top Democrat of suspect billing

Charlie LeDuff
Hear this story
View Comments

A Grand Rapids nursing home is accusing a powerful Michigan attorney of "inappropriate and unauthorized" invoicing for services for an elderly, brain-damaged woman over whom she holds power of attorney.

Traci Kornak is the treasurer of the <u>Michigan Democratic Party</u>, and her political connections intimidated the nursing home for months. But now the operator is speaking out about what he sees as an elaborate maneuver to improperly bill an insurance company.

"What would you call it?" says Joe LeBlanc, chief executive of The Village of Heather Hills, an assisted living facility that is home to Kornak's client. "Kornak used our tax ID number. She used someone else's billing system. She told the insurance company that her handpicked caregiver was our employee when she wasn't."



LeBlanc has the documents to support his accusations, and shared them with me.

The paper trail, which includes the billings as well as correspondence prepared by the nursing home's lawyer, reveals a complex plan that worked like this:

In her capacity as guardian of the elderly woman, Kornak reported to the insurance company that she hired an extra attendant to help with routine care for the woman at a cost of \$30 an hour. That attendant, according to a database search, shared the same address as Kornak.

Kornak's own invoices show that she directly sent the bill to the elderly woman's insurance provider, State Farm, putting the cost of the extra care at nearly \$50,000 over two years.

What's more, the documents reveal Kornak told the insurance company that the attendant was an employee of the Village of Heather Hills, and even used the nursing home's federal employer identification number on those billings.

The care and treatment logs attached to the invoices were templates that belonged to another health care provider, Best Care, according to Marc Kidder, a lawyer for Heather Hills.

In her letter of explanation to State Farm, Kornak wrote: "As a result of staffing shortages and the inability of Best Care Nursing to fully staff (the elderly woman), I obtained these services through her facility."

# Get the COVID-19 Update newsletter in your inbox.

Updates on how the coronavirus is affecting your community and the nation

Delivery: Varies
Your Email

But LeBlanc and Kidder say that is not true. Heather Hills says it never hired the attendant, never contracted her services, nor did it give Kornak permission to use the facility's tax ID number.

Executives from Heather Hills and Best Care say they occasionally saw the extra attendant in the nursing home, but cannot confirm the level or quality of care she provided since she did not work for either of them.

"You did not have any authority to represent to State Farm that Heather Hills provided 'these services' which it did not," wrote Kidder in his letter to Kornak.

The whole design began to unravel last November when State Farm sent a check from an Ohio bank for the amount of \$23,401.05 to Heather Hills.

"I asked Kornak what was the meaning of all this," LeBlanc says. "She asked me to just cash it, and then she said she'd pay us a little money for the trouble."

An official from State Farm confirmed the check was returned by the nursing home. The home care director for Best Care said the attendant Kornak hired never worked for them, either.

Kornak did not return several messages requesting comment. Nor did she respond to a request for a written explanation from Heather Hills, the nursing home says.

Meanwhile, the room and board bill for the brain-damaged woman remains thousands of dollars in arrears, says LeBlanc.

"It's taken me a long time to come forward," says LeBlanc, who has been an outspoken critic of the state's COVID-19 nursing home policies. "I'm afraid of the retaliation, obviously. Look at the state of assisted living facilities and how the (Whitmer) administration covered up things throughout the pandemic.

The attorney general never looked into it. So why would I approach the criminal justice system with Dana Nessel at the top?"

LeBlanc's accusations against Kornak, the state party treasurer, comes at a time when Michigan Democrats are trying to convince the public in an election year that they've done everything politically possible to protect the most vulnerable.

These are not the first questions about Kornak's financial conduct. She became the Democratic state party treasurer in 2019, according to state filings. The <u>Federal Election Commission</u> fined the Democratic state central committee \$19,000 last year for failing to itemize contributions. Kornak was cited as the responsible party.

Dana Nessel <u>tweeted</u> in April that she would investigate any and all improprieties committed against seniors and other vulnerable adults.

One wonders if the attorney general will pursue people with the same zeal who help with her re-election campaign?

Charlie LeDuff is a columnist for The Detroit News and host of "The No BS News Hour." His column appears on Wednesdays.



