



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 12, 2021

Timothy Adams
7280 Belding Rd. NE
Rockford, MI 49341

RE: License #:	AM610009232
Investigation #:	2021A0356039
	Cedar Creek Personal Care Home I

Dear Mr. Adams:

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 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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Elliott".

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM610009232
Investigation #:	2021A0356039
Complaint Receipt Date:	08/23/2021
Investigation Initiation Date:	08/23/2021
Report Due Date:	10/22/2021
Licensee Name:	Timothy Adams
Licensee Address:	7280 Belding Rd. NE Rockford, MI 49341
Licensee Telephone #:	(616) 459-9331
Administrator:	N/A
Licensee Designee:	N/A
Name of Facility:	Cedar Creek Personal Care Home I
Facility Address:	8840 Cedar Creek Drive Holton, MI 49425
Facility Telephone #:	(231) 821-0281
Original Issuance Date:	01/07/1991
License Status:	REGULAR
Effective Date:	11/16/2019
Expiration Date:	11/15/2021
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL, ALZHEIMERS, AGED

II. ALLEGATION(S)

	Violation Established?
Resident A's care needs are not met at the facility.	No
Resident A's medications Tramadol and Tylenol are not being administered as prescribed.	No
Additional Finding	Yes

III. METHODOLOGY

08/23/2021	Special Investigation Intake 2021A0356039
08/23/2021	APS Referral Ken Beckman, Muskegon Co. DHHS, APS.
08/23/2021	Special Investigation Initiated - Telephone Ken Beckman, APS.
08/25/2021	Contact - Document Sent Sheila Patterson, home manager.
09/15/2021	Contact - Telephone call made Sheila Patterson-COVID+ residents in the facility, on quarantine through the Health Department for 6 more days.
09/20/2021	Contact - Document Received Ken Beckman, APS, sent more info. from another APS complaint on same resident.
09/24/2021	Contact - Face to Face Resident A and Sheila Patterson.
09/24/2021	Contact - Document Received Facility documents on Resident A.
10/05/2021	Contact-Telephone call made Dawn Wentworth, shoreline guardianship services.
10/05/2021 & 10/07/2021	Contact-Telephone call made Georgann Wigent, Spectrum Health Visiting Nurse.
10/11/2021	Contact-Telephone call made

	Hannah Jenkins-nurse case manager for Spectrum Visiting Nurses.
10/11/2021	Contact-Telephone call received Tammy Kastelic, Reliance case manager.
10/12/2021	Exit Conference-Licensee, Tim Adams.

ALLEGATION: Resident A’s care needs are not met at the facility.

INVESTIGATION: On 08/23/2021, I received a BCAL (Bureau of Children and Adult Licensing) Online Complaint. The complainant reported that Resident A relies on the AFC home staff to provide care for him and the environment Resident A is living in is not suitable. The complainant is always covered in urine with flies all over him, the sheets are soaked in urine, there was “puke or poop” that appeared to be from an animal on his bed. Resident A is always filthy and always has the same outfit on because he does not have new clothing. Muskegon County Department of Health and Human Services (DHHS) Adult Protective Service Worker, Ken Beckman has an open investigation on this complaint.

On 08/23/2021, I interviewed Mr. Beckman via telephone. Mr. Beckman stated he interviewed the home manager, Sheila Patterson, and Resident A on 08/19/2021 at the facility. Mr. Beckman stated Ms. Patterson reported Resident A has adapted well to the AFC lifestyle but does give staff grief when it comes to personal care. Mr. Beckman stated Ms. Patterson agreed that Resident A has issues with incontinence and refuses to wear adult briefs which results in his bedding becoming wet during the night. Mr. Beckman stated Ms. Patterson reported Resident A has a new nurse that provides wound care who has been coming to the facility to provide that care. Ms. Patterson reported to Mr. Beckman that she and staff at the facility do the best they can to get Resident A cleaned up daily and they keep in close contact with Resident A’s legal guardian. Mr. Beckman stated Ms. Patterson reported if Resident A did not live in this facility, his willingness to accept care in other placements will likely not be any better.

