GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 22, 2021

John Winden
Close To Home Assisted Living, Saginaw LLC
1805 South Raymond
Bay City, MI 48706

RE: License #: AL730398656
Investigation #: 2021A0576028
Close to Home Assisted Living Saginaw Side 2

Dear Mr. Winden:

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 (517) 284-9730.

Sincerely,

Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 240-2478

enclosure

AL730398656

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

I. IDENTIFYING INFORMATION

License #:	AL730398656
Investigation #:	2021A0576028
Complaint Receipt Date:	05/14/2021
Investigation Initiation Date:	05/18/2021
Report Due Date:	07/13/2021
Licensee Name:	Close to Home Assisted Living, Saginaw LLC
Licensee Address:	1805 South Raymond, Bay City, MI 48706
Licensee Telephone #:	(989) 401-3581
Administrator:	John Winden
Licensee Designee:	John Winden
Name of Facility:	Close to Home Assisted Living Saginaw Side 2
Facility Address:	2160 N. Center Road, Saginaw, MI 48603
Facility Telephone #:	(989) 778-2575
Original Issuance Date:	07/07/2020
License Status:	REGULAR
Effective Date:	01/07/2021
Expiration Date:	01/06/2023
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED, TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
The staff do not change resident briefs if they have accidents, and they were just changed. Staff are providing care to residents while under the influence of alcohol and marijuana as they smoke and drink in the parking lot of the facility.	No
Staff switch medications from one resident to another if one runs out.	Yes
On Friday, May 7, 2021, no one showed up to cook so the residents had cold pizza and dry cereal because there was no milk.	No

III. METHODOLOGY

05/14/2021	Special Investigation Intake 2021A0576028
05/18/2021	Special Investigation Initiated - Telephone Spoke to Complainant.
06/07/2021	Inspection Completed On-site Interviewed Licensee Designee, John Winden, Manager Stacy Rinnert, Staff, Stephanie Gerrow, Resident A, and Resident B
06/11/2021	Exit Conference Left message for Licensee Designee, John Winden to return call regarding exit conference.
06/14/2021	Exit Conference Exit Conference held with Licensee Designee, John Winden
06/22/2021	APS Referral Made referral to Adult Protective Services (APS)

ALLEGATION:

The staff do not change resident briefs if they have accidents, and they were just changed. Staff are providing care to residents while under the influence of alcohol and marijuana as they smoke and drink in the parking lot of the facility.

INVESTIGATION:

On May 18, 2021, I interviewed the Complainant who reported he is always in the area where the facility is located and is familiar with people who work at the facility. Complainant reported he has heard staff say they are not going to change resident's brief after they soiled themselves because the staff had just recently changed the brief. Complainant stated staff have said "they are just going to have to wait" when residents soil their brief. Complainant advised he does not know which staff person said this or which resident this happened to when asked.

Complainant reported he has seen staff smoking Marijuana in the parking lot and drinking liquor while in the facility. Complainant advised the manager of the facility is aware staff are smoking Marijuana and drinking alcohol and is fine with this behavior.

On June 7, 2021, I completed an unannounced on-site inspection at Close to Home Assisted Living and interviewed Licensee Designee, John Winden, Manager, Stacy Rinnert, Staff, Stephanie Gerrow, Resident A, and Resident B. Mr. Winden reported the facility has been licensed since June 2020 and currently has 12 residents. Regarding the allegations, Mr. Winden denied them being true. Mr. Winden reported residents that are incontinent are on a 2-hour change schedule and more often if staff notice they have had an accident. Mr. Winden reported residents will also tell staff when they need to be changed and staff immediately change the residents brief. Mr. Winden denied concerns that staff are not properly addressing resident personal needs.

Mr. Winden denied any knowledge of staff smoking marijuana or drinking alcohol while at the facility and reported he has good staff that work at the facility. Mr. Winden denied staff or residents have ever complained to him that staff are using substances while on duty. Mr. Winden denied visitors have ever complained to him about concerns with staff being under the influence while on duty. Mr. Winden stated he believed this allegation to be false and denied any concerns that staff are using substances in the parking lot of the facility.