#### MEMORANDUM

December 19, 2022

TO: Scott L. Teter Scott L. Teter 12/19/2022

Division Chief

Financial Crimes Division

FROM: Matthew K. Payok

Assistant Attorney General Financial Crimes Division

RE: People of the State of Michigan v Traci Kornak AG No. 2022-0353815-A

I recommend this matter be closed because the alleged victim – The Village of Heather Hills, an assisted living facility – through its new parent company does not wish to make a criminal complaint or pursue a case against Traci Kornak

#### **Background**

On July 13, 2022, an article written by Charlie LeDuff appeared on the Detroit News online website titled "Nursing Home Accuses Top Democrat of Suspect Billing." The article identifies Joe LeBlanc as the chief executive of The Village of Heather Hills, an assisted living facility in the Grand Rapids area.

In the article, LeBlanc alleges Traci Kornak, identified in the article as the treasurer of the Michigan Democratic Party and guardian to a ward residing at The Village of Heather Hills, used the tax ID (TIN) and federal employer ID (FEIN) numbers of the facility to submit fraudulent invoices to State Farm Insurance, using a Best Care Nursing invoice template. In the article, LeBlanc alleges Kornak told State Farm that the invoice(s) she submitted, which included the TIN and EIN, were for an employee of Heather Hills, which LeBlanc claims is untrue.

As a result of submitting invoices bearing the name of The Village of Heather Hills, the facility received reimbursement from State Farm in/around November 2021 for the amount of \$23,401.05. In the article, LeBlanc indicates the check received by his facility was returned to State Farm. According to the article, LeBlanc stated it

Scott Teter Page 2 December 19, 2022

has taken him a long time to come forward with this information because he is afraid of retaliation, due to his criticism of the state's Covid-19 nursing home policies. LeBlanc claimed the Attorney General never looked into the cover up at assisted living facilities during the pandemic, so why would he approach the criminal justice system (it is assumed he is referring to reporting this allegation to law enforcement).

#### Attempts to investigate

After the LeDuff article was published, assigned investigators took the following steps to gain more information:

- Confirmed that no criminal complaints have been filed against Traci Kornak;
- Left multiple unreturned messages for Joe LeBlanc, and were later informed by Heather Hills that LeBlanc no longer worked for Heather Hills nor was he authorized to make statements on Heather Hills' behalf;
- Interviewed Kornak, who stated her ward was injured in a car accident and so no-fault insurance through State Farm covered the ward's expenses at Heather Hills. Kornak also stated that the expenses referenced in LeDuff's article were for respite care during the COVID-19 pandemic when Heather Hills was understaffed;
- Were unable to get any information or statements from Heather Hills' former or current attorneys; and
- Obtained a statement from Heather Jablonski, Heather Hills' new administrator, that Heather Hills was not interested in pursuing a case against Kornak or making any statements on the matter.

For these reasons, I recommend closing this investigation. We will also be referring this matter to DIFS to make sure the insurance claim at issue was consistent with existing rules.