On 08/19/2021, Mr. Beckman stated he interviewed Resident A at the facility. Mr. Beckman reported that Resident A is known to APS and APS established legal guardianship for Resident A. Mr. Beckman stated since Resident A has been involved with APS, over the past several years, his hygiene has not been great. Mr. Beckman stated on 08/19/2021, Resident A was observed to be somewhat dirty, with no foul odors noted but the bandages on his legs and wrist appeared clean and new. Mr. Beckman stated Resident A reported a nurse sees him twice weekly to change his leg bandages. Mr. Beckman stated Resident A reported there are times he does not want to get out of bed and that he struggles with incontinence. Resident A reported he does not like to wear adult briefs but does most of the time at the insistence of the AFC staff.

On 08/19/2021, Mr. Beckman reported he interviewed Dawn Wentworth, legal guardian from Shoreline Guardianship services on 08/17/2021. Mr. Beckman stated Ms. Wentworth reported she saw Resident A at the facility approximately two weeks ago and also two weeks prior to that. Ms. Wentworth reported she reviewed Resident A's plan of care with Ms. Patterson and spoke to Resident A's medical support staff through Reliance Medicaid Waiver program and is unsure as to why anyone would complain about Resident A's current living situation. Ms. Wentworth reported to Mr. Beckman that she is happy with Resident A's placement in this facility and does not have any concerns that he is being neglected by staff.

On 09/20/2021, I received an email from Mr. Beckman with information about another APS referral that was filed regarding the care of Resident A. The complainant reported that Resident A was observed sitting in urine-soaked clothes in his wheelchair on this date, there were flies landing on Resident A's legs where he had scabs that are still open and on others that are healed. The complainant reported Resident A smelled like urine as though he has not showered in a long time. The entire building smells of urine and feces.

On 09/24/2021, I conducted an inspection at the facility and interviewed Ms. Patterson. Ms. Patterson stated Resident A has lived at the facility over 2 years and will not allow staff to get him out of bed and cleaned up in the morning. He gives the staff a very hard time, so staff clean Resident A everyday when he allows it to be done. Ms. Patterson stated Resident A is in a wheelchair, can get up on his own and transfer with supervision. Ms. Patterson stated a nurse from Spectrum wound clinic comes out to provide wound care on Resident A's legs. Ms. Patterson stated the agency nurse comes to the facility in the morning and typically Resident A is not up and clean because he does not like to get up nor does he allow staff to get him cleaned up. Ms. Patterson stated the nurse is "rude and ornery" with staff because Resident A is not clean for her visit. Ms. Patterson stated the agency nurse refuses to come later in the day when staff are able to get Resident A clean. Ms. Patterson stated there is no care plan in place for staff to follow to provide personal care to Resident A, staff keep trying throughout the day until Resident A allows care to be completed. Ms. Patterson stated throughout the day, staff check on Resident A and assist with toileting and cleaning him up if he is wet. Ms. Patterson stated in the past, one of the staff, Jeanie had dogs, but they were never allowed to roam free in the facility. Ms. Patterson stated there are no animals in the facility nor has there been for quite some time, and she does not know anything about animal puke or poop being on Resident A's bed.

On 09/24/2021, I inspected Resident A's bedroom at the facility. Ms. Patterson stated staff left his bedding as they found it this morning to show me how it is often. Resident A's bedding was soaked with urine, several flies were buzzing around as reported in the complaint and there was a strong stench of urine in the room, but I also noted the strong smell of urine as I entered the facility from the front door. Ms. Patterson pointed out clean sheets and bedding on the dresser in Resident A's room, but that Resident A would not let staff clean and change them in the morning

prior to the nurse's visit but that it would be done now that I saw how his bedding gets. I did not see anything that resembled vomit or animal feces on Resident A's bedding.

On 09/24/2021, I conducted an inspection at the facility and interviewed Resident A. Resident A was clean and dressed in appropriate for the weather clothing. Resident A stated he has new, clean clothing but runs out of clothing quickly because he "goes through a lot" of clothes, due to incontinence. Resident A stated he does not let staff clean him or get him ready in the morning and it is not staff's fault, he refuses their attempts. Resident A stated it is his own stubbornness that keeps him from allowing staff to provide personal care. Resident A stated staff work hard at caring for him and acknowledged that he requires assistance with his personal care. Resident A stated if he can have a couple more packs of cigarettes each month, he will let staff help him in the morning without a problem.

