



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 30, 2021

Mark Walker  
The Pines Of Burton Memory - South  
5340 Davison Road  
Burton, MI 48509

RE: License #: AH250382918  
Investigation #: 2021A1019051

Dear Mr. Walker:

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**

<b>License #:</b>	AH250382918
<b>Investigation #:</b>	2021A1019051
<b>Complaint Receipt Date:</b>	08/23/2021
<b>Investigation Initiation Date:</b>	08/25/2021
<b>Report Due Date:</b>	10/22/2021
<b>Licensee Name:</b>	Premier Operating Burton MC South, LLC
<b>Licensee Address:</b>	299 Park Ave - 6 Fl New York, NY 10171
<b>Licensee Telephone #:</b>	(212) 739-0794
<b>Administrator:</b>	Matt Brawner
<b>Authorized Representative:</b>	Mark Walker
<b>Name of Facility:</b>	The Pines Of Burton Memory - South
<b>Facility Address:</b>	5340 Davison Road Burton, MI 48509
<b>Facility Telephone #:</b>	(810) 743-8520
<b>Original Issuance Date:</b>	10/05/2017
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	04/05/2020
<b>Expiration Date:</b>	04/04/2021
<b>Capacity:</b>	23
<b>Program Type:</b>	ALZHEIMERS AGED

## II. ALLEGATION(S)

	Violation Established?
Background checks are not being completed for new hires.	No
TB screens are not being completed for new hires.	Yes
Staff are not being trained.	No
Medications are not secured.	Yes
Staff are not doing resident's laundry.	No
Residents are not being taken to the dining room for meals.	No
Additional Findings	No

## III. METHODOLOGY

08/23/2021	Special Investigation Intake 2021A1019051
08/23/2021	Comment Complaint was forwarded to LARA from APS. APS did not assign the referral for investigation.
08/25/2021	Special Investigation Initiated - On Site Conducted onsite inspection
08/25/2021	Inspection Completed On-site
08/25/2021	Inspection Completed-BCAL Sub. Compliance
08/30/2021	Exit Conference

The complainant identified some concerns that were not related to licensing rules and statutes for a home for the aged or identified concerns that were recently substantiated in licensing study report (LSR) dated 7/16/21. Therefore, only specific items pertaining to homes for the aged provisions of care were considered for investigation and the recently substantiated allegations were not reinvestigated. The following items were those that could be considered under the scope of licensing.

#### **ALLEGATION:**

**Background checks are not being completed for new hires.**

#### **INVESTIGATION:**

On 8/23/21, the department received a complaint alleging that the facility is not conducting background checks when new staff are hired. The complaint did not provide names of staff who have not received a background check. Due to the anonymous nature of the complaint, additional information could not be obtained.

On 8/25/21, I conducted an onsite inspection. I interviewed administrator Matt Brawner and business office manager Christie Moyer at the facility. After being provided an employee list by Mr. Brawner and Ms. Moyer, I selected four employee files to review. Three of the files contained a document from the Michigan Workforce Background Check program informing the licensee of the employee's eligibility for employment. The one remaining file contained a *Michigan Workforce Background Check Consent and Disclosure* form, which was signed by the employee. Ms. Moyer stated that the document had been submitted to the Department of Licensing and Regulatory Affairs and are currently awaiting the results of the background check.

<b>APPLICABLE RULE</b>	
<b>MCL 333.20173</b>	<b>Health facility or agency that is nursing home, county medical care facility, hospice, hospital that provides swing bed services, home for the aged, or home health agency; employees or applicants for employment; prohibitions; criminal history check; condition of continued employment; failure to conduct criminal history check as misdemeanor; establishment of automated fingerprint identification system database; report to legislature; electronic web-based system; definitions.</b>
	<b>(3) An individual who applies for employment either as an employee or as an independent contractor or for clinical privileges with a health facility or agency that is a nursing home, county medical care facility,</b>

	hospice, hospital that provides swing bed services, home for the aged, or home health agency and has received a good faith offer of employment, an independent contract, or clinical privileges from the health facility or agency shall give written consent at the time of application for the department of state police to conduct an initial criminal history check under this section, along with identification acceptable to the department of state police.
<b>ANALYSIS:</b>	Employee files reviewed contained proper background check documentation.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

#### **ALLEGATION:**

**TB screens are not being completed for new hires.**

#### **INVESTIGATION:**

The complaint alleged that the facility is not obtaining tuberculosis screens upon hire for employees. The complaint did not provide names of staff who have not received a TB screen.

While onsite, four employee files were reviewed. Three of the four files contained initial TB screens within the timeframe outlined in this rule. The remaining one file for employee Alaisia Wells-Henry did not contain a TB screen. Ms. Wells-Henry was hired on 5/4/21. Ms. Moyer stated that Ms. Well-Henry was supposed to provide her TB test from a previous employer but at this time has not submitted it. Ms. Moyer stated that the facility has not sent her to have a new test completed. It cannot be verified when her TB screen was completed, nor that her screen produced a negative result.

