



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

February 9, 2018

James Hoerberling  
J&W Ventures, Inc.  
5227 Wyndham Place  
Fenton, MI 48430

RE: License #: AM190338087  
Investigation #: **2018A0783018**  
**A Family Affair**

Dear Mr. Hoerberling:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Barner".

Leslie Barner, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 256-2181

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM190338087
<b>Investigation #:</b>	2018A0783018
<b>Complaint Receipt Date:</b>	12/28/2017
<b>Investigation Initiation Date:</b>	01/02/2018
<b>Report Due Date:</b>	02/26/2018
<b>Licensee Name:</b>	J&W Ventures, Inc.
<b>Licensee Address:</b>	5227 Wyndham Place Fenton, MI 48430
<b>Licensee Telephone #:</b>	(810) 922-2938
<b>Administrator:</b>	James Hoerberling
<b>Licensee Designee:</b>	James Hoerberling
<b>Name of Facility:</b>	A Family Affair
<b>Facility Address:</b>	8990 E. M-78 Haslett, MI 48840
<b>Facility Telephone #:</b>	(517) 339-8968
<b>Original Issuance Date:</b>	04/09/2013
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	03/25/2016
<b>Expiration Date:</b>	03/24/2018
<b>Capacity:</b>	12
<b>Program Type:</b>	AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Employee background clearances are not completed.	No
Employee training is not completed.	No
Resident A is not supervised while he is outside smoking.	No
Resident B's walker and commode were taken from her by facility management.	Yes
Resident B is moved with a Hoyer lift with no prescription for the Hoyer lift.	No
Resident A has a wound on his ankle that is not being treated.	No
Insulin and other medications are stored in the refrigerator, unlocked.	Yes
There is no thermometer in the refrigerator, and no temperature log is maintained.	Yes
The parking lot for resident use is not plowed or salted.	Yes
The cat litter boxes in the facility are not kept clean	No
There is a trash bag full of dirty adult incontinence briefs stored in the medication room,	Yes
There is a shelf in the kitchen that has a half inch of dust on it.	Yes

## III. METHODOLOGY

12/28/2017	Special Investigation Intake 2018A0783018
01/02/2018	Special Investigation Initiated - Telephone To Complainant #1
01/02/2018	Contact - Telephone call made To Complainant #2
01/04/2018	Inspection Completed On-site
01/04/2018	Contact - Document Received Reviewed Resident A and Resident B's resident records
01/04/2018	Contact - Document Received Reviewed employee records
01/04/2018	Contact - Document Received

	Letter from Tristen Holley, Resident B's physical therapist
01/16/2018	Exit Conference With James Hoeberling

**ALLEGATION:**

**Employee background clearances are not completed.**

**INVESTIGATION:**

On December 28, 2017, I received a complaint via central intake that stated Complainant heard a resident's cigarettes went missing, which made Complainant wonder if employee background checks are completed. On January 2, 2018, I telephoned Complainant who stated he visited the facility and overheard two caregivers discussing the fact that Resident A's cigarettes were missing. Complainant stated that fact along with the fact that at least one employee had tattoos on the back of the neck and several on the arms made him wonder about the character of the employees at the facility and whether or not the licensee completes criminal background checks on employees. Complainant stated he had no additional information to add to the allegation.

On January 4, 2018, I interviewed direct care staff member and home manager Cindy Behrens who stated all employees are required to complete a criminal history background clearance through the Michigan Workforce Background check System. Ms. Behrens stated this process is completed prior to the employee's assumption of duties and that documentation is maintained in each employee file. Ms. Behrens stated the facility employs nine individuals, which was consistent with the employee schedule she showed to me.

On January 4, 2018, I reviewed employee records for five of nine employees. Each record reviewed contained documentation that the licensee conducted a criminal history check using the Michigan Workforce Background Check System for each employee and received notification that each employee is eligible to work at an adult foster care facility.

<b>APPLICABLE RULE</b>	
<b>MCL 400.734b</b>	Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.
	<p><b>(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.</b></p>

<b>ANALYSIS:</b>	Based on a statement from Ms. Behrens and a review of more than half the employee records, there is no evidence to substantiate the allegation that employee background clearances are not completed.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Employee training is not completed.**

**INVESTIGATION:**

On December 28, 2017, I received a complaint via central intake that stated Complainant was “rebuffed” when he or she asked an employee at the facility about the training they receive prior to caring for residents.

