



STATE OF MICHIGAN
 DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
 LANSING

GRETCHEN WHITMER
 GOVERNOR

ORLENE HAWKS
 DIRECTOR

January 15th, 2021

Melissa Peebles
 Park Village Pines
 2920 Crystal Lane
 Kalamazoo, MI 49009

RE: License #:	AH390236863
Investigation #:	2021A1021013
	Park Village Pines

Dear Ms. Peebles:

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.

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) 284-9730.

Sincerely,

Kimberly Horst, Licensing Staff
 Bureau of Community and Health Systems
 611 W. Ottawa Street
 Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH390236863
Investigation #:	2021A1021013
Complaint Receipt Date:	12/28/2020
Investigation Initiation Date:	12/29/2020
Report Due Date:	02/27/2021
Licensee Name:	The Kalamazoo Area Christian Retirement Assoc Inc
Licensee Address:	2920 Crystal Lane Kalamazoo, MI 49009
Licensee Telephone #:	(269) 372-1928
Administrator/ Authorized Representative:	Melissa Peebles
Name of Facility:	Park Village Pines
Facility Address:	2920 Crystal Lane Kalamazoo, MI 49009
Facility Telephone #:	(269) 372-1928
Original Issuance Date:	03/01/1975
License Status:	REGULAR
Effective Date:	03/31/2020
Expiration Date:	03/30/2021
Capacity:	215
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Facility is not following Covid19 guidelines.	No
Resident X did not receive medications.	Yes
Resident U did not receive as needed medications.	No
Residents are not receiving showers.	No
Individual food preferences are not offered.	No
Additional Findings	No

III. METHODOLOGY

12/28/2020	Special Investigation Intake 2021A1021013
12/29/2020	Special Investigation Initiated - Telephone interviewed complainant #1
1/4/2021	Contact-Telephone call received Received additional allegations from Complainant #2
01/05/2021	Contact - Telephone call made interviewed complainant 2
01/05/2021	Contact - Telephone call made Interviewed authorized representative Melissa Peebles
01/05/2021	Contact - Telephone call made Interviewed dinning manager
01/06/2021	Contact - Document Received Received MAR and menu
1/11/2021	Contact-Telephone call received Interviewed medication auditor Alyssa Groh
1/11/2021	Contact-Telephone call made Interviewed authorized representative Melissa Peebles

1/11/2021	Contact-Documents Received Received service plan, MAR, chart notes for Resident U
1/11/2021	Contact-Telephone call received Interviewed caregiver Michelle Bruce
1/11/2021	Contact-Telephone call made Interviewed HomeTown Pharmacy operations manager Ben Gurica
1/15/2021	Exit Conference Exit Conference with authorized representative Melissa Peebles

The complainant #2 alleged the facility has insufficient staff. This allegation was investigated in AH390236863_SIR_2021A1021009.

ALLEGATION:

Facility is not following Covid19 guidelines.

INVESTIGATION:

On 12/28/20, the licensing department received a complaint from Adult Protective Services (APS) with allegations the facility has an outbreak of Covid-19 and the facility is not following guidelines. Due to the anonymous nature of the complaint, I was unable to interview the complainant for additional information.

On 1/4/21, the licensing department received a complaint regarding Covid-19 at the facility.

On 1/5/21, I interviewed complainant #2 by telephone. The complainant #2 alleged the facility has an outbreak of Covid-19. The complainant #2 alleged the facility is not corresponding with the resident's family regarding the outbreak at the facility. The complainant #2 alleged the facility is only testing weekly.

Due to the Covid-19 pandemic, this investigation was completed remotely.

