GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 7, 2021

Satish Ramade
Margarets Meadows, LLC
5257 Coldwater Rd.
Remus, MI 49340

RE: License #: AL370264709
Investigation #: 2022A0577005
Margarets Meadows

Dear Mr. Ramade:

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 (231) 922-5309.

Sincerely,

Bridget Vermeesch

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0561

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL370264709
Investigation #:	2022A0577005
Complaint Receipt Date:	10/25/2021
Investigation Initiation Date:	10/26/2021
Report Due Date:	12/24/2021
Licensee Name:	Margarets Meadows, LLC
Licensee Address:	5257 Coldwater Rd. Remus, MI 49340
Licensee Telephone #:	(989) 561-5009
Administrator/Licensee Designee:	Satish Ramade
Name of Facility:	Margarets Meadows
Facility Address:	5257 Coldwater Road Remus, MI 49340
Facility Telephone #:	(989) 561-5009
Original Issuance Date:	10/11/2004
License **Status:**	REGULAR
Effective Date:	10/23/2021
Expiration Date:	10/22/2023
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The facility is understaffed making it dangerous for residents in care.	No
Residents are being left in soiled briefs for long periods of time.	No
Medications are not being administered according to prescription label, often running out of resident's medications.	No
Staff are not properly trained in medication administration.	No
Grocery items needed for meals are often not available at the facility.	Yes
Residents are not being bathed on a regular basis.	No
Outlets in the kitchen are not in working order.	No
Resident's bedrooms and bathrooms are dirty and not being cleaned on a regular basis.	Yes

III. METHODOLOGY

10/25/2021	Special Investigation Intake 2022A0577005
10/26/2021	Special Investigation Initiated - Letter
11/09/2021	Contact - Telephone call made Interviews with staff.
11/16/2021	Inspection Completed On-site Review of physical plant, interview staff, and review resident files.
11/19/2021	Inspection Completed On-site Review of medications and resident forms.
11/19/2021	Inspection Completed-BCAL Sub. Compliance
11/22/2021	Contact-Telephone call made Patti Rohn, Administrator with Care Line Hospice
11/29/2021	Contact-Telephone call made Jennifer Browning, Licensing Consultant
11/29/2021	Exit Conference with Satish Ramade, License Designee.

ALLEGATION:

- The facility is understaffed making it dangerous for residents in care.
- Residents are being left in soiled briefs for long periods of time.

INVESTIGATION:

On October 25, 2021 the complaint received alleged the facility is understaffed, making it dangerous for the residents in care. Due to the facility being short staffed, Complainant alleged residents are being left in soiled briefs for long periods of time.

On November 09, 2021 Staff A reported staff are to document in the electronic medication administration record, (EMAR) when residents' briefs are changed. Staff A reported residents are supposed to be checked and changed as needed but a minimum of every two hours. Staff A reported not having not found any residents sitting in soiled or defecated briefs. Staff A reported residents are changed timely. Staff B reported they have arrived to work the third shift and have had to change all of the resident's briefs because second shift did not have time to change the resident's briefs prior to them ending their shift. Staff B reported there have been times when a resident's brief was filled with feces the feces had been there long enough to dry to the resident skin. Staff C reported they would find residents with feces crusted on to resident's buttocks due to being left for long periods of times without being changed. Staff C reported staff are supposed to document when residents are changed, but often are not documenting this information. Staff A, Staff B, and C reported they feel there is not enough staff scheduled to meet the needs of the residents during the shifts plus to make meals and clean the facility. Staff B reported there are always two staff scheduled per shift, but it just is not enough with the high need of the residents. Staff D reported they have not found where residents briefs are not being changed in a timely manner. Staff D reported there are only 12 residents in care and there are always two direct care staff on the floor per shift and they should be able to meet the needs of the residents.

On November 16, 2021, I interviewed Staff E who reported not having found residents sitting in soiled briefs that appeared to be there for a long period time. Staff E reported during first and second shift there needs to be an additional staff scheduled to just make meals and assist on the floor as needed. Staff E reported it is too hard for only two staff scheduled in the morning to make breakfast and lunch, provide showers, administer medications, and meet the daily needs of the residents.

On November 16, 2021, during my onsite investigation, I reviewed the *Resident Register*, documenting the facility currently has 12 residents living in the facility with six of the residents receiving hospice care which includes a Hospice bath aid that comes two times a week. The other six residents who do not receive hospice care do need assistance from staff while bathing. I reviewed the *Assessment Plan for AFC Residents* for the 12 residents which documented that no residents required

two direct care staff members to assist with transfers and no residents required enhanced supervision such as a 1:1 with staff or line-of-sight supervision. Eight of the 12 residents do use an assistive device such as a walker or wheel to assist with mobility or need assistance from staff when walking.