On June 7, 2021, I interviewed Manager, Stacy Rinnert who reported she does not believe the allegations to be true. Ms. Rinnert reported the residents of the home are outspoken and she believes they would tell her if staff were not adequately addressing their personal needs. Ms. Rinnert reported residents are changed every 2 hours if they are incontinent.

Regarding staff using substances while on duty, Ms. Rinnert denied any knowledge and denied ever witnessing staff smoke Marijuana or drink alcohol while at the facility. Ms. Rinnert denied staff or residents have complained to her that staff are using substances while on duty or that staff appear under the influence when working.

On June 7, 2021, I interviewed Staff, Stephanie Gerrow who reported she has been employed at the facility since October 2020. Ms. Gerrow denied the allegations. Ms. Gerrow reported resident briefs are changed every 1.5-2 hours or more often if they

need. Ms. Gerrow residents are always checked on and are never left in a soiled brief. Ms. Gerrow denied smoking Marijuana or drinking alcohol while on duty and denied witnessing her peers do this.

On June 7, 2021, I interviewed Resident A who reported she has resided at the facility for 1 year. Resident A reported she wears a brief and she can change herself. Resident A stated the other residents get changed by staff and she sees this happening. Resident A stated if she needed help with her brief, she could ask staff and they would help her. Resident A stated the other residents get changed by staff when needed.

Resident A reported she has never witnessed staff smoking Marijuana or drinking alcohol while at the facility. Resident A denied witnessing or thinking staff were under the influence of substances while on duty.

On June 7, 2021, I interviewed Resident B who reported he wears a pad, and he changes it himself. Resident B stated staff would help him with the pad if he needed help. Resident B denied witnessing staff use any substances including alcohol while on duty and denied thinking or believing staff were under the influence while on duty. Resident B had no concerns regarding staff and stated the staff treat him well and provide him good care.

APPLICABLE RULE	
R 400.15305	**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:	It was alleged that resident's personal needs were not being attended to when needed and resident safety may be in jeopardy as staff were providing care while under the influence of substances. There is not a preponderance of evidence to conclude a rule violation.

	An unannounced on-site inspection was completed, and investigative interviews were conducted with staff and residents of the facility. Neither revealed any indication that staff are not adequately addressing resident needs or safety. Residents indicate their needs are being met and voiced no concerns with staff. Additionally, staff denied residents are not being properly cared for or that staff have ever been known to work while under the influence of substances.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Staff switch medications from one resident to another if one runs out.

INVESTIGATION:

On May 18, 2021, I interviewed the Complainant regarding the allegation, and he reported staff are directed to use resident medications for other residents who run out of the same or similar in dosage medication. Complainant advised he heard this as he was allowed to be in the facility by staff for no apparent reason given, he has no family or friends who reside at the facility.

On June 7, 2021, I interviewed Licensee Designee, John Winden who reported they do not exchange medications amongst the residents. Mr. Winden did explain they sometimes will have an “overflow” of medications from residents who have passed away or moved and the medications have yet to be destroyed. Mr. Winden advised staff will use these “overflow” medications for current resident use if a resident runs out of a medication and until the pharmacy delivers it. Mr. Winden stated the medication is the same drug and dose that is being prescribed for the resident when they use the overflow medications. While at the facility I reviewed medications and medications administration records for the residents and noted no concerns.

On June 7, 2021, I interviewed Manager, Stacy Rinnert regarding the allegation and she reported they do not switch medications around for current residents of the home. Mr. Rinnert explained that they have an overflow of medications that they will use for current residents from people who have left the facility or passed away. Ms. Rinnert stated they do not switch current resident medications and they only keep overflow medications until they are disposed of, which is every few months.

On June 7, 2021, I interviewed Staff, Stephanie Gerrow who reported they do not switch resident medications around. Ms. Gerrow reported resident medications are provided to the resident they are prescribed to.

On June 7, 2021, I interviewed Resident A who reported she receives her medications as prescribed. Resident A denied any concerns with her medications. I also interviewed Resident B who reported to receiving his medications as prescribed.

