



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 1, 2021

Carolyn Bruning
Northeast Michigan CMH Authority
400 Johnson Street
Alpena, MI 49707

RE: License #: AS040095845
Investigation #: 2021A0360024
Princeton Home

Dear Ms. Bruning:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

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 (989) 732-8062.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
Ste 3
931 S Otsego Ave
Gaylord, MI 49735
(989) 370-8320

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS040095845
Investigation #:	2021A0360024
Complaint Receipt Date:	05/13/2021
Investigation Initiation Date:	05/14/2021
Report Due Date:	06/12/2021
Licensee Name:	Northeast Michigan CMH Authority
Licensee Address:	400 Johnson Street Alpena, MI 49707
Licensee Telephone #:	(989) 358-7603
Administrator:	Nicole Kaiser
Licensee Designee:	Carolyn Bruning
Name of Facility:	Princeton Home
Facility Address:	215 Princeton Alpena, MI 49707
Facility Telephone #:	(989) 356-9318
Original Issuance Date:	06/26/2001
License Status:	REGULAR
Effective Date:	03/06/2020
Expiration Date:	03/05/2022
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
Resident A has been having consistent issues with getting urinary tract infections. She has been staying in bed for up to 17 hours a day and not attended to.	No

III. METHODOLOGY

05/13/2021	Special Investigation Intake 2021A0360024
05/13/2021	APS Referral APS complaint denied
05/14/2021	Special Investigation Initiated - On Site
05/14/2021	Inspection Completed On-site Resident A, home manager Cheryl Romel, DCS Cathy Rinard
05/18/2021	Contact - Telephone call received Ruth Hewitt, NEMCMH ORR
06/01/2021	Contact - Telephone call made Jan Lemmon, Resident A's guardian
06/01/2021	Exit Conference With Carolyn Bruning

ALLEGATION: Resident A has been having consistent issues with getting urinary tract infections. She has been staying in bed for up to 17 hours a day and not attended to.

INVESTIGATION: On 5/13/2021 I was assigned a complaint from the LARA online complaint system.

On 5/13/2021 I was notified that an Adult Protective Services (APS) complaint was screened out for investigation.

On 5/14/2021 I conducted an unannounced on-site inspection at the facility. The home manager Cheryl Romel stated Resident A has been diagnosed with a urinary tract infection (UTI) a couple of times over the past six months. She stated she was first diagnosed with a UTI in October 2020. She stated Resident A was prescribed an antibiotic and had a follow-up appointment on 3/3/2021 with no further treatment recommendations. She stated on 3/11/2021 Resident A had a fall and during a

follow-up appointment on 3/12/2021 Resident A was diagnosed with another UTI and prescribed antibiotics. Resident A then started experiencing severe headaches on 4/25/2021 and was brought to her physician and diagnosed with another UTI. She was prescribed another antibiotic. Ms. Romel stated Resident A had a follow-up appointment on 5/13/2021 which indicated she no longer had a UTI but ordered more regular bed checks to prevent further UTI's. She stated Resident A wears incontinence briefs and she will often soil her brief after sleeping in late into the morning. She stated Resident A likes to stay up late at night and then will sleep most of the morning, refusing to get up for breakfast or to change her soiled brief. She stated they have been working with Resident A to get to bed earlier so she may wake up earlier in the morning without soiling her brief, which they suspect is causing the UTI's. She stated lately Resident A has been going to bed around 10 p.m. to midnight and getting up between 10 a.m. and 11 a.m. She stated as part of Resident A's individual plan of service the staff are to prompt her in the morning to get up and use the bathroom or change her brief if she has soiled it. She stated Resident A almost always refuses to get up in the morning to use the bathroom and will go back to bed after the staff wake her up. Ms. Romel provided me with Resident A's record of physician contacts which documented the medical appointments she described. She also provided Resident A's written assessment plan. Resident A's written assessment plan documented that Resident A does require assistance walking to the bathroom and assistance in the bathroom as requested. Resident A's individual plan of service noted her toileting assistance includes visual checks every 15 minutes, that she wears incontinence briefs but still uses the bathroom. Staff will offer/assist her to the bathroom every 2 hours or as she requests. She may require physical assistance and or verbal prompts for post toileting hygiene and dressing. Ms. Romel also provided me with Resident A's behavior treatment plan which noted inappropriate toileting as a presenting problem. Resident A will intentionally spread urine or feces in the bathroom after toileting. The treatment procedure for inappropriate toileting noted that staff will ask her to restore the area to the best of her ability for up to 15 minutes. If Resident A refuses to participate in the restoration of the area following feedback, she will be informed that she will not be participating in the next outing. It was documented that Resident A has demonstrated inappropriate toileting 3-7 times per month for the last 5 months.

While at the facility on 5/14/2021 I interviewed direct care staff Cathy Rinard. Ms. Rinard stated Resident A will typically go to bed around 11 p.m. and will sleep the next day until about 11 a.m. Ms. Rinard stated she works the day shift and will prompt Resident A to get up and use the bathroom at around 8 a.m. She stated Resident A will most often refuse to get up and toilet. She stated when Resident A does get up she will typically toilet herself and change her own brief, which she is able to do. She stated Resident A is not being left in her bed for 17 hours a day. She stated there may have been one day where she has refused to get up and has slept for 17 hours but she usually sleeps about 12 hours per day.

While at the facility on 5/14/2021 I interviewed Resident A. Resident A stated she is not a morning person. She stated staff will come into her room in the mornings and

try to get her up to use the bathroom, but she usually declines and goes back to bed. She stated if she is not wet when they wake her up in the morning she usually is after she goes back to bed. She stated she just does not want to get out of bed that early. She stated she does most of her own toileting and grooming. She stated the staff help her with any bathing or toileting assistance that she requests.

On 5/18/2021 I received a call from Ruth Hewitt, recipient rights officer with Northeast Michigan Community Mental Health. She stated the staff cannot force Resident A to wake up in the morning and use the bathroom if she does not want to.

On 6/1/2021 I contacted Resident A's guardian Jan Lemmon. Ms. Lemmon stated she was aware of Resident A's UTI issues and has been working with them to develop a plan so Resident A has more regular toileting. She stated the home is doing the best they can with Resident A. She stated Resident A is always happy on the phone when she calls and talks with her.

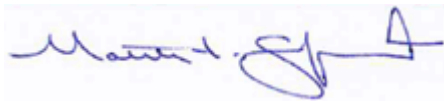
On 6/1/2021 I conducted an exit conference with the licensee designee Carolyn Bruning. Ms. Bruning concurred with the findings of the investigation.

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:	<p>The complaint alleged that Resident A has been having consistent issues with getting urinary tract infections. She has been staying in bed for up to 17 hours a day and not attended to.</p> <p>Resident A has been diagnosed with several UTI's over the past six months. Resident A has refused toileting during the mornings which they suspect is the cause of her UTI's.</p> <p>The home manager is working with her physician and has sought medical treatment for Resident A's UTI's. The direct care staff prompt Resident A to use the bathroom in the mornings before she soils her briefs, but Resident A often refuses.</p> <p>The NEMCMH recipient rights officer stated that Resident A has the right to refuse toileting assistance and the staff cannot force her to use the bathroom.</p>

	Information obtained through this investigation indicates that Resident A is being treated with dignity and respect and that her personal needs, including protection and safety are being attended to.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

I recommend no change in the status of the license.



06/01/2021

Matthew Soderquist
Licensing Consultant

Date

Approved By:



06/01/2021

Jerry Hendrick
Area Manager

Date