On 1/11/21, I interviewed authorized representative Melissa Peebles by telephone. Ms. Peebles reported the facility received the first Covid-19 positive test result on 12/16 after the weekly testing on 12/14. Ms. Peebles reported the facility opened the triage unit for the Covid-19 positive residents. Ms. Peebles reported the facility tested on 12/20 and received the results on 12/23. Ms. Peebles reported multiple positive results came back and the triage unit was too small to accommodate the

residents. Ms. Peebles reported the residents were then placed back in their rooms. Ms. Peebles reported the facility is on full quantitate which means all dining and community events have been cancelled and all residents are to stay in their rooms. Ms. Peebles reported the facility conducts resident testing on Monday and staff member testing on Mondays and Tuesdays. Ms. Peebles reported it typically takes 48 hours to get the results back. Ms. Peebles reported if a resident exhibits symptom of Covid-19 after the weekly testing, the facility has partnered with Alliance Health Mart Pharmacy to conduct rapid testing. Ms. Peebles reported the company will come to the facility within one hour to complete a rapid test and results are obtained within 20 minutes. Ms. Peebles reported the CEO David Boss communicates with family members at least weekly through emails. Ms. Peebles reported the facility has a handle of the Covid-19 outbreak and the facility is following all guidelines.

On 1/11/21, I interviewed caregiver Michelle Bruce by telephone. Ms. Bruce reported the facility acted quickly when the first positive case was found by placing the facility on quarantine. Ms. Bruce reported caregivers are to wear a N95 mask within the facility and wear full personal protective equipment into Covid-19 positive resident rooms. Ms. Bruce reported within the facility there is hand sanitizer on medication carts and within the facility. Ms. Bruce reported caregivers complete a screening process prior to working. Ms. Bruce reported all residents and staff are tested weekly. Ms. Bruce reported a resident can also have a Covid-19 rapid test. Ms. Bruce reported resident families are updated by management and caregivers. Ms. Bruce reported the facility is following all Covid-19 guidelines.

On 1/12/21, I interviewed caregiver Carla Bosker by telephone. Ms. Bosker reported the facility is following Covid-19 guidelines. Ms. Bosker reported caregivers are to wear a mask at the facility. Ms. Bosker reported caregivers and residents are tested weekly. Ms. Bosker reported residents are isolated in their rooms and all communal activities are cancelled.

I reviewed correspondence sent to family members from the facility. The facility sent updates to family members on 11/23, 12/15, 12/17, 12/21, 12/22, 12/23, 12/24, 12/29, 12/31, 1/4, 1/5, 1/6, 1/7, and 1/8. The correspondence detailed the number of staff and residents affected with Covid-19, facility response to Covid-19, and the protocols the facility was following.

I reviewed facility policy on Covid-19. The policy included Employee Covid-19 reporting & return to work, daily Covid-19 procedures, Quarantine precautions, community precautions, Covid-19 positive room protocol, and N95 mask precautions.

APPLICABLE RULE	
R 325.1921	Governing bodies, administrators, and supervisors.
	(2) The admission policy shall specify all of the following:

	(d) That the home has developed and implemented a communicable disease policy governing the assessment and baseline screening of residents.
ANALYSIS:	Interviews with management and caregivers as well as document review, revealed the facility had developed a Covid-19 policy and is following all Covid-19 guidelines.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident X did not receive medications.

INVESTIGATION:

On 12/24/20, the licensing department received a complaint from APS with allegations residents are not receiving medications.

On 12/29/20, I interviewed complainant #1 by telephone. The complainant #1 alleged Resident X has not received Protonix medication for a few days.

Ms. Peebles reported medication technicians have one hour before and one hour after to administer medications. Ms. Peebles reported if a resident medication is missed, the medication auditor will follow up with the medication technician. Ms. Peebles reported if a resident misses a medication, the physician will be contacted. Ms. Peebles reported the facility partners with HomeTown Pharmacy, but residents can choose their own pharmacy. Ms. Peebles reported there have been no issues with residents not receiving their medications.

On 1/11/21, I interviewed medication auditor Alyssa Groh by telephone. Ms. Groh reported she is responsible for reviewing medications that are not passed. Ms. Groh reported she is notified when a medication is not passed and investigates the cause of the missed medication. Ms. Groh reported on 12/21, Resident X's Protonix medication was not available and she contacted Resident X's physician for a refill. Ms. Groh reported Resident X's pharmacy supplied an emergency three day supply. Ms. Groh reported this medication was then passed on 12/22, 12/23, and 12/24. Ms. Groh reported due to the holiday weekend the pharmacy did not receive the refill and Resident X went without the medication 12/25-12/29. Ms. Groh reported on 12/29, the facility contacted Resident X's physician to request the refill for the medication and the medication was received that day.

