GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 17, 2021

Beth Mell
Brookdale Grand Blanc AL
5080 Baldwin Road
Holly, MI 48442

RE: License #: AH250236939
Investigation #: 2021A1019033

Dear Ms. Mell:

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. Failure to submit an acceptable corrective action plan will result in disciplinary action. 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.

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 (248) 975-5053.

Sincerely,

Elizabeth Gregory-Weil, Licensing Staff
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(810) 347-5503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH250236939
Investigation #:	2021A1019033
Complaint Receipt Date:	05/12/2021
Investigation Initiation Date:	05/12/2021
Report Due Date:	07/11/2021
Licensee Name:	Brookdale Senior Living Communities, Inc.
Licensee Address:	Suite 2300 6737 West Washington St. Milwaukee, WI 53214
Licensee Telephone #:	(414) 918-5000
Administrator:	Heather Lauwers
Authorized Representative:	Beth Mell
Name of Facility:	Brookdale Grand Blanc AL
Facility Address:	5080 Baldwin Road Holly, MI 48442
Facility Telephone #:	(810) 953-7111
Original Issuance Date:	10/01/1998
License Status:	REGULAR
Effective Date:	05/07/2020
Expiration Date:	05/06/2021
Capacity:	78
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Adequate care is not provided to Resident A.	Yes
Resident A is not receiving her scheduled showers.	Yes
The facility does not have enough staff to provide care to residents.	Yes
Additional Findings	No

III. METHODOLOGY

05/12/2021	Special Investigation Intake 2021A1019033
05/12/2021	Special Investigation Initiated - Letter Notified APS of the allegations via email referral template
05/12/2021	APS Referral
06/08/2021	Inspection Completed On-site
06/08/2021	Inspection Completed-BCAL Sub. Compliance
06/17/2021	Exit Conference

ALLEGATION:

Adequate care is not provided to Resident A.

INVESTIGATION:

On 5/12/21, the department received a complaint regarding Resident A's care. The complaint alleged that Resident A is not receiving showers per her agreed upon frequency, that she has been left on the toilet by staff and staff are not responding to her call light promptly. The complaint read that on at least one occasion, Resident A soiled herself because staff took over an hour to respond to her call pendant alert.

On 6/8/21, I conducted an onsite inspection. I interviewed administrator Heather Lauwers at the facility. Ms. Lauwers stated that Resident A is wheelchair bound and is a full one person assist with all activities of daily living. Ms. Lauwers stated that Resident A has physical limitations after suffering a stroke several years ago and that her speech was also significantly impacted. Ms. Lauwers stated that Resident A is cognitively alert and oriented and can appropriately verbalize her needs, however staff at times have a hard time understanding her because of her speech issues. Ms. Lauwers described Resident A as extremely particular about her care and stated that she will refuse care if it is a staff member she does not approve of or is not familiar with.

Regarding bathing, the complaint read that Resident A bathed one time during the week of 4/28/21-5/5/21. Resident A's service plan reads "Prefers a shower or bath three times per week." and identifies that her preferred shower day and time are Monday Wednesday and Friday between 3-4pm. Ms. Lauwers stated that staff do not document when a shower or bath is given but are expected to document refusals.

On 6/8/21, I interviewed care staff Carla Weismiller and Starla Weston who both regularly provided care to Resident A. Ms. Weismiller and Ms. Weston confirmed that Resident A refuses showers. Ms. Weismiller stated that she was aware that Resident A refused a shower within the last week because she did not want an agency staff person to complete the shower. Ms. Weismiller and Ms. Weston acknowledged that staff are to document when refusals occur but could not verify that relevant staff are following protocol.

On 6/8/21, I interviewed Resident A at the facility. Resident A acknowledged that there have been times that she has refused showers due to not being comfortable with the staff who offered the service to her. Resident A stated that she most recently refused a few days prior because she was not familiar with the staff member who was assigned to bathe her. Resident A stated that in addition to her unfamiliarity with the staff person, it was after 9pm when the staff approached her, and she felt it was too late. Resident A stated that other staff did not attempt to reapproach her the following day to offer her a shower. Resident A also stated that staff often tell her they do not have time to give her showers and stated that she typically goes 8-9 days between showers and has gone up to two weeks without bathing.

Furthermore, Resident A's service plan read "If [Resident A] refuses to take a shower she is aware that she will have to wait until her next scheduled shower day. If a shower is refused, staff is to document the refusal in the daily shift log and notify the HWD or HWC." Ms. Lauwers could not provide any documented bathing refusals on Resident A for the timeframe reviewed (April and May 2021), despite evidence to the contrary, so it can be reasonably assumed that staff are not always following the process of documenting refusals.

