



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 17, 2021

Jamie Beson  
Close to Home Assisted Living Riegel, LLC  
805 East South Union  
Bay City, MI 48706

RE: License #:	AL090382066
Investigation #:	2021A0123013
	Close to Home Assisted Living Riegel

Dear Ms. Beson:

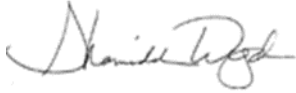
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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 (810) 787-7031.

Sincerely,

A handwritten signature in dark ink, appearing to read "Shamidah Wyden". The signature is fluid and cursive, with the first name being more prominent.

Shamidah Wyden, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
989-395-6853

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL090382066
<b>Investigation #:</b>	2021A0123013
<b>Complaint Receipt Date:</b>	01/26/2021
<b>Investigation Initiation Date:</b>	01/26/2021
<b>Report Due Date:</b>	03/27/2021
<b>Licensee Name:</b>	Close to Home Assisted Living Riegel, LLC
<b>Licensee Address:</b>	1805 Raymond Street Bay City, MI 48706
<b>Licensee Telephone #:</b>	(989) 778-2575
<b>Administrator:</b>	Jamie Beson
<b>Licensee Designee:</b>	Jamie Beson
<b>Name of Facility:</b>	Close to Home Assisted Living Riegel
<b>Facility Address:</b>	406 W Ivy St. Bay City, MI 48706
<b>Facility Telephone #:</b>	(989) 778-2575
<b>Original Issuance Date:</b>	12/15/2016
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	06/15/2019
<b>Expiration Date:</b>	06/14/2021
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
On 01/11/2021, an employee who is a felon, and was not supposed to be providing resident care, worked as direct care staff.	Yes
There is a concern that there is insufficient staffing based on the ratio of direct care staff to residents.	Yes
Residents are not being changed, rotated, and are left on their bed pans for long periods of time.	No
The facility does not take appropriate COVID-19 precautions. A staff person tested positive, and no preventative measures were taken. A kitchen staff person has never been tested for COVID-19. The facility allowed resident family members inside to visit non-hospice residents.	No
There was no qualified medication passer working third shift on January 2, 2021.	No
Resident A has a hoarding problem, and her room is filled with things that covers vents and obstructs walkways. There are other resident rooms that are dirty, cluttered, and a fire hazard.	No
Additional Findings	Yes

## III. METHODOLOGY

01/26/2021	Special Investigation Intake 2021A0123013
01/26/2021	Special Investigation Initiated - Telephone I spoke with licensee designee Jamie Beson via phone.
01/26/2021	Contact- Document Received I received requested documentation via email.
01/27/2021	Contact - Telephone call made I conducted a video call with the facility and interviews residents.
02/04/2021	Contact - Telephone call received I received a call from Ms. Beson.
02/16/2021	Contact - Telephone call made

	I spoke with Anonymous 2 via phone.
02/16/2021	Contact - Telephone call made I left a voicemail requesting a return call from Anonymous 1.
02/16/2021	Contact - Telephone call received I spoke with Anonymous 1 via phone.
02/18/2021	Contact- Document Received I received requested documentation via email.
02/22/2021	APS Referral An APS referral was completed.
02/25/2021	Contact - Telephone call made I conducted a Facetime call with the facility. I interviewed staff and residents.
03/01/2021	Contact- Document Received I received requested documentation via email.
03/04/2021	Contact - Telephone call received I interviewed staff Raelyn Roznowski via phone.
03/04/2021	Contact - Telephone call made I made an attempted call to Dannielle Agee. The number appeared to be out of service.
03/04/2021	Contact - Telephone call made I left a voicemail requesting a return call from staff Chantal Piggott.
03/04/2021	Contact - Telephone call received I interviewed Staff Piggott via phone.
03/04/2021	Contact - Telephone call made I made an attempted call to Staff Roznowski.
03/04/2021	Contact- Telephone call received I interviewed Staff Roznowski via phone.
03/09/2021	Contact- Telephone call made I left a voicemail requesting a return call from Ms. Agee.
03/09/2021	Contact-Document Received I received requested documentation via email.

03/11/2021	Contact- Telephone call made I made an attempted call to Ms. Agee. There was no answer.
03/11/2021	Exit Conference- I spoke with Jamie Beson via phone.
03/16/2021	Contact- Telephone call made I conducted a follow-up Facetime call with the facility. I interviewed staff and observed residents.
03/16/2021	Exit Conference- I spoke with Ms. Beson via Facetime.