On 1/12/21, I interviewed Visiting Nurse Practitioner intake worker Tori Miniat by telephone. Ms. Miniat reported the facility contacted them on 12/21 regarding

Resident X's medication. Ms. Miniati reported they sent the prescription refill to HomeTown Pharmacy on 12/21 and 12/29. Ms. Miniati reported it appears HomeTown Pharmacy did not receive the refill on 12/22 and that is why the refill was sent again on 12/29.

On 1/12/21, I interviewed HomeTown Pharmacy operations manager Ben Gurica by telephone. Mr. Gurica reported the pharmacy sent out a three-day supply due to not having the prescription refill for the medication. Mr. Gurica reported the pharmacy received the prescription refill on 12/29 at 9:27am and the medication was delivered to the facility that evening.

I reviewed the medication administration record (MAR) for Resident X. Resident X did not receive Protonix medication on 12/21 and 12/25-12/29.

I reviewed chart notes for Resident X. The chart notes read,
"12/21: Informed Tori from (Visiting Nurse Practitioners) resident is need of a refill on her Protonix. Requested refill be sent to (HomeTown) pharmacy. 3 day supply to be delivered by HT today.
12/29: Called and talked with Ovne from VNP regarding Protonix 40mg. We need ASAP. She will order.
12/29: Received a copy of refill order sent to HomeTown for resident's Protonix. No changes made for this medication."

APPLICABLE RULE	
R 325.1932	Resident medications.
	(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.
ANALYSIS:	Review of Resident X's MAR revealed the facility ran out of the Protonix medication on 12/21. The facility contacted Resident X's physician for the medication refill on 12/21. The facility again ran out of the medication on 12/25 and did not contact the physician for the refill until 12/29.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Resident U did not receive as needed medications.

INVESTIGATION:

Complainant #2 alleged Resident U is prescribed as needed Haldol and the facility is not administering the medication when it is needed. The complainant #2 alleged Resident U is hallucinating, as observed by staff, and the medication is still not administered.

Ms. Peebles reported Resident U is prescribed Haldol for hallucinations, but the resident is not hallucinating. Ms. Peebles reported Resident U's family requests the medication to be administered when it is not needed. Ms. Peebles reported Resident U is a fall risk and will lower himself to the ground. Ms. Peebles reported the facility has issued a 30-day notice of discharge due to Resident U requiring a higher level of care. Ms. Peebles reported Hospice Care of Southwest Michigan is actively involved with Resident U and has had conversations with Resident U's family on the appropriateness of administering the medications. Ms. Peebles reported the facility has requested a 1:1 sitter for Resident U, which the family is now providing, which is helping with the behaviors of Resident U. Ms. Peebles reported the facility is administering the medications as prescribed.

I reviewed Resident U's MAR. The MAR revealed Resident U is prescribed Haldol 0.5mg with instruction to administer 0.5mg tab every four hours PRN for hallucinations.

I reviewed the MAR for Resident U. The MAR revealed Resident U was administered Haldol 1/1-1/11 for hallucinations.

I reviewed chart notes for Resident U. The chart notes read,

"12/31: Administered Haldol for hallucinations

1/1: Administered Haldol for hallucinations/trying to get out of bed

1/1: Resident was having hallucinations but had good results with Haldol

1/7: Spoke with hospice nurse, Michelle from (Hospice Care of Southwest Michigan) in regards to family concerns on wanting to be on medications to prevent hallucinations/keep resident comfortable. Michelle states she spoke with residents primary/and they do not want to increase his Seroquel or add any other medications at this time. She noted he seemed be doing well today even with his fall episode and they would not recommend giving any medications unless resident was showing signs of needing them.