On January 2, 2018, I telephoned Complainant who told me that he visited the facility and noted one of the caregivers was on the telephone, rather than engaging with residents. Complainant stated the employee would not or could not give him an answer when he inquired about what type of training employees of the facility receive prior to caring for residents.

On January 4, 2018, I interviewed direct care staff member and home manager Cindy Behrens who stated all employees are trained in reporting requirements, first aid, CPR, resident care, resident rights, safety & fire prevention, prevention/containment of communicable diseases, and medication administration before performing assigned tasks independently. Ms. Behrens stated as the home manager, either herself or the assistant home manager April Lafton train each employee in the aforementioned areas and ensure each person is competent by observing them as they complete tasks before employees can perform tasks independently. Ms. Behrens stated each employee record contains documentation that the employee was trained and deemed competent in reporting requirements, first aid, CPR, resident care, resident rights, safety & fire prevention, prevention/containment of communicable diseases, and medication administration before performing assigned tasks independently.

On January 4, 2018, I interviewed direct care staff member Jasmine Lane who stated she has been employed at the facility for several weeks. Ms. Lane stated she received in-home training from Ms. Behrens and Ms. Lafton who determined she was competent prior to her performing assigned tasks independently. Ms. Lane stated she signed documentation that training in many different areas was completed, but couldn’t recall each training topic.

On January 4, 2018, I reviewed five of nine employee records and determined that each record contained written documentation that each employee receives

instruction and is deemed competent in reporting requirements, first aid, CPR, personal care, supervision, & protection, resident rights, safety & fire prevention, prevention/containment of communicable diseases, and medication administration.

<b>APPLICABLE RULE</b>	
<b>R 400.14204</b>	<b>Direct care staff; qualifications and training.</b>
	<p><b>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</b></p> <ul style="list-style-type: none"> <li><b>(a) Reporting requirements.</b></li> <li><b>(b) First aid.</b></li> <li><b>(c) Cardiopulmonary resuscitation.</b></li> <li><b>(d) Personal care, supervision, and protection.</b></li> <li><b>(e) Resident rights.</b></li> <li><b>(f) Safety and fire prevention.</b></li> <li><b>(g) Prevention and containment of communicable diseases.</b></li> </ul>
<b>ANALYSIS:</b>	Based on interviews with Ms. Behrens and Ms. Lane as well as written documentation in five employee records reviewed, the licensee provides in-service training for all direct care staff and deems each direct care staff member competent in reporting requirements, first aid, CPR, personal care, supervision, & protection, resident rights, safety & fire prevention, and prevention and containment of communicable diseases before the employee performs assigned tasks independently.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Resident A is not supervised while he is outside smoking.**

**INVESTIGATION:**

On January 2, 2018, I received a complaint from central intake that stated Resident A, who is paralyzed, is allowed to go outside and smoke with no supervision. The complaint stated Resident A smokes without a smoking apron to prevent cigarette ash from falling on his clothes. On January 2, 2018 I telephoned Complainant who stated he has observed Resident A outside

smoking cigarettes with no direct care staff member present. Complainant stated Resident A has the use of one arm, and can move his head and neck, but is paralyzed throughout the rest of his body. Complainant stated Resident A is left alone for at least five minutes while he smokes and that since caregivers work alone, there is no way to supervise Resident A while he smokes and supervise the other residents inside the home. Complainant stated hot ash could fall on Resident A or his wheelchair could tip over and the direct care staff member would not be aware for at least five minutes, but denied any knowledge that Resident A has burned or injured himself while smoking. Complainant stated Resident A is verbal, but that if he yelled for help while outside, the caregiver inside would not be able to hear him.

On January 4, 2018, I interviewed direct care staff member and home manager Cindy Behrens who stated Resident A smokes four cigarettes per day, and that per his written assessment plan, is able to do so alone outdoors. Ms. Behrens stated Resident A is left alone for approximately five minutes in cold weather, and as long as 15 minutes when the weather is warm. Ms. Behrens stated that Resident A is able to hold the cigarette in his mouth, despite the fact that he is paralyzed and doesn't have the ability to move much of his body. Ms. Behrens stated that cognitively and physically, Resident A is able to be alone, unsupervised to smoke which is evident because he has never burned himself, set fire to anything, or been in any kind of danger from smoking outside. Ms. Behrens stated there was recently a hearing to appoint a guardian for Resident A, but that at this time Resident A is his own guardian. Ms. Behrens stated Resident A's family is aware of and supportive of Resident A's desire to smoke. Ms. Behrens said Resident A's family members, who purchase his cigarettes are aware that he is unsupervised while he smokes cigarettes.

