



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 17, 2021

Todd Dockerty
The Reflections
14316 S. Helmer Rd.
Battle Creek, MI 49015

RE: License #:	AH130403566
Investigation #:	2021A1021047
	The Reflections

Dear Mr. Dockerty:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

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,

Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH130403566
Investigation #:	2021A1021047
Complaint Receipt Date:	08/24/2021
Investigation Initiation Date:	08/26/2021
Report Due Date:	10/23/2021
Licensee Name:	Battle Creek Assisted Living Operator, LLC
Licensee Address:	111 W. Ferry St. #1 Berrien Springs, MI 49103
Licensee Telephone #:	(574) 261-1124
Administrator:	Todd Dockerty
Authorized Representative:	Courtney Banker
Name of Facility:	The Reflections
Facility Address:	14316 S. Helmer Rd. Battle Creek, MI 49015
Facility Telephone #:	(269) 969-2500
Original Issuance Date:	12/09/2020
License Status:	REGULAR
Effective Date:	06/09/2021
Expiration Date:	06/08/2022
Capacity:	45
Program Type:	ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Residents are not treated with respect.	No
Facility has insufficient staff.	No
Resident laundry is not done.	No
Resident food portions are small.	No
Facility smells like urine.	No
Additional Findings	No

III. METHODOLOGY

08/24/2021	Special Investigation Intake 2021A1021047
08/26/2021	Special Investigation Initiated - Telephone interviewed APS worker
09/07/2021	Inspection Completed On-site
09/08/2021	Contact-Telephone call made Interviewed administrator Courtney Banker
09/08/2021	Contact-Telephone call made Interviewed caregiver Portia Hawkins
09/10/2021	Contact-Telephone call made Interviewed Relative B1
09/14/2021	Contact-Telephone call made Interviewed Relative A1
09/17/2021	Exit Conference

ALLEGATION:

Residents are not treated with respect.

INVESTIGATION:

On 8/24/21, the licensing department received a complaint from Adult Protective Services (APS) with allegations residents are not treated with respect.

On 8/24/21, I interviewed APS worker Jennifer Stockford by telephone. Ms. Stockford alleged employees are rude to residents and residents are not treated with respect. Ms. Stockford alleged residents are locked in their rooms. Ms. Stockford alleged caregivers will call resident names, tell them they must shower because they smell bad, and refuse to assist with toileting. Ms. Stockford did not provide resident names or employee names.

On 9/7/21, I interviewed director of clinical services Carolyn Reed at the facility. Ms. Reed reported residents are treated with respect and dignity at the facility. Ms. Reed reported if an issue arises with an employee, discipline will occur. Ms. Reed reported resident doors lock from the inside and caregivers cannot lock the resident inside their room.

On 9/7/21, I interviewed caregiver MaryAnn Culp at the facility. Ms. Culp reported residents are treated respectfully at the facility. Ms. Culp reported there was an isolated incident with an employee months ago and the employee was terminated. Ms. Culp reported employees provide good care to the residents. Ms. Culp reported no knowledge of employees locking residents in their rooms or the other allegations made by Ms. Stockford.

On 9/7/21, I interviewed caregiver Elizabeth Miller at the facility. Ms. Miller reported employees are trained in abuse and neglect upon hire. Ms. Miller reported employees provide good care to the residents. Ms. Miller reported caregivers do not lock residents in their room.

On 9/7/21, I interviewed caregiver Nancy Pifer at the facility. Ms. Pifer reported residents are treated respectfully at the facility. Ms. Pifer reported if an issue arises, management is made aware, and discipline occurs. Ms. Pifer reported employees treat residents respectfully.

I reviewed employee training records for Kalynn Carpenter, Karla Pate, Mary Ann Culp, and Courtney Healy. The training records revealed caregivers are trained in abuse and neglect and resident rights.

At the facility I observed multiple interactions between residents and caregivers. The caregivers assisted residents to the dining room, assisted with re-direction, and had meaningful conversations with the residents.

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:	Interviews with caregivers and record revealed caregivers are trained in resident rights and caregivers treat residents with respect. Observations made at the facility revealed caregivers had meaningful and respectful conversations with each resident.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Facility has insufficient staff.

