

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

November 22, 2021

Catherine Reese Vibrant Life Senior Living, Superior Township, LLC 4488 Jackson Road Ste 2 Ann Arbor, MI 48103

> RE: License #: AL810390864 Investigation #: 2022A0122004

> > Vibrant Life Senior Living, Superior #3

Dear Ms. Reese:

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. In the event that I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9720.

Sincerely,

Vanon Beullen

Vanita C. Bouldin, Licensing Consultant Bureau of Community and Health Systems 22 Center Street Ypsilanti, MI 48198 (734) 395-4037

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL810390864
	200010100001
Investigation #:	2022A0122004
Complaint Receipt Date:	11/03/2021
	1170072021
Investigation Initiation Date:	11/04/2021
	0.4/00/0000
Report Due Date:	01/02/2022
Licensee Name:	Vibrant Life Senior Living, Superior Township, LLC
Licensee Address:	4488 Jackson Road Ste 2
Licelisee Addiess.	Ann Arbor, MI 48103
Licensee Telephone #:	(734) 819-7790
Administrator:	Catherine Reese
Licensee Designee:	Catherine Reese
Name of Facility:	Vibrant Life Senior Living, Superior #3
Name of Facility.	Vibrant Life Genior Living, Superior #5
Facility Address:	8100 Geddes Road
	Ypsilanti, MI 48198
Escility Tolonhone #:	(734) 484-4740
Facility Telephone #:	(734) 404-4740
Original Issuance Date:	03/08/2019
License Status:	REGULAR
Effective Date:	09/08/2021
	55,55,252
Expiration Date:	09/07/2023
Composite	20
Capacity:	20

Program Type:	PHYSICALLY HANDICAPPED
	AGED
	ALZHEIMERS

II. ALLEGATION(S)

Violation Established?

Direct care staff are not trained to provide catheter care to residents.	No
There is insufficient direct care staff on duty to provide care to the residents.	No
Written assessments are not completed on the residents documenting their personal needs.	Yes

III. METHODOLOGY

11/03/2021	Special Investigation Intake 2022A0122004
11/04/2021	Special Investigation Initiated – On site Completed interviews with Residents A, B, and C.
11/05/2021	APS Referral
11/19/2021	Contact – Telephone call made Completed interviews with direct care staff members, Donmicka Johnson and Joneisha Henderson.
11/22/2021	Exit Conference Discussed findings with Catherine Reese, Licensee Designee.

ALLEGATION: Direct care staff are not trained to provide catheter care to residents.

INVESTIGATION: On 11/03/2021, the complainant documented that direct care staff are expected to put in a catheter without training.

On 11/04/2021, I completed an interview with Josh Reese, Supervisor. Mr. Reese stated that direct care staff are not directed to put in catheters for residents that require them. He stated that direct care staff are given the task of emptying the catheter bags which hold urine only. If additional care is needed for catheters, for example inserting or removing a catheter, an outside nursing company is employed to complete those services.

On 11/19/2021, I completed an interview with direct care staff members, Donmicka Johnson and Joneisha Henderson. Both reported they assigned to work in adult foster care facilities, Vibrant Life Senior Living, Superior #3 and #4. Ms. Johnson and Ms. Henderson both acknowledged residents in both facilities that have catheters placed to address urine output issues. Both reported they have never been asked to provide catheter care for those residents who use them. They have emptied urine bags attached to catheters and make observations to make certain they are operating correctly, but they do not handle the catheter themselves. Both reported catheter care issues are reported to nurse on staff.

On 11/22/2021, I completed an exit conference with Catherine Reese, Licensee Designee. Ms. Reese is in agreement with my findings.

APPLICABLE RULE	
R 400.15204	Direct care staff; qualifications and training.
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: (d) Personal care, supervision, and protection.
ANALYSIS:	On 11/04/2021, Josh Reese, Supervisor, reported that direct care staff are not given the task of catheter care. On 11/19/2021, direct care staff members Donmicka Johnson
	and Joneisha Henderson both reported they are not given the task of catheter care.
	Based upon my investigation I find there is no evidence to support the allegation that direct care staff have not been trained but assigned to provide the personal care task of catheter care. Direct care staff, Ms. Johnson and Ms. Henderson reported they are not given the task of catheter care.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: There is insufficient direct care staff on duty to provide care to the residents.

INVESTIGATION: On 11/03/2021, the complainant documented that the Vibrant Life Senior Living, Superior #3 adult foster care group home is grossly understaffed, therefore, there is a complete lack of proper care. The complainant also documented that residents are not cleaned or changed.