On 09/24/2021, I reviewed Resident A's Assessment Plan for AFC Residents. The assessment plan is dated 08/22/2021 and signed by Ms. Patterson. The assessment plan documents that Resident A requires help and describes the type of help as '*staff assistance*' for bathing, grooming, dressing, and personal hygiene. The assessment plan documents Resident A requires assistance with toileting and describes the need as '*(Resident A) will alert staff when he is going to use the bathroom.*' The assessment plan documents Resident A does not communicate needs and explains, '*(Resident A) does not tell staff if he needs to be changed, staff checks for incontinence about every 1 ½-2 hours.*'

On 09/24/2021, I reviewed Resident A's Health Care Appraisal (HCA) dated 09/21/2020 and signed by NP (nurse practitioner) Angela Kuklewski. The HCA documents Resident A's diagnosis as '*edema, HTN (hypertension), stasis dermatitis of both legs, tobacco abuse, schizophrenia.*' The HCA documents Resident A's general appearance as '*no acute distress*' and '*fecal incontinence*' as an '*explanation of abnormality/treatment ordered.*'

On 10/05/2021, I interviewed Ms. Wentworth, Resident A's legal guardian via telephone. Ms. Wentworth stated she has been Resident A's legal guardian for the past 2 ½ years. Ms. Wentworth stated the nurses will only come out in the morning and Resident A refuses to go the bathroom or change his clothes in the morning and therefore, he may be wet when the nurses see him. Ms. Wentworth stated Resident A wears adult briefs, takes showers, and will accept care, but it is at his discretion. Ms. Wentworth stated Resident A has plenty of clothes that are clean but has 2 favorite outfits that he likes to wear over and over. Ms. Wentworth stated Ms. Patterson "is amazing, wonderful at handling (Resident A) and staff are also amazing." Ms. Wentworth stated she has nothing negative to say about Ms. Patterson, the staff at the facility or their care of Resident A. Ms. Wentworth stated staff at the facility are able to care for Resident A and they work with him very well. Ms. Wentworth stated she has conducted unannounced visits twice over the past few months at the facility. Ms. Wentworth reported she saw Resident A's room clean

with clean sheets on the bed one visit and the next visit Resident A had “sloshed” his urinal around, spilled urine all over his floor and reported that staff tried to make him get cleaned up and he did not want to. Ms. Wentworth stated the care Resident A receives at this facility is the best care he has ever gotten, and she supports Ms. Patterson and staff 100% as they go “above and beyond” trying to provide good care to Resident A. Ms. Wentworth stated she tries to entice Resident A with extra things to get him to comply with care but “he is who he is” and it is difficult to know how to get him to comply on a consistent basis with care.

On 10/07/2021, I interviewed Georgann “Gigi” Wigent, LPN, Spectrum Homecare Agency. Ms. Wigent provided wound care for Resident A two times, once on Friday, 09/17/2021 and again on Monday, 09/20/2021. Ms. Wigent stated she was in full PPE (personal protective equipment) due to COVID-19 positive residents and upon entering the facility on both dates, it smelled of urine and feces and the smell was strong enough she could smell it through the N95 mask she was wearing. Ms. Wigent stated on 09/17/2021, she found Resident A at the dining room table sitting in his wheelchair, he smelled of urine and feces and his pants were wet all down his legs, soaked with urine. Ms. Wigent stated there were flies landing on Resident A, the dressings on his legs were not intact and Resident A told Ms. Wigent the dressings are only intact on the dates she puts them on and the rest of the time they are falling off as she found them on this visit. Ms. Wigent stated at that time, Resident A requested to go to the bathroom, staff came and took him to the bathroom and then yelled out to another staff that she needed a pair of pants and wipes because Resident A had wet himself. Ms. Wigent stated she returned on 09/20/2021 and Resident A smelled of body odor, he was sitting in his wheelchair, he was clean shaven but again his pants were soaked with urine.

On 10/11/2021, I interviewed Hannah Jenkins, Reliance nurse case manager via telephone. Ms. Jenkins stated she is the nurse case manager that is assigned to Resident A and provides care twice weekly. Ms. Jenkins stated Ms. Wigent was filling in for her while she was away. Ms. Jenkins stated that most of the time when she comes to the home to provide wound care to Resident A, he is saturated in urine. Ms. Jenkins stated she does not only go to the facility in the morning, but she also goes at different times of the day. Ms. Jenkins stated the bandages covering Resident A’s leg wounds are usually wet with urine, there is urine in his wounds and that does not create a good environment for the wounds to heal. Ms. Jenkins stated staff change Resident A while she is there so she can put dry, clean dressings on his wounds. Ms. Jenkins stated typically Resident A’s bedding and the surrounding area is urine soaked as Resident A has 4 portable urinals hanging from his bed rail that are filled and spill. Ms. Jenkins stated this is a continuous issue. Ms. Jenkins stated her most recent visit was today 10/11/2021 and Resident A’s pants were dry but the dressings on his legs and feet had old, dried urine on them.