#### Department of Attorney General Health Care Fraud Complaint Form

2022-0355542-A File Number

ite Opened: 08/15/2022				-	
COMPLAINT CLASS	Quarter Rpt Type:	Managed	ID Theft	CASE TYPE	
IOE December		Care	<del></del>	35 - Guardian/Conservator, Agcy/	Indiv
HCF - Patient Abuse	HCF - Financial			KEYWORD	
			NG1 - 2 - 105		
COMPLAINANT INFORMATI	ION Source Code:	4.08 - Nursing Home,	, Employee of		
Joe LeBlanc					
Administrator					
616-942-1990					
	A Section of the Control of the Cont				
SUSPECT/CASE INFORMA	TION/CASE NAME				
Kornak, Traci					
PATIENT ABUSE &/OR FAC	II ITY INCODMATION	DCH Into	aka #	Facility #:	41-X033
ATIENT ABUSE WOR FACE	ILIT INFORMATION	DCH IIII	ake #.	Facility #.	41-7000
		*			
Facility Name	Heather Hills Retirement	Village			
Facility Name:		Village			
Facility Name:	Heather Hills Retirement \	Village			
Address: 1			Tx No: ** No	Phone	
Address: 1	055 Forest Hills Rd		Tx No: ** No	Phone	
Address: 1  Patient or Victim Names:	055 Forest Hills Rd Grand Rapids, MI 49546		Tx No: ** No	Phone	
Address: 1  Patient or Victim Names:	055 Forest Hills Rd		Tx No: ** No	Phone	
Address: 1  Patient or Victim Names:	055 Forest Hills Rd Grand Rapids, MI 49546 DOB:		Tx No: ** No	Phone	
Patient or Victim Names:	055 Forest Hills Rd Grand Rapids, MI 49546 DOB:		Tx No: ** No	Phone	
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Patient or Victim Names:  Inv. Party/Position:  ALLEGATION CODES & INF	O55 Forest Hills Rd  Grand Rapids, MI 49546  DOB:  Traci Kornak  FORMATION		Tx No: ** No	Phone	
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Patient or Victim Names:  Inv. Party/Position:  ALLEGATION CODES & INF Allegation Code(s)  Other:	O55 Forest Hills Rd  Grand Rapids, MI 49546  OOB:  Fraci Kornak  FORMATION  9 - Patient Pay Amount, Not P	Paying			
Patient or Victim Names:  Inv. Party/Position:  ALLEGATION CODES & INF Allegation Code(s)  7	O55 Forest Hills Rd  Grand Rapids, MI 49546  OOB:  Fraci Kornak  FORMATION  9 - Patient Pay Amount, Not P	aying  Patient Abuse Rel			
Patient or Victim Names:  Inv. Party/Position:  ALLEGATION CODES & INF Allegation Code(s)  7	O55 Forest Hills Rd  Grand Rapids, MI 49546  OOB:  Fraci Kornak  FORMATION  9 - Patient Pay Amount, Not P	aying  Patient Abuse Rel			

REVIEW RECOMMENDATION    Date:	Review: X	By:	Intake Committee	
Date:  Date:	Assign:	Date:		
ASSIGNMENT INFORMATION  alte Assigned: Supervisor:  Lorney: Investigator:  CLOSURE  Reason: Insufficient Information Investigated by Local PD Quality of Care Issues  Lack of Sufficient Evidence Patient to Patient DCH - BHS Issues  Lack of Jurisdiction Merge with Existing Complaint Recipient Fraud Issues  Not Medicaid Related Duplicate of Existing Complaint Recipient Fraud Issues  Settlement/Stipulated (O/C's) MSA Issues  X Other: previously referred to financial crimes  Refer to: MSA OIG (recipient fraud) X Other AG Division DCH-Health Prof [L&R DCH - BHS DHS-AF-C/Aged Local PD MSP - DDU M	REVIEW RECOMMENDATION	]		
ASSIGNMENT INFORMATION  ate Assigned: Supervisor: Investigator: Investig	<i>r</i> .		Date:	
Thanks Ltr to Facility  Insufficient Information	ose: Assign:	C.I.	Initials/Date:	
Thanks Lir to Facility  Investigator:  Investigator	ASSIGNMENT INFORMATION	]		
Reason: Insufficient Information Investigated by Local PD Quality of Care Issues  Lack of Sufficient Evidence Patient to Patient DCH - BHS Issues  Lack of Jurisdiction Merge with Existing Complaint Recipient Fraud Issues  Not Medicaid Related Duplicate of Existing Complaint Recipient Fraud Issues  Settlement/Stipulated (O/C's) MSA Issues  X Other: previously referred to financial crimes  Refer to: MSA OIG (recipient fraud) X Other AG Division DCH-Health Prof [L&R]  DCH - BHS DHS-AFC/Aged Local PD MSP - DDU Medicare (HHS) Adult Prot. Services Blue Cross  NO REFERRAL Other: Financial Crimes  Approval Signatures  Date:  Attorney:  Thanks Ltr to Facility	ate Assigned:	<u> </u>	Supervisor:	
Reason: Insufficient Information Investigated by Local PD Quality of Care Issues  Lack of Sufficient Evidence Patient to Patient DCH - BHS Issues  Lack of Jurisdiction Merge with Existing Complaint DHS - AFC/Aged Issues  Not Medicaid Related Duplicate of Existing Complaint Recipient Fraud Issues  Settlement/Stipulated (O/C's) MSA Issues  X Other: previously referred to financial crimes  Refer to: MSA OIG (recipient fraud) X Other AG Division DCH-Health Prof [L&R]  DCH - BHS DHS-AFC/Aged Local PD MSP - DDU  Medicare (HHS) Adult Prof. Services Blue Cross  NO REFERRAL Other: Financial Crimes  Approval Signatures  Date:  Attorney: Thanks Ltr to Facility	torney:		Investigator:	
Approval Signatures  Supervisor:  Date:  Attorney:  Thanks Ltr to Facility	Lack of Sufficie Lack of Jurisdic Not Medicaid R  X Other:  Refer to: MSA DCH - BHS	ent Evidence ction delated  previously referred to f  OIG (re DHS-A Medica	Patient to Patient  Merge with Existing Complaint  Duplicate of Existing Complaint  Settlement/Stipulated (O/C's)  Complaint  Adult Prot. Settlement/Stipulated (O/C's)  Adult Prot. Settlement/Stipulated (O/C's)  Adult Prot. Settlement/Stipulated (O/C's)  Adult Prot. Settlement/Stipulated (O/C's)	DCH - BHS Issues  DHS - AFC/Aged Issues  Recipient Fraud Issues  MSA Issues  DCH-Health Prof [L&R]
Supervisor:  Date:  Attorney:  Thanks Ltr to Facility		Other:	Financial Crimes	
Attorney: Thanks Ltr to Facility		SOF	Date	
Thanks Ltr to Facility	Attorney		Date	
				X