1/8: Administered PRN Haldol for confusion

1/10: PRN Haldol administered for resident trying to get out of bed due to "having a dinner party to get to and no one is taking him seriously.

1/11: Called to OT due to Resident fall, he stated he was trying to chase the men that robbed him a few minutes prior. Hallucinations apparent, PRN Haldol administered."

I reviewed the service plan for Resident U. The service plan update read, *"Haldol 0.5mg 1 tab every 4 hrs PRN dx hallucinations. Resident will demonstrate the need for this medication by stating he is trying to go*

somewhere, may say he is seeing people that are not in his room or will have anxious behaviors and unable to relax.”

APPLICABLE RULE	
R 325.1932	Resident medications.
	(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident’s service plan.
ANALYSIS:	Resident U is prescribed Haldol 0.5mg with instruction to administer the medication as needed for hallucinations as demonstrated by Resident U stating he needs to go somewhere, seeing people, or anxious behaviors. The facility documented and administered the medication when these behaviors were exhibited.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Residents are not receiving showers.

INVESTIGATION:

The complainant #1 alleged residents are not receiving showers. The complainant #1 alleged residents that do not have showers in their room are not allowed to shower in the community showers due to the Covid1-9 pandemic. The complainant #1 alleged some residents have not showered in weeks.

Ms. Peebles reported the community shower rooms have been shut down for two weeks due to the Covid-19 outbreak. Ms. Peebles reported residents that do not have a shower in their room are to be sponged bathed by caregivers. Ms. Peebles reported the facility hopes to re-open the community shower rooms in the upcoming weeks once the outbreak of Covid-19 is curved.

APPLICABLE RULE	
R 325.1933	Personal care of residents.
	(2) A home shall afford a resident the opportunity and instructions when necessary for daily bathing, oral and personal hygiene, daily shaving, and hand washing before

	meals. A home shall ensure that a resident bathes at least weekly and more often if necessary.
ANALYSIS:	The facility has closed their community shower rooms due to the magnitude of Covid-19 cases. Residents without a shower in their room are offered a sponge bath in their room.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Individual food preferences are not offered.

INVESTIGATION:

The complaint #1 alleged residents are not offered alternative menu options. The complainant alleged meals are delivered to resident rooms and if a resident does not like the food, no other options are available.

Ms. Peebles reported the dining room is closed due to the Covid-19 pandemic and meals are delivered to the resident rooms. Ms. Peebles reported there are decreased options for food, but residents are still able to order alternative food. Ms. Peebles reported residents are offered sandwiches or soups if they do not like the main entree.

On 1/5/20, I interviewed director of resident life Donnie Eager by telephone. Ms. Eager reported food service employees deliver meals to residents in their rooms. Ms. Eager reported if a resident does not like the meal, they can order a sandwich or soup by telling the food service employee or their caregiver. Ms. Eager reported there can be increased wait times for different food due to the amount of time it takes for caregivers to make and deliver the food.

I reviewed the quarantine menu for the facility. The menu revealed there was one choice for the main entree every day. In addition, there were alternatives available for each meal. For breakfast, residents could choose hot oatmeal or variety of cereals. For lunch and dinner, residents could choose variety of sandwiches, side salad, soup, jello, chips, pudding, applesauce, and/or cottage cheese.

APPLICABLE RULE	
R 325.1952	Meals and special diets.
	(2) A home shall work with residents when feasible to accommodate individual preferences.
ANALYSIS:	Interviews with management and review of the menu revealed the facility has one main entrée for each meal. Residents have the ability to order from the quarantine menu for different options.
CONCLUSION:	VIOLATION NOT ESTABLISHED

On 1/15/21, I conducted an exit conference with authorized representative Melissa Peebles by telephone.

IV. RECOMMENDATION

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

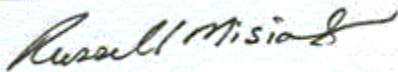


1/13/21

Kimberly Horst
Licensing Staff

Date

Approved By:



1/13/21

Russell B. Misiak
Area Manager

Date