**ALLEGATION: On 01/11/2021, an employee who is a felon, and was not supposed to be providing resident care, worked as direct care staff.**

**INVESTIGATION:**

There was no on-site visit conducted due to the COVID-19 pandemic.

On 01/26/2021, I spoke with Ms. Beson via phone. She denied having knowledge of a felon working as a direct care staff.

On 02/04/2021, I received a call from Ms. Beson. Ms. Beson stated that Dannielle Agee, a former home manager got into some legal trouble shortly before she quit her position at Close to Home. She stated that Ms. Agee had not worked for them for over a year, then Ms. Agee started a cleaning business. She stated that Ms. Agee asked her for a cleaning job, so she has been cleaning the facility as a contractor. She stated that it did not dawn on her that this was a problem. She stated that a staff person had called in on a third shift while she was out of state. Staff Agee was in the building that night cleaning and offered to stay and help. Staff Beson stated that her home manager Raelyn Roznowski gave the okay for Ms. Agee to help out, without knowing that Ms. Agee was not supposed to provide any care.

On 02/04/2021, I conducted a search on the Michigan Offender Tracking Information System website for Dannielle Agee. There was a hit on the search, and shows this individual is currently on probation until 10/05/2021.

On 02/16/2021, I interviewed Anonymous 2 via phone. Anonymous 2 stated that Dannielle Agee is a cleaning lady for the facility and also has a criminal history. When short staffed, Ms. Agee would step in and assist as a caregiver with approval from management.

On 02/16/2021, I interviewed Anonymous 1 via phone. Anonymous 1 stated that Dannielle Agee used to work at the facility as a floor manager, and but into legal trouble. Anonymous 1 stated that Ms. Agee was allowed by Ms. Beson to work as a direct care worker.

On 02/25/2021, I interviewed staff Ronald Keckler via Facetime. He denied having any knowledge of anyone working who has a criminal history.

On 02/25/2021, I interviewed staff Kathy Nagel via Facetime. Staff Nagel denied having any knowledge of anyone working who has a criminal history.

On 03/04/2021, I interviewed home manager Raelyn Roznowski via phone. Staff Roznowski stated that she has no knowledge of anyone working the floor who has a criminal history. She stated that Ms. Agee did not cover a shift for anyone. She stated that there was one time, they were down to one staff person, and Ms. Agee was there cleaning, but could help if there was a crisis. She stated that she never gave the okay for Ms. Agee to be a fill-in direct care staff.

On 03/04/2021, I interviewed staff Chantal Piggott via phone. She denied having any knowledge of anyone working with a criminal history.

On 03/04/2021, 03/09/2021, and 03/11/2021, attempts were made to contact Ms. Agee via phone unsuccessfully.

<b>APPLICABLE RULE</b>	
<b>R 400.15201</b>	<b>Qualifications of administrator, direct care staff, licensee, and members of the household; provision of names of employee, volunteer, or member of the household on parole or probation or convicted of felony; food service staff.</b>
	<b>(13) A licensee shall provide the department with the name of any employee, volunteer who is under the direction of the licensee, or member of the household who is on court-supervised probation or parole or who has been convicted of a felony.</b>
<b>ANALYSIS:</b>	<p>Ms. Beson stated that Dannielle Agee, a former home manager got into some legal trouble shortly before she quit her position at Close to Home. Ms. Beson stated that her home manager Raelyn Roznowski gave the okay for Ms. Agee to help out, without knowing that Ms. Agee was not supposed to provide any care.</p> <p>Anonymous 1 and Anonymous 2 stated that Ms. Agee was worked as a direct care worker while having a criminal history.</p> <p>Staff Roznowski stated that she has no knowledge of anyone working with a criminal history. She stated that Ms. Agee did not cover a shift for anyone. She stated that there was one time, they were down to one staff person, and Ms. Agee was there cleaning, but could help if there was a crisis. She stated that she never gave the okay for Ms. Agee to be a fill-in direct</p>

	care staff.
	There is a preponderance of evidence to substantiate a rule violation.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:** There is a concern that there is insufficient staffing based on the ratio of direct care staff to residents.

**INVESTIGATION:** On 01/26/2021, I received a copy of January 2021's staff schedule. There are four to five staff listed for first shift, three to four staff listed for second shift, and two staff names listed for third shift. The schedule does not specifically state which staff work in the Close to Home Assisted Living Riegel 1 facility. The staff schedule reflects the scheduling for the Close to Home Assisted Living Riegel 1 and Close to Home Assisted Living Riegel 2 licenses.

A copy of the *Resident Register* for this facility was obtained on 03/09/2021. To date, there are currently 14 residents in the facility. The *Resident Register* also reflects that five residents have moved since the start of this investigation.