P.O. Box 30218 Lansing, Michigan 48909

# DANA NESSEL ATTORNEY GENERAL

September 2, 2022

Joe LeBlanc Administrator Heather Hills Retirement Village 1055 Forest Hills Rd. Grand Rapids MI 49546

RE: Traci Kornak
Resident(s) –
AG No. 2022-0355542-A

Dear Mr. LeBlanc:

of Medicaid provider fraud, abuse (physical or financial) and/or neglect of health criminal in nature. care facility residents and the misappropriation of resident funds which may be The Attorney General's Health Care Fraud Division investigates allegations

file. A copy of your complaint has been referred to the following agency for appropriate action: at this time to warrant further criminal investigation. Our review of your complaint has revealed that there is insufficient evidence We are therefore closing our

Department of Attorney General Financial Crimes Division G. Mennen Williams Building 525 W. Ottawa Street PO Box 30755 Lansing MI 48909 517-335-7560

what occurred or of the conditions which led to your complaint. Nor does this This decision should not be interpreted as a finding that we either approve of Joe LeBlanc Page 2 September 2, 2022

decision preclude you from seeking private legal counsel to pursue whatever action you deem appropriate.

Sincerely,

Drew Macon Chief Investigator Health Care Fraud Division (517) 241-6525

Draw Maan

DM:csb



#### MEMORANDUM

September 7, 2022

то: Lorrie Bates Special Agent Supervisor Financial Crimes Division

-pm

FROM: Drew Macon

Chief Investigator

Health Care Fraud Division

RE: Kornak, Traci AG No. 2022-0355542-A

Attached is information received by this office from Joe LeBlanc.

Inasmuch as this complaint does not involve criminal Medicaid fraud or patient abuse and/or neglect, we are forwarding the information to your office for any action you deem appropriate.

We have closed our file in the matter. If you have any questions, please contact me at (517) 241-6525.

DM:csb Att.

#### View results

Respondent

15 Anonymous

11:30 Time to complete

Are you a nursing home staff member? \*

This form is intended for nursing home staff only. Members of the general public may report elder abuse and fraud, patient abuse, or Medicaid fraud, using the different forms available on our website: <a href="https://www.michigan.gov/ag/complaints">https://www.michigan.gov/ag/complaints</a>

Yes

#### Resident Demographic Information



What is the resident's name? \*

- 6

What is the resident's date of birth? \*

#### **Facility Information**



9
What is the facility's name? *
This question is required.
10
Please provide the nursing home's street address. *
055 Forest Hill Ave
11
Please provide the nursing home's city or township *
Grand Rapids
12
What is the zip code? *
49546
13
Please provide the nursing home's county. *
Kent ~
14
How would you like us to contact you? *
Phone
Email
15
What is the best telephone number to reach you? *
Please enter the 10 digit phone number only

Please provide your first and last name. \*

Joe LeBlanc

17

What is your title or position at the facility?

Administrator

18

What is the facility's license number?

## The Details of the Suspected Financial Exploitation



19

Why are you making this referral? \*

Please include information on whether the situation is ongoing

Suspected criminal activities.