On 11/04/2021, I completed an interview with Josh Reese. Mr. Reese reported that 15 residents reside in the facility. He gave the following direct care staff schedule: 1st shift, 7:00 a.m. – 3:00 p.m., 2 direct care staff with a floater; 2nd shift, 3:00 p.m. – 11:00 p.m., 2 direct care staff with a floater; 3rd shift, 11:00 p.m. – 7:00 a.m., 2 direct care staff. He described a floater as being a direct care staff that assists in two facilities that are adjacent to each other. In addition to the above there is also a Director of Resident Care and Assistant Director of Resident on staff daily.

Mr. Reese stated there is always sufficient staff on duty to provide care to the residents. He reported that he has not observed residents not being cleaned or changed nor has he received reports that residents' needs are not provided for. Mr. Reese provided copies of the staff schedule for my review. My review confirmed what was reported above by Mr. Reese.

On 11/04/2021, during my onsite inspection I observed residents resting in their bedrooms, participating in an exercise class, and socializing in the dining area. All residents were observed to be clean and wearing appropriate clothing. They exhibited no signs of discomfort nor distress.

On 11/04/2021, I interviewed Residents A, B, and C. All have lived in the facility for at least one year. Residents B and C stated they had observed at least two direct care staff members always present at the facility. All reported that their personal needs were met but sometimes there is a delay to receiving assistance. They acknowledged when there is a delay with assistance it may mean that staff are providing care to other residents.

Resident C reported that her room was always cleaned. Per Resident C direct care staff change her towels regularly and if she has soiled laundry it is removed from her room in a timely fashion. Resident A reported that he receives weekly showers, and his room is cleaned appropriately as well.

On 11/04/2021, I reviewed Resident A, B, C, D, and E's files. Medical notes were reviewed and there was no documentation that any of the residents' personal needs were not being attended to by direct care staff.

On 11/19/2021, I completed interviews with direct care staff members, Domicka Johnson and Joneisha Henderson. Both reported they assigned to work in adult foster care facilities, Vibrant Life Senior Living, Superior #3 and #4. Both Ms.

Johnson and Ms. Henderson feel there is sufficient staffing to meet the needs of all residents in both buildings. They reported for residents that use briefs they are checked and changed at least every two hours or more if needed. Neither have observed or received reports that residents are left soiled or unclean.

On 11/22/2021, I completed an exit conference with Catherine Reese, Licensee Designee. Ms. Reese is in agreement with my findings.

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:	On 11/04/2021, Josh Reese, Supervisor provided copies of the direct care staff schedule to document there are at least 2 direct care staff on shift to provide care to the 15 residents placed at Vibrant Life Senior Living, Superior #3.	
	On 11/04/2021, I observed 2 direct care staff on duty. Residents were observed comfortably throughout the facility showing no signs of distress.	
	On 11/04/2021, I interviewed Residents A, B, and C. Residents B and C reported at least 2 direct care on duty at all times. Resident C reported that direct care staff make certain her room is clean and soiled laundry is removed in a timely fashion.	
	On 11/19/2021, direct care staff members, Donmicka Johnson and Joneisha Henderson reported they felt there is sufficient staffing to care for the residents placed in Vibrant Life Senior Living Superior #3.	
	Based upon my investigation there is no evidence to support insufficient direct care staff on duty to provide personal care to the residents placed in Vibrant Life Senior Living Superior #3.	
CONCLUSION:	VIOLATION NOT ESTABLISHED	

ALLEGATION: Written assessments are not completed on the residents documenting their needs.

INVESTIGATION: On 11/03/2021, the complainant documented that there were no written assessments completed for residents stating what personal care is needed.

On 11/04/2021, I reviewed Resident A, B, C, and D's files. Resident A was admitted on 09/14/2021 and there was no written assessment completed as part of the admission process. Residents B, C, and D had written assessments in their files with descriptions of personal care needed for each resident. None of the completed written assessments documented the need for specialized services.

On 11/22/2021, I completed an exit conference with Catherine Reese, Licensee Designee. Ms. Reese stated she would submit a corrective action plan to address rule violation found during the investigation.

APPLICABLE RU	JLE
R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions: (a) The amount of personal care, supervision, and protection that is required by the resident is available in the home.
ANALYSIS:	On 11/04/2021, I found Resident A did not have a written assessment completed during my file review. Based upon my investigation, I found that Resident A had no written assessment completed to determine the amount of personal care needed to be placed at Vibrant Life Senior Living, Superior #3.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt and approval of a corrective action plan I recommend no change to the status of the license.

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Vanita C. Bouldin Date: 11/22/2021

Licensing Consultant

Approved By:

Ardra Hunter Date: 11/22/2021

Area Manager