



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

September 1, 2021

Shelly Burza
3676 Lange Rd.
Sebewaing, MI 48759

RE: License #:	AL790260639
Investigation #:	2021A0123038
	Vadavilla AFC Home

Dear Ms. Burza:

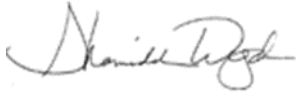
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (906) 226-4171.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shamidah Wyden".

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48607
989-395-6853

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL790260639
Investigation #:	2021A0123038
Complaint Receipt Date:	07/30/2021
Investigation Initiation Date:	08/03/2021
Report Due Date:	09/28/2021
Licensee Name:	Shelly Burza
Licensee Address:	3676 Lange Rd. Sebewaing, MI 48759
Licensee Telephone #:	(989) 551-8693
Administrator:	Shelly Burza
Licensee Designee:	Shelly Burza
Name of Facility:	Vadavilla AFC Home
Facility Address:	5750 Sheridan Rd Unionville, MI 48767
Facility Telephone #:	(989) 674-2258
Original Issuance Date:	01/12/2005
License Status:	REGULAR
Effective Date:	08/08/2021
Expiration Date:	08/07/2023
Capacity:	15
Program Type:	PHYSICALLY HANDICAPPED AGED

II. ALLEGATION(S)

	Violation Established?
The home is understaffed.	Yes
The food gets very low, and staff have to be creative with meals.	No
There are cameras and microphones in the home.	Yes

III. METHODOLOGY

07/30/2021	Special Investigation Intake 2021A0123038
08/03/2021	Special Investigation Initiated - On Site I conducted an unannounced visit at the facility.
08/04/2021	APS Referral An APS referral was completed.
08/06/2021	Contact - Document Sent I sent an email to the licensee requesting documentation.
08/19/2021	Contact- Document Received I received requested information via email.
08/27/2021	Contact - Telephone call made I made an attempted call to staff LeeAnn Stein. There was no answer.
08/27/2021	Contact - Telephone call made I made a call to staff Dawn Rivard. I left a voicemail requesting a return call.
08/27/2021	Contact - Telephone call made I made a call to staff Christina Paseshnik. I left a voicemail requesting a return call.
08/27/2021	Contact - Telephone call made I made a call to staff Danae Hartman. I left a voicemail requesting a return call.
08/27/2021	Contact - Telephone call made

	I made a call to staff Serina Green. I left a voicemail requesting a return call.
08/27/2021	Contact - Telephone call made I spoke with licensee designee Shelly Burza via phone.
08/27/2021	Contact - Telephone call made I interviewed staff Danae Hartman via phone.
08/27/2021	Contact - Telephone call made I interviewed staff Lisa Herman via phone.
08/27/2021	Contact - Telephone call received I interviewed staff Serina Green via phone.
08/27/2021	Contact - Telephone call received I interviewed staff Christina Paseshnik.
08/31/2021	Contact- Documentation Received I received requested documentation via fax.
09/01/2021	Contact- Telephone call made I spoke with Relative 2 via phone.
09/01/2021	Contact- Telephone call made I spoke with Relative 1 via phone.
09/01/2021	Exit Conference I spoke with Shelly Burza via phone.

ALLEGATION: The home is understaffed.

INVESTIGATION: On 08/03/2021, I conducted an unannounced on-site at the facility. I spoke with licensee Shelly Burza. She stated that she has about nine staff on schedule that are either full or part time, and that she covers shifts herself when needed. She stated that she needs more staff. She stated that there is one resident who requires a two-person assist in and out of bed, who also has dementia and/or Alzheimer's. She stated there are two staff per shift, and one staff at night, and all residents except two have dementia and/or Alzheimer's. She stated that the facility is only licensed for 15 people, and right now there are currently 13 residents. She stated that some staff were doing double shifts.

On 08/03/2021, I interviewed Resident A in her bedroom. Resident A stated that she does not think the facility needs more staff, and that there are at least two staff working during the day. She stated that she does not have to wait long for staff assistance, but that she is also independent.

On 08/03/2021, I interviewed Resident B in her bedroom. Resident B stated that she is not making any complaints about staff, and that she does not know how many staff work per shift. She stated that there is one cook, and Ms. Burza is in and out.

On 08/19/2021, I received a copy of the staff schedule for August via email. The staff schedule notes that there are two staff on first shift, two on second shift, and one staff on third shift. I received copies of the fire drills for January through July 2021. Each fire drill sheet notes that the drills took four minutes. There are two staff listed on each fire drill as participants except the February and May drills conducted by Ms. Burza. Both drills were during sleeping hours.

On 08/27/2021, I spoke with licensee Shelly Burza via phone. I requested copies of assessment plans, menu's, etc. be sent via fax. She reported that there are three persons who require a one-person assist, with one person who does not walk, but can stand and pivot.