How much dollar loss or arrearage is involved? *
Select a range
Less than \$200
Between \$200 and \$1,000
Between \$1,000 and \$20,000
Between \$20,000 and \$50,000
Between \$50,000 and \$100,000
Greater than \$100,000
Unknown
21
Indicate the dates of the loss or arrearage.
2021-2022
22
Was the victim a resident of the nursing home at the time of the suspected financial exploitation? *
Yes
○ No
23
Do you believe that the resident is in imminent danger of additional financial loss? *
Yes
○ No
Unknown

Does the resident have any of the following legal representatives?	
Financially Responsible Party (At admission or anytime after)	
Power of Attorney	
Conservator	
Guardian	
Representative Payee	
More than one legal representative	
None of the above	
25	
Please provide the full name and contact information for the legal representa	tive(s).
Traci Kornak 616.635	
26	
When was the legal representative(s) appointed?	
Leave this field blank if you do not know.	
Please input date (M/d/yyyy)	
27	
Has the facility applied for representative payee status?	
Yes	
No	
Planning to	
28	
Does the victim have any of the following income streams?	
Select all that apply.	
Social Security	
Pension	
Defined Contribution Plan (401k, 403b, IRA)	
Veterans' Benefits	
Public Assistance (e.g. SSI)	
The commence of the control of the c	

What are the current facility payment source or sources for the resident?
Please check all that apply. For example, if 90% of the care is paid for by Medicaid but the patient is responsible for 10%, select Medicaid and Patient Pay.
Medicaid
Patient Pay
Medicare
Veterans' Benefit
Insurance Benefit
30
Is the facility in possession of the banking information for the resident?
Yes
No
Alleged Perpetrator
What is their name?
what is their name:
Traci Komak
.32
What is their address?
33
What is the best contact information for them?
ranges.
616.635

What is the perpetrator's relationship to the resident?
Family member
Caretaker
Professional or fiduciary relationship
Stranger
Other
35
Is the perpetrator an employee or contactor of the facility?
Yes
No
36
Has the facility made contact with the alleged perpetrator?
This includes any form of responsive communication with the alleged perpetrator.
Yes
No No
37
Has the facility entered into any payment agreements with the alleged perpetrator?
Yes
O No
Reported Concerns to Another Agency
38
Have you reported this matter to another agency? *
Yes
No



## Are any of the following markers of financial exploitation present?

For more information about identifying abuse, you may review this educational video: <a href="https://youtu.be/-2r4cB7U8w0?t=147">https://youtu.be/-2r4cB7U8w0?t=147</a>

	Yes	No	Not Sure
A caregiver or someone else controls the resident's money			0
Evidence of joint bank account unauthorized use			
Examples where a guardian or conservator is abusing their authority			0
A recent purchase that does not seem to benefit the resident			
Unusual banking activity	$\circ$		•
ATM withdrawals by someone other than the resident			•
Checks written for cash	$\circ$	$\circ$	•
Pattern of online banking/trans actions when resident does not use online banking			•
Large wire transfers or withdrawals	$\circ$	0	•
Withdrawals at places the resident does not visit (such as a casino)	$\circ$		•

4

Do you have any other concerns or questions?

Just residents well-being.

 From:
 Macon, Drew (AG)

 To:
 Sears, Molly (AG)

 Cc:
 Bliss, Cheryl (AG)

Subject: RE: Request for Approval to close - Kornak, Traci 2022-0355542-A

**Date:** Wednesday, August 31, 2022 10:30:49 AM

### I confirm. Please refer to financial crimes.

From: Sears, Molly (AG) <SearsM3@michigan.gov>
Sent: Wednesday, August 31, 2022 10:19 AM
To: Macon, Drew (AG) <MaconD@michigan.gov>
Cc: Bliss, Cheryl (AG) <BlissC2@michigan.gov>

Subject: Request for Approval to close - Kornak, Traci 2022-0355542-A

Drew,

Please confirm your approval to close this case due to previous referral to Financial Crimes with no referral out.

Thanks,

Molly Sears

Legal Secretary Michigan Department of Attorney General Health Care Fraud Division Main: 517.241.6500

Direct: 517.241

Fax: 517.241.6515

From: Macon, Drew (AG)

To: Saucedo-Atwood, Nicole (AG)

Subject: FW: Article

Date: Wednesday, December 7, 2022 9:31:12 AM

From: Macon, Drew (AG)

Sent: Wednesday, July 13, 2022 3:33 PM

**To:** Bates, Lorrie (AG) <BatesL5@michigan.gov>

Subject: RE: Article

Always happy to help you LAB!

