



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

March 23, 2018

Elsabeth Engeda
2843 Turtle Creek Dr.
East Lansing, MI 48823

RE: License #: AS330367324
Investigation #: **2018A0465014**
Kalkidan AFC 3

Dear Ms. Engeda:

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) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 243-6063

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330367324
Investigation #:	2018A0465014
Complaint Receipt Date:	01/22/2018
Investigation Initiation Date:	01/23/2018
Report Due Date:	03/23/2018
Licensee Name:	Elsabeth Engeda
Licensee Address:	2843 Turtle Creek Dr. East Lansing, MI 48823
Licensee Telephone #:	(517) 336-4490
Administrator:	Elsabeth Engeda
Licensee Designee:	N/A
Name of Facility:	Kalkidan AFC 3
Facility Address:	2121 Hopkins Avenue Lansing, MI 48912
Facility Telephone #:	(517) 402-6191
Original Issuance Date:	01/16/2015
License Status:	REGULAR
Effective Date:	03/11/2016
Expiration Date:	03/10/2018
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Resident A requires continuous supervision when in the community, and is being left unsupervised at his medical appointments for long durations of time.	Yes
Additional findings	Yes

III. METHODOLOGY

01/22/2018	Special Investigation Intake 2018A0465014
01/23/2018	Special Investigation Initiated - Telephone Spoke to complainant.
02/21/2018	Inspection Completed On-site
02/27/2018	Exit Conference Exit Conference with Elisabeth Engeda.
02/27/2018	Inspection Completed-BCAL Sub. Compliance

ALLEGATION:

Resident A requires continuous supervision when in the community, and is being left unsupervised at his medical appointments for long durations of time.

INVESTIGATION:

On 1/22/2018, a complaint was received, alleging that Resident A is mentally impaired, blind, and suffers from kidney failure. The complaint stated that Resident A has been dropped off at medical appointments for long periods of time without proper supervision.

On 1/23/2018, I spoke to Complainant via telephone. Complainant reported that Resident A is an individual who is mentally impaired and newly blind. Complainant reported that Resident A is still learning how to ambulate without eye sight and is still adjusting to use of his cane as a primary means of mobility. Complainant stated that

licensee Elisabeth Engeda had been advised by McLaren Cardiovascular Thoracic Surgery not to drop Resident A off for appointments unattended. Complainant stated that the reason for this request was due to past instances in which Resident A had been dropped off at the medical office unaccompanied, which led to medical staff having to assist him with locating the restrooms and taking him to other medical appointments in the medical plaza. Complainant stated that, despite the request for Resident A to be accompanied to medical appointments, on 1/11/2018, Resident A was dropped off two hours before his scheduled appointment without staff member supervision. Upon completing lab testing, Resident A had to be accompanied by a public citizen to his next medical appointment, which was located in a different area of the building. Complainant stated that Resident A remained at the medical office for approximately five hours, did not have food on his person, and was subsequently given food to eat by a public citizen.

On 2/21/2018, I conducted an onsite investigation at Kalkidan AFC 3. I reviewed Resident A's *Health Care Appraisal*, which was dated 3/9/2015. The health care appraisal stated that Resident A was fully ambulatory and did not list a medical diagnoses. I was unable to locate a recent health care appraisal that had been completed within the last twelve months. I reviewed Resident A's *Assessment Plan for AFC Residents*, which was dated 3/11/2015. The assessment plan stated that Resident A moves independently in the community, is alert to his surroundings, and does not require use of assistive devices. I was unable to locate a recent assessment plan that had been completed within the last twelve months. Resident A's *Assessment Plan for AFC Residents*, which was dated 3/11/2015, did not accurately reflect Resident A's change in personal care needs, supervision, feeding, toileting, or any other need as stated in licensee's Elisabeth Engeda's letter dated 08/19/2017.

In reviewing Resident A's resident record, I did locate a document dated 8/9/2017, written by Elisabeth Engeda, which stated the following:

"My name is Elisabeth Engeda and I am the home manager of Kalkidan AFC Corp. I am writing to address the increase in time required to provide care for [Resident A] on a daily basis. Here is a breakdown of the daily care for [Resident A] and the time needed for each activity:

- ADL's: 35-45 minutes
- Feeding breakfast and cleaning: 15-20 minutes
- Feeding lunch and cleaning: 20-30 minutes
- Feeding dinner and cleaning: 20-30 minutes
- Assistance with coming to dining table for meals, 5 minutes each time
- Preparing and giving shower: 30-45 minutes (almost every day)
- Taking to bathroom or urination: 5-10 minutes, 4-6 times a day
- Taking to bathroom for bowel movement or handling of incontinence of bowel: 15-20 minutes (due to vision impairment, we wait for [Resident A], while he is using the bathroom

- Preparing for bed and providing evening care: 30-40 minutes, depending on [Resident A's] willingness and cooperation
- Checking [Resident A] during the night and taking to bathroom: 10-15 minutes, 2-4 times each night (observed difficulty waking up to use the bathroom)

Since losing his vision, [Resident A] has been demonstrating behavioral changes. For instance, he plays with his bowel, refuses to get up from bed and pees in bed, uses inappropriate language, and messes up his belongings when unable to remember where he located his items. Sometimes post dialysis, [Resident A's] fistula leaks blood and I reinforce or change the dressing. I have also been providing [Resident A] transportation for blood draws, specialist visits, and some surgical procedures at the hospital. I also pick up and/or drop off [Resident A] to his dialysis appointments when his ride does not show up. [Resident A's] blood sugar is monitored twice daily and insulin is administered twice daily. His blood pressure is also checked once a day.”

