



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 21, 2021

Marva Townsend
Trinity 30/60/100 dba Living Well-Adult Living Fac
1001 Lafayette SE
Grand Rapids, MI 49507

RE: License #: AL410380788
Living Well-Adult Living Facility
1001 Lafayette SE
Grand Rapids, MI 49507

Dear Ms. Townsend:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

Please contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, you may contact the local office at (616) 356-0183.

Sincerely,

A handwritten signature in blue ink that reads "Megan Aukerman, MSW". The signature is written in a cursive, flowing style.

Megan Aukerman, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 438-3036

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AL410380788
Licensee Name:	Trinity 30/60/100 dba Living Well-Adult Living Facility
Licensee Address:	1001 Lafayette SE Grand Rapids, MI 49507
Licensee Telephone #:	(616) 633-8284
Licensee/Licensee Designee:	Marva Townsend
Administrator:	Marva Townsend
Name of Facility:	Living Well-Adult Living Facility
Facility Address:	1001 Lafayette SE Grand Rapids, MI 49507
Facility Telephone #:	(616) 633-8284
Original Issuance Date:	11/21/2016
Capacity:	16
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/08/2021

Date of Bureau of Fire Services Inspection if applicable: 10/07/2019

Date of Health Authority Inspection if applicable: N/A

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident?
Yes ☐ No ☒ If no, explain. The facility does not manage resident funds.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☒ No ☐ N/A ☐
If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☒ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:
09/16/2020 Rule 400.15401 (5) N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

FINDING: On 06/07/2021, licensing consultant, Anthony Mullins and I completed an onsite, renewal inspection. Licensee designee, Marva Townsend and staff person, Katina Thomas were both present. During the renewal inspection, a review of the facility's files was completed. Resident A and Resident B's facility records were reviewed. It was discovered the Health Care Appraisal (HCA) for Resident A and Resident B were both expired. The most recent HCA for Resident A was completed on 04/05/2019 and the most recent HCA for Resident B was completed on 07/02/2019. I then brought this issue to the attention of Mrs. Townsend. Mrs. Townsend stated it was difficult to obtain completed HCA's due to the Covid 19 pandemic. Mrs. Townsend stated now that things have settled, she has begun to obtain current paperwork for all of the residents.

On 06/21/2021, an exit conference was completed with Mrs. Townsend and I informed her of the findings and recommendations. Mrs. Townsend stated she has actively been trying to get rid of the bed bugs. She stated she has even purchased "hot boxes" for resident belongings. Mrs. Townsend stated she heard the health department assists with bed bug treatment costs; therefore, she will be exploring that as an option. Mrs. Townsend was informed of the provisional. She stated she does not agree with the provisional status but understands licensing rules.

APPLICABLE RULE	
R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

ANALYSIS:	On 06/07/2021, during a review of resident records, it was discovered the Health Care Appraisal for Residents A and B had not been completed annually, therefore a rule violation exists.
CONCLUSION:	VIOLATION ESTABLISHED

FINDING: On 06/07/2021, Mr. Mullins and I completed an onsite renewal inspection at the facility. Upon review of resident records, it was discovered the assessment plans for both Resident A and Resident B were expired. The Assessment Plan for Resident A was last completed and signed on 04/05/2019 and the Assessment Plan for Resident B was last completed and signed on 01/28/2020. I then asked Mrs. Townsend about the expired assessment plans. Mrs. Townsend stated due to the pandemic, it was difficult to get the Assessment Plans updated and signed by resident guardians. Mrs. Townsend stated she is actively working on obtaining current resident records.

On 06/21/2021, an exit conference was completed with Mrs. Townsend and informed her of the findings and recommendations. Mrs. Townsend stated she is working on updating all resident paperwork.

APPLICABLE RULE	
R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
ANALYSIS:	On 06/07/2021, during an onsite inspection, it was discovered the assessment plans for both Resident A and Resident B had not been completed annually, therefore a rule violation exists.
CONCLUSION:	VIOLATION ESTABLISHED

FINDING: On 06/07/2021, Mr. Mullins and I completed an onsite, renewal inspection at the facility. Resident records were reviewed, and it was discovered that the Resident Care Agreement for Resident A and Resident B were expired. The Resident Care Agreement for Resident A was last signed and completed on 04/05/2019. The Resident Care Agreement for Resident B was last signed and completed on 03/12/2018. Mrs. Townsend stated she is actively working on

updating all resident paperwork. Mrs. Townsend was then reminded all resident paperwork needs to be completed annually, or more often if needed.