From: Bates, Lorrie (AG) < <a href="mailto:BatesL5@michigan.gov">BatesL5@michigan.gov</a>>

**Sent:** Wednesday, July 13, 2022 3:27 PM

**To:** Tanay, David (AG) < <u>TanayD@michigan.gov</u>> **Cc:** Macon, Drew (AG) < <u>MaconD@michigan.gov</u>>

Subject: RE: Article

Thank you both.

This has somehow fallen into my lap and I explained to my supervisor that it wasn't exploitation of a vulnerable adult. I will check to see if this is something we can possibly refer to DIFS, so they can send it right back over.

Thanks again,

#### Lorrie

From: Tanay, David (AG) < <u>TanayD@michigan.gov</u>>

**Sent:** Wednesday, July 13, 2022 3:23 PM

**To:** Bates, Lorrie (AG) < <u>BatesL5@michigan.gov</u>> **Cc:** Macon, Drew (AG) < <u>MaconD@michigan.gov</u>>

Subject: FW: Article

Hi, Lorrie. I'm sitting next to Drew at a meeting and I understand you were asking about this. Here is a thread that will explain some of the background.

Best, David

From: Tanay, David (AG)

**Sent:** Wednesday, July 13, 2022 1:41 PM

**To:** Grossi, Christina (AG) < <u>GrossiC@michigan.gov</u>>

**Cc:** Hammoud, Fadwa (AG) < <u>HammoudF1@michigan.gov</u>>; Teszlewicz, Barbara (AG)

<<u>teszlewiczb@michigan.gov</u>>; Gustafson, Holly (AG) <<u>GustafsonH@michigan.gov</u>>; King-Piepenbrok, Pier (AG) <<u>KingP1@michigan.gov</u>>; Race, Stacy (AG) <<u>RaceS@michigan.gov</u>>

Subject: RE: Article



From: Grossi, Christina (AG) < GrossiC@michigan.gov>

Sent: Wednesday, July 13, 2022 8:06 AM

To: Tanay, David (AG) < Tanay D@michigan.gov>

Cc: Hammoud, Fadwa (AG) < HammoudF1@michigan.gov>

Subject: Article

Hi Dave,

Notwithstanding they we've not received a complaint, the AG wants to know if this billing issue is something we would investigate?

https://www.detroitnews.com/story/opinion/2022/07/13/leduff-nursing-home-accuses-top-democrat-suspect-billing/10033967002/

From: Tanay, David (AG)

To: <u>Saucedo-Atwood, Nicole (AG)</u>
Subject: FW: Article in the Detroit News

Date: Wednesday, December 7, 2022 1:11:28 PM

From: Tanay, David (AG)

Sent: Wednesday, July 13, 2022 1:28 PM

To: Race, Stacy (AG) <RaceS@michigan.gov>; Guy, Trina (AG) <GuyT@michigan.gov>; Macon, Drew (AG)

<MaconD@michigan.gov>

Subject: RE: Article in the Detroit News



From: Race, Stacy (AG) < RaceS@michigan.gov>

Sent: Wednesday, July 13, 2022 12:40 PM

To: Guy, Trina (AG) < GuyT@michigan.gov >; Tanay, David (AG) < TanayD@michigan.gov >; Macon, Drew (AG)

<MaconD@michigan.gov>

Subject: RE: Article in the Detroit News

Agreed. Thank you, Trina.

Stacy M. Race

First Assistant Attorney General Health Care Fraud Division Michigan Department of Attorney General P.O. Box 30218

Lansing, MI 48909 Main: (517) 241-6500 Direct: (517)

Fax: (517) 241-6515

From: Guy, Trina (AG) < GuyT@michigan.gov>
Sent: Wednesday, July 13, 2022 12:34 PM

To: Race, Stacy (AG) < RaceS@michigan.gov >; Tanay, David (AG) < TanayD@michigan.gov >; Macon, Drew

(AG) < Macon D@michigan.gov>

Subject: RE: Article in the Detroit News

From: Race, Stacy (AG) < RaceS@michigan.gov>
Sent: Wednesday, July 13, 2022 12:23 PM

To: Guy, Trina (AG) < GuyT@michigan.gov >; Tanay, David (AG) < TanayD@michigan.gov >; Macon, Drew (AG)

<MaconD@michigan.gov>

Subject: RE: Article in the Detroit News

Does this suggest to you, Trina, that Kornak may be committing Medicaid bene fraud? I found her listed as the registered agent for a company (Kornak, P.C.). She could be taking money in through the company and not reporting it to Medicaid, thus continuing to show her eligibility.