Copies of fire drills were requested. Documentation for 2020 show that due to the COVID-19 pandemic, the facility was not able to safely conduct fire drills from April to December 2020. Fire drills for January, February, and March 2020 show the evacuation times to be less than three minutes (2 minutes 42 seconds, 2 minutes, five seconds, and 2 minutes respectively). The third shift fire drills for 01/30/2020 has five staff names listed that participated in the drill. The facility has an A-rating Bureau of Fire Safety rating as of 05/01/2020. The drills note that fire drill protocol was reviewed with staff and residents monthly from April to December 2020.

On 03/16/2021, I conducted a follow-up call with Ms. Beson regarding the fire drills. She stated that two home managers report to the home to conduct the fire drills when they are not on shift. It was reported that all staff on shift will participate in a fire drill, which would leave this facility without staff present during fire drills, when this facility is not participating in the drill. She stated that this facility is separated by a fire wall and automatic closing fire doors.

On 01/27/2021, I conducted a Facetime call with Resident A. Resident A appeared to be appropriately dressed and clean. She stated that staff responds to her room as soon as they can, and that the staff are very nice. She stated that maybe only once a year are staff extra busy. Resident A's assessment plan states that she needs assistance with her walker, help with transfers, and cannot move independently in the community.

On 01/27/2021, I conducted a Facetime call with Resident B. Resident B appeared to be appropriately dressed and clean. Resident B stated that his wait time for staff assistance is usually about 10 minutes. He stated that he thinks there is enough



staffing on each shift. Resident B's assessment plan states that he uses a wheelchair and cane, needs assistance walking long distances and minimal assistance with walking, and moves independently in the community.

On 02/16/2022, I interviewed Anonymous 2 via phone. Anonymous 2 did not specifically name any residents in this facility require a two-person assist. Anonymous 2 stated that Resident D is a full assist.

On 02/25/2021, I interviewed staff Ronald Keckler via Facetime. He stated staff are not specifically assigned to work in the Close to Home Riegel Assisted Living 1 facility. He stated that whatever staff is available is who answers resident calls. He stated that staff have a beeper system, and walkie talkies. He stated that there is sufficient staffing.

On 02/25/2021, I interviewed staff Kathy Nagel via Facetime. She stated that she thinks the facility has sufficient staffing. She stated that a few months ago there were a few residents that were two or three assists, but they have moved out of the facility.

On 02/25/2021, I spoke with Ms. Beson via Facetime. She stated that there is a staff person scheduled for a 5:00 am shift, and that two staff work from 11:00 pm to 5:00 am (i.e. one staff person for this facility and one for the adjacent facility.)

On 02/25/2021, I interviewed Resident C via Facetime. She stated that she does not know how many staff work per shift, but it is "a great many" and enough staff to meet her needs. She stated that staff response time is about 10 minutes depending on what is going on, and that she does not require more than one staff for personal care.

On 03/04/2021, I interviewed home manager Raelyn Roznowski via phone. She denied that there are any residents who currently require a two-person assist.

On 03/04/2021, I interviewed staff Chantal Piggott via phone. She stated that there is sufficient staff. She stated that in this facility, there are no residents who require a two-person assist.

On 03/10/2021, I spoke with Relative 1, Resident D's son via phone. Relative 1 denied having any concerns regarding the facility not having sufficient staffing to meet Resident D's needs. Resident D's assessment plan states that she cannot move independently in the community on her own, can use a walker with assistance in her room, and uses a wheelchair for long distances as she cannot walk long distance.

On 03/16/2021, I conducted a follow-up Facetime call with the facility. I spoke with Ms. Beson. I was informed that both Resident D and Resident E both either have dementia or experience confusion, and require assistance getting out of bed.

On 03/16/2021, I interviewed staff Katie Beach, staff Nicole Greenwood, and staff Ronald Keckler via Facetime. Staff Beach and Staff Greenwood, who work first shift, could not recall a time where staff were not physically present in this facility. Staff Keckler also did not recall a time but stated that it is possible.

Staff Beach and Staff Greenwood stated that Resident D and Resident E both require a one-person assist for mobility/walking and or getting out of bed. Staff Keckler, who works third shifts, stated that there are two or three residents in the facility that require a one-person assist.

Staff Beach and Staff Greenwood stated that Resident D and Resident E both need assistance when evacuating the facility during a fire drill. Staff Keckler stated that Resident A, Resident D, and Resident E require assistance when evacuating the facility during a fire drill. Staff Greenwood reported that Resident D experiences confusion sometimes. Staff Beach stated that Resident D and Resident E both either have dementia and/or experience confusion. Staff Keckler stated that a couple of resident's experience confusion when sick.

