



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 16, 2019

Holly Purdy
8440 Lance Court
Brighton, MI 48116

RE: License #: AS470385116
Investigation #: **2019A0565005**
Blue Heron Pond

Dear Ms. Purdy:

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 "Dawn M. Campbell".

Dawn Campbell, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-9724

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS470385116
Investigation #:	2019A0565005
Complaint Receipt Date:	02/20/2019
Investigation Initiation Date:	02/22/2019
Report Due Date:	04/21/2019
Licensee Name:	Holly Purdy
Licensee Address:	8440 Lance Court Brighton, MI 48116
Licensee Telephone #:	(734) 660-4679
Administrator:	N/A
Licensee Designee:	
Name of Facility:	Blue Heron Pond
Facility Address:	10638 Rushton South Lyon, MI 48178
Facility Telephone #:	(248) 573-7624
Original Issuance Date:	11/18/2016
License Status:	REGULAR
Effective Date:	05/20/2017
Expiration Date:	05/19/2019
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
No menu planning.	Yes
Meals are lacking.	No
Laundry is not kept up.	No
There is a resident that wanders and steals other residents' personal things.	No
Understaffed with only 1 staff and 5 wheelchair bound residents.	No
Additional Findings	Yes

Over capacity with 11 residents. – This allegation was investigated in SIR 2019A0565004 CAP Dated 02/22/2019.

III. METHODOLOGY

02/20/2019	Special Investigation Intake 2019A0565005
02/22/2019	Special Investigation Initiated - Face to Face
02/22/2019	Inspection Completed-BCAL Sub. Compliance
03/11/2019	Contact - Telephone call made Spoke with Direct Care Staff Jacqi Crawford regarding the complaint allegations.
03/11/2019	Contact - Telephone call made Left a message with direct care staff Tiffany Roberson regarding the complaint allegations.
03/13/2019	Contact - Telephone call made Left a message with direct care staff Tiffany Roberson regarding the complaint allegations.
03/14/2019	Contact - Telephone call made Spoke with the complainant regarding the complaint allegations.

03/25/2019	Contact - Telephone call made Spoke with Ms. Purdy regarding the complaint allegations.
03/25/2019	Contact - Telephone call made Spoke with direct care staff Stephanie Rutledge regarding the complaint allegations.
03/28/2019	Exit Conference – Spoke with Ms. Purdy regarding the results of the investigation.
04/04/2019	Exit Conference - Spoke with Ms. Purdy regarding additional concerns regarding staffing at night for the facility.
04/04/2019	Contact – Telephone call made Spoke with Area Manager, Ardra Hunter regarding additional concerns regarding staffing at night for the facility.
04/04/2019	Contact – Telephone call made Spoke with State Fire Inspector Gordon Poyhonen regarding my concerns about facility evacuation.
04/08/2019	Contact – Telephone call made Spoke with State Fire Inspector Gordon Poyhonen regarding evacuation times for the facility.

ALLEGATION:

- **No menu planning.**
- **Meals are lacking.**

INVESTIGATION:

On 02/22/2019, I conducted an unannounced inspection at the facility. I interviewed the licensee, Holly Purdy, regarding the complaint allegations. Ms. Purdy stated that she has a cook that prepares the meals. Ms. Purdy stated whatever meals are being served for the day are kept on an erasable whiteboard in the dining room of the facility. Ms. Purdy stated she keeps track of the meals served at the facility in a notebook.

On 02/22/2019, I observed a spiral notebook with handwritten notations about what meal was served for the day. There was no written menu for the facility. There was

no record of menus for the facility. I observed the erasable whiteboard in the dining area with the meal planned for the day written on it.

On 02/22/2019, I inspected the kitchen and observed an adequate amount of food in the facility to meet resident needs.

On 02/22/2019, I observed lunch being served at the facility. The meal was appropriate and met nutritional requirements. At the time of the visit Ms. Purdy stated that none of the residents was on a special diet.

On 02/22/2019, I interviewed Relative A (A1) who stated that her mother has been at the facility for the past 14 months. A1 stated that she is at the facility almost every day. A1 stated that she has no concerns about the meals that her mother is served. A1 stated at times the residents are given a choice at what they want for some meals. A1 stated there has not been a time when the facility did not have enough food for the residents.

On 03/11/2019, I interviewed direct care staff Jacqi Crawford who stated that meals are prepared by the cook. Ms. Crawford stated previous to the cook coming staff prepared food for the residents. Ms. Crawford stated there has not been a time that there was not enough food for the residents at the facility.

On 03/25/2019, I interviewed direct care staff, Stephanie Rutledge, who stated that she prepares breakfast for residents. Ms. Rutledge stated there is always enough food for the residents. Ms. Rutledge stated she does not have any concerns about the food being served to the residents at the facility.

