GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 24, 2021

Thomas Patterson
Sunrise Assisted Living of Troy
6870 Crooks Rd
Troy, MI 48098

RE: License #: AH630399616
Investigation #: 2021A1019058

Dear Mr. Patterson:

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 (517) 284-9730.

Sincerely,

Elizabeth Gregory-Weil, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 347-5503
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630399616
Investigation #:	2021A1019058
Complaint Receipt Date:	09/16/2021
Investigation Initiation Date:	09/20/2021
Report Due Date:	11/16/2021
Licensee Name:	SZR Troy Assisted Living Opco, L.L.C.
Licensee Address:	Suite 200 500 N. Hurstbourne Pkwy Louisville, KY 40222-3301
Administrator and Authorized Representative:	Thomas Patterson
Name of Facility:	Sunrise Assisted Living of Troy
Facility Address:	6870 Crooks Rd Troy, MI 48098
Facility Telephone #:	(248) 293-1200
Original Issuance Date:	01/01/2020
License Status:	REGULAR
Effective Date:	07/01/2021
Expiration Date:	06/30/2022
Capacity:	80
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Concerns over transferring Resident A in his Hoyer lift.	No
Resident A's eyes are not properly cared for.	No
Facility staff are not hydrating Resident A.	No
Additional Findings	Yes

III. METHODOLOGY

09/16/2021	Special Investigation Intake 2021A1019058
09/20/2021	Special Investigation Initiated - Letter Emailed administrator requesting documentation.
09/24/2021	APS Referral Notified APS of the allegations via email referral template.
09/28/2021	Inspection Completed On-site
10/05/2021	Contact - Telephone call made Conference call held with area manager Russ Misiak, division director Jay Calewarts, legal counsel Jason Scheeneman, Sunrise admin/AR Tom Patterson, legal counsel Kathryn Steffen, Nancy Voisin and Kristen Bennett to discuss document request and reporting expectations.
10/05/2021	Contact - Telephone call made Called Troy Police Department, requested copy of police report.
10/05/2021	Contact - Telephone call made Call placed to Relative A2, interview conducted.
10/05/2021	Contact - Document Received Police report received via email from Troy PD.
10/08/2021	Contact - Telephone call made Called placed to employee S. Parveen, interview conducted.

10/11/2021	Contact- Document Sent Emailed AR requesting additional information and documentation.
10/14/2021	Contact- Document Received Email received from AR fulfilling request from 10/11/21.
10/14/2021	Contact- Document Sent Emailed AR requesting staff training documentation.
10/19/2021	Contact- Document Sent Follow up email sent to AR re: staff training document request made on 10/14/21.
10/20/2021	Inspection Completed BCAL Sub. Compliance
10/25/2021	Contact- Telephone call made Conference call held with area manager Russ Misiak, division director Jay Calewarts, legal counsel Jason Scheeneman, Sunrise legal counsel Kathryn Steffen, Nancy Voisin, Kristen Bennett, Anya Wells and vice president of operations Chandra Stradling to discuss document request and reporting expectations. This was a follow up to the conference call held on 10/5/21.
10/28/2021	Contact- Telephone call received Call received from AR to discuss staff training records.
11/04/2021	Contact- Document received Document received from AR via email.
11/12/2021	Contact- Document sent At the request of area manager Russ Misiak, emailed AR requesting additional clarification on the document provided to LARA on 11/4/21.
11/24/2021	Exit Conference

ALLEGATION:

Concerns over transferring Resident A in his Hoyer lift.

INVESTIGATION:

On 9/16/21, the department received a complaint that on 9/10/21 Resident A was struck in the head with his lift device, causing a “goose egg” on his forehead. The complainant reports requesting an incident report for the event but has not received one.

On 9/28/21, I conducted an onsite inspection. I interviewed administrator and authorized representative Thomas Patterson at the facility. Mr. Patterson stated that Resident A resides in the facility’s memory care unit. Mr. Patterson stated that he is wheelchair bound and uses a Hoyer lift with the assistance of two staff persons for transferring. Mr. Patterson stated that Resident A can eat and drink on his own but requires some staff assistance with most other activities of daily living.