Regarding staffing issues, the complaint read that staff person “Aniya” left Resident A on the toilet and then went home for the day (date unknown). The complaint read that a staff person from the oncoming shift discovered Resident A on the toilet an unknown amount of time later. The complaint also read that there are not enough staff to provide proper care and that call pendants are not being answered timely.

Ms. Lauwers denied knowledge of Resident A being left on the toilet, however, confirms that there was a staffing agency employee named Anya Tiggs who she believes the complaint is referencing. Ms. Lauwers stated that there were numerous issues with Ms. Tiggs work ethic. Ms. Lauwers stated that she reached out to the staffing agency on 5/10/21 and requested that they no longer assign Ms. Tiggs to the facility. Ms. Lauwers stated that Ms. Tiggs has not been back since. Ms. Weismiller, Ms. Weston and additional care staff member Nicole Perrault also denied knowledge of Resident A being left on the toilet by anyone, but Ms. Weismiller affirmed issues with Ms. Tiggs such as poor work ethic and laziness. Ms. Weismiller stated “She would disappear and hide. She refused to carry a pager so she didn’t have to answer call lights.”

During my onsite inspection, the facility had 56 residents in care. Ms. Lauwers stated that the facility schedules staff in three shifts (first shift from 6:00am-2:00pm, second shift from 2:00pm-10:00pm and third shift from 10:00pm-6:00am), with some additional “float” shifts in between. Ms. Lauwers stated that at the current number of residents and acuity level, there are five care staff scheduled for first and second shift and three care staff for third shift and that these numbers include med passing staff who are expected to who help prove care when not administering medication. Ms. Lauwers stated that staff receive an assignment sheet each shift, designating which residents they are responsible to tend do during their shift. Ms. Lauwers said that the assignments are not based off the location of the resident within the building (wing or hallway), but more so off the resident need level. Ms. Lauwers stated that while she does not think the facility has a staffing deficiency, she acknowledged that she would like to schedule more care staff but that her corporate office determines the staffing levels, and she is not permitted to increase it without approval.

Ms. Lauwers stated that staff are expected to respond to resident call pendant alerts “as quickly as possible” and within 10 minutes. Ms. Weismiller, Ms. Weston and Ms. Perrault confirm the response time expectation.

Resident A’s call pendant response data was reviewed for the previous 30 days (5/8/21-6/8/21). Resident A experienced wait times in excess of ten minutes on the following dates: 6/8/21 (sixteen minutes and 57 seconds, twenty one minutes and 48 seconds), 6/7/21 (27 minutes and 42 seconds, sixteen minutes and 40 seconds, eleven minutes and 51 seconds, 51 minutes and 52 seconds, fourteen minutes and 26 seconds, 26 minutes and 40 seconds, twelve minutes and 53 seconds, 38 minutes and 27 seconds, seventeen minutes and 35 seconds), 6/6/21 (29 minutes and 35 seconds, 50 minutes and three seconds, eleven minutes and 50 seconds, 24 minutes and 58 seconds, thirteen minutes and 30 seconds), 6/4/21 (46 minutes and