On 06/21/2021, an exit conference was completed with Mrs. Townsend and I informed her of the findings and recommendations. Mrs. Townsend stated she is working on updating all resident paperwork.

APPLICABLE RULE	
R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; 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 06/07/2021, an onsite, renewal inspection was completed at the facility. Upon review, it was discovered the Resident Care Agreements for both Resident A and Resident B were expired, therefore a rule violation exists.
CONCLUSION:	VIOLATION ESTABLISHED

FINDING: On 06/07/2021, Mr. Mullins and I completed an onsite, renewal inspection. A review of resident records was completed. Upon reviewing resident files, it was discovered there was no weight record completed for Resident A. Upon review of Resident B's facility record, a weight record was found, however the weight for Resident B was last recorded on 01/10/2020. Mrs. Townsend stated she had current weight records for each resident, however she was not sure where they were kept at that time. Mrs. Townsend stated she would look for them.

On 06/21/2021, an exit conference was completed with Mrs. Townsend and I informed of the findings and recommendations. Mrs. Townsend stated she is working on updating resident weight records.

APPLICABLE RULE	
R 400.15310	Resident health care.
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

ANALYSIS:	On 06/07/2021, an onsite, a renewal inspection was completed at the facility. Upon review of resident records, it was discovered resident weight record were not properly recorded, therefore a rule violation exists.
CONCLUSION:	VIOLATION ESTABLISHED

FINDING: On 06/07/2021, Mr. Mullins and I conducted an onsite, renewal inspection at the facility. We spoke with staff person, Katina Thomas. Ms. Thomas stated the bed bug infestation continues to be an issue. Mrs. Townsend's husband continues to attempt to treat it, however his efforts have been unsuccessful. We then interviewed Mrs. Townsend. Mrs. Townsend stated the bed bugs were gone, but the residents continue to traffic them into the facility. Mrs. Townsend stated she uses Meriweather Pest Solution to treat the facility's bed bug issues.

Mr. Mullins and I then completed a tour of the facility. As we were inspecting resident bedrooms, Resident C came out of his room and yelled, "hey can I talk to you? They are making me sleep with bed bugs". Mr. Mullins and I then inspected several resident bedrooms. Each resident bed had several bed bugs observed on the mattress. The bugs were observed to be in various life cycles. Some were dead and some were quite large. Several bed bugs were observed climbing on the sheets on one resident bed.

Note: On 09/16/2020, the facility was previously cited for an infestation of bedbugs under SIR #2020A0357021, therefore this is a repeat rule violation.

On 06/21/2021, an exit conference was completed with Mrs. Townsend and I informed her of the findings and recommendations. Mrs. Townsend stated she is working on updating all resident paperwork.

APPLICABLE RULE	
R 400.15401	Environmental health.
	(5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner that continually protects the health of residents.
ANALYSIS:	On 06/07/2021, an onsite, renewal inspection was completed at the facility. Several resident bedrooms were inspected, and resident mattresses were observed to be covered in bedbugs. The facility has not rectified the bed bug infestation that was previously cited on 09/16/2020.
CONCLUSION:	VIOLATION ESTABLISHED

FINDING: On 06/07/2021, Mr. Mullins and I completed an onsite, renewal inspection at the facility and walked around the facility hallways. In the main hallways of the facility, the carpet appeared to be worn, with bumps underneath and spots that were taped down with duct tape. We then toured the dining room. The dining room floor had been replaced with new laminate flooring. Mrs. Townsend stated she does intend to replace the carpeting.

Note: On 08/07/2019, a renewal inspection was completed at the facility. The facility was cited on that date for the same carpet issues; therefore, this is a repeat rule violation.

On 06/21/2021, an exit conference was completed with Mrs. Townsend and I informed of the findings and recommendations.

APPLICABLE RULE	
R 400.15403	Maintenance of premise.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	On 06/07/2021, an onsite renewal inspection was completed. The hallway carpeting was observed to be worn, bubbled and spots were taped down with duct tape. Due to the condition of the carpeting, a rule violation exists.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended as a result of the above-cited quality of care and physical plant violations.

Megan Aukerman, MSW

06/21/2021

Megan Aukerman, Licensing Consultant Date

Reviewed By:

Jerry Hendrick

06/21/2021

Jerry Hendrick, Area Manager Date