Mr. Patterson stated that he was informed that Relative A1 came into the facility on the evening of 9/10/21 to visit Resident A. Mr. Patterson stated that RelativeA1 complained to staff member Shahida Parveen that Resident A had a “goose egg” on his head. Mr. Patterson stated that it was expressed to him that Relative A1 was upset and later ended up calling the police to report her concerns. Mr. Patterson stated that Relative A1 assumed the alleged injury occurred during a transfer using the Hoyer lift. Mr. Patterson stated that Ms. Parveen denied that there was a bump or any bruising observed on Resident A’s head at the time. Mr. Patterson stated that Resident A was evaluated by one of the nurses the following morning and she did not observe a bump or bruise. Mr. Patterson stated that he was not working during this instance and was next in the building on 9/13/21 and did not see any injury to Resident A at that time. Mr. Patterson stated that this is not the first time Relative A1 has become upset and caused a scene at the facility. Mr. Patterson stated that Relative A2 is Resident A’s power of attorney and authorized representative and stated that the facility does not have permission to release any information to Relative A1. Mr. Patterson further stated that Relative A1 is not listed on the emergency contact list for Resident A and staff do not have her contact information.

On 9/28/21, I interviewed resident care coordinator Anthony Pizzo at the facility. Mr. Pizzo stated he was not present on 9/10/21 when Relative A1 was at the facility but denied observing any injuries to Resident A’s head around that time. Mr. Pizzo stated that shortly after Ms. Parveen’s encounter with Relative A1, Resident A’s family requested that Resident A wear protective head gear when being transferred in the lift and provided a foam barrier on the metal bars of the device as a precaution.

On 9/28/21, I interviewed resident care director Jody Soltys- Gawinek. Ms. Soltys-Gawinek stated that she was not present when Relative A was at the facility on 9/10/21 but received a call from Ms. Parveen after hours informing her that Relative A1 reported seeing a bump on Resident A’s head. Ms. Soltys- Gawinek stated that Relative A1 was being “accusatory and condescending” towards Ms. Parveen. Ms. Soltys- Gawinek stated that she does not recall if Ms. Parveen told her if she observed a bump or mark on Resident A’s head during their phone conversation but

stated that she completed an incident report on the event that would speak to her observations.

On 9/28/21, I interviewed wellness nurse Dina Shunia at the facility. Ms. Shunia stated that she came into work on 9/11/21 and reviewed an incident report completed by Ms. Parveen regarding an alleged bump on Resident A's head. Ms. Shunia stated that the incident report outlined an allegation that Relative A1 made about a bump on Resident A's head. Ms. Shunia could not recall specifically if Ms. Parveen identified in the report that an injury was present but stated that the incident report prompted her to follow up and evaluate Resident A. Ms. Shunia stated that when she assessed him there weren't any signs of injury and Resident A was not exhibiting or verbalizing any pain.

On 10/5/21, I interviewed Relative A2 by telephone. Relative A2 stated that she was informed by Relative A1 of a "goose egg" on Resident A's head but she did not personally see it but that the facility "didn't have an answer for it". Relative A2 stated that it was assumed any marks on his head would have been caused by the metal bracket on the Hoyer lift because Resident A is immobile and "That was the only thing we could come up with." Following Relative A1's concerns, Relative A2 stated that she spoke with Mr. Pizzo and Ms. Soltys-Gawinek regarding the Hoyer lift and soon after padded the Hoyer and provided a padded helmet for Resident A to wear. Relative A2 stated "They never admitted there was a bruise or swelling."