INVESTIGATION:

Ms. Stockford alleged there is lack of staff on second shift.

Ms. Reed reported the facility is currently hiring for all shifts. Ms. Reed reported management and supervisors have worked the floor to cover shift shortages. Ms. Reed reported there is a mandation policy at the facility that is reflected on the schedule. Ms. Reed reported if needed, a caregiver will be mandated to stay over four hours or come in four hours early to cover an open shift. Ms. Reed reported on first shift and second shift there is two caregivers and two medication technicians and on third shift there is one medication technician and one caregiver. Ms. Reed reported there is significant staff to meet the needs of the residents.

Ms. Banker reported there is four employees scheduled for second shift. Ms. Banker reported one caregiver is a caregiver and a medication technician and is placed in the cottages. Ms. Banker reported there are then two other caregivers and one medication technician in the facility. Ms. Banker reported if there is an open shift, management will work the floor. Ms. Banker reported there are 32 residents in care with three residents are a two person assist, one resident on oxygen, and one resident a fall risk. Ms. Banker reported resident needs are met and there is adequate staff at the facility.

Ms. Miller reported there is a good team of caregivers on the second shift that work together. Ms. Miller reported all tasks are completed and residents receive the care they need. Ms. Miller denied allegations there is lack of staff at the facility.

Ms. Pifer reported caregivers can meet the needs of the residents. Ms. Pifer reported the facility needs more employees, but the staff ratios are appropriate for the residents in care. Ms. Pifer reported she can meet the needs of the residents.

On 9/8/21, I interviewed caregiver Portia Hawkins by telephone. Ms. Hawkins reported the facility is working on hiring more caregivers. Ms. Hawkins reported resident needs are met and residents receive good care.

On 9/10/21, I interviewed Relative B1 by telephone. Relative B1 reported there is significant staff at the facility as observed by when she visits staff is always available. Relative B1 reported Resident B is fed, showered, and clean. Relative B1 reported no concerns with staff at the facility.

On 9/14/21, I interviewed Relative A1 by telephone. Relative A1 reported Resident A had multiple falls last year but feel the falls were due to medication issues and not staffing issues. Relative A1 reported the facility has improved with staffing and completion of resident tasks.

I reviewed the staff schedule for 8/22-9/4 for second shift. The schedule revealed the staffing ratios were consistent with statements made by Ms. Reed and Ms. Banker.

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:	<p>The facility outlined policy and procedures for facility staff attendance to include mandation and scheduling procedures to prevent staffing shortages and to appropriately meet the needs of the residents.</p> <p>Interviews with the administrator, managers, and other staff along with review of facility documentation demonstrate a manageable level of facility staff to meet the needs of residents</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Residents do not receive showers

INVESTIGATION:

Ms. Stockford alleged the facility does not shower the residents.

Ms. Culp reported caregivers try their best on ensuring residents receive showers on their assigned days. Ms. Culp reported residents are to have showers twice a week and there is a shower schedule. Ms. Culp reported if a caregiver runs out of time on their shift, it can be passed to the next shift.

Ms. Pifer reported residents receive showers at the facility. Ms. Pifer reported at times a resident will refuse a shower and caregivers are to document the refusal. Ms. Pifer reported there is a shower schedule for the residents.

Ms. Hawkins reported there is a set schedule for resident showers and residents receive showers twice a week.

I observed multiple residents at the facility. The residents appeared to be showered as observed by clean clothes and combed hair.

I reviewed the shower schedule for the facility. The schedule revealed each resident is scheduled for two showers a week.

I reviewed August shower sheet documentation for Resident C. Resident C was to have a shower on Thursday and Sunday. The documentation revealed Resident C received a shower on 8/5, 8/9, 8/19, and 8/26. There were two additional shower documentation logs for Resident C with no date.