On January 4, 2018, I interviewed Resident A who stated he smokes four times daily, and that direct care staff members light his cigarette for him, place it in his mouth where he holds it while he smokes it, and leave him unattended while he smokes. Resident A said he does not need help or supervision to smoke his cigarette once it is lit. Resident A stated direct care staff are "prompt in coming to get [him]" and that they leave him outdoors for three to four minutes. Resident A stated he is able to hold the cigarette in his mouth and "lean over to the side to knock the ash off so it doesn't land in [his] lap and burn something." Resident A denied that he has ever burned himself or anything else with a cigarette.

On January 4, 2018, I reviewed Resident A's *Assessment Plan for AFC Residents* dated November 8, 2017 and signed by Resident A, who is his own guardian at this time. According to the assessment plan, Resident A smokes cigarettes, for which he requires assistance. Per the assessment plan, "staff lights cigarettes, takes him outside, he holds cigarette in mouth, doesn't use hands."

<b>APPLICABLE RULE</b>	
<b>R 400.14303</b>	<b>Resident care; licensee responsibilities.</b>
	<b>(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.</b>
<b>ANALYSIS:</b>	Based on statements from Complainant, Ms. Behrens, and Resident A, Resident A smokes alone outdoors, after having his cigarette lit by a staff member and has not had any incidents of burning himself or anything else, and Resident A has not been injured while smoking. Resident A's <i>Assessment Plan for AFC Residents</i> indicated Resident A requires assistance with lighting the cigarette, but can smoke unsupervised. There is no indication based on his resident record or information from those interviewed that Resident A is not receiving personal care, protection, and supervision as defined in the Act and as specified in his written assessment plan.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Resident B's walker and commode were taken from her by facility management.**

**INVESTIGATION:**

On January 2, 2018, I received a complaint from central intake that stated Resident B's belongings, specifically a walker and a commode, were taken from Resident B by facility management. On January 2, 2018, I telephoned Complainant who stated Resident B uses a walker for mobility and a commode in her bedroom. Complainant said Resident B is able ambulate independently from the chair or bed in her room to the commode, but that due to her disability, it takes Resident B several minutes to do so. Complainant stated direct care staff members and management at the facility do not want to wait for Resident B to ambulate independently, so her belongings were taken out of her room by Ms. Behrens, who is the home manager at the facility.

On January 4, 2018, I interviewed Cindy Behrens who stated until recently, Resident B was able to safely ambulate with a walker and utilized a commode in her bedroom, however, Resident B's condition has deteriorated and she can no longer safely ambulate with a walker and requires the use of a Hoyer lift for all transfers. Ms. Behrens stated she removed Resident B's walker and commode from her bedroom for her safety, but did not have written instructions from Resident B's healthcare provider prohibiting her from using the walker or

commode. Ms. Behrens stated Resident B has fallen several times and has appointments to be evaluated by a physical therapist and an occupational therapist, but that the walker and commode were removed prior to the evaluations for Resident B’s safety. Later in the day on January 4, 2018, Ms. Behrens submitted a letter written by a physical therapist treating Resident B that stated Resident B becomes fatigued, is unable to move backwards, and that the therapist would “continue to attempt to ambulate [Resident B] with potential to perform stand to commode.”

On January 4, 2018, I interviewed Resident B who stated she prefers to use her walker and commode, which were simply taken from her with no explanation by Ms. Behrens. Resident B said that staff members at the facility are “trying to make [her] an invalid” by taking away her belongings, and that her physician never produced anything in writing, nor did he discuss with her verbally that she could no longer use her walker or commode.