Stacy

Stacy M. Race First Assistant Attorney General Health Care Fraud Division Michigan Department of Attorney General P.O. Box 30218 Lansing, MI 48909 Main: (517) 241-6500

Direct: (517) Fax: (517) 241-6515

From: Guy, Trina (AG) < GuyT@michigan.gov>
Sent: Wednesday, July 13, 2022 12:06 PM

To: Race, Stacy (AG) < RaceS@michigan.gov >; Tanay, David (AG) < TanayD@michigan.gov >; Macon, Drew

(AG) < MaconD@michigan.gov>

Subject: RE: Article in the Detroit News

So, The Village of Heather Hills is an assisted living facility/retirement facility, therefore they would not be enrolled and we would have no Medicaid claims.

I looked to see if Traci Kornak was an authorized representative on any elderly Medicaid beneficiaries, and she was not. Also, Best Care is not an enrolled Medicaid provider.



HMP is described as the following:

The Healthy Michigan Plan provides health care coverage for individuals who:

- § Are 19-64 years of age
- § Have income at or below 133% of the federal poverty level under the Modified Adjusted Gross Income (MAGI) methodology
- § Do not qualify for or are not enrolled in Medicare
- § Do not qualify for or are not enrolled in other Medicaid programs
- § Are not pregnant at the time of application
- § Are residents of the State of Michigan

Eligibility for the Healthy Michigan Plan is determined through the MAGI methodology, coordinated through the Michigan Department of Health and Human Services (MDHHS). All criteria for MAGI eligibility must be

met to be eligible for the Healthy Michigan Plan.

From: Race, Stacy (AG) < RaceS@michigan.gov > Sent: Wednesday, July 13, 2022 9:55 AM

To: Tanay, David (AG) < Tanay D@michigan.gov >; Macon, Drew (AG) < Macon D@michigan.gov >; Guy, Trina

(AG) < GuyT@michigan.gov>

Subject: FW: Article in the Detroit News

Trina is on it!

Thank you, Trina

Stacy M. Race First Assistant Attorney General Health Care Fraud Division Michigan Department of Attorney General P.O. Box 30218 Lansing, MI 48909 Main: (517) 241-6500

Direct: (517 Fax: (517) 241-6515

From: McCann, Amber (AG) < <a href="mailto:McCannA@michigan.gov">McCannA@michigan.gov</a>>

Sent: Wednesday, July 13, 2022 9:36 AM

To: Tanay, David (AG) < <a href="mailto:TanayD@michigan.gov">TanayD@michigan.gov</a>>

Cc: Race, Stacy (AG) < RaceS@michigan.gov>; Macon, Drew (AG) < MaconD@michigan.gov>

**Subject:** RE: Article in the Detroit News

Here you go!

# LeDuff: Nursing home accuses top Democrat of suspect billing

Charlie LeDuff
Hear this story
View Comments

A Grand Rapids nursing home is accusing a powerful Michigan attorney of "inappropriate and unauthorized" invoicing for services for an elderly, brain-damaged woman over whom she holds power of attorney.

Traci Kornak is the treasurer of the <u>Michigan Democratic Party</u>, and her political connections intimidated the nursing home for months. But now the operator is speaking out about what he sees as an elaborate maneuver to improperly bill an insurance company.

"What would you call it?" says Joe LeBlanc, chief executive of The Village of Heather Hills, an assisted living facility that is home to Kornak's client. "Kornak used our tax ID number. She used someone else's billing system. She told the insurance company that her handpicked caregiver was our employee when she wasn't."



LeBlanc has the documents to support his accusations, and shared them with me.

The paper trail, which includes the billings as well as correspondence prepared by the nursing home's lawyer, reveals a complex plan that worked like this:

In her capacity as guardian of the elderly woman, Kornak reported to the insurance company that she hired an extra attendant to help with routine care for the woman at a cost of \$30 an hour. That attendant, according to a database search, shared the same address as Kornak.