On 10/8/21, I interviewed care giver/med tech Shahida Parveen by telephone. Ms. Parveen stated she worked as a med tech and caregiver during second shift on 9/10/21. Ms. Parveen stated that sometime after dinner (she believed it was around 7:30pm) she was approached by Relative A1 on 9/10/21 informing her of a bump on Resident A's head. Ms. Parveen stated that Relative A1 was yelling at her and thought the bump was caused by the Hoyer lift. Ms. Parveen stated that she looked Resident A over and did not see what Relative A1 was referring to. Ms. Parveen stated that when she came into memory care to work with Resident A he had already been transferred back into bed after dinner and that she had not transferred Resident A in the lift during her shift up to that point. Ms. Parveen stated that she called her supervisor, Ms. Soltys-Gawinek after the encounter and she instructed her to complete an incident report. Ms. Parveen stated that she submitted the incident report electronically before leaving her shift for the night. Ms. Parveen stated that within a few days following the incident, Resident A's family brought in foam padding and headgear to protect Resident A during Hoyer lift transfers.

Facility progress notes were reviewed. No notes were observed to be entered on 9/10/21 to document the encounter. On 9/11/21, Ms. Shunia wrote:

> *On 9/10/21, daughter notified team member that resident had bump on head. Writer assessed resident head today. His head was palpitated for any bumps. No raised areas, bruises or redness was observed during assessment. There appears to be an old indentation noted on top of head just above forehead. It was*

white in color, normal pink color skin surrounding it. No other marks, bruises or redness noted. Resident did not flinch or grimace during assessment.

Ms. Shunia also documented on 9/12/21 and 9/13/21 that there weren't any marks or discoloration on Resident A's head.

Statements from additional staff who provided care to Resident A on 9/10/21 from various shifts were obtained. Kim Chambers, Ginger Chapman, Rachel Jedynak and Kendra Shaw all attested that Resident A did not have any evidence of injury during their shift.

A copy of the police report was requested from the Troy Police Department. The report was received on 10/5/21. The report was dated 9/13/21 and authored by officer Matthew Redmond. The report read, in part:

I called Sunrise Assisted Living Troy and spoke with Executive Director Tom Patterson. Patterson advised that he is familiar with [Relative A1] and saw [Resident A] 9/13/21. Patterson stated [Resident A] is in fair condition and does not have any wounds on his head. Patterson stated that due to family issues [Relative A1's] sister [Relative A2] has medical power of attorney over [Resident A] and that staff are not to contact [Relative A1]. No further action taken.

Resident A's service plan identifies that he uses a Hoyer lift for transfers and instructs "I need physical assist of 2 persons with transferring."

APPLICABLE RULE	
R 325.1921	**Governing bodies, administrators, and supervisors.**
	(1) The owner, operator, and governing body of a home shall do all of the following: **(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.**
For Reference R 325.1901	**Definitions.**
	(16) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the

	home, or when the resident's service plan states that the resident needs continuous supervision.
ANALYSIS:	While it is irrefutable that Relative A1 came into the facility alleging a bump on the resident's head, interviews and attestations from staff combined with review of documentation do not outline any specific event occurring to cause injury to Resident A. Staff who provided care to Resident A on the date in question denied any incident involving the Hoyer lift as the complainant alleges and there is insufficient evidence to assert wrongdoing on behalf of facility staff.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Resident A's eyes are not properly cared for.

INVESTIGATION:

The complaint alleged that staff aren't wiping Resident A's eyes, resulting in crusty buildup that causes his eyelids to get stuck together.

Ms. Soltys-Gawinek stated that Resident A is prescribed eye drops for glaucoma and receives medicated drops along with drops for lubrication. Ms. Soltys-Gawinek stated that the lubricating drops have a thick consistency and that sometimes if Resident A does not hold still, the drops will run down his cheek and face. Staff are instructed to wipe any excess liquid and they do not expect Resident A to do this task.

Relative A2 stated that there is a particular eye drop that Resident A receives (could not recall the name of the medication) that is sticky and can create some fluid buildup. Relative A2 stated that the best way to remedy this is to use a wet wipe. Relative A2 stated that this does not happen frequently and stated that she has seen this occur only "periodically".

Ms. Shunia's attestation was consistent with that of Ms. Soltys-Gawinek.

While onsite, I observed Resident A's eyes to be fully open. There was no evidence of liquid or crust around the eyes or eyelids.