During the call on 03/16/2021, I was informed that three new residents have moved into the facility. To date, there are currently 17 residents.

<b>APPLICABLE RULE</b>	
<b>R 400.15206</b>	<b>Staffing requirements.</b>
	<b>(2) A licensee shall have sufficient staffing 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.</b>
<b>ANALYSIS:</b>	<p>Resident A, Resident B, and Resident C were interviewed and did not express having any issues with the facility not having enough staff to meet their personal needs.</p> <p>Staff Piggott, Staff Roznowski, Staff Nagel, and Staff Keckler were interviewed and did not express any issues with the facility having insufficient staffing.</p> <p>The resident register was reviewed. At the time this complaint was filed, there appeared to be 20 residents residing in the facility. There are now 17 residents currently.</p> <p>Staff Beach, Staff Greenwood, and Staff Keckler were interviewed. It was reported during those interviews that Resident A, and Resident D require a one-person assist for mobility/walking and/or getting out of bed. Resident A,</p>

	<p>Resident D and Resident E require assistance during a fire drill.</p> <p>January 2021's staff schedule lists two staff names for third shift. It was reported by Ms. Beson that there may be times where staff are not present in this facility, because they are not specifically assigned to work in the Close to Home Assisted Living 1 facility. At times it is possible they are not present and providing care to residents in the Close to Home Assisted Living 2 facility and when participating in fire drills in the adjacent facility.</p> <p>There is a preponderance of evidence to substantiate a rule violation in regard to insufficient staffing.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:** Residents are not being changed, rotated, and are left on their bed pans for long periods of time.

**INVESTIGATION:** On 02/16/2021, I spoke with Anonymous 2 via phone. Anonymous 2 stated that there was an incident where Resident C's entire mattress was wet because the resident had not been taken out of bed.

On 02/25/2021, I observed the facility via Facetime, including all resident rooms. I observed the residents who were present in the facility at the time of this call as well. There were no issues noted. On 03/16/2021, I conducted a second Facetime call and observed residents who were not present during the call on 02/25/2021. There were no issues noted.

On 02/25/2021, I interviewed staff Ronald Keckler via Facetime. He stated that to his knowledge there have been no issues with resident's personal care. He stated that residents may have to wait a couple of minutes for staff to respond to their calls.

On 02/25/2021, I interviewed staff Kathy Nagel via Facetime. She stated that a few months ago there were a few residents that were two or three assists but have moved. She stated that there are no residents in the facility who uses a bed pan. Staff Nagel denied that there are any issues regarding resident's personal care.

On 02/25/2021, I spoke with Ms. Beson via Facetime. She stated that there are no residents in this facility who uses a bed pan. She stated that they wear depends.

On 02/25/2021, I interviewed Resident C via Facetime. Resident C appeared to be dressed clean and appropriately. Resident C stated that staff are meeting her personal care needs. Resident C's *Assessment Plan for AFC Residents* was

reviewed and notes that she is independent with toileting, and dressing (but help if needed for dressing), and only needs minimum assistance with personal hygiene.

On 02/25/2021, I interviewed Resident D via Facetime. Resident D appeared to be dressed clean and appropriately. Resident D appeared to be hard of hearing during this call and appeared to have difficulty answering questions. Resident D stated that she has a call pendant and shook her head yes when asked if she receives good care. Resident D's *Assessment Plan for AFC Residents* was reviewed and notes that she needs assistance with bathing, toileting, grooming, dressing, and personal hygiene.

On 03/04/2021, I interviewed home manager Raelyn Roznowski via phone. She stated that there have been no issues with personal care or brief changes, and that no one requires a bed pan. She stated that those who are incontinent get more frequent bed checks.

On 03/04/2021, I interviewed staff Chantal Piggott via phone. She denied ever seeing a resident sitting in a soiled brief for too long. She denied that there have been any issues with personal care. She stated that residents clothing is changed during brief changes or after a messy meal. She stated that there are some residents who wear briefs including Resident C and Resident D. She stated that there are no residents in this facility who require a bed pan.

Resident A and Resident B's assessment plans were reviewed as well. Resident A needs reminders for personal hygiene, and assistance when needed for toileting. Resident B's assessment plan indicates he needs assistance with pulling up his pants after toileting, and only assistance when needed for personal hygiene and bathing.

On 03/10/2021, I interviewed Relative 1 via phone. Relative 1 denied having any issues or concerns with Resident D's person care. Relative 1 stated that Resident D is on hospice. He stated that he has never witnessed any uncleanliness.