<b>APPLICABLE RULE</b>	
<b>R 400.14304</b>	<b>Resident rights; licensee responsibilities.</b>
	<p><b>(1) Upon a resident's admission to the home, a licensee shall inform a resident or the resident's designated representative of, explain to the resident or the resident's designated representative, and provide to the resident or the resident's designated representative, a copy of all of the following resident rights:</b></p> <p style="padding-left: 40px;"><b>(j) The right of reasonable access to and use of his or her personal clothing and belongings.</b></p> <p><b>(2) A licensee shall respect and safeguard the resident's rights specified in subrule (1) of this rule.</b></p>
<b>ANALYSIS:</b>	Based on statements from Ms. Behrens and Resident B, Resident B did not have reasonable access to and the use of her personal belongings when her walker and commode were removed from her bedroom without her permission, and without an order from Resident B’s healthcare provider.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**Resident B is being moved with a Hoyer lift with no prescription for the Hoyer lift.**

**INVESTIGATION:**

On January 2, 2018, I received a complaint via central intake that stated Resident B is being moved using a Hoyer lift without any physical therapy examination as of January 1, 2018. On January 2, 2018 I telephoned Complainant who stated Resident B has not been evaluated by a physician or physical therapist, thus there is no authorization, in writing by a licensed physician that Resident B requires the use of a Hoyer lift. Complainant stated it is unknown where the Hoyer lift being used for Resident B came from.

On January 4, 2018, I completed an unannounced onsite inspection and interviewed Cindy Behrens who told me that Resident B's physician authorized the use of a Hoyer lift for Resident B, in writing on November 8, 2017. Ms. Behrens stated that due to increased falls and obesity, Resident B cannot safely transfer without the use of a Hoyer lift.

On January 4, 2018, I reviewed Resident B's resident record and located a written order dated November 8, 2017 that stated Resident B continues to fall and be unsteady, so a Hoyer lift should be used for transfers.

<b>APPLICABLE RULE</b>	
<b>R 400.14306</b>	<b>Use of assistive devices.</b>
	<b>(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.</b>
<b>ANALYSIS:</b>	Based on written documentation in Resident B's resident record, the therapeutic support of a Hoyer lift was authorized, in writing, by Resident B's licensed physician.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

## **ALLEGATION:**

**Resident A has a wound on his ankle that is not being treated.**

## **INVESTIGATION:**

On January 2, 2018, I received a complaint via central intake that stated Resident A has had a wound on his right ankle for more than 60 days and that a foul odor is coming from the wound. According to the complaint, management at the facility told the staff not to look at, touch or change the wound dressing. The complaint stated gangrene is suspected. On January 2, 2018, I spoke to Complainant who confirmed that Resident A has a wound on his ankle, which has been present for about two months. Complainant stated Resident A has been treated by a nurse and care team who visit the home, but that staff members at the facility have been directed by Ms. Behrens not to touch the wound or change the dressing. Complainant stated puss is seeping through the dressing and that he detected an odor coming from the wound, so he is concerned Resident A has contracted gangrene.

On January 4, 2018, I interviewed direct care staff member and home manager Cindy Behrens who said that Resident A has neuropathy, which causes reduced blood flow to his legs, which resulted in a wound to his right leg. Ms. Behrens stated Resident A is under the care of Care Team Hospice, who has been treating a wound on his right leg twice weekly for several months. Ms. Behrens stated Resident A is also monitored by his primary care physician monthly, who has treated Resident A's right leg wound. Ms. Behrens stated Resident A has been placed on numerous antibiotics and that the bandage on Resident A's leg is changed daily. Ms. Behrens stated according to Resident A's physician and hospice care team, Resident A's leg is not infected.

On January 4, 2018, I reviewed Resident A's resident record, which included written documentation that Resident A has been under the care of Care Team Hospice, who diagnosed him with altered skin integrity and have continuously treated a wound to Resident A's right leg since August 8, 2017. Per the documentation, Resident A's wound dressing is to be changed daily and he has been prescribed topical cream and oral antibiotics to treat the wound. Based on written documentation in the file, Resident A's primary care physician also monitors the wound monthly, and indicated the treatment is to change the dressing and continue oral antibiotics as of November 8, 2017. Based on written documentation in the file, Care Team Hospice ordered a topical cream and daily dressing changes for the wound on November 27, 2017.

On January 4, 2018, I interviewed Resident A who stated he has neuropathy which caused skin breakdown on his leg. Resident A stated this has been an ongoing problem for him, due to his medical condition, which caused him to be hospitalized in the past. Resident A stated he has received medical treatment for the skin breakdown on his leg, both from his hospice care team and his primary care physician, on an ongoing basis. Resident A stated staff members at the facility change the dressing on his wound daily and administer his medication as prescribed.