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.
ANALYSIS:	On 02/22/2019, I observed a white board in the dining area of the facility with the meal for the day written on it. The Licensee does not have a written menu at least one week in advance or have a menu posted.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(2) Meals shall meet the nutritional allowances recommended pursuant to the provisions of "Appendix I: Recommended Dietary Allowances, Revised 1980" contained in the publication entitled "Basic Nutrition Facts: A Nutrition Reference," Michigan Department of Public Health publication no. H-808, 1/89. This publication may be obtained at cost from The Division of Research and Development, Michigan Department of Public Health, P.O. Box 30195, Lansing, Michigan 48909.
ANALYSIS:	On 02/22/2019, I observed lunch being served at the facility. The meal was appropriate and met nutritional requirements.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Laundry is not kept up.

INVESTIGATION:

On 02/22/2019, Ms. Purdy stated that laundry is done at night by staff. Ms. Purdy stated that four or more loads of laundry are cleaned each night. Ms. Purdy stated that recently the laundry got "backed up" because residents at the facility had the flu and were using more linens than they normally used. Ms. Purdy stated that she took the laundry to a local laundry mat to be cleaned. Ms. Purdy stated that she has a contract with the local laundry mat to do the laundry if an emergency arises.

On 02/22/2019, I inspected the laundry room of the facility. The laundry room was clean and orderly. I observed a large washer and dryer in the laundry room of the facility. There were no soiled clothing or linens in the laundry room.

On 02/22/2019, A1 stated that her mother's laundry is cleaned daily. A1 stated that there has been a time when her mother's nightgown has been given to the wrong resident. A1 stated that the nightgown was returned to her mother. A1 stated she has no concerns about the way laundry is handled at the facility.

On 03/11/2019, Ms. Crawford stated that laundry is done daily at the facility. Ms. Crawford stated it was a "rough week" when everyone had a virus and laundry got behind. Ms. Crawford stated that there has never been a problem with laundry for the facility being done or "kept up."

On 03/25/2019, Ms. Rutledge stated she works four nights per week and part of her responsibility is doing facility laundry. Ms. Rutledge denied that there was an issue with laundry being “kept up” at the facility.

APPLICABLE RULE	
R 400.14404	Laundry.
	A home shall make adequate provision for the laundering of a resident's personal laundry.
ANALYSIS:	Based on the interviews, there is not an issue with laundry being “kept up.” On 02/22/2019, the laundry room of the facility was inspected. There were no soiled clothing or linens in the laundry room. The washer and dryer are adequate to meet the needs of the facility.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

There is a resident that wanders and steals other residents’ personal things.

INVESTIGATION:

On 02/22/2019, Ms. Purdy stated that Resident D wanders around the facility at times. Ms. Purdy denied that Resident D steals other residents’ personal things. Ms. Purdy stated that due to her dementia, Resident D walks around the facility at times, but she does not present a risk to the other residents. Ms. Purdy stated Resident D wanders when she is anxious. Ms. Purdy stated Resident D’s medications are being adjusted to assist her with decreasing her anxiety.

On 02/22/2019, A1 stated there is a resident that wanders around the facility but that she has not stolen any items from any other resident. A1 stated that the resident is harmless.

On 02/22/2019, I observed Resident D at the facility. I am unable to interview Resident D because of her dementia diagnosis.

On 03/11/2019, Ms. Crawford stated Resident D will wander around the facility at times. Ms. Crawford stated that staff is able to redirect Resident D to her room or the main area of the facility when she is wandering. Ms. Crawford denied that Resident D steals items from other residents.

On 03/25/2019, Ms. Rutledge stated that there are two residents that wander at night sometimes while she is working. Ms. Rutledge stated that she is able to get the resident back into their bedroom. Ms. Rutledge denied that neither of the residents steal from other residents at the facility.

APPLICABLE RULE	
R 400.14305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	Based on all interviews there are residents that wander around the facility due to their dementia status. Staff report that they are able to redirect the resident to their room. Staff deny that Resident D has stolen items from any other resident.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Understaffed with only 1 staff and 5 wheelchair bound residents.

INVESTIGATION:

On 02/22/2019, I observed the facility staff schedule. The facility staff schedule indicates that during awake hours there are two staff working at the facility. The facility staff schedule indicates that at night there is one staff for the facility.

On 02/22/2019, Ms. Purdy stated there are 5 residents that use wheelchairs but that one resident is required to be lifted with a hooyer lift. Ms. Purdy stated all other residents are a one person assist.