<b>APPLICABLE RULE</b>	
<b>R 400.15301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	<b>(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions: (a) The amount of personal care, supervision, and protection that is required by the resident is available in the home.</b>

<b>ANALYSIS:</b>	<p>Staff Ronald Keckler, Staff Roznowski, Staff Piggott, and Staff Nagel denied there are any issues regarding resident personal care needs.</p> <p>Resident C and Resident D did not express any concern regarding their personal care needs not being met. Relative 1 denied having any concern regarding Resident D's care.</p> <p>There is no preponderance of evidence to substantiate a rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:** The facility does not take appropriate COVID-19 precautions. A staff person tested positive, and no preventative measures were taken. A kitchen staff person has never been tested for COVID-19. The facility allowed resident family members inside to visit non-hospice residents.

**INVESTIGATION:** On 01/26/2021, I spoke with licensee designee Jamie Beson via phone. She stated that staff Kathy Nagel received a rapid COVID-19 test, and she was sent home immediately after receiving positive results. She stated Staff Nagel also was tested regularly to confirm the rapid test results. She stated that Staff Nagel was not working during this time. Ms. Beson stated that everyone received a mask. She stated that these masks are reusable but can also be replaced. She stated that the facility also has face shields and gowns. Ms. Beson stated that the facility was just hit with COVID-19 and they are scheduled for vaccines on 02/02/2021. She stated that her whole third shift staff quit their jobs due to COVID-19.

During a follow-up call on 02/25/2021, Ms. Beson stated that the kitchen staff person, who is from a program for individuals with disabilities, has never had COVID-19 and is fully vaccinated and wears a mask.

On 01/27/2020, I conducted a virtual call with the facility. I observed a box of KN95 masks, multiple boxes of gowns, face shields, and Viraguard sanitizer for the face shields.

On 01/27/2021, I interviewed Resident A via Facetime. Resident A stated that staff always wear face masks. She stated that she does not go out into the hallway without a face mask on.

On 01/27/2021, I interviewed Resident B via Facetime. Resident B stated that in regard to COVID-19 prevention, the facility has everyone socially distancing, eating meals in their rooms, and always wearing face masks.

On 01/27/2021, I spoke with Ms. Beson via Face time. She stated that if a staff person misses a COVID-19 test, she pulled them off the schedule until the next testing day, and that she has not had anyone miss a test since then. She stated that the staff person who was out of town during the mandatory testing, was tested at the next scheduled COVID-19 testing. She stated that she did not penalize the staff person for being out of town.

On 02/16/2021, I interviewed Anonymous 2 via phone. Anonymous 2 stated that a kitchen staff person never had to be tested for COVID-19 and did not participate in the temperature checking protocol/screening for COVID-19. Anonymous 2 stated that staff were wearing gowns and shield masks that were stored outside of a resident's room. The equipment was sprayed down with sanitizer. Anonymous 2 stated that staff were told they would get their own PPE. Anonymous 2 stated that Ms. Beson had extra masks in her office, but they were not for staff use, only for Ms. Beson's use. Anonymous 2 stated that staff were made to share PPE after being told in a staff meeting, they would have their own PPE.

On 02/16/2022, I interviewed Anonymous 1 via phone. Anonymous 1 stated that they did not receive a phone call that two residents and Staff Nagel had tested positive for COVID-19. Anonymous 1 stated that there was one gown and one face shield at each resident's room that was positive for COVID-19. Anonymous 1 denied that there was any disinfectant for the equipment. Anonymous 1 stated that most staff will not wear a mask, and that staff Kathy Nagel should have been made to wear a mask. Anonymous 1 stated that two staff were experiencing COVID-19 related symptoms and were not allowed time off. Anonymous 1 then stated that to their knowledge neither employee tested positive for COVID-19 at any point. Anonymous 1 stated that both staff members were at work with high fevers, and Ms. Beson told them to not note their temperatures on the sheet.

On 02/25/2021, I interviewed staff Ronald Keckler via Facetime. Staff Keckler stated that management's responses to COVID-19 have been appropriate. He stated that they have enough masks, gowns, and face shields. He stated that the face shields get wiped down with sanitizer, and they have plenty of KN95 masks. Staff Keckler was observed wearing a K-N95 mask during this call. Staff Keckler stated that residents go into quarantine right away when there is a positive COVID-19 case, and that they have been socially distancing as well. Staff Keckler stated that there are no positive cases now, and he is not aware of any staff working while knowingly positive for COVID-19. Staff Keckler stated that staff have to quarantine if they are positive, and that staff are tested every Tuesday. Staff Keckler stated that to his knowledge there have been no visitors in the facility for residents who are not on hospice, and no non-compliance from staff. He stated that it is setup to where staff have to go off schedule until they take their COVID-19 tests.