On 08/27/2021, I interviewed staff Danae Hartman via phone. Staff Hartman stated that the facility is licensed for 15 people. Two staff work morning and afternoons, and one staff works at night. There are three people in a wheelchair who require staff assistance, and everyone else is independent. One resident is a two-person assist. There are thirteen residents in the home.

On 08/27/2021, I interviewed staff Lisa Herman via phone. Staff Herman stated that she has worked in the facility for about two months. She stated that there are two staff on each shift, and the facility can only hold 15 residents. She stated that there are currently 13 residents in the facility, and 11 can get out of the facility on their own for fire drills, but three need staff assistance.

On 08/27/2021, I interviewed staff Serina Green. Staff Green stated that she has worked at the facility for about a year. She stated that she started working third shift in January 2021, and that she works her shift alone. She stated that there's been a few times during day shifts where there is only one staff person due to someone calling in, or not having coverage. She stated that she conducted a fire drill last week, and this was her first time doing one, and it took about 20 minutes. She stated that she had to get residents out of beds and into wheelchairs. She stated that third shift has always been one person. She stated that there are 13 residents.

On 08/27/2021, I interviewed staff Christina Paseshnik. Staff Paseshnik stated that the facility has 13 residents, with one staff person on third shift, and two staff on first and second shifts. She stated that the home is completely staffed. Staff Paseshnik stated that 12 residents require a one-person assist, and one resident requires a two-person assist. She stated that it takes about five minutes to do a fire drill, and each resident has dementia and/or Alzheimer's except one resident. She stated that residents don't have to be redirected during the drills as they go straight to their designated area (a red shed).

On 08/31/2021, I received documentation via fax from Ms. Burza. Two *Assessment Plan for AFC Residents* for were received for Resident C and Resident D. Resident C's assessment plan, dated for 08/14/2020, states that Resident C cannot move independently in the community on her own. She can "walk a little with staff totally assisting her." Resident C has Alzheimer's Disease per the assessment plan, and requires full staff assistance with personal care such as eating, toileting, bathing, dressing, grooming, walking, etc. The assessment plan also indicates use of a wheelchair. Resident D's assessment plan, dated for 05/27/2021 also indicates an inability to move independently in the community but she "uses a wheelchair daily and can move places by using her feet and legs." Her assessment plan indicates that she cannot walk and needs full staff assistance with some personal care. On 08/19/2021, I received a copy of Resident E's assessment plan as well. The plan is dated for 10/27/2020. Resident E is a two-person assist per Ms. Burza. Her assessment plan indicates that she "can't walk since she fell and broker her right leg in July 2017." Resident E has Alzheimer's Disease, and is a full staff assist for personal care.

On 09/01/2021, I spoke with Resident B's Relative 2 via phone. Relative 2 stated before that Resident B has mentioned that the home could use more staff.

On 09/01/2021, I spoke with Resident A's Relative 1 via phone. Relative 1 denied having any concerns and expressed that the staff are very caring.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	<p>On 08/03/2021, I conducted an unannounced visit to the facility. Ms. Burza reported that she needs more staff. She stated that there is one resident who requires a two-person assist. There are two staff per shift, and one staff on shift at night, and all residents have dementia and/or Alzheimer's disease except two.</p> <p>Resident A stated that she is independent, and that staffing is sufficient. Resident B denied knowing how many staff work per shift.</p> <p>A copy of the staff schedule confirms that one staff person works per shift.</p> <p>Staff Hartman, Staff Green, and Staff Paseshnik reported that</p>

	<p>one staff person works third shift.</p> <p>Assessment plans for Resident C, D, and E were reviewed. Each resident requires at least a one-person assist with personal care. Staff Herman stated that three residents need assistance to get out of the facility during a fire drill. Staff Paseshnik stated that 12 residents require a one-person assist, and one resident requires a two-person assist. Staff Hartman stated that there are three people in a wheelchair who require staff assistance, and everyone else is independent. One resident is a two-person assist.</p> <p>Relative 2 stated that Resident B has mentioned that the facility could use more staff.</p> <p>There is a preponderance of evidence to substantiate a rule violation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: The food gets very low, and staff have to be creative with meals.

INVESTIGATION: On 08/03/2021, I conducted an unannounced on-site at the facility. I spoke with licensee Shelly Burza. She denied the allegations regarding food. During this on-site I observed five large pantry closets with shelves stocked full of food, as well as three freezers in the basement, two full of meat, and one full of vegetables and meat. There appeared to be an abundance of food in the facility.

On 08/03/2021, I interviewed Resident A in her bedroom. She stated that she gets plenty of food to eat. The facility serves three meals per day, and snacks.

On 08/03/2021, I interviewed Resident B in her bedroom. She stated that three meals are served per day, and that she does not ask for snacks. Resident B stated that she gets enough to eat, does not always like the food, but they do provide alternative meals.

On 08/27/2021, I interviewed staff Danae Hartman via phone. Staff Hartman stated that the food supply does not get low, and they (staff) do not want to serve the same thing every day. She stated that three meals are served daily, and snacks when wanted. She stated that grocery lists are made, and Ms. Burza goes weekly to grocery shop.

