GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 4, 2019

Shannon VanHouten
Boulder Creek Assisted Living
6070 Northland Drive
Rockford, MI 49341

RE: License #: AH410336370
Investigation #: 2019A1010011
Boulder Creek Assisted Living

Dear Ms. VanHouten:

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 authorized representative and a date.

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 (616) 356-0183.

Sincerely,

Lauren Wohlfert

Lauren Wohlfert, Licensing Staff
Bureau of Community and Health Systems

Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 260-7781

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH410336370
Investigation #:	2019A1010011
Complaint Receipt Date:	01/15/2019
Investigation Initiation Date:	01/15/2019
Report Due Date:	03/14/2019
Licensee Name:	Boulder Creek Assisted Living, LLC
Licensee Address:	Suite 200 3196 Kraft Ave. Grand Rapids, MI 49512
Licensee Telephone #:	(616) 464-1564
Administrator:	Stephanie Sikma
Authorized Representative:	Shannon VanHouten
Name of Facility:	Boulder Creek Assisted Living
Facility Address:	6070 Northland Drive Rockford, MI 49341
Facility Telephone #:	(616) 866-2911
Original Issuance Date:	10/03/2014
License Status:	REGULAR
Effective Date:	05/15/2018
Expiration Date:	05/14/2019
Capacity:	108
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident care staff person Esmeralda Nunez is rude and yells at residents.	Yes

III. METHODOLOGY

01/15/2019	Special Investigation Intake 2019A1010011
01/15/2019	Special Investigation Initiated - Letter
01/17/2019	Inspection Completed On-site
01/22/2019	Contact – Telephone call made Interviewed resident care aide Connie Earl by telephone
01/23/2019	Contact - Telephone call made Interviewed resident care aide Becky Barnes by telephone
01/23/2019	Contact – Document Received Ms. Nunez's training documents were received via email from Ms. Sikma
01/23/2019	Contact – Telephone call made Interviewed resident care staff person Esmeralda Nunez by telephone
02/04/2019	Exit Conference Completed with authorized representative Shannon VanHouten

ALLEGATION:

Resident care staff person Esmeralda Nunez is rude and yells at residents.

INVESTIGATION:

On 1/15/19, the Bureau received the allegations from Adult Protective Services (APS). The complaint was not assigned for APS investigation. The complaint read staff person Esmeralda Nunez yelled and swore at Resident A when he fell out of his wheelchair two weeks ago. Ms. Nunez told Resident A, “damn you, now I have to check on you every hour.”

Ms. Nunez also yelled at Resident C two weeks ago. Resident C pressed her call light at 3 am attempting to get up for the day. Ms. Nunez entered the room and yelled, “it’s not time to get up and I am not going to help you up.” Ms. Nunez has a history of being rude and yelling at residents in the facility.

On 1/15/19, I emailed administrator Stephanie Sikma to verify Ms. Nunez is employed at the facility. Ms. Sikma reported Ms. Nunez is employed at the facility and works third shift.

On 1/17/19, I interviewed director of resident care Mercedes Eggleston at the facility. Ms. Eggleston reported Resident A and Resident B are married and reside at the facility together. Ms. Eggleston stated Resident B told staff Ms. Nunez was rude and swore at Resident A approximately two weeks ago.

Ms. Eggleston stated Resident D’s room is next to Resident C’s room, they share a wall. Ms. Eggleston reported Resident D told staff she heard Ms. Nunez yell at Resident C. Ms. Eggleston said Resident D heard Ms. Nunez tell Resident C it was not time to get up yet. Ms. Eggleston stated Resident C did not report this incident when she was interviewed.

Ms. Eggleston reported the only incident Resident C said she had with Ms. Nunez was when she felt rushed getting her pajamas on a few weeks ago. Ms. Eggleston stated Resident C did not report getting yelled at by Ms. Nunez.

On 1/17/19, I interviewed Ms. Sikma at the facility. Ms. Sikma’s statements regarding Residents A and B were consistent with Ms. Eggleston. Ms. Sikma reported Ms. Nunez entered Resident A’s room to assist him to the bathroom on 12/29/18. Ms. Sikma said Ms. Nunez helped get Resident A to the end of his bed. Ms. Sikma stated Ms. Nunez briefly left the room to get a urinal for Resident A to use. Ms. Sikma reported Resident A fell off his bed when Ms. Nunez left the room.

