



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

December 29, 2021

Paul Carlson
Sojourner Aid OPCO, LLC
5364 Greenmeadow
Kalamazoo, MI 49009

RE: License #:	AH390378211
Investigation #:	2022A1021013
	Sojourner Place

Dear Mr. Carlson,

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 authorized representative 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) 284-9730.

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 #:	AH390378211
Investigation #:	2022A1021013
Complaint Receipt Date:	11/30/2021
Investigation Initiation Date:	11/30/2021
Report Due Date:	1/30/2021
Licensee Name:	Sojourner Aid OPCO, LLC
Licensee Address:	Ste. 3700 330 N. Wabash Chicago, IL 60611
Licensee Telephone #:	(312) 725-7000
Administrator:	Tawnee Stone
Authorized Representative:	Paul Carlson
Name of Facility:	Sojourner Place
Facility Address:	5364 Greenmeadow Kalamazoo, MI 49009
Facility Telephone #:	(269) 353-0416
Original Issuance Date:	04/24/2017
License Status:	REGULAR
Effective Date:	10/24/2021
Expiration Date:	10/23/2022
Capacity:	61
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Resident P's plan of care is not reflective of her needs.	Yes
Additional Findings	No

III. METHODOLOGY

11/30/2021	Special Investigation Intake 2022A1021013
11/30/2021	Special Investigation Initiated - Letter Referral sent to APS
12/01/2021	Contact-Telephone Call Made Interviewed complainant
12/14/2021	Inspection Completed On-site
12/14/2021	Contact - Telephone call made interviewed Kindred at Home manager Joshua Nordahl
12/14/2021	Contact - Telephone call made Interviewed caregiver Tyronda Walker
12/15/2021	Contact-Telephone call made Interviewed caregiver Chloe Statler
12/15/2021	Contact-Telephone call made Kindred Hospice registered nurse Donna Laur
12/29/2021	Exit Conference

The complainant alleged medications are pre-packaged and are not labeled correctly. This complaint was investigated under special investigation 2021A1010047. The complainant alleged the facility is short staffed and SP1 is not allowed in resident rooms. This was investigated under special investigation 2022A1021008.

ALLEGATION:

Resident P's plan of care is not reflective of her needs.

INVESTIGATION:

On 11/30/21, the licensing department received a complaint with allegations Resident P is neglected at the facility.

On 11/30/21, the allegations in this report were sent to centralized intake at Adult Protective Services (APS).

On 12/1/21, I interviewed the complainant by telephone. The complainant alleged Resident P was found on the floor by staff on 12/29. The complainant alleged she fell three times that day. The complainant alleged she originally fell at 5:00am in the morning but then fell again later in the day. The complainant alleged the facility reports the resident puts herself on the floor instead of reporting a fall.

On 12/14/21, I interviewed the administrator Tawnee Stone at the facility. Ms. Stone reported Resident P had a fall on 11/29 on third shift and did not fall again. Ms. Stone reported Resident P was checked on approximately 45 minutes prior to the fall. Ms. Stone reported caregivers checked on Resident P in her room and observed her on the floor. Ms. Stone reported Resident P hit her head on her bookshelf and did have a cut on her head. Ms. Stone reported Resident P has a history of falls and is on hospice services with Kindred at Home. Ms. Stone reported Resident P has cognitive changes and some days she is more alert than other days. Ms. Stone reported caregivers will place Resident P in the common area or in the administration offices. Ms. Stone reported Resident P does not like to be in bed and will sometimes place herself on the floor with pillows and blankets. Ms. Stone reported caregivers will often place her in her recliner chair with her head on the wall to make Resident P more comfortable. Ms. Stone reported following the fall on 11/29, the facility is to keep Resident A's door open, keep her in common areas, and increase checks to one hour. Ms. Stone reported the facility is ensuring Resident P is safe.