On 08/27/2021, I interviewed staff Lisa Herman via phone. She stated that food supply never gets low. Residents are served three meals per day, and snacks

whenever. She stated that grocery shopping is done at least twice a week, and that Ms. Burza is always bringing things in.

On 08/27/2021, I interviewed staff Serina Green. She denied the allegations. She stated that they use up the leftovers to make casseroles. She stated that the facility always has meat, veggies, and fruit (if not canned, fresh fruit). She stated that three meals are served daily plus snacks and grocery shopping is done usually on Friday's. She stated that food is bought throughout the week.

On 08/27/2021, I interviewed staff Christina Paseshnik. She stated that three meals and snacks are served daily, and snacks if residents want them at any time, except before a meal. Staff makes a grocery list, and Ms. Burza goes shopping two to three times per week, if not more. She stated that the food supply does not usually get low.

On 08/31/2021, I received copies of meal plans for the month of August. There are three meals noted for each day. Breakfast choices appear to be the same daily, but dinner and supper choices appear to show a variety.

On 09/01/2021, I spoke with Resident B's Relative 2 via phone. Relative 2 stated that Resident B has never complained, and that the food is more than adequate.

On 09/01/2021, I spoke with Resident A's Relative 1 via phone. Relative 1 denied having any concerns and stated that Relative A has gained weight since living in the facility.

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:	<p>On 08/03/2021, I conducted an unannounced visit. Ms. Burza denied the allegations. I observed an abundance of food stored in the home during this on-site.</p> <p>Resident A and Resident B both stated that the facility serves three meals a day and snacks.</p> <p>Staff Hartman, Staff Herman, Staff Green, and Staff Paseshnik denied the allegations. Relative 1 and Relative 2 denied the allegations.</p> <p>There is no preponderance of evidence to substantiate a rule violation.</p>

CONCLUSION:	VIOLATION NOT ESTABLISHED
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ALLEGATION: There are cameras and microphones in the home.

INVESTIGATION: On 08/03/2021, I conducted an unannounced on-site at the facility. I spoke with licensee Shelly Burza. She stated that there are cameras in the hallways and living room. She stated that they record for so long, then erase. She stated she does not have consent forms for camera use signed by residents and/or their designated representatives.

On 08/03/2021, I interviewed Resident A in her bedroom. She stated that she has been told there are cameras in the hallway, but she does not care about it.

On 08/03/2021, I interviewed Resident B in her bedroom. She stated that she is aware there are cameras in the hallways, and she has no complaints about it.

On 08/27/2021, I interviewed staff Danae Hartman via phone. She stated that they have cameras because the food was being stolen out of the facility by a staff person. There is one camera in the sitting room, one facing the medication cabinet, one facing the kitchen table, and one in the living room.

On 08/27/2021, I interviewed staff Lisa Herman via phone. She stated that the cameras have both video and audio, and they are located in the kitchen, med cabinet, sitting room, hallway, and living room areas.

On 08/27/2021, I interviewed staff Serina Green. She stated that the facility has cameras with microphones. They are located in the kitchen, hallway, facing the medication cabinet, and in the long hallway.

On 08/27/2021, I interviewed staff Christina Paseshnik. She stated that it is for staff and resident's safety. The cameras are in the main areas of the home including the living room, dining room, the hallway, and at the medication cabinet.

On 09/01/2021, I spoke with Resident B's Relative 2 via phone. Relative 2 denied having any concerns.

On 09/01/2021, I spoke with Resident A's Relative 1 phone. They denied any concerns.

APPLICABLE RULE	
R 400.15304	Resident rights; licensee responsibilities.
	(1) Upon a resident's admission to the home, a licensee shall inform a resident or the resident's designated representative of, explain to the resident or the resident's

	<p>designated representative, and provide to the resident or the resident's designated representative, a copy of all of the following resident rights:</p> <p>(o) The right to be treated with consideration and respect, with due recognition of personal dignity, individuality, and the need for privacy.</p>
ANALYSIS:	<p>On 08/03/2021, I conducted an unannounced visit. Ms. Burza stated that there are cameras in the home, and that she did not have her residents and their designated representatives sign a consent policy for camera usage.</p> <p>Resident A and Resident B denied having any complaints about the cameras. Relative 1 and Relative 2 denied having any concerns. Staff Hartman, Staff Herman, Staff Green, and Staff Paseshnik reported that the cameras are in the common areas of the home.</p> <p>There is a preponderance of evidence to substantiate a rule violation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

On 09/01/2021, I conducted an exit conference with Shelly Burza via phone. I informed her of the findings and conclusion.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend continuation of this AFC large group home license (capacity 15).



09/01/2021

Shamidah Wyden
Licensing Consultant

Date

Approved By:



09/01/2021

Mary E Holton
Area Manager

Date