



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 1, 2021

Kerry Dack
Homecrest Manor, LLC
PO Box 622
Leslie, MI 49251

RE: License #: AL330391868
Investigation #: 2022A0582002
Homecrest Manor

Dear Mr. Dack:

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.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

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. If I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Derrick L. Britton". The ink is a light grey or blue color.

Derrick Britton, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-9721

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL330391868
Investigation #:	2022A0582002
Complaint Receipt Date:	09/30/2021
Investigation Initiation Date:	10/05/2021
Report Due Date:	11/29/2021
Licensee Name:	Homecrest Manor, LLC
Licensee Address:	412 N. Main Street Leslie, MI 49251
Licensee Telephone #:	(517) 589-8259
Administrator:	Kerry Dack
Licensee Designee:	Kerry Dack
Name of Facility:	Homecrest Manor
Facility Address:	412 N. Main Street Leslie, MI 49251
Facility Telephone #:	(517) 589-8259
Original Issuance Date:	07/13/2018
License Status:	REGULAR
Effective Date:	01/13/2021
Expiration Date:	01/12/2023
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL, AGED, ALZHEIMERS

II. ALLEGATIONS

	Violation Established?
Residents are experiencing low blood sugars intermittently but are not diabetic. They are experiencing weight loss for no obvious reasons, and there are concerns that they are not eating appropriately.	No
Resident D has a pressure wound that is not receiving appropriate attention.	No
Additional Findings	Yes

III. METHODOLOGY

09/30/2021	Special Investigation Intake 2022A0582002
10/05/2021	Special Investigation Initiated - Telephone
10/05/2021	Contact - Telephone call made With Cassie Casey, Visiting Physicians Association
10/14/2021	Inspection Completed On-site
10/14/2021	Contact - Document Received Health Care Appraisals and Weight Records
10/26/2021	Contact - Document Received Medical Visit Forms for Resident D
10/27/2021	Contact - Document Received After Visit Summary for Resident D
11/01/2021	Contact - Telephone call received With Kerry Dack, Licensee Designee
11/01/2021	Exit Conference With Kerry Dack, Licensee Designee

ALLEGATION:

Residents are experiencing low blood sugars intermittently but are not diabetic. They are experiencing weight loss for no obvious reasons, and there are concerns that they are not eating appropriately.

INVESTIGATION:

I received this denied Adult Protective Services complaint on 09/30/2021 and contacted Complainant on 10/05/2021. Complainant stated there are a couple of residents who have low blood sugar levels. Complainant stated these residents are nonverbal and are not capable of speaking up for themselves. Complainant stated there was no issue with verbal residents. Complainant stated she did not have all the names of the residents and their blood sugars/weights but could refer me to someone who did. Complainant stated she did not know why these residents had low sugar and low weights, but she has asked questions about it for many months. Complainant stated she wondered if the residents had adequate food sources. Complainant stated Resident A has regular low blood sugar, and weight fluctuates up and down five pounds, although staff tell her that Resident A eats double portions.

On 10/05/2021 I interviewed Cassie Casey, Practice Manager, Visiting Physicians Association. Ms. Casey stated that there were seven residents that were a concern to Complainant for low blood sugar and weight loss. Ms. Casey stated that proper nutrition and adequate food sources were the main concern for these residents. Ms. Casey identified the residents and their blood sugar/weights as follows:

- Resident A:** Blood Glucose (BG) between 61-71 mg; weight fluctuates up and down five pounds
- Resident B:** BG 66 mg, fluctuated between 87-99 pounds
- Resident C:** BG 67 mg in 2021, 63 mg in 2018
- Resident D:** BG between 60s-70s mg
- Resident E:** BG between 67-75 mg
- Resident F:** BG between 57-68 mg
- Resident G:** Weight loss from 155 pounds in 11/2020 to 140 pounds in 07/2021

On 10/14/2021, I conducted an unannounced, onsite inspection at the facility. Lunch was being served at the time of the inspection, and residents were having a chicken patty/bun, mixed vegetables, and fruit, which was consistent with the menu posted for the day. I observed the refrigerator, freezer, and deep freezer, which was full of food. I observed menus from June 2020 through the day of the onsite inspection, which documented three meals and a snack. I observed each resident in question, and they were all either active or sleeping at the time of my inspection. There were no visible concerns about the residents.