On November 16, 2021, during my onsite investigation I interviewed home manager John Roberts who reported they currently have 10 full time staff, plus himself and Administrator Satish Ramade who also assists as a direct care staff member. Mr. Roberts reported there are currently 12 residents with two staff scheduled per shift. I reviewed the staff schedule which documents two staff are scheduled per shift, 7:00am-3:00pm, 3:00pm-11:00pm and 11:00pm-7:00am. Mr. Roberts reported they do not have any residents that require two direct care staff members to assist when transferring or any resident that requires any form of enhanced supervision. Mr. Roberts reported two staff per shift should be efficient enough to meet the needs of the residents. Ideally Mr. Roberts reported he would like to see three staff scheduled during waking hours but have not been able to find/hire additional staff. I observed two direct care staff working the floor and Mr. Ramade and Mr. Roberts were also in the building to provide care or assistance as needed.

On November 16, 2021, I interviewed Vicky Stever, Licensed Practical Nurse (LPN) with Residential Home Health Care and Hospice who is currently providing services to Resident L. Ms. Stever reported she is at the facility every other week and her co-worker Monica Judd, Registered Nurse Case Manager, is at the facility the opposite weeks. Ms. Stever reported she has no concerns regarding the care Resident L receives and there are no notes where Ms. Judd has reported concerns. Ms. Stever reported Resident L does not have any skin break down and has a skin audit at least one time a month and the skin audit includes Resident L's coccyx area. Ms. Stever reported there has been adequate staffing to meet the needs of the residents during the times she is at the facility.

On November 22, 2021, I interviewed Patti Rohn, with Care Line Hospice who reported providing care for Resident E, Resident F, Resident H and Resident I. Ms. Rohn reported there has always been at least two staff at the facility during the times she has been to the facility. Ms. Rohn reported no concerns regarding the care the residents receive and had no documentation from Care Line Hospice staff documenting concerns regarding care. Ms. Rohn reported the four residents Care Line Hospice provide services to receive a bath aide two times a week and there is no documentation of residents being found in soiled or defecated briefs.

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:	Per the *Resident Register* the facility currently has 12 residents and per the *Assessment Plan for AFC Residents* of the 12 residents none of the residents require two staff to assist with transferring or are in need of enhanced supervision such as 1:1 staffing or line-of-sight supervision. Six of the 12 residents receive Hospice services which provides a bath aid two times a week to provide showers. I reviewed the staff schedule and found two direct care staff are scheduled during each shift and there are three shifts per day. The facility currently has 10 full time staff, plus John Roberts-home manager and Satish Ramade, Administrator to assist and fill in as needed. Only Staff B and Staff C reported ever finding a resident in a soiled brief; no other individuals interviewed including other direct care staff members and hospice staff voiced any concerns regarding residents found in soiled briefs or lack of staffing. Consequently, there was insufficient amount of evidence found to support the allegations of residents sitting in soiled briefs for long periods of time or the facility being short staffed.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: Medications are not being administered according to prescription label, often running out of resident's medications.

INVESTIGATION:

On October 25, 2021, the complaint received alleged medications are being passed hours after the appropriate time, resident medications are allowed to run out, and residents often go without their medications for several days.

On November 09, 2021 I interviewed Staff A, Staff B, Staff C and Staff D. Staff A reported not being aware of residents running out of medications or narcotic counts being off. Staff B reported there are always medications missing, narcotic count is off and residents go without medications for days because they are not ordered in a timely manner. Staff C and Staff D reported medications often run out and residents go without until the medication can be filled. Staff A, Staff B, Staff C, and Staff D could not provide specifics regarding which resident or which medications were in question.

On November 16, 2021 I interviewed Staff E who reported she is not aware of residents going without their medications or narcotic counts being off. Resident E reported when she passed mediations all of the resident's medications were accounted for and available to pass.

On November 16, 2021 I Interviewed Vicky Stever, Licensed Practical Nurse (LPN) with Residential Home Health Care and Hospice who reported she does a medication reconciliation monthly on Resident L's medications and has not found any discrepancies with Resident L's medications.

On November 19, 2021, HM John Roberts and myself completed a medication reconciliation and found no discrepancies in the resident's current medications for the months of October 2021 and November 2021 nor was there any documentation of residents going without medications.