Ms. Sikma stated Resident A’s wife, Resident B reported she heard Ms. Nunez say, “Damnit [Resident A], you made a lot more work for me. Now I will have to keep checking on you all night,” when she returned to the room and found him on the floor. Ms. Sikma reported she interviewed Ms. Nunez regarding the incident. Ms. Sikma stated Ms. Nunez denied making the statement. Ms. Sikma said Ms. Nunez told her she called for additional staff assistance when she returned and found Resident A on the floor.

Ms. Sikma’s statements regarding Resident C were consistent with Ms. Eggleston. Ms. Sikma reported Resident C wanted to stay up later than she normally does on 12/23/18. Ms. Sikma said as a result, Ms. Nunez had to get Resident C ready for bed during third shift. Ms. Sikma stated Resident C told her she felt like Ms. Nunez was “short” with her and rushed her while getting her ready for bed that night. Ms. Sikma reported Resident C said it seemed as though Ms. Nunez was mad at her and made her feel like she was a burden. Ms. Sikma stated Resident C did not

report any additional incidents regarding Ms. Nunez. Ms. Sikma reported Ms. Nunez denied rushing or being rude to Resident C.

Ms. Sikma said Resident D reported she heard Ms. Nunez yell at Resident C early in the morning about wanting to get up for the day. Ms. Sikma denied knowledge regarding this incident because Resident C did not report it.

Ms. Sikma stated Ms. Nunez was formally written up regarding the incidents. Ms. Sikma said resident rights and employee conduct was re-reviewed with Ms. Nunez as a result of the reported incidents. Ms. Sikma reported Ms. Nunez was given a "final warning" and another incident will result in her termination.

On 1/17/19, I interviewed Resident A and Resident B at the facility. I observed Resident A and Resident B have a two bedroom apartment. Resident B reported she and Resident B sleep in separate bedrooms at night. Resident B stated she woke up after hearing a noise approximately two weeks ago. Resident B said she was unable to recall the exact date of the incident. Resident B explained she looked into Resident A's room and observed him on the floor. Resident B reported Ms. Nunez was not in the room when she saw Resident B on the floor. Resident B said when Ms. Nunez returned to the room she said, "Damn you [Resident B], now you made a lot of extra work because if you have a concussion I will have to check on you every hour."

Resident B reported another staff person entered the room to help get Resident B off the floor. Resident B said the incident was the first and only time Ms. Nunez swore and acted inappropriate towards Resident A.

Resident A stated he could not recall what Ms. Nunez said to him when he fell off his bed, however he knew she was angry with him. Resident A reported Ms. Nunez sat him up at the end of his bed and briefly left the room to get a urinal because he had to go to the bathroom.

On 1/17/19, I interviewed Resident C at the facility. Resident C's statements regarding Ms. Nunez were consistent with Ms. Eggleston and Ms. Sikma. Resident C reported Ms. Nunez appeared "irritated" with her when she helped get her ready for bed a few weeks ago during third shift. Resident C said Ms. Nunez never yelled at her however, she was "slamming some things around" as she got her ready. Resident C stated Ms. Nunez didn't say anything and acted as if she was mad about having to get her ready for bed. Resident C reported at one point she asked Ms. Nunez if she was a burden to her. Resident C said Ms. Nunez did not answer her. Resident C explained this was the first and only incident she has had with Ms. Nunez.

On 1/17/19, I interviewed Resident D at the facility. Resident D reported approximately two weeks ago, she heard Ms. Nunez yell at Resident C through their shared wall. Resident D stated she heard Ms. Nunez tell Resident C, "don't put your

lit on it's not time to get up. Don't put it on again." Resident D reported she also talked to Resident B. Resident D explained Resident B told her about the incident involving Resident A. Resident D stated she is concerned about the way Ms. Nunez talks to residents at the facility.

On 1/22/19, I interviewed resident care staff person Connie Earl by telephone. Ms. Earl reported she has worked third shift with Ms. Nunez. Ms. Earl stated she helped Ms. Nunez with Resident A approximately a month ago. Ms. Earl explained she and Ms. Nunez attempted to get Resident A out of bed so he could use the bathroom at that time. Ms. Earl reported Resident A was not cooperating with her or Ms. Nunez. Ms. Earl said as a result, Ms. Nunez "got huffy" with Resident A. Ms. Earl explained Ms. Nunez had to slightly raise her voice when talking to Resident A because he was not listening to what they needed him to do in order to get him up. Ms. Earl stated Ms. Nunez did not swear or say anything inappropriate to Resident A. Ms. Earl said Ms. Nunez's tone was stern because Resident A was not cooperating.