On 12/14/21, I interviewed caregiver Logan Ledd at the facility. Mr. Ledd reported Resident P will wander throughout the facility and into resident rooms. Mr. Ledd reported Resident P has had two major falls at the facility. Mr. Ledd reported Resident P does not have cognitive ability to recognize what is going on and that she is being unsafe. Mr. Ledd reported Resident P is on frequent checks to ensure her safety. Mr. Ledd reported Resident P spends most of the time in her room and caregivers try to keep her in her room for her safety. Mr. Ledd reported Resident P is safe at the facility.

On 12/14/21, I interviewed caregiver Austin Walker at the facility. Mr. Walker reported Resident P believes she can get up and walk when she is non-ambulatory.

Mr. Walker reported Resident P has been found to put herself on the ground. Mr. Walker reported he has found Resident P crawling on the floor. Mr. Walker reported Resident P had a major fall on 11/29. Mr. Walker reported caregivers now complete frequent checks on Resident P. Mr. Walker reported Resident P is safe at the facility.

On 12/14/21, I interviewed Kindred at Home manager Joshua Nordahl by telephone. Mr. Nordahl reported Resident P did have a fall at the facility on 11/29 and his company was notified. Mr. Nordahl reported caregivers at the facility provided medical care and no additional medical intervention was needed. Mr. Nordahl reported Resident P had no falls in October at the facility. Mr. Nordahl reported Resident P is unsteady and her cognitive diagnosis contribute to her falls. Mr. Nordahl reported there is no concern about Resident P's safety at the facility.

On 12/14/21, I interviewed caregiver Tyronda Walker by telephone. Ms. Walker reported on 11/29, she checked on Resident P approximately one hour prior to her fall. Ms. Walker reported Resident P is a fall risk and is to be checked on frequently. Ms. Walker reported she observed Resident P on the floor. Ms. Walker reported the appropriate parties were notified of the fall. Ms. Walker reported Resident P wanders throughout the facility and follows caregivers around. Ms. Walker reported Resident P can be restless and moves frequently.

On 12/15/21, I interviewed caregiver Chloe Statler by email. Ms. Statler reported she was working on 11/29 when Resident A fell. Ms. Statler reported caregivers found Resident A on the floor. Ms. Statler reported caregivers cleaned Resident A and the hospice company provided medical attention. Ms. Statler reported caregivers are now to keep Resident A's door open and to check on her every 30 minutes to one hour. Ms. Statler reported Resident A would be more appropriate for a memory care facility due to falls and memory deficits.

On 12/15/21, I interviewed Kindred Hospice registered nurse Donna Laur by telephone. Ms. Laur reported she provides hospice services to Resident A at the facility. Ms. Laur reported Resident A has cognitive deficits, Alzheimer's, and dementia, which is contributing to her falls. Ms. Laur reported when Resident A has fallen, the facility has implemented safety measures to keep Resident A safe. Ms. Laur reported after the fall on 11/29, the facility is now keeping Resident A's door open and increased checks on her. Ms. Laur reported when she has been at the facility, sometimes Resident P's door is open and other times it is closed. Ms. Laur reported caregivers have increased frequency of checks. Ms. Laur reported a memory care facility may be more appropriate for Resident A, however, Resident A is familiar with the facility and the move might not be beneficial. Ms. Laur reported she feels Resident P is safe at the facility.

I reviewed Resident P's service plan. The service plan read,

"Provide frequent checks for safety related to fall risk and unsteady gait. Re educate on use of call pendent with each in apartment encounter. MMSE (mini

mental status examine) 5/30, significant decline in cognition since admission and discharge to SNF.”

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:	Resident P had a fall at the facility on 11/29. Following the fall, caregivers were to keep Resident P in the common areas, keep Resident P's door open, and increase checks to one hour. Interviews with caregivers revealed these interventions are not always implemented. In addition, review of Resident P's service plan revealed this information was not included in her service plan. Due to this, the facility is not ensuring the safety of Resident P.
CONCLUSION:	VIOLATION ESTABLISHED

On 12/29/21, I conducted an exit conference with authorized representative Paul Carlson by telephone.

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.

Kimberly Horst

12/22/2021

Kimberly Horst
Licensing Staff

Date

Approved By:

Russell B. Misiak

12/22/2021

Russell B. Misiak
Area Manager

Date