On November 22, 2021 I interviewed Patti Rohn, Administrator with Care Line Hospice, who reported they have a team meeting one time a month, usually around the 14th of the month regarding the care needs to the residents and during this meeting completed a medication review-reconciliation to ensure the residents are on the correct medications and the medications are being administered as prescribed. Ms. Rohn reported they have not found any concerns or discrepancies regarding medication administration of the four residents to whom they provide service.

APPLICABLE RULE	
R 400.15312	**Resident medications.**
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

ANALYSIS:	There was insufficient evidence found to support the allegations of medications not being administered according to prescription label or resident medications often run out. Care Line Hospice and Residential Home Health Care and Hospice completed medication reconciliations monthly for their residents and reported no. I completed a medication reconciliation on November 19, 2021, for the months of October and November 2021 and found no areas of concern. It has been found the residents medications are being given, taken, or applied pursuant to label instructions.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: Staff are not properly trained in medication administration.

INVESTIGATION:

On October 25, 2021the complaint reported direct care staff are not being properly trained in medication administration.

On November 09, 2021 Staff A, Staff B, and Staff C, reported they were not trained in medication administration. Staff A reported they are not sure who is supposed to be training staff, but it is not getting done. Staff B reported the facility has medications technicians, who are also trained as direct care staff members, who are supposed to be the only direct care staff administering medications but this does not always happen. Staff B reported the medications technicians will pop the medications into a cup, give the cup to the direct care staff (not trained in medication administration), tell them who the medication if for and have the direct care staff administer the medication to the resident. Staff B reported there are always medications missing, narcotic count is off and residents go without medications. Staff B did not provide any specific information regarding which resident medications were missing or which residents go without medications. Staff A and Staff B reported they have not passed medications. Staff C reported they pass medications but was not trained in medication administration. Staff C reported a staff explained medication administration to Staff C in the shortest way possible and then put them on the floor to pass medications. Staff C reported medications often run out and residents "just go without" until the medication can be filled. Staff D reported they were trained medication administration. Staff D reported their training consisted of on the first day they observed the medications technician while passing medications, the second day they were observed by the medication technician and on the third day passed medications on their own. Staff C reported they were provided some packets they were supposed to read and test on but administration never followed up to see if packets/tests were completed. Staff C reported the residents are always running out of their medications and going for days without the medications.

On November 16, 2021, during my onsite investigation, I interviewed Satish Ramade, Licensee Designee and Administrator, and home manager John Roberts who reported the facility currently has 10 direct care staff and five direct care staff who also are trained in medication administration. Mr. Ramade reported medication administration consists of three days on the floor and then a medication packet with a comprehension test. Mr. Ramade reported if training has not been fully completed then staff are not able to administer medications. Mr. Ramade reported Staff A, Staff B, did not complete the medication training and did not pass medications at any time during their employment. Mr. Ramade reported Staff C did the floor training but did not turn in the competency test and has not administered medications independently due to not completing the required training.

On November 16, 2021, I interviewed Staff E who reported she has been trained in medication administration and her training consisted of completing a comprehensive test over medication administration, one day on the floor on the shadowing a trained direct care staff, the second day having a trained direct care staff assist with passing

medications and then the first day passing medications with a seasoned direct care staff shadowing.

On November 29, 2021, I interviewed Jennifer Browning, Licensing Consultant who reported she completed an onsite inspection on October 06, 2021, for the facility renewal and while at the facility reviewed five direct care staff member files and found five direct care staff members had been fully trained in medications administration.

APPLICABLE RULE	
R 400.15312	**Resident medications.**
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (a) Be trained in the proper handling and administration of medication.
ANALYSIS:	There was insufficient evidence found during the investigation to support the allegations of direct care staff not being properly trained in medication administration. On October 06, 2021, five direct care staff files were reviewed by Jennifer Browning, AFC Licensing Consultant, and all five staff were fully trained in medication administration. Licensee designee Satish Ramade uses direct care staff members trained in medication administration to pass medication but does not train all direct care staff in medication administration. Per his statements, if direct care staff are not trained, they are not able to pass medications.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: Grocery items needed for meals are often not available at the facility.

INVESTIGATION:

On October 25, 2021 the complaint received alleged the groceries necessary for meals are often out of stock.

On November 09, 2021 Staff A reported there is always food in the facility, but quantities of food are small and often what is on the menu is not available. Staff A stated, “for example the facility never has sausage and it is always on the menu.” Staff A reported specifically on November 08, 2021 sausage was on the menu but was not served, only scrambled eggs and toast were served. Staff A reported substitutions are not written down on the menu. Staff B, Staff C and Staff D reported

there is minimal food in the facility to make meals. Staff B reported there is never vegetables at all in the facility, they run out of eggs and milk often and even though the menu says sausage there is not sausage to serve. Staff B and Staff C reported substitutions are not being written down.