APPLICABLE RULE	
R 400.15312	**Resident medications.**
	(6) A licensee shall take reasonable precautions to insure that prescription medication is not used by a person other than the resident for whom the medication was prescribed.
ANALYSIS:	It was alleged that staff are switching resident medications around when a resident runs out of a medication. There is a preponderance of evidence to conclude a rule violation. Upon interviewing Licensing Designee, John Winden and Manager, Stacy Rinnert it was learned that the facility has an "overflow" of medications from past residents on hand prior to disposal. The facility staff will use these overflow medications and administer to current residents when there has been a medication change and the new medication has not been delivered by the pharmacy.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

On Friday, May 7, 2021, no one showed up to cook so the residents had cold pizza and dry cereal because there was no milk.

INVESTIGATION:

On May 18, 2021, I interviewed the Complainant who reported on May 7, 2021, staff did not show up to cook for the residents and they had to eat cold cereal for breakfast and pizza for lunch. Complainant advised he heard that a family called the facility to complain about the facility not having food.

On June 7, 2021, I interviewed Licensee Designee, John Winden who reported there is always one cook scheduled to work in the morning for breakfast and lunch and one cook scheduled to work in the evening for dinner. Mr. Winden reported the residents receive enough to eat and if they run out of an item such as milk staff will go to the store to buy what they need. I viewed the menus for the facility and the current menu was posted for resident view. I viewed the kitchen schedule and there were 3 people who worked on May 7, 2021. I viewed the kitchen, which had an abundance of food

including several gallons of milk, bread, meats, canned goods, and fresh fruits and vegetables.

On June 7, 2021, I interviewed Manager, Stacy Rinnert regarding the allegation and she denied any knowledge of the allegation. Ms. Rinnert reported the facility offers residents alternate choices if they do not like what is on the menu and their menus are developed by a dietician. Ms. Rinnert report the residents do not go without food or eating and they get plenty to eat. According to Ms. Rinnert, residents can get second servings of protein and vegetables. I viewed resident weight records and there was no concern with resident weights.

On June 7, 2021, I interviewed Staff, Stephanie Gerrow who reported there are 5 staff who work in the kitchen and she works in the kitchen on occasion. Ms. Gerrow denied the allegation occurred and stated residents get enough to eat. Ms. Gerrow advised the facility has plenty of food for the residents and they abide by menus that are posted. Ms. Gerrow denied the facility has ever run out of milk to her knowledge and if they were to run out of something staff would go to the store to buy. Ms. Gerrow stated residents are allowed second servings after all the residents have eaten.

On June 7, 2021, I interviewed Resident A who reported the allegation is not true. Resident a stated she receives breakfast, lunch, and dinner and she gets “too much to eat”. Resident A stated the meals provided at the facility “are delicious” and she can get second servings. Resident A stated there is always someone in the kitchen cooking and denied any concerns about meals or food.

On June 7, 2021, I interviewed Resident B who reported he gets plenty to eat at his home. Resident B reported there is always someone at the facility who cooks, and the meals provided are good and nutritious.

APPLICABLE RULE	
R 400.15313	**Resident nutrition.**
	(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.
ANALYSIS:	It was alleged that staff did not report to work on May 7, 2021, to cook for the residents and the residents had a meal not of proper form or temperature.

	There is not a preponderance of evidence to conclude a rule violation. The facility has several staff scheduled to work in the kitchen daily and 3 kitchen staff worked on May 7, 2021, according to the staff schedule. An unannounced on-site inspection was completed on June 7, 2021, and the facility was viewed to have more than adequate food for the residents. Residents were interviewed and denied the allegations to be true. The residents reported they are provided plenty of food that is nutritious and satisfying.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

On June 14, 2021, I completed at Exit Conference with Licensee Designee, John Winden. I advised Mr. Winden I would be requesting a corrective action plan with regards to the cited rule violation.

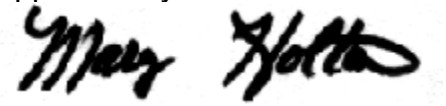
IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, no change in the license status is recommended.

6/22/2021

Christina Garza Date
Licensing Consultant

Approved By:



6/22/2021

Mary E Holton Date
Area Manager