On 02/22/2019, I reviewed the file of Resident A. Resident A is paralyzed on her left side and medical diagnoses includes CVA with memory loss and vascular dementia. Resident A must be transferred with a hooyer lift. Resident A is wheelchair reliant.

On 02/22/2019, I observed Resident A. I am unable to interview Resident A due to her dementia diagnosis.

On 02/22/2019, I reviewed the file of Resident B. Resident B's diagnoses include basal cell carcinoma of skin cancer, Hypertension, Atrial Fibrillation and is paralyzed on his left side due to stroke. Resident B is a one person assist.

On 02/22/2019, A1 stated that Resident A is paralyzed on her left side and is moved with the hooyer lift. A1 stated that there are two staff working at the facility during the day. A1 stated that she is at the facility almost daily. A1 stated she does not have any concerns with the care that Resident A is receiving. A1 stated that Resident A is always in a clean brief and clothing and that staff take good care of Resident A.

On 03/11/2019, Ms. Crawford stated that two people work at the facility during the day. Ms. Crawford stated that Ms. Purdy also works at the facility during the day. Ms. Crawford stated she feels that the staff is able to meet resident needs.

On 03/25/2019, Ms. Rutledge stated that she is the only staff member working at night. Ms. Rutledge stated that she was trained to use the hooyer lift by staff and Ms. Purdy. Ms. Rutledge stated if she must transfer Resident A at night, she uses the hooyer lift.

On 03/28/2019, I conducted an exit conference with Ms. Purdy. Ms. Purdy stated that she will submit an acceptable plan of correction.

04/04/2019, I conducted an exit conference with Ms. Purdy to speak with her regarding concerns about having one staff person on duty during sleeping hours based on resident needs. Ms. Purdy stated that she could not afford to hire additional staff at night. Ms. Purdy stated that she felt that her fire suppression system was adequate for the facility and allowed for one staff to efficiently evacuate the facility if the need arose.

04/04/2019, Based on concerns about the number of staffing at night and evacuation times for the facility. I contacted State Fire Inspector Gordon Poyhonen regarding this concern. Mr. Poyhonen stated that the facility has a fire suppression system and does not have to meet the "Prompt", "Slow", or "Impractical" evaluation times.

04/08/2019, I spoke with Fire Inspector Gordon Poyhonen, regarding evacuation times for the facility. Mr. Poyhonen stated that this facility falls under new rules for Part 2 AFCs. Mr. Poyhonen stated that the facility has a fire suppression system and required evacuation times do not pertain to this facility. Mr. Poyhonen stated that this is a fully suppressed building and they do not have to meet the evacuation times. He stated that when they go out annually, they do review the fire drills for the facility, but they don't have to meet evacuation times.

APPLICABLE RULE	
R 400.14206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services

	specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	<p>A review of the staff schedule and interviews with staff indicate that two staff are working at the facility during the day and one staff member is working at night. Staff also report that Ms. Purdy provides resident care during the day in addition to staff.</p> <p>An additional concern regarding the ability of the staff to safely evacuate residents in the event of an emergency was addressed during this investigation. Based on the State Fire Inspector Gordon Poyhonen indicating that this facility has a fire suppression system and required evacuation times do not pertain to this facility. This concern was not cited during this investigation.</p> <p>Currently, this is adequate to meet the needs of the residents.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 02/22/2019, I observed unlocked prescription medication in the refrigerator.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(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.

ANALYSIS:	On 02/22/2019, I observed unlocked prescription medication in the refrigerator.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 02/22/2019, I observed there were no records of past menus for the facility.

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(6) Records of menus, including special diets, shall be kept by the licensee for 1 calendar year.
ANALYSIS:	On 02/22/2019, I observed there were no records of past menus for the facility.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 02/22/2019, I observed the refrigerator and freezer in the facility were not equipped with a thermometer.

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

ANALYSIS:	On 02/22/2019, I observed the refrigerator and freezer in the facility were not equipped with a thermometer.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 02/22/2019, I observed that Resident C does not have a mirror on the wall in her room.

APPLICABLE RULE	
R 400.14410	Bedroom furnishings.
	(2) A resident bedroom shall be equipped with a mirror that is appropriate for grooming.
ANALYSIS:	On 02/22/2019, I observed that Resident C does not have a mirror on the wall in her room.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 02/22/2019, I reviewed Resident B's file. Resident B's resident care agreement was last completed 12/29/2016.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instruction; health care appraisal.
	(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

ANALYSIS:	On 02/22/2019, a review of Resident B's file determined that Resident B's resident care agreement was last completed 12/29/2016.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

 04/08/2019

Dawn Campbell Date
Licensing Consultant

Approved By:

 4/16/2019

Ardra Hunter Date
Area Manager