32 seconds, thirteen minutes, sixteen minutes and 31 seconds, 28 minutes and 54 seconds, 36 minutes and twenty one seconds, fifteen minutes and 30 seconds, elven minutes and 58 seconds), 6/3/21 (45 minutes and 56 seconds, seventeen minutes and eleven seconds, 34 minutes and 28 seconds, 24 minutes and 39 seconds, twelve minutes and twenty seconds), 6/2/21 (twelve minutes and eighteen seconds, 26 minutes and 51 seconds, eighteen minutes and 53 seconds, eighty five minutes and 49 seconds, twelve minutes and 25 seconds, 36 minutes and nineteen seconds, twenty one minutes and sixteen seconds, sixteen minutes and three seconds, 28 minutes and 32 seconds), 6/1/21 (thirteen minutes and 57 seconds, 37 minutes and eight seconds, sixteen minutes and 24 seconds, nineteen minutes and 43 seconds, eighteen minutes and 30 seconds), 5/31/21 (28 minutes and 46 seconds, 61 minutes and one second, eleven minutes and 37 seconds, 27 minutes and 32 seconds, seventeen minutes and 40 seconds, twelve minute and nineteen seconds), 5/30/21 (32 minutes and 56 seconds, 26 minutes and 24 seconds, elven minute and eight seconds), 5/29/21 (29 minutes and 48 seconds, 49 minutes and 31 seconds, 22 minutes and 48 seconds), 5/28/21 (twenty one minutes and 34 seconds, nineteen minutes and twenty seconds, 47 minutes and 54 seconds, 66 minutes and two seconds, 55 minutes and 56 seconds, 50 minutes and seven seconds), 5/27/21 (twelve minutes and 28 seconds, 26 minutes and four seconds, 24 minutes and 25 seconds, thirteen minutes and 38 seconds, twelve minute and one second, twenty one minutes and six seconds, 31 minutes and 46 seconds, seventeen minute and 37 seconds), 5/26/21 (thirteen minutes and 23 seconds, 23 minutes and 36 seconds, 23 minutes and 32 seconds, twelve minutes and six seconds, eleven minute and two seconds, 37 minutes and 34 seconds), 5/25/21 (sixteen minutes and 37 seconds, sixteen minutes and five seconds, eighteen minutes, fourteen minutes and 24 seconds, twenty minutes and 44 seconds, eighteen minutes and 43 seconds, fifteen minutes and 55 seconds, 28 minutes and eleven seconds), 5/24/21 (42 minutes and 47 seconds, 36 minutes and 39 seconds, eleven minutes and sixteen seconds, twenty minutes and six seconds, eleven minutes and 41 seconds, twenty minutes and 53 seconds), 5/23/21 (24 minutes and 35 seconds, 33 minutes and one second, 23 minutes and 34 seconds, eighteen minutes and 46 seconds, twelve minutes and 58 seconds, thirteen minutes and 29 seconds, sixteen minutes and 32 seconds), 5/22/21 (seventeen minutes and 36 seconds, eleven minutes and 29 seconds, eighteen minutes and 23 seconds, fourteen minutes and 52 seconds, twenty minutes and 38 seconds, 26 minutes and 21 seconds, 38 minutes and one second, thirteen minutes and 30 seconds, 79 minutes and 73 seconds, thirteen minutes and 44 seconds), 5/21/21 (36 minutes and 29 seconds, 30 minutes and 42 seconds, 134 minutes and 47 seconds, 26 minutes and 28 seconds, fifteen minutes and 28 seconds, 59 minutes and 39 seconds), 5/20/21 (53 minutes and one second, eleven minutes and one second, sixteen minutes and 37 seconds, 75 minutes and eighteen seconds, fifteen minutes and 35 seconds), 5/19/21 (twelve minute and eighteen seconds, 25 minutes and 24 seconds, 26 minutes and 50 seconds, 29 minutes and 52 seconds, twenty one minutes and 53 seconds, 26 minutes and 30 seconds, seventeen minutes and fifteen seconds, 49 minutes and 58 seconds, 95 minutes and nine seconds, 26 minutes and fourteen seconds, fifteen minutes and 52 seconds), 5/18/21 (47

minutes and four seconds, 23 minutes and five seconds, 23 minutes and 40 seconds, eleven minutes and seventeen seconds, twelve minutes and twenty seconds, 66 minutes and 43 seconds), 5/17/21 (23 minutes and 50 seconds, thirteen minutes and thirteen seconds, sixteen minutes and 57 seconds), 5/16/21 (twenty one minutes and fourteen seconds, seventeen minutes and 41 seconds, thirteen minutes and three seconds, thirteen minutes and eight seconds), 5/15/21 (eighteen minutes and 56 seconds, elven minutes and 37 seconds, 43 minutes and 29 seconds, 40 minutes and sixteen seconds), 5/14/21 (twelve minutes and 53 seconds, 61 minutes and 23 seconds, 81 minutes and nineteen seconds, 82 minutes and 43 seconds, seventeen minutes and five seconds, fifteen minutes and five seconds, 44 minutes and thirteen seconds, 22 minutes and 32 seconds), 5/13/21 (25 minute and one second, 45 minutes and 36 seconds, 20 minutes and twelve seconds, twelve minutes and thirteen seconds, twelve minutes and 31 seconds), 5/12/21 (34 minutes and 32 seconds, seventeen minutes and 34 seconds, fifteen minutes and 28 seconds, 26 minutes and three seconds, twenty minutes and 58 seconds), 5/11/21 (fifteen minutes and 37 seconds, 127 minutes and thirteen seconds, 43 minutes and three seconds, 29 minutes and 23 seconds), 5/10/21 (37 minutes and thirteen seconds, 49 minutes and 53 seconds, twelve minutes and one second, eighteen minutes and 27 seconds, 32 minutes and one second, twenty five minutes and 50 seconds), 5/9/2120 minutes and seven seconds, 36 minutes and 54 seconds, 24 minutes and two seconds, 53 minutes and six seconds).