On 02/25/2021, I interviewed staff Kathy Nagel via Facetime. She stated that she was the first person to test positive for COVID-19. She stated that she went to management and reported that she could not smell. She stated that a rapid test was completed, and she was sent home. She stated that the next day she took a regular

COVID-19 test outside of the facility, and it came back positive. She stated that she was notified by home manager Raelyn Roznowski. She stated that some staff freaked out about it and were mad and angry. She stated that they have a supply of masks, gowns, etc. She stated that when she returned back to work, all PPE was out and available. She stated that she and others tested positive around the same time, four workers and nine residents. She stated that the residents have been quarantining and socially distancing. She denied having any knowledge of anyone working while knowing they are positive for COVID-19.

On 02/25/2021, I interviewed Resident C via Facetime. Resident C stated that they do not mingle at all anymore and eat their meals in their rooms. She stated that she thinks everyone has been wearing their masks.

On 03/04/2021, I interviewed home manager Raelyn Roznowski via phone. Staff Roznowski stated that when there is a COVID-19 positive case, staff go off the schedule for quarantine, and residents are quarantined as well. She stated that the families and staff are informed, and residents are notified when they test positive. She stated that the response has been appropriate. She stated that there is an overabundance of PPE, including KN95 masks, gowns, face shields, and gloves. She stated that staff received KN95 masks, that can be replaced if soiled. She stated that no staff have worked while knowingly positive for COVID-19. She stated that there have been no visitors for those who are not on hospice. She stated that the front doors to the facility have been locked from the outside, so family members could not just walk in. She stated that they now have a booth with plexiglass built so there can be visits between residents and family, with the glass barrier, where they can see and hear but not physically touch. She stated that there is mandatory testing for staff weekly, and if staff miss a test, they come off the schedule until the next testing day.

On 03/04/2021, I interviewed staff Chantal Piggott via phone. She stated that she thinks management's response to the COVID-19 positive cases were appropriate. She stated that people were notified, and they have enough PPE supply. She stated that she has no knowledge of anyone working while knowingly positive for the virus, and she has not seen any visitors while there are positive Covid-19 cases. She stated that staff get tested every Tuesday.

On 03/10/2021, I interviewed Relative 1 via phone. Relative 1 denied having any issues regarding the facility's COVID-19 protocol and stated that he is glad they are as stringent as they are regarding their approach.

APPLICABLE RULE	
R 400.15305	Resident protection.
	(3) A resident shall be treated with dignity and his or her

	<b>personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.</b>
<b>ANALYSIS:</b>	<p>Resident A stated that staff always wear face masks. She stated that she does not go out into the hallway without a face mask on.</p> <p>Resident B stated that in regard to COVID-19 prevention, the facility has everyone socially distancing, eating meals in their rooms, and always wearing face masks.</p> <p>Resident C stated that they do not mingle at all anymore and eat their meals in their rooms. She stated that she thinks everyone has been wearing their masks.</p> <p>Relative 1 denied having any concerns regarding the facility's COVID-19 protocol.</p> <p>Staff Nagel, Staff Roznowski, Staff Piggott, and Staff Keckler were interviewed and reported that the facility responded appropriately in regard to the COVID-19 protocol.</p> <p>On 01/27/2020, I conducted a virtual call with the facility. I observed a box of KN95 masks, multiple boxes of gowns, face shields, and Viraguard sanitizer for the face shields. Ms. Beson was interviewed and stated that Staff Nagel was tested and sent home. Staff Nagel also stated that she was tested and sent home as well. Staff reported that individuals were notified when there was a positive COVID-19 test.</p> <p>Staff Roznowski stated that the front doors to the facility have been locked from the outside, so family members could not just walk in. She stated that they now have a booth with plexiglass built so there can be visits between residents and family, with the glass barrier, where they can see and hear but not physically touch. I received a photo confirming the presence of the plexiglass booth.</p> <p>There is no preponderance of evidence to substantiate a rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:** There was no qualified medication passer working third shift on January 2, 2021.



**INVESTIGATION:** On 01/26/2021, I received documentation indicating that Staff Piggott was trained in medication passing, procedures, and protocols, and that the training was successfully trained by home manager Raelyn Roznowski on 04/01/2019.