On 10/11/2021, I received a telephone call from Tammy Kastelic, Reliance Community Care Partners case manager. Ms. Kastelic stated there is no specific care plan in place at this time addressing Resident A’s resistance to personal care

due to incontinence. Ms. Kastelic stated she is meeting with Ms. Patterson and Resident A today to review the general care plan they have for Resident A and will discuss more specific ways to deal with the issue of Resident A's incontinence and personal care. During this contact, Ms. Kastelic included Ms. Patterson on the call, and they discussed Resident A's resistance to wearing adult briefs, the fact that Resident A has always had some level of incontinence and staff check on Resident A regularly, but he does not seem to know when he is going or when he is wet. Ms. Kastelic and Ms. Patterson discussed a urology consult and a toileting schedule. Ms. Patterson stated that since Licensing's interview with Resident A on 09/24/2021, and when he finally received his new custom-made shoes from air care, she has noticed that Resident A has been more amenable at allowing staff to clean him up.

On 10/12/2021, I conducted Exit Conference with Licensee Tim Adams. Mr. Adams stated he was at the facility today to follow-up on Resident A's care plan and to address any issues staff have regarding Resident A's care. Mr. Adams agreed with the conclusion of this applicable rule.

APPLICABLE RULE	
R 400.14305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	<p>Two separate complaints were filed through APS regarding Resident A's care. The complainants reported Resident A relies on the AFC home staff to provide care for him and has been found in urine-soaked clothing with flies all over him, his bedding soaked with urine and Resident A is filthy.</p> <p>Mr. Beckman stated that Ms. Patterson reported Resident A is resistant when it comes to personal care, has issues with incontinence and refuses to wear adult briefs which results in his bedding becoming wet during the night.</p> <p>Ms. Patterson stated Resident A will not allow staff to get him cleaned up in the morning, so staff clean him as he allows them to.</p> <p>During the inspection, Resident A's bedding was soaked with urine, several flies were buzzing around and there was a strong stench of urine in the room. Resident A was clean and dressed appropriately during this inspection.</p>

	<p>Resident A acknowledged that he does not let staff clean him or get him ready in the morning and that he refuses their attempts to clean him up.</p> <p>Resident A's Assessment Plan documents that Resident A requires staff assistance with bathing, grooming, dressing, toileting, and personal hygiene. The assessment plan documents Resident A does not communicate needs and does not tell staff if he needs to be changed, staff checks for incontinence every 1 ½-2 hours.</p> <p>Ms. Wentworth stated she tries to entice Resident A with extra things to get him to comply with care, but he does not comply on a consistent basis.</p> <p>Ms. Wigent stated on 09/17/2021 and 09/20/2021, she found Resident A sitting in his wheelchair in urine-soaked pants.</p> <p>Ms. Jenkins stated most of the time when she arrived at the home to provide wound care to Resident A, he is wet with urine.</p> <p>Ms. Kastelic stated during the time Resident A has resided at the facility, there was no specific care plan addressing Resident A's resistance to personal care, but she met with Ms. Patterson and Resident A on 10/11/2021 to create a plan which includes a toileting schedule and a urology consult.</p> <p>Based on investigative findings, there is a preponderance of evidence to show that Resident A is incontinent and resistant to daily personal care often leaving him wet with urine. There was previously no plan in place for staff to follow in order to make sure Resident A's personal care was maintained until 10/11/2021 when Ms. Kastelic and Ms. Patterson formulated a plan. Therefore, a violation of this applicable rule is not established giving the licensee time to put the plan in place and execute the plan.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Resident A's medications Tramadol and Tylenol are not being administered as prescribed.

INVESTIGATION: On 08/23/2021, I received a BCAL (Bureau of Children and Adult Licensing) Online Complaint. The complainant reported that Resident A has Tylenol available to take as needed but the facility claims he does not have this medication

and the facility has Tramadol for Resident A but Resident A is not getting these medications as prescribed.