<b>APPLICABLE RULE</b>	
<b>R 325.1923</b>	<b>Employee's health.</b>
	<b>(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR Guidelines for</b>

	<b>Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005(<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.</b>
<b>ANALYSIS:</b>	Employee Alaisia Wells-Henry was hired on 5/4/21. At the time of my inspection on 8/25/21, the facility had not obtained a TB screen for this employee. The licensee could not verify that this employee had a negative TB result and before occupational exposure to residents occurred.
<b>CONCLUSION:</b>	<b>REPEAT VIOLATION ESTABLISHED [For reference, see licensing study report (LSR) dated 7/16/21- CAP dated 8/1/21]</b>

#### **ALLEGATION:**

**Staff are not being trained.**

#### **INVESTIGATION:**

The complaint alleged that new hire training is not being completed. The complaint did not provide names of staff who did not receive training.

Consistent with the above two allegations, four employee files were reviewed for care givers and med passing staff. I observed training records in all four files and additional med passing examinations and training materials for staff who pass medications.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<b>(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:</b> <b>(a) Reporting requirements and documentation.</b>

	<b>(b) First aid and/or medication, if any.</b> <b>(c) Personal care.</b> <b>(d) Resident rights and responsibilities.</b> <b>(e) Safety and fire prevention.</b> <b>(f) Containment of infectious disease and standard precautions.</b> <b>(g) Medication administration, if applicable.</b>
<b>ANALYSIS:</b>	Employee files reviewed contained training records.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Medications are not secured.**

**INVESTIGATION:**

The complaint alleged that the facility is not ensuring that medications are properly secured and alleged that the door to the medication room is left open.

Mr. Brawner stated that the facility has medication carts that are kept in a medication room. Mr. Brawner stated that the medication carts are locked and the door to the medication room is also locked. During my inspection, I observed the door to the medication room to be open and unlocked. I observed two medication carts in the med room, both were also unlocked. I was able to open multiple drawers full of medications in each cart.

<b>APPLICABLE RULE</b>	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<b>(5) A home shall take reasonable precautions to ensure or assure that prescription medication is not used by a person other than the resident for whom the medication is prescribed.</b>

<b>ANALYSIS:</b>	Medications were left unsecured, without any safeguards preventing an authorized person from accessing them.
<b>CONCLUSION:</b>	<b>REPEAT VIOLATION ESTABLISHED [For reference, see licensing study report (LSR) dated 7/16/21- CAP dated 8/1/21]</b>

**ALLEGATION:**

**Staff are not doing resident's laundry.**

**INVESTIGATION:**

The complaint alleged that laundry at the facility was not being done and that residents wore soiled clothing. The complaint did not provide any additional detail on this allegation.

Mr. Brawner stated that staff adhere to a laundry schedule and that each resident is assigned two laundry days per week. Mr. Brawner stated that if clothing or bedding gets soiled, the staff are to immediately wash those items, as they are not to wait until the next assigned laundry day for that resident. Mr. Brawner provided me with a copy of the laundry schedule. The schedule contained two assigned laundry days per resident, and I noted that laundry is scheduled to be complete on all three shifts, seven days per week.

During my inspection, I went into the facility's laundry room and observed clothing items being washed at that time. I also directly observed seventeen residents while onsite and did not note any clothing that appeared soiled or unkept.

<b>APPLICABLE RULE</b>	
<b>R 325.1935</b>	<b>Bedding, linens, and clothing.</b>
	<b>(3) The home shall make adequate provision for the laundering of a resident's personal laundry.</b>
<b>ANALYSIS:</b>	The facility demonstrated an organized laundry procedure, as evidenced by the completion of a laundry schedule. I also witnessed laundry being done and did not observe residents wearing soiled clothing.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>



**ALLEGATION:**

**Residents are not being taken to the dining room for meals.**

**INVESTIGATION:**

The complaint alleged that staff were not escorting residents down for meals. The complaint did not provide any additional detail on this allegation.

At the time of my inspection, twenty residents resided at the facility. While onsite, I observed lunchtime meal service. I witnessed seventeen residents present in the dining room, with two staff providing hands on assistance and another staff serving the food.

<b>APPLICABLE RULE</b>	
<b>R 325.1952</b>	<b>Meals and special diets.</b>
	<b>(1) A home shall offer 3 meals daily to be served to a resident at regular meal times. A home shall make snacks and beverages available to residents.</b>
<b>ANALYSIS:</b>	Seventeen residents were observed present for lunch during my inspection. There was insufficient evidence to suggest residents were not provided assistance with meals.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

On 08/30/2021, I shared the findings of this report with authorized representative Mark Walker.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of the license remain unchanged.



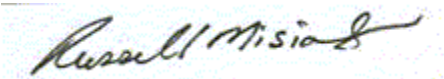
8/30/21

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Elizabeth Gregory-Weil  
Licensing Staff

Date

Approved By:



8/30/21

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Russell B. Misiak  
Area Manager

Date