On November 16, 2021 during my onsite investigation, I reviewed and received a copy of the menu for the week of November 14, 2021-November 20, 2021. The menu did not document the dates of the week or the days. The menu was not completed for a week in advanced but was completed only a day at a time. The menu documented breakfast for Sunday, November 14 and Monday, November 15, 2021 was "Cook's Choice" with no specific food items listed. Dinner for Tuesday, November 16, 2021, documented "Cook's Choice use up leftovers." November 09, 2021, lunch documented grilled cheese with a '?'. I observed the pantry, refrigerator and freezer and noted there was plenty of food to make many meals for many days. During the onsite investigation the lunch for November 16, 2021 was supposed to be hot dogs and there were not hot dogs observed in the facility and the residents were served a club sandwich, cottage cheese and fruit with a drink of their choice.

On November 16, 2021, I interviewed Staff E who reported they have only had to make a meal a couple of time and all needed products were available to make the meals on the schedule.

On November 16, 2021, during the onsite investigation the menu had not been updated with the substitution food for lunch served on November 16, 2021.

APPLICABLE RULE	
R 400.15313	**Resident nutrition.**
	(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.
ANALYSIS:	Based on the information gathered during the investigation it has been found menus are not being written out at least 1 week in advance, nor are substitutions being noted as part of the original menu. Specifically on the week of November 14, 2021, the calendar was not dated or completed past Tuesday, November 16, 2021. Then on November 14 and 15, 2021, breakfast did not have specific items to be made, only documented "Cook's Choice". On November 16, 2021, lunch was documented on the menu as being hot dogs, but the residents were served a sandwich and no substitution was documents per my observation of the meal.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION: Residents are not being bathed on a regular basis.

INVESTIGATION:

On October 25, 2021 the complaint alleged residents are going long periods of time with no showers and the shower schedule is not being followed.

On November 09, 2021 Staff A, Staff B, Staff C, and Staff D reported most of the residents in care are on hospice and are bathed by the hospice bath aides. Staff A, Staff B, Staff C, and Staff D reported the residents on hospice are bathed two times a week. Staff A reported there is a bath chart completed when residents are bathed. Staff B and C reported Resident A does not get bathed on a regular basis due to staff being frightened of Resident A because he becomes agitated and will hit staff and refused to be bathed. Staff D reported residents do not go without showers but residents are not showered as often as they should due to staff not being able to get to shower due to other duties that take precedence. Staff B and Staff C reported there is a shower schedule for which days residents are supposed to be bathed, but most of the time the schedule is not followed.

On November 16, 2021 I interviewed Vicky Stever, Licensed Practical Nurse (LPN) with Residential Home Health Care and Hospice who reported Residential Home Health Care and Hospice provides a bath aide to Resident L and the bath aide is at the facility two times a week to provide a bath to Resident L. Ms. Stever reported Resident L's person and clothing are always clean and in orderly fashion when she comes to the facility to visit Resident L. Ms. Stever reported there have been no concerns voiced by Residential Home Health Care and Hospice Staff of Resident L not being bathed or provided proper care.

On November 19, 2021, during my onsite investigation, I observed the twelve residents and found their person, hair, nails, and clothing to be clean and orderly. I observed no bodily odors or urine odors. I observed and reviewed the bath schedule which is broken up by resident room numbers on specific days and each resident is scheduled for a bath two times a week. I interviewed Resident A and Resident B who reported they are bathed two times a week and more if needed. I interviewed Staff E who reported residents are bathed two times a week.

On November 19, 2021, I interviewed HM John Roberts who reported they currently have six residents receiving care from hospice and that care includes a bath aid that comes to the facility two times a week to provide showers to the six residents in their care. Mr. Roberts reported all of the residents are bathed at least two times a week and more if needed, including the resident receiving hospice care. Mr. Roberts reported Resident D does not like to be showered and previously became combative when asked or attempted to shower. Mr. Roberts reported Resident D has always been bathed at least one time a week.

On November 22, 2021 I interviewed Patti Rohn, Administrator of Care Line Hospice who reported they currently have four residents from the facility under their care. Ms. Rohn reported Care Line Hospice provides a bath aide to each resident two times a week and Care Line Hospice is in the facility about three times a week with services such as case management, and nursing. Ms. Rohn reported there is not documentation of concerns in the resident files they serve by the Care Line staff of residents not being bathed if needed in between the bath aide visits.