<b>APPLICABLE RULE</b>	
<b>R 400.14310</b>	<b>Resident health care.</b>
	<b>(4) In case of an accident or sudden adverse change in a resident's physical condition or adjustment, a group home shall obtain needed care immediately.</b>
<b>ANALYSIS:</b>	Based on statements from Ms. Behrens and Resident A as well as a review of Resident A's resident record, Resident A has been diagnosed with altered skin integrity on his right leg, for which he began receiving treatment in August, 2017.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Insulin and other medications are stored in the refrigerator, unlocked.**

**INVESTIGATION:**

On December 28, 2017, I received a complaint via central intake that stated Complainant observed medication stored in an unlocked refrigerator in the medication room at the facility. On January 2, 2018, I telephoned Complainant who confirmed the allegation. On January 2, 2018, I received a second complaint via central intake that stated insulin and other medication is being keep in the same refrigerator as food for the residents, both in the medication room and in the kitchen. On January 2, 2018, I telephoned Complainant #2 who stated he has directly observed insulin and other medication stored unlocked, on the refrigerator both in the kitchen and in the medication room at the facility.

On January 4, 2018 I completed an unannounced onsite inspection at the facility and observed insulin and other medication stored unlocked in the refrigerator in the kitchen and unlocked in the refrigerator in the medication room at the facility.

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.</b>
<b>ANALYSIS:</b>	Based on statements from two Complainants and my own observation, prescription medication was not kept in a locked cabinet or drawer, and was stored unlocked, in the refrigerator in the kitchen and in the medication room at the facility.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**There is no thermometer in the refrigerator, and no temperature log is maintained.**

**INVESTIGATION:**

On January 2, 2018, I received a complaint via central intake that stated there is no temperature log for refrigerators and no labels are placed on foods once they are opened. On January 2, 2018, I telephoned Complainant who stated the facility is not equipped with a thermometer in the refrigerator.

On January 4, 2018, I completed an unannounced onsite inspection and observed that the refrigerator in the kitchen and in the medication room are not equipped with approved thermometers. The same day, I interviewed Cindy Behrens who searched for and could not locate a thermometer in either refrigerator, nor in the freezer.

<b>APPLICABLE RULE</b>	
<b>R 400.14402</b>	<b>Food service.</b>
	<b>(3) All perishable food shall be stored at temperatures that</b>

	<b>will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.</b>
<b>ANALYSIS:</b>	While a temperature log is not required, based on statements from Complainant, Cindy Behrens, and my own observation, refrigerators and freezers at the facility were not equipped with approved thermometers.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**The parking lot for resident use is not plowed or salted.**

**INVESTIGATION:**

On December 28, 2017, I received a complaint via central intake that stated the driveway is not kept clean, there is ice all over, and Complainant is worried that people using walkers will fall on the ice in the driveway.

On January 2, 2018, I telephoned Complainant who confirmed that he witnessed the allegation directly. On January 2, 2018, I received a second complaint via central intake that stated the parking lot residents use to board the bus to attend activities is not salted and is only plowed when there is three inches or more of snow. The complaint stated residents that go to activities use walkers and wheel chairs. On January 2, 2018, I telephoned Complainant #2 who stated he has observed that the walkway and parking lot used by residents is not salted to reduce ice, and is only plowed to remove snow when at least three inches of snow has fallen. Complainant #2 stated the facility is equipped with a snow blower, but that the snow blower does not effectively remove the ice and snow and that the licensee does not keep salt at the facility to prevent ice buildup on the walkway and parking lot. Complainant #2 stated residents must traverse the parking lot with assistive devices such as walkers and wheelchairs, and that the lack of snow and ice removal is potentially dangerous for residents.

On January 4, 2017, I made an unannounced onsite inspection and observed that the driveway and parking area were coated in hard, packed, slippery snow. I observed that the walkway leading from the driveway and parking area to the facility was coated in snow, and did not appear to have been salted or shoveled.

On January 16, 2017, I spoke to licensee designee James Hoeberling who stated the facility is equipped with a snow blower and salt that staff members have been directed to use when the weather requires. Mr. Hoeberling stated he has contracted with a company to plow the driveway and parking area when three or more inches of snow falls. Mr. Hoeberling stated direct care staff members are to use the snow blower and apply salt to the walkway when less than three inches of snow falls, in addition to providing resident care.