I reviewed the resident's *Weight Records* and *Health Care Appraisals (HCA)*, which documented the following:

- Resident A:** HCA dated 01/15/21, fully ambulatory. Down Syndrome, Hypothyroidism, Hyperlipidemia
 - Weight: 1/2018 - 117; 1/2019 - 106; 1/2020 - 118; 1/2021 - 116; 9/2021 - 121
- Resident B:** HCA dated 01/14/21, gait impairment, developmental disorder, osteoporosis, uses walker
 - Weight: 1/2018 – 81.2; 1/2019 – 82; 1/2020 – 87.8, 01/21 – 90; 9/2021 – 92
- Resident C:** HCA dated 02/05/2021, uses walker, gait difficulty, chronic pancreatitis
 - Weight: 1/2018 – 133.2; 1/2019 – 131; 1/2020 – 132; 1/2021 – 137; 9/2021 – 132
- Resident D:** HCA dated 05/14/2019, uses walker, seizure disorder, depression, localized edema
 - Weight: 1/2018 – 146; 1/2019 – 155; 1/2020 – 158; 1/2021 – 152; 9/2021 – 165
- Resident E:** HCA dated 02/05/2021, uses wheelchair, gait impairment, Down Syndrome
 - Weight: 8/2018 – 174; 1/2019 – 172.5; 1/2020 – 175; 1/2021 – 177; 9/2021 – 171
- Resident F:** HCA dated 2/23/2021; cerebral palsy, gait problems, uses wheelchair
 - Weight: 1/2018 – 103; 3/2019 – 101; 1/2020 – 112; 1/2021 – 131; 8/2021 – 126
- Resident G:** HCA dated 11/09/2020; blindness, bilateral deafness, fully ambulatory
 - Weight: 9/2020 – 145; 1/2021 – 148; 9/2021 – 145.5

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:	Based on reviewing the facility menus, onsite observations of residents eating, observation of food storage areas, and review of resident <i>Health Care Appraisals</i> and <i>Weight Records</i> , there was no substantial evidence to confirm that Residents A, B, C, D, E, F, and G are deprived of three regular, nutritious meals a day. There was no glaring loss of weight of any resident.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident D has a pressure wound that is not receiving appropriate attention.

INVESTIGATION:

I received this denied Adult Protective Services complaint on 09/30/2021 and contacted Complainant on 10/05/2021. Complainant stated Resident D has a pressure ulcer on her heel that is about four centimeters. Complainant stated staff put compression stockings on Resident D, even though she screams in pain.

On 10/14/2021, I conducted an unannounced, onsite inspection at the facility. I observed Resident D, but could not interview her about the pressure wound, due to her diagnosis. I reviewed Resident D's medical visit forms, which documented medical visits on 08/19/21 for neurology/lab work. Additionally, Resident D had an appointment on 09/27/2021 for a check up on her foot wound/x-ray. I reviewed an after-visit summary for Resident D dated 09/27/2021 from Sparrow Hospital, which documented a visit for wound check, diagnosis of cellulitis of left lower extremity, and prescription for Bumex 2x/day and Eucerin lotion 2x/day. Treatment for cellulitis included "medicine (antibiotics), supportive care (rest, cold/warm compress), and hospital care if the condition is severe."

APPLICABLE RULE	
R 400.15310	Resident health care.
	(1) A licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician or other health care professional with regard to such items as any of the following: (d) Other resident health care needs that can be provided in the home. The refusal to follow the instructions and recommendations shall be recorded in the resident's record.
ANALYSIS:	Based on a review of Resident D's medical visit forms and after visit summary, Resident D was seen and treated by a doctor for her pressure wound. There is no indication that the facility is neglecting her needs in the attention and care of the wound.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

I reviewed the *Health Care Appraisal* for Resident D, which was dated 05/14/2019. On 11/01/2021, I spoke with Kerry Dack, Licensee Designee, who stated that although Resident D was seen by a doctor in 2020, he did not have documentation for the doctor visit. Mr. Dack stated that Resident D has an appointment scheduled for an updated *Health Care Appraisal*.

APPLICABLE RULE	
R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
ANALYSIS:	Based on my review of Resident D's <i>Health Care Appraisal</i> and interview with Mr. Dack, Resident D lacked an annual <i>Health Care Appraisal</i> for 2020. Resident D's last documented <i>Health Care Appraisal</i> was completed on 05/14/2019.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent on an acceptable corrective action plan, I recommend no change in the license status.

Derrick L. Britton

11/01/2021

Derrick Britton
Licensing Consultant

Date

Approved By:

Dawn Timm

11/01/2021

Dawn Timm
Area Manager

Date