I interviewed staff member Agerie Woldu, who reported that she has been working at the facility for approximately three years and works an average of two to three days per week. Ms. Woldu stated that she is familiar with Resident A and has provided direct care to him during the time that she has worked at the facility. Ms. Woldu reported that Resident A is newly blind, within the past year. Ms. Woldu reported that Resident A needs help with “walking and explaining surroundings to him.” Ms. Woldu stated that Resident A “needs supervision at all times,” and that he is “total care.” During this onsite investigation, Ms. Woldu reported that she was unable to locate an up-to-date health care appraisal or written assessment plan for Resident A.

I interviewed staff member Kalkidan Tesfagiorgis, who reported that she has been working at the facility for approximately three years. Ms. Tesfagiorgis stated that she works evenings and is familiar with Resident A. Ms. Tesfagiorgis stated that Resident A is newly blind, needs constant supervision, and “must be informed of his surroundings and provided assistance.” Ms. Tesfagiorgis confirmed that Resident A is dropped off at McLaren Cardiovascular Thoracic Surgery and stated “we go, we admit (check) him in, and then we leave.” Ms. Tesfagiorgis stated that the reason for leaving Resident A unattended at his medical appointments is because “he wants his independence, doesn’t want us in the room.” Ms. Tesfagiorgis stated that she spoke to medical staff at the front desk and they agreed to take Resident A to each appointment, but was unable to provide the name of a specific person and stated “just all staff.” During this onsite investigation, Ms. Tesfagiorgis reported that she was unable to locate an up-to-date health care appraisal or written assessment plan for Resident A.

On 2/27/2018, I interviewed licensee Elisabeth Engeda via telephone. Ms. Engeda reported that Resident A is blind and requires assistance with navigating his surroundings, including assistance with locating and using the bathroom. Ms. Engeda reported that Resident A has weekly medical appointments related to

dialysis treatment. Ms. Engeda stated that Resident A is dropped off at his medical appointments but that neither she nor direct care staff remain with Resident A to provide supervision. Ms. Engeda reported that Resident A’s dialysis treatment and ultrasounds appointments are usually on the same day, and can require Resident A to be at the medical building for an average of four to five hours. Ms. Engeda stated that she will not stay with Resident A due to the length of time he is there. Ms. Engeda acknowledged that Resident A has medical appointments in different buildings and is unable to transport himself to and from each appointment, as he is newly blind and requires assistance. However, Ms. Engeda stated that there are “voluntary people or transport people” that ensure Resident A gets to each of his medical appointments, but was unable to provide specific names. Ms. Engeda reported that each time Resident A is dropped off at the medical building, he is given a sack lunch.

APPLICABLE RULE	
R 400.14303	Resident care; licensee responsibilities.
	(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.
ANALYSIS:	<p>Ms. Woldu, Ms. Tesfagiorgis, and Ms. Engeda reported that Resident A does require supervision both in the home and while in the community. Ms. Engeda’s letter she wrote, date 8/9/2017, reported that, due to his vision impairment, Resident A requires assistance with locating the bathroom and on occasion will require assistance related to bowel incontinence. Ms. Engeda acknowledged that during the time that Resident A is left at the medical building for medical appointments, there are no direct care staff onsite to assist with these supervision and personal care needs.</p> <p>Based on the information above, Resident A was not being provided adequate supervision and personal care during the times that he was left unsupervised while at medical appointments on 01/11/2018.</p>
CONCLUSION:	VIOLATION ESTABLISHED

Additional Findings:

On 2/21/2018, I conducted an onsite investigation at Kalkidan AFC 3. I reviewed Resident A’s *Health Care Appraisal*, which was dated 3/9/2015. The health care

appraisal stated that Resident A was fully ambulatory and did not list any medical diagnoses. I was unable to locate an up-to-date health care appraisal that had been completed within the last twelve months. I reviewed Resident A's Assessment Plan for AFC Residents, which was dated 3/11/2015. I was unable to locate an up-to-date assessment plan that had been completed within the last twelve months to reflect Resident A's change in personal care needs, supervision, feeding, toileting, or any other need as stated in licensee's Elisabeth Engeda's letter dated 08/19/2017. Ms. Tesfagiorgis and Ms. Woldu attempted to locate an up-to-date health care appraisal and written assessment plan for Resident A during my onsite investigation but were unable to locate a document more recent than March 2015.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
ANALYSIS:	I reviewed Resident A's <i>Assessment Plan for AFC Residents</i> which was dated 3/11/2015. I was unable to locate an up-to-date assessment plan that had been completed within the last twelve months. Ms. Tesfagiorgis and Ms. Woldu attempted to locate an up-to-date written assessment plan for Resident A during my onsite investigation but were unable to locate a document more recent than 3/11/2015.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care

	<p>appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal for shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.</p>
<p>ANALYSIS:</p>	<p>On 2/21/2018, I conducted an onsite investigation at Kalkidan AFC 3. I reviewed Resident A's <i>Health Care Appraisal</i>, which was dated 3/9/2015. I was unable to locate an up-to-date health care appraisal that had been completed within the last twelve months.</p> <p>Ms. Tesfagiorgis and Ms. Woldu attempted to locate an up-to-date health care appraisal for Resident A during my onsite investigation but were unable to locate a document more recent than 3/9/2015.</p>
<p>CONCLUSION:</p>	<p>VIOLATION ESTABLISHED</p>

On 2/27/2018, I conducted an Exit Conference with Elisabeth Engeda. Ms. Engeda is not in agreement with the findings of this report. Ms. Engeda reported that she does not believe it is her responsibility to provide supervision to Resident A during the time that he is attending medical appointments that require a four to five hour duration of time.

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remains unchanged.

Stephanie Gonzalez

3/22/2018

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:

Dawn Timm

03/23/2018

Dawn N. Timm
Area Manager

Date