APPLICABLE RULE	
R 325.1933	**Personal care of residents.**
	(1) A home shall provide a resident with necessary assistance with personal care such as, but not limited to, care of the skin, mouth and teeth, hands and feet, and the shampooing and grooming of the hair as specified in the resident's service plan.
ANALYSIS:	Resident A receives eye drops that can be sticky and cause crusting around the eyes. Staff interviewed stated that care staff are instructed to wipe excess fluid when administering the drops. Direct observation did not reveal any crusting to Resident A's eyes/eyelids.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Facility staff are not hydrating Resident A.

INVESTIGATION:

The complaint alleged that the facility does not provide hydration for Resident A and that his family has to come in for that task.

Mr. Pizzo stated that Relative A2 has requested that staff encourage fluids however stated that the facility does not have a hydration order or any therapeutic or prescribed diet orders. Mr. Pizzo stated that Resident A does not have any swallowing difficulties and that he is able to hold a cup and drink out of a straw independently. Mr. Pizzo stated that there are times when Resident A needs prompting and that staff will provide assistance if needed.

Ms. Soltys-Gawinek stated that Resident A does not have any hydration orders and has not received any instruction from the physician in regard to fluid intake. Ms. Soltys-Gawinek stated that it is standard practice to encourage residents to drink plenty of fluids at mealtime and in-between. Ms. Soltys-Gawinek stated that staff cannot force Resident A to drink but that water and other beverages are always offered.

Ms. Shunia's attestation was consistent with that of Mr. Pizzo and Ms. Soltys-Gawinek.

Relative A2 affirmed that Resident A does not have any prescribed fluid orders. Relative A2 stated that she has “observed staff’s efforts to put water in front of him during mealtime” but stated that she isn’t there all day and is not aware how often they try to get him to drink. Relative A2 stated Resident A can swallow normally and is capable of drinking out of a cup but may need prompting and “depending on the day he may have some difficulty”. Relative A2 did not express concerns over Resident A’s fluid intake.

Resident A’s service plan and MAR were reviewed. I did not observe any instruction or orders pertaining to hydration, fluid intake or supplemental nourishments listed.

While onsite, I observed a large green plastic cup with a lid and straw next to Resident A’s bed that contained what appeared to be water.

APPLICABLE RULE	
R 325.1952	**Meals and special diets.**
	(4) Medical nutrition therapy, as prescribed by a licensed health care professional and which may include therapeutic diets or special diets, supplemental nourishments or fluids to meet the resident's nutritional and hydration needs, shall be provided in accordance with the resident's service plan unless waived in writing by a resident or a resident's authorized representative.
ANALYSIS:	Resident A did not have physician’s orders designating a hydration schedule or instructions for staff to provide Resident A with a certain amount of fluids.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

During the course of this investigation, Mr. Patterson was asked to produce training records of staff who provide care to Resident A to demonstrate sufficient training on Hoyer lift and transfer techniques. On 10/20/21, Mr. Patterson reported that he was “attempting to locate” the records. At the time of this report, no training documentation has been provided. On 10/28/21, Mr. Patterson contacted licensing staff to confirm that he did not have any proof of training on Hoyer and transferring techniques. Mr. Patterson stated that training has been completed but does not have any physical documentation to affirm completion.

APPLICABLE RULE	
R 325.1944	**Employee records and work schedules.**
	(1) A home shall maintain a record for each employee, which shall include all of the following: **(d) Summary of experience, education, and training.**
ANALYSIS:	As a matter of this investigation, it has been determined that staff utilize assistive transferring devices during the provision of care with residents. However, there was no evidence that this training had occurred for the staff. Mr. Patterson was unable to provide requested staff training records.
CONCLUSION:	**VIOLATION ESTABLISHED**

On 11/24/21, I shared the findings of this report with authorized representative Thomas Patterson. Mr. Patterson verbalized understanding of the citation.

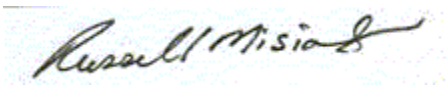
IV. RECOMMENDATION

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

11/24/21

Elizabeth Gregory-Weil Date
Licensing Staff

Approved By:



11/24/21

Russell B. Misiak Date
Area Manager