On 08/23/2021, I interviewed Mr. Beckman via telephone. Mr. Beckman provided information regarding Resident A's medications from his case notes and stated the medications are being monitored and controlled by staff and that Resident A does have some medications available to him on an as needed basis if Resident A asks for them, but Mr. Beckman does not document what medications Resident A has.

On 09/24/2021, I conducted an inspection at the facility and interviewed Ms. Patterson. Ms. Patterson stated Resident A has both Tylenol to be administered on an as needed basis and Tramadol to be administered daily. Ms. Patterson stated all of Resident A's medications are administered as prescribed.

On 09/24/2021, I conducted an inspection at the facility and interviewed Resident A. Resident A stated he takes all of his medications "religiously" as prescribed.

On 09/24/2021, I reviewed Resident A's MARs (medication administration records) dated 08/01/2021 through 08/31/2021. Documented on the MAR is Tramadol HCL Tab 50mg, take one tablet by mouth four times daily. The Tramadol medication is signed as administered as prescribed four times daily each day through the month of August 2021. Documented on the MAR is Acetamin (Acetaminophen) Tab 500mg sub for Tylenol, take 2 tablets by mouth three time daily as needed (PRN). The PRN medication has no signatures documenting that the PRN medication was administered during the month of August 2021.

On 10/12/2021, I conducted Exit Conference with Licensee Tim Adams. Mr. Adams stated he agrees with the information, analysis and conclusion of this applicable rule.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being §333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer and refrigerated if required.
ANALYSIS:	The complainant reported the facility has Tylenol and Tramadol for Resident A but Resident A is not getting this medication.

	<p>Mr. Beckman stated the medications are being monitored and controlled by staff.</p> <p>Ms. Patterson stated Resident A has PRN (as needed) Tylenol and Tramadol that is administered daily. Ms. Patterson stated all of Resident A’s medications are administered as prescribed.</p> <p>Resident A stated he takes all of his medications “religiously” as prescribed.</p> <p>Resident A’s MAR for the month of August 2021, documents PRN (as needed) Tylenol and Tramadol to be administered daily. The PRN medication was not administered during the month of August 2021 and the daily prescription of Tramadol is administered every day as prescribed.</p> <p>Based on investigative findings, there is not a preponderance of evidence to show that Resident A’s medications are not being administered as prescribed. Therefore, a violation of this applicable rule is not established.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS

INVESTIGATION: On 09/24/2021, I conducted an inspection at the facility and upon entering the facility, I noticed a strong smell of urine throughout the facility. I conducted an inspection of Resident A’s room and there were an inordinate number of flies buzzing around the bedding.

On 10/07/2021, I interviewed Ms. Wignet via telephone. Ms. Wignet stated when she was in the facility on 09/17/2021 and 09/20/2021, the facility had a strong smell of urine. Ms. Wignet stated while providing wound care, there were a lot of flies landing on Resident A’s legs and wounds as the dressings on his legs were not intact.

On 10/11/2021, I interviewed Ms. Jenkins via telephone. Ms. Jenkins stated the facility often smells of urine during nursing visits. Ms. Jenkins stated the flies are “so bad” in Resident A’s room that she has to “fight them off” in order to complete leg wound care and redressing. Ms. Jenkins stated this has been a continuous issue.

On 10/12/2021, I conducted Exit Conference with Licensee Tim Adams. Mr. Adams stated he was at the facility today and did not detect the smell of urine in the facility nor did he notice any flies. Mr. Adams stated Resident A’s room did smell of urine. Mr. Adams will submit an acceptable corrective action plan.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	Based on an inspection at the facility on 09/24/2021 and nursing visits on 09/17/2021 and 09/20/2021, the strong smell of urine was prominent in the facility on each date. Ms. Jenkins also reported the facility smells of urine often on her twice weekly visits. In addition, Ms. Wignet and Ms. Jenkins reported inordinate amounts of flies are landing on or buzzing around Resident A while they are providing wound care. During the inspection I conducted on 09/24/2021, I noted an inordinate number of flies in Resident A's room all concentrated around his bed and bedding. Therefore, a violation of this applicable rule is established.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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



10/12/2021

Elizabeth Elliott
Licensing Consultant

Date

Approved By:



10/12/2021

Jerry Hendrick
Area Manager

Date