On 02/16/2021, I interviewed Anonymous 2 via phone. Anonymous 2 stated that staff Chantal Piggott is the only staff that was not trained but has been recently trained. Anonymous 2 stated that 2<sup>nd</sup> shift staff persons would get medications ready so Staff Piggott could pass them on third shift. Anonymous 2 stated that staff would double pass medications by taking two medication cups at the same time to two residents. Anonymous 2 denied that there were any instances of their knowledge of staff mixing up the medications and giving it to the wrong resident.

On 02/16/2021, I interviewed Anonymous 1 via phone. Anonymous 1 stated that staff Chantal Piggott was an untrained med passer, and staff Ronald Keckler was not signed off on medication training either. Anonymous 1 stated that second shift staff had been told to pop medications and change the time on medication passes so Staff Piggott could pass them throughout the night.

On 02/25/2021, I interviewed staff Ronald Keckler via Facetime. He stated that everyone who passes medication is qualified to do so. He denied working a shift where someone was not a qualified med passer. He stated that he believes Staff Piggott is med trained. He denied ever hearing of second shift having to prep medications for Staff Piggott to pass.

On 02/25/2021, I interviewed staff Kathy Nagel via Facetime. Staff Nagel denied that there are any unqualified staff passing medication. She stated that Staff Piggott is a trained med passer. She stated that there is one resident with a scheduled medication late at night, and then there are 6:00 am medications. She stated that first shift comes in at 6:00 am, and there is a med passer who is scheduled for 5:00 am.

On 02/25/2021, I interviewed Resident C via Facetime. She denied having any issues with her medications.

On 03/04/2021, I interviewed home manager Raelyn Roznowski via phone. Staff Roznowski stated that all shifts have a qualified med passer scheduled to work. She stated that Staff Piggott was trained by her personally about three times and was checked off in 2019. She stated that second shift staff does not prep meds for Staff Piggott.

On 03/04/2021, I interviewed staff Chantal Piggott via phone. Staff Piggott stated that she is trained in med passing and has been over the last three years. She stated that she completed a refresher course in November 2020. She denied that 2<sup>nd</sup> shift preps medication for her to pass on third shift, and that there is always a trained med passer on a shift. She stated that meds are passed in the morning on third shift, and that third shift ends at 7:00 am.

<b>APPLICABLE RULE</b>	
<b>R 400.15312</b>	<b>Resident medications.</b>
	<p><b>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</b></p> <p><b>(a) Be trained in the proper handling and administration of medication.</b></p>
<b>ANALYSIS:</b>	<p>Anonymous 2 stated that staff Chantal Piggott is the only staff that was not trained but has been recently trained.</p> <p>Anonymous 1 stated that staff Chantal Piggott was an untrained med passer, and staff Ronald Keckler was not signed off on medication training either.</p> <p>Staff Keckler stated that everyone who passes medication is qualified to do so. He denied working a shift where someone was not a qualified med passer.</p> <p>Staff Nagel denied that there are any unqualified staff passing medication. She stated that Staff Piggott is a trained med passer.</p> <p>Staff Roznowski stated that all shifts have a qualified med passer scheduled to work. She stated that Staff Piggott was trained by her personally about three times and was checked off in 2019.</p> <p>Staff Piggott stated that she is trained in med passing and has been over the last three years. She stated that she completed a refresher course in November 2020.</p> <p>I reviewed documentation verifying that Staff Piggott was med trained on 04/01/2019.</p> <p>There is no preponderance of evidence to substantiate a rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:** Resident A has a hoarding problem, and her room is filled with things that covers vents and obstructs walkways. There are other resident rooms that are dirty, cluttered, and a fire hazard.

**INVESTIGATION:** On 01/27/2021, I conducted a Facetime call with Resident A.

Resident A stated that she has a wheelchair and walker and can use both devices in her room. She stated that her vents are uncovered, and heat can come out of them. When asked if there have been any trip hazards in her room, she stated that she has not fallen, and that staff have not either. I observed Resident A's room. Her room clutter did not appear to be a safety hazard. There were not vents observed to be covered, and her floor appeared to be obstruction free.

On 01/27/2021, I conducted a Facetime call with Resident B. Resident B's room appeared to be free of clutter with no safety hazards observed.

On 02/25/2021, I interviewed staff Ronald Keckler via Facetime. He denied there are any issues with cleanliness of resident rooms. He stated that staff tidy up the rooms, take the trash out, and that the facility also has a cleaning lady as well. He denied seeing any hoarding, obstructed walkways, or covered vents.