APPLICABLE RULE	
R 325.1933	Personal care of residents.
	(2) A home shall afford a resident the opportunity and instructions when necessary for daily bathing, oral and personal hygiene, daily shaving, and hand washing before meals. A home shall ensure that a resident bathes at least weekly and more often if necessary.
ANALYSIS:	Interviews with caregivers revealed there is a shower schedule for the residents and the schedule is followed. Review of shower sheet documentation and observations made at the facility revealed lack of evidence to support this allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident laundry is not done.

INVESTIGATION:

Ms. Stockford alleged the facility does complete resident laundry.

Ms. Reed reported the facility completes resident's laundry weekly and as needed. Ms. Reed reported linens are kept in the resident's room and the facility has an extra supply of linens, if needed. Ms. Reed reported caregivers are responsible for washing, drying, and putting away laundry. Ms. Reed denied allegations that the facility does not complete laundry.

I reviewed the laundry schedule for the facility. Each resident had an assigned day that their laundry was to be completed. This schedule was assigned to each caregiver at the start of their shift.

I observed the laundry room at the facility. The laundry room had multiple washers and dryers that were washing and drying clothes.

I observed five resident rooms. The resident rooms revealed each resident had extra linens and a significant supply of clean clothes. Within each room there was a laundry basket that had little to no dirty laundry in the basket.

I observed ten residents at the facility. The residents all had on clean clothes.

APPLICABLE RULE	
R 325.1935	Bedding, linens, and clothing.
	(3) The home shall make adequate provision for the laundering of a resident's personal laundry.
ANALYSIS:	Interviews with employees and observations made at the facility revealed the facility completes laundry weekly and as needed. There is lack of evidence to support this allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident food portions are small.

INVESTIGATION:

Ms. Stockford alleged the food portions are very small and residents are not receiving enough food to eat.

Ms. Banker reported the facility follows a rotating menu. Ms. Banker reported there is a chef on site at the facility. Ms. Banker reported the facility receives food from Gordon Food Service and follows the food pyramid. Ms. Banker reported residents have access to snacks.

I reviewed the lunch service on 9/7. Residents were served a hot roast beef sandwich, mixed vegetables, and potatoes. The portions were significant in size as observed by the resident plate was full of food. I observed twenty residents in the dining room. I observed the residents eating and enjoying the food.

I observed the menu for the week of 9/6. The menu revealed a variety of food that included meat, potatoes, vegetables, and fruit.

APPLICABLE RULE	
R 325.1951	Nutritional need of residents.
	(1) A home shall meet the food and nutritional needs of a resident in accordance with the recommended daily dietary allowances of the food and nutrition board of the national research council of the national academy of sciences, adjusted for age, gender, and activity, or other national authority acceptable to the department, except as ordered by a licensed health care professional.
ANALYSIS:	Observations made at the facility revealed the food was appetizing and portions were adequate for the residents.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Facility smells like urine.

INVESTIGATION:

Ms. Stockford alleged the facility smells like urine and is not clean.

Ms. Banker reported the facility has two full time housekeepers that are responsible for cleaning common areas and resident rooms. Ms. Banker reported caregivers also assist with cleaning, as needed.


I observed five resident rooms. I observed the trash was empty in all resident rooms. The residents' room and bathroom were clean and did not smell like urine. I observed the common areas in the unit. The common areas were clean as observed by the floor was vacuumed, trash was emptied, and kitchen area was clean.

APPLICABLE RULE	
R 325.1979	General maintenance and storage.
	(1) The building, equipment, and furniture shall be kept clean and in good repair.
ANALYSIS:	Interviews with employees revealed the facility has a housekeeper that cleans common areas and resident rooms. Inspection at the facility revealed the facility is clean.
CONCLUSION:	VIOLATION NOT ESTABLISHED

On 9/17/21, I conducted an exit conference with authorized representative Todd Dockerty by telephone. Mr. Dockerty had no questions about the findings in this report.

IV. RECOMMENDATION

I recommend no change in the status of the license.

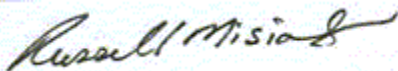


9/17/21

Kimberly Horst
Licensing Staff

Date

Approved By:



9/15/21

Russell B. Misiak
Area Manager

Date