Ms. Earl reported this was the only time she heard Ms. Nunez raise her voice when talking to a resident. Ms. Earl said she has not received any complaints from residents regarding Ms. Nunez. Ms. Earl stated she was unable to recall whether or not she received resident rights training at the facility.

On 1/23/19, I interviewed resident care staff person Becky Barnes by telephone. Ms. Barnes reported she responded to Resident A's room after he fell from his bed approximately two weeks ago. Ms. Barnes stated she helped Ms. Nunez get Resident A off the floor. Ms. Barnes said she did not hear Ms. Nunez swear or say anything inappropriate to Resident A during the incident. Ms. Barnes explained she has never seen or heard Ms. Nunez yell or be inappropriate with residents or staff. Ms. Barnes reported she does not work in the same area of the building as Ms. Nunez during third shift, therefore she does not know Ms. Nunez well. Ms. Barnes explained she does not know Ms. Nunez well enough to determine whether the allegations are against Ms. Nunez's character.

Ms. Barnes reported she received resident rights training at the facility. Ms. Barnes said staff also receive annual resident rights training at the facility.

On 1/23/19, I received a copy of Ms. Nunez's resident rights training documents via email from Ms. Sikma. The documents read Ms. Nunez completed the *Resident Rights Agreement* on 10/15/18 and *Resident Rights Essentials* on 8/28/18.

On 1/23/19, I interviewed Ms. Nunez by telephone. Ms. Nunez reported she entered Resident A's room to administer his 11:00 pm medications. Ms. Nunez said Resident A had to go to the bathroom at that time. Ms. Nunez stated she sat Resident A up at the end of his bed and left the room to get a urinal. Ms. Nunez explained Resident A was on the floor when she returned to the room. Ms. Nunez stated she called the other staff to assist her with getting Resident A off the floor. Ms. Nunez reported Ms. Earl and Ms. Barnes responded. Ms. Nunez said Resident B did not enter Resident

A's room until staff got him back in bed. Ms. Nunez stated Resident B asked Ms. Earl what happened.

Ms. Nunez denied yelling or swearing at Resident A. Ms. Nunez stated she did not know why she would be accused of yelling or swearing at Resident A, she reported she is "not that type of person."

Ms. Nunez also denied yelling at Resident C. Ms. Nunez could not recall responding to Resident C's call pendant at 3:00 am. Ms. Nunez reported there was an incident a few weeks ago when she arrived for her shift and Resident C was on the toilet. Ms. Nunez said she got Resident C off the toilet and dressed and ready for bed. Ms. Nunez reported she tried to get Resident C off the toilet quickly to get her dressed so she may have felt rushed. Ms. Nunez reported it was not her intention to make Resident C feel rushed. Ms. Nunez denied raising her voice or saying anything inappropriate to Resident C.

Ms. Nunez reported she received resident rights training at the facility.

APPLICABLE RULE	
R325.1931	**Employees; General Provisions.**
	(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.
ANALYSIS:	There is evidence to support Ms. Nunez was trained and aware of the facility resident rights policy. However, Interviews with Resident A, B, C, and D along with Ms. Earl reveal that at a minimum Ms. Nunez has displayed "huffy" behavior with residents. While it is not known if Ms. Nunez's behavior is intentional or that she is even aware that her behavior is being perceived minimally as insensitive, it is affecting the well being of residents. While Ms. Nunez has the capacity to provide supervised personal care, it seems she has lacks the ability to do it in a manner that resident dignity is not compromised.
CONCLUSION:	**VIOLATION ESTABLISHED**

I shared the findings of this report with licensee authorized representative Shannon VanHouten by telephone on 2/4.

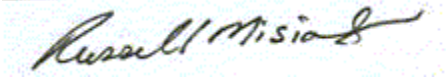
IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend the status of the license remain unchanged.

1/28/19

Lauren Wohlfert — Date
Licensing Staff

Approved By:



1/30/19

Russell B. Misiak — Date
Area Manager