<b>APPLICABLE RULE</b>	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<b>(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants. (12) Sidewalks, fire escape routes, and entrances shall be kept reasonably free of hazards, such as ice, snow, debris.</b>
<b>ANALYSIS:</b>	Based on information provided by Complainant and Complainant #2, who both verified that they observed the driveway, parking area, and walkway leading to the home were not kept clear of snow and ice and based on my own observation, the home was not maintained to provide adequately for the health, safety, and well-being of occupants when the driveway, parking area, and walkway to the home were coated in hard, packed snow and ice.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**The cat litter boxes in the facility are not kept clean**

**INVESTIGATION:**

On December 28, 2017, I received a complaint via central intake that stated the cat litter boxes in the facility hallways are not cleaned. On January 2, 2018, I telephoned Complainant who stated he observed dirty cat litter boxes at the facility.

On January 4, 2018, I completed an unannounced onsite inspection and observed two cat litter pans at the facility. Both cat litter pans had minimal cat droppings at the time of the inspection. At the time of the inspection I interviewed direct care staff members Cindy Behrens and Jasmine Lane who both stated the cat litter pans are cleaned at least once per shift, as part of their assigned duties.

Both Ms. Behrens and Ms. Lane denied that the cat litter pans are not changed regularly.

On January 4, 2018, I interviewed Resident A who stated he spends significant time in one of the sitting rooms, which is located near the location of one of the cat litter pans. Resident A stated he has observed that staff members “scoop the litter” several times per day, every day. Resident A denied ever smelling a foul odor from the cat litter pan.

On January 4, 2018, I interviewed Resident B who stated the cat litter pan is cleaned several times daily. Resident B denied ever smelling a foul odor from the cat litter pan located directly outside her bedroom.

<b>APPLICABLE RULE</b>	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<b>(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.</b>
<b>ANALYSIS:</b>	Based on observations at the unannounced onsite inspection and statements from Ms. Behrens, Ms. Lane, Resident A, and Resident B there is no evidence to support the allegation that the cat litter pans are not cleaned regularly.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**There is a trash bag full of dirty adult incontinence briefs stored in the medication room**

**INVESTIGATION:**

On January 2, 2018, I received a complaint via central intake that stated a trash bag with used/dirty adult incontinence briefs is kept in the same room where medications are kept, and that at times the trash bag is full. On January 2, 2018, I telephoned Complainant who confirmed that he witnessed an uncovered trash bag full of soiled adult incontinence briefs in the medication room at the facility.

On January 4, 2018, I interviewed direct care staff member and home manager Cindy Behrens who confirmed that several residents wear adult incontinence briefs and that soiled briefs are disposed of in an uncovered trash can located in the medication room.

On January 4, 2018, I completed an unannounced onsite inspection and observed an uncovered trash bag can in the medication room that contained soiled adult incontinence briefs.

<b>APPLICABLE RULE</b>	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<b>(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.</b>
<b>ANALYSIS:</b>	Based on statements from Complainant and Ms. Behrens as well as my observation during the unannounced onsite inspection, housekeeping standards did not present in a clean appearance due to an uncovered trash can with soiled adult incontinence briefs stored in the medication room.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

There is a shelf in the kitchen that has a half inch of dust on it.

**INVESTIGATION:**

On January 2, 2018, I received a complaint via central intake that stated in the kitchen, above the refrigerator there is a self that goes around the kitchen ceiling that has about half an inch of dust on it because it has not been cleaned. On January 2, 2018, I telephoned Complainant who stated he witnessed the allegation directly.

On January 4, 2018, during an unannounced onsite inspection I confirmed that there is a shelf in the kitchen that holds decorative plates that is coated in dirt and dust.

<b>APPLICABLE RULE</b>	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<b>(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.</b>

<b>ANALYSIS:</b>	Based on my observation during the onsite inspection the decorative shelf in the kitchen is coated in dirt and dust and does not present in a comfortable, clean, and orderly appearance.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.



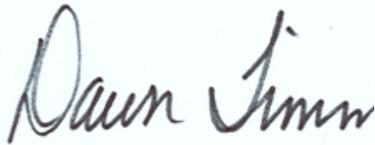
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Leslie Barner  
Licensing Consultant

Date

Approved By:



02/09/2018

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Dawn N. Timm  
Area Manager

Date