Ms. Weismiller, Ms. Weston and Ms. Perrault were interviewed regarding staffing levels. All three employees reported that the facility is insufficiently staffed to meet the resident's needs. They all stated that there are care related tasks that cannot be completed at current staffing levels such as showers and toileting. Ms. Weismiller, Ms. Weston and Ms. Perrault stated that they are frequently unable to answer call pendants timely or conduct daily room tidies because they don't have enough time or staff to do them. All three employees also stated that they are often assigned residents all over the building within the same shift, making it more difficult to provide good care. In addition, Ms. Weismiller, Ms. Weston and Ms. Perrault stated that there are 5-6 residents who use a Hoyer lift and require two staff members for transferring.

When asked about staffing, Resident A stated that staff consistently take "a long time" to answer her call pendant. Resident A stated that her room is filthy, and she has had episodes of incontinence on multiple occasions due to the time staff take to respond to her call pendant.

APPLICABLE RULE	
MCL 333.20201	**Policy describing rights and responsibilities of patients or residents;**
	(1) A health facility or agency that provides services directly to patients or residents and is licensed under this

	article shall adopt a policy describing the rights and responsibilities of patients or residents admitted to the health facility or agency. Except for a licensed health maintenance organization, which shall comply with chapter 35 of the insurance code of 1956, 1956 PA 218, MCL 500.3501 to 500.3580, the policy shall be posted at a public place in the health facility or agency and shall be provided to each member of the health facility or agency staff. Patients or residents shall be treated in accordance with the policy.
For Reference: MCL 333.20201	**(e) A patient or resident is entitled to receive adequate and appropriate care, and to receive, from the appropriate individual within the health facility or agency, information about his or her medical condition, proposed course of treatment, and prospects for recovery, in terms that the patient or resident can understand, unless medically contraindicated as documented by the attending physician in the medical record.**
ANALYSIS:	Inadequate care was provided to Resident A as evidenced by her lack of bathing and episodes of incontinence that were not tended to timely by staff. Based on this information, the allegation is substantiated.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 325.1921	**Governing bodies, administrators, and supervisors.**
	(1) The owner, operator, and governing body of a home shall do all of the following: **(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.**
For Reference: R 325.1901	**Definitions.**
	(22) "Supervision" means guidance of a resident in the activities of daily living, and includes all of the following: (a) Reminding a resident to maintain his or her medication schedule in accordance with the instructions of the resident's licensed health care professional as authorized by MCL 333.17708.

	(b) Reminding a resident of important activities to be carried out. **(c) Assisting a resident in keeping appointments.** **(d) Being aware of a resident's general whereabouts as indicated in the resident's service plan, even though the resident may travel independently about the community.** **(e) Supporting a resident's personal and social skills.**
ANALYSIS:	Attestations from multiple staff reference a clear procedure to document when bathing tasks are refused by a resident. Resident A herself, along with acknowledgement from care staff interviewed reveal recent bathing refusals without any supporting documentation, demonstrating that protocol is not always followed. Given this break in communication, the facility cannot reasonably establish when care planned tasks are completed or to the contrary, not completed. Based on this information, the facility did not comply with this rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 325.1931	**Employees; general provisions.**
	(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.
ANALYSIS:	The facility could not demonstrate that Resident A's service planned shower frequency is followed. This is further supported by Resident A's own attestations that showers are not always offered on her scheduled days/times and lack of staff documentation to verify completion or refusal. Based on this information, the allegation is substantiated.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 325.1931	**Employees; general provisions.**
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.

ANALYSIS:	Interviews with staff reveal that care tasks are not completed at the current facility staffing level. Review of Resident A's call pendant response data reveal habitual practices of excessive wait times. Additionally, Resident A verbalized having experienced numerous bouts of incontinence because of how long she had to wait for staff to assist her. Based on this information, the allegation is substantiated.
CONCLUSION:	**VIOLATION ESTABLISHED**

On 6/17/21, I shared the findings of this report with authorized representative Beth Mell. Ms. Mell verbalized understanding of the citations and did not have any additional questions.

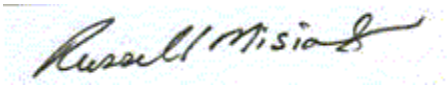
IV. RECOMMENDATION

Contingent upon completion of an acceptable corrective action plan, I recommend no changes to the status of the license at this time.

6/15/21

Elizabeth Gregory-Weil Date
Licensing Staff

Approved By:



6/15/21

Russell B. Misiak Date
Area Manager