Kornak's own invoices show that she directly sent the bill to the elderly woman's insurance provider, State Farm, putting the cost of the extra care at nearly \$50,000 over two years.

What's more, the documents reveal Kornak told the insurance company that the attendant was an employee of the Village of Heather Hills, and even used the nursing home's federal employer identification number on those billings.

The care and treatment logs attached to the invoices were templates that belonged to another health care provider, Best Care, according to Marc Kidder, a lawyer for

Heather Hills.

In her letter of explanation to State Farm, Kornak wrote: "As a result of staffing shortages and the inability of Best Care Nursing to fully staff (the elderly woman), I obtained these services through her facility."

# Get the COVID-19 Update newsletter in your inbox.

Updates on how the coronavirus is affecting your community and the nation

Delivery: Varies
Your Email

But LeBlanc and Kidder say that is not true. Heather Hills says it never hired the attendant, never contracted her services, nor did it give Kornak permission to use the facility's tax ID number.

Executives from Heather Hills and Best Care say they occasionally saw the extra attendant in the nursing home, but cannot confirm the level or quality of care she provided since she did not work for either of them.

"You did not have any authority to represent to State Farm that Heather Hills provided 'these services' which it did not," wrote Kidder in his letter to Kornak.

The whole design began to unravel last November when State Farm sent a check from an Ohio bank for the amount of \$23,401.05 to Heather Hills.

"I asked Kornak what was the meaning of all this," LeBlanc says. "She asked me to just cash it, and then she said she'd pay us a little money for the trouble."

An official from State Farm confirmed the check was returned by the nursing home. The home care director for Best Care said the attendant Kornak hired never worked for them, either.

Kornak did not return several messages requesting comment. Nor did she respond to a request for a written explanation from Heather Hills, the nursing home says.

Meanwhile, the room and board bill for the brain-damaged woman remains thousands of dollars in arrears, says LeBlanc.

"It's taken me a long time to come forward," says LeBlanc, who has been an outspoken critic of the state's COVID-19 nursing home policies. "I'm afraid of the retaliation, obviously. Look at the state of assisted living facilities and how the (Whitmer) administration covered up things throughout the pandemic. The attorney general never looked into it. So why would I approach the criminal justice system with Dana Nessel at the top?"

LeBlanc's accusations against Kornak, the state party treasurer, comes at a time when Michigan Democrats are trying to convince the public in an election year that they've done everything politically possible to protect the most vulnerable.

These are not the first questions about Kornak's financial conduct. She became the Democratic state party treasurer in 2019, according to state filings. The <u>Federal Election Commission</u> fined the Democratic state central committee \$19,000 last year for failing to itemize contributions. Kornak was cited as the responsible party.

Dana Nessel <u>tweeted</u> in April that she would investigate any and all improprieties committed against seniors and other vulnerable adults.

One wonders if the attorney general will pursue people with the same zeal who help with her re-election campaign?

Charlie LeDuff is a columnist for The Detroit News and host of "The No BS News Hour." His column appears on Wednesdays.

Amber McCann
Communications Director
Office of Public Information & Education
Michigan Department of Attorney General
Ph. (cell)

From: Tanay, David (AG) < <a href="mailto:TanayD@michigan.gov">TanayD@michigan.gov</a>>

**Sent:** Wednesday, July 13, 2022 8:11 AM

To: McCann, Amber (AG) < <a href="mailto:McCannA@michigan.gov">McCannA@michigan.gov</a>>

Cc: Race, Stacy (AG) <RaceS@michigan.gov>; Macon, Drew (AG) <MaconD@michigan.gov>

**Subject:** Article in the Detroit News

Good morning, Amber. There is an article (opinion piece, I think) that caught my eye this morning and apparently it caught the AG's eye too. Unfortunately, I can only see the headline because it's behind the paywall for the News. Could someone on your staff get this article and send it to me to review?

https://www.detroitnews.com/story/opinion/2022/07/13/leduff-nursing-home-accuses-top-democrat-
suspect-billing/10033967002/

Thanks!

Best, David From: To:

Subject: Kornak

Tuesday, August 16, 2022 6:30:58 PM Date:

Kornak zip file.zip Attachments:

> CAUTION: This is an External email. Please send suspicious emails to abuse@michigan.gov

Here is the zip file. Let me know if you can access it.

