



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 26, 2021

Carol Krueger
The Pines of Clarkston
7550 Dixie Hwy
Clarkston, MI 48346

RE: License #: AH630382729
Investigation #: 2021A1027029
The Pines of Clarkston

Dear Ms. Krueger:

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 home of the aged 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) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Jessica Rogers".

Jessica Rogers, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AH630382729
Investigation #:	2021A1027029
Complaint Receipt Date:	05/10/2021
Investigation Initiation Date:	05/10/2021
Report Due Date:	07/09/2021
Licensee Name:	Premier Operating Clarkston AL, LLC
Licensee Address:	245 Park Ave, 39th Floor New York, NY 10167
Licensee Telephone #:	(212) 739-0794
Administrator:	Ruby Mogensen
Authorized Representative:	Carol Krueger
Name of Facility:	The Pines of Clarkston
Facility Address:	7550 Dixie Hwy Clarkston, MI 48346
Facility Telephone #:	(248) 922-7000
Original Issuance Date:	03/28/2017
License Status:	REGULAR
Effective Date:	09/26/2020
Expiration Date:	09/25/2021
Capacity:	30
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
The facility lacks communicable disease procedures.	No
Additional Findings	Yes

III. METHODOLOGY

05/10/2021	Special Investigation Intake 2021A1027029
05/10/2021	Special Investigation Initiated - Telephone Telephone interview conducted with administrator R. Mogensen
05/11/2021	Contact - Document Received Received requested documentation R. Mogensen
05/14/2021	Inspection Completed On-site Interviewed facility staff and reviewed facility documentation
05/14/2021	Inspection Completed-BCAL Sub. Compliance
05/27/2021	Contact – Telephone Call Made Interviewed administrator for The Medical Team, home care agency
05/27/2021	Exit Conference Conducted with authorized representative C. Krueger

ALLEGATION:

The facility lacks communicable disease procedures.

INVESTIGATION:

On 5/10/21, the department received a complaint alleging Resident A acquired COVID-19 upon discharging from the facility. The complaint also alleged Resident A was not treated for a urinary tract infection (UTI).

On 5/10/21, I conducted a telephone interview with administrator Ruby Mogensen. Ms. Mogensen stated Resident A had moved into the facility under respite care on 2/24 and discharged home with her spouse on 4/30. Ms. Mogensen stated there were no staff or residents in the facility with COVID-19. Ms. Mogensen stated staff continue to follow the facility guidelines by wearing masks and they continue testing all staff, residents, and visitors every Monday. Ms. Mogensen stated all residents are vaccinated and some staff are vaccinated as well. Ms. Mogensen stated if a resident tested positive for COVID-19, they follow their guidelines for notification of all staff, residents, resident's authorized representatives and the health department, as well as continuing to test all staff and residents. The resident would be quarantined for 14 days and outside the resident's room a station would be available for all staff to don personal protective equipment (PPE) to enter.

On 5/14/21, I conducted an on-site inspection at the facility. I observed a sign at the entrance stating it was required to wear a facemask in the facility. Upon entry, my temperature was taken, and a COVID-19 questionnaire was completed asking signs/symptoms. I observed all staff wearing face masks. I interviewed Jeff West, lead supervisor and caregiver. Mr. West stated all staff continue follow health department's guidelines and wear masks, even if vaccinated. Mr. West stated there were no residents or staff in the facility with COVID-19 in month of April. Mr. West also stated Resident A received home care services through The Medical Team. Mr. West stated the home care nurse had obtained a urine sample at one of her visits in April. Mr. West stated Resident A had been treated for a urinary tract infection while at the facility. I interviewed medication technician Jessica Collins. Ms. Collins statements were consistent with Mr. West. I interviewed medication technician Melissa Almaraz. Ms. Almaraz's statements were consistent with Mr. West and Ms. Collins. While at the facility, I reviewed the facility's BinaxNOW Antigen Testing Results from 3/22 through 5/10, which included Resident A's results, and no staff or residents had tested positive for COVID-19. While at the facility, I reviewed Resident A's progress notes. Resident A left the facility to an appointment with her physician on 3/24 and was tested for a UTI at that time. Resident A's progress notes read Resident A left the facility on 4/1 to an appointment with her physician. Resident A's progress notes read that her spouse visited the facility on 4/19.

On 5/27/21, I conducted a telephone interview with the administrator of The Medical Team. The administrator stated the home care nurse screened Resident A for COVID-19 prior to every visit at the facility from 2/26 through 4/26 and had no signs/symptoms of COVID-19. The administrator stated the home care nurse obtained urine specimens from Resident A's foley catheter on 3/29 and 4/12, both results were positive for a urinary tract infection. The administrator stated after discharge from the facility, Resident A was sent to the hospital on 5/3 by the home care nurse and admitted to the hospital with hyponatremia, metabolic acidosis, UTI and was positive for COVID-19.

I reviewed the medication administration records (MAR). Resident A received the medications Macrobid and Sulfamethoxazole-trimethoprim for treatment of UTIs in April.

I reviewed the facility's communicable disease policy specifically for COVID-19. The policy read consistent with facility staff interviews.

I reviewed the Long Term Care Data on Michigan.gov which read the facility reported a total of one resident and two staff positive for COVID-19 from 1/1/20 through 5/18/21.

APPLICABLE RULE	
R 325.1921	Governing bodies, administrators, and supervisors.
	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p style="padding-left: 40px;">(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>
For Reference: R 325.1901	Definitions.
	<p>(16) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.</p>
ANALYSIS:	<p>The facility has a communicable disease policy to ensure a disease-free environment for residents and staff. Interviews with facility staff, the home care administrator and review of facility documentation, revealed staff follow the guidelines of the facility's COVID-19 policy. Per the home care records, Resident A had acquired COVID-19 after discharge from the facility, however the source cannot be confirmed. Resident A traveled to physician appointments, had home care staff visits, and family visitors. Based on this information, this allegation cannot be substantiated. The home care and facility documentation</p>

	revealed Resident A received testing and treatment for UTIs while at the facility. Based on this information, this allegation cannot be substantiated.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 5/10/21, a telephone interview was conducted with administrator Ruby Mogensen. Ms. Mogensen stated she was not aware that the department was to be notified when they have positive COVID residents or staff in the facility.

APPLICABLE RULE	
R 325.1924	Reporting of incidents, accidents, elopement.
	(3) The home shall report an incident/accident to the department within 48 hours of the occurrence. The incident or accident shall be immediately reported verbally or in writing to the resident's authorized representative, if any, and the resident's physician.
For Reference: R 325.1901 (17)	Definitions.
	(17) "Reportable incident/accident" means an intentional or unintentional event in which a resident suffers harm or is at risk of more than minimal harm, such as, but not limited to, abuse, neglect, exploitation, or unnatural death.
ANALYSIS:	Interview with Ms. Mogensen revealed the facility has not reported positive COVID residents or staff to the department. The COVID-19 pandemic is an event in which a resident is at risk of more than minimal harm. Based on this information, the facility did not comply with this rule.
CONCLUSION:	VIOLATION ESTABLISHED

On 5/27/21, I shared the findings of this report with licensee authorized representative C. Krueger. Ms. Krueger verbalized understanding of the citation.

IV. RECOMMENDATION

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

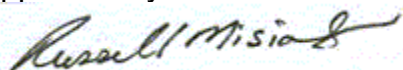


5/27/21

Jessica Rogers
Licensing Staff

Date

Approved By:



5/27/21

Russell B. Misiak
Area Manager

Date