On 02/25/2021, I interviewed staff Kathy Nagel via Facetime. She stated that there is one resident who likes to collect things but will let you pick her room up. She stated that the vents are located in the ceiling of Resident A's room, and there is a clear path to Resident A's door, bathroom, and kitchenette.

On 02/25/2021, I interviewed Resident C via Facetime. Resident C stated that staff keeps her room clean, there have been no issues, and she has lived there for about a year.

On 02/25/2021, I interviewed Resident D via Facetime. During this interview I observed Resident D's room to be clean. No issues were noted.

On 02/25/2021, I observed the facility via Facetime, including all resident rooms. There were no issues noted in regard to cleanliness of the facility. No obstructed walkways or covered vents were observed.

On 03/04/2021, I interviewed home manager Raelyn Roznowski via phone. She denied that there were any issues with cleanliness of resident rooms, and that she is in and out of the rooms periodically. She stated that she puts things in boxes for Resident A, and there have been no issues with Resident A's room.

On 03/04/2021, I interviewed staff Chantal Piggott via phone. She stated that Resident A is the only hoarder. She stated that she has never been afraid for Resident A's safety. She denied observing any covered vents, or fire safety issues/obstructions.

<b>APPLICABLE RULE</b>	
<b>R 400.15403</b>	<b>Maintenance of premises.</b>
	<b>(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety,</b>

	<b>and well-being of occupants.</b>
<b>ANALYSIS:</b>	<p>Resident A stated that she has a wheelchair and walker and can use both devices in her room. She stated that her vents are uncovered, and heat can come out of them. When asked if there have been any trip hazards in her room, she stated that she has not fallen, and that staff have not either. I observed Resident A's room. Her room clutter did not appear to be a safety hazard. There were not vents observed to be covered, and her floor appeared to be obstruction free.</p> <p>Resident B, Resident C, and Resident D's rooms were observed during their interviews and appeared to be free of clutter with no safety hazards observed.</p> <p>Staff Keckler denied there are any issues with cleanliness of resident rooms. He stated that staff tidy up the rooms, take the trash out, and that the facility also has a cleaning lady as well. He denied seeing any hoarding, obstructed walkways, or covered vents.</p> <p>Staff Nagel stated that there is one resident who likes to collect things but will let you pick her room up. She stated that the vents are located in the ceiling of Resident A's room, and there is a clear path to Resident A's door, bathroom, and kitchenette.</p> <p>On 02/25/2021, I observed the entire facility via Facetime, including all resident rooms. There were no issues noted in regard to cleanliness of the facility. No obstructed walkways or covered vents were observed.</p> <p>There is no preponderance of evidence to substantiate a rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

#### **ADDITIONAL FINDINGS:**

**INVESTIGATION:** On 01/26/2021, I received a copy of January 2021's staff schedule. There are four to five staff listed for first shift, three to four staff listed for second shift, and two staff names listed for third shift. The staff schedule does not clearly indicate which staff were assigned to work in this facility, nor does it reflect scheduling changes.

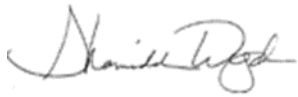
I was informed during the course of this investigation through staff interviews, that staff are not specially assigned to work in the Close to Home Assisted Living Riegel 1 facility of the building, and that they cover both this facility, and the adjacent facility during their shifts.

<b>APPLICABLE RULE</b>	
<b>R 400.15208</b>	<b>Direct care staff and employee records.</b>
	<p><b>(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information:</b></p> <ul style="list-style-type: none"> <li><b>(a) Names of all staff on duty and those volunteers who are under the direction of the licensee.</b></li> <li><b>(b) Job titles.</b></li> <li><b>(c) Hours or shifts worked.</b></li> <li><b>(d) Date of schedule</b></li> <li><b>(e) Any scheduling changes.</b></li> </ul>
<b>ANALYSIS:</b>	<p>During the course of this investigation, I obtained a copy of the staff schedule for the month of January 2020. Through staff interviews it was disclosed that the schedule includes staff names for both this facility and the adjacent facility. There was no way to determine which specific staff were assigned to work each day for the Close to Home Assisted Living Riegel I facility. Job titles and scheduling changes were also not noted on the copy obtained.</p> <p>There is a preponderance of evidence to substantiate a rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On 03/11/2021 and 3/16/2021, I conducted an exit conference with licensee designee Jamie Beson via phone. I informed her of the findings and conclusions.

#### **IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, I recommend continuation of this AFC large group home (capacity 20).



03/17/2021

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Shamidah Wyden  
Licensing Consultant

Date

Approved By:



03/17/2021

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Mary E Holton  
Area Manager

Date