APPLICABLE RULE	
R 400.15314	**Resident hygiene.**
	(1) A licensee shall afford a resident the opportunity, and instructions, when necessary, for daily bathing and oral and personal hygiene. A licensee shall ensure that a resident bathe at least weekly and more often if necessary.

ANALYSIS:	Based on the information gathered during the investigation, it has been found six of the residents receive bath aide services from a hospice agency which includes showers two times a week. I observed the bath schedule while I was at the facility on November 19, 2021, and found the other residents are scheduled to be bathed two times a week by direct care staff members. Staff A, Staff B, Staff C, and Staff D reported the residents are bathed at least one time a week and most of the time two times a week. Residents are afforded the opportunity to bathe at least weekly and more often as necessary plus residents also received oral and personal hygiene care.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: The outlets in the kitchen are not in working order.

INVESTIGATION:

On October 25, 2021 the complaint reported the kitchen has one working receptacle outlet and the nonworking receptable outlets are not being repaired.

On November 09, 2021 Staff A, Staff B and Staff D reported the receptacle outlets in the kitchen were not working for about a week or so. Staff A, Staff B and Staff D reported there was supposed to be an electrician coming to the facility to determine why the receptacle outlets are not working, but the staff interviewed were unsure if an electrician ever came. Staff B reported a breaker blew and no one realized this was the problem but believed most of the receptacle outlets are now working in the kitchen. Staff B reported they thought an electrician was still supposed to come and determine why the breakers are blowing consistently. Staff C reported not being aware of an issue with the receptacle outlets in the kitchen.

On November 16, 2021 I inspected the kitchen receptacle outlets by plugging my cellphone charger and cell phone into the receptacle outlets and found all the receptacle outlets in the kitchen were in working order.

On November 16, 2021, I interviewed HM John Roberts who reported the receptacle outlets in the kitchen were not in working order for a few days due to a breaker popping and no one realizing there was a third breaker panel in the facility. Mr. Roberts reported on October 25, 2021, Mr. Electric was at the facility and found the third breaker panel. Mr. Electric did find that the kitchen outlets were single receptacle outlets and need to be updated to GFI receptacle outlets to meet code, but all current single receptacles are in working order. I observed the receipt from Mr. Electric to verify the single receptacles in the kitchen are in working order.

APPLICABLE RULE	
R 400.15403	**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:	The complaint alleged the receptacle outlets in the kitchen were not in working order. On November 16, 2021 I found the kitchen receptacle outlets to be in working. Mr. Electric was at the facility on October 25, 2021 and determined the single receptacle outlets are in working order. It has been determined the facility is constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: Resident bedrooms and bathrooms are dirty and not being cleaned on a regular basis.

INVESTIGATION:

On October 25, 2021 the complaint alleged the facility is dirty.

On November 09, 2021 I interviewed Staff A, Staff B, Staff C, and Staff D. Staff A reported the facility does not seem to be dirty. Staff B, Staff C, and Staff D reported the bedrooms have not been deep cleaned in a number of months. Staff B, Staff C, and Staff D reported the kitchen always has food on the walls, cabinets, and stove. Staff C reported the refrigerator and freezer are dirty with food. Staff B, Staff C, and Staff D reported they are not sure the last time the kitchen has been scrubbed down. Staff B, Staff C, and Staff D reported the bathrooms and laundry room have been cosmetically cleaned, but not scrubbed, there is always an odor in the bathrooms.

On November 16, 2021, during my onsite investigation completed a physical plant inspection and found the following:

- The kitchen cupboard has a broken door and the fronts of the cabinets were dirty with food.
- Resident A's toilet had a ring-film around the inside of the toilet, the bathroom floor under the counter had dust on the floor and the countertop appeared to not have been cleaned in a while. I interviewed Resident A who reported her room gets vacuumed and cleaned one time a week. Resident A reported the furniture does not get moved when direct care staff vacuum her room and her room has not been deep cleaned in a long time.
- Resident D's bedroom had an odor of urine and Resident D's floor was covered in stains and appeared dirty.
- Resident G's toilet was covered in feces. Resident G's floor in the bathroom and bedroom were very dirty. Resident G's sink had a film by the stopper where the sink had not been cleaned recently.
- Resident I's bedroom floor had Kleenex's on the floor under Resident I's bed, the floor had food crumb under the bed and around the room. Resident I's floor had spill marks on the carpet.
- Resident K's bedroom floor was dirty with food crumbs and appeared to not have been vacuumed recently.

On November 16, 2021, I interviewed Staff E who reported second shift is supposed to clean the facility and what they do not get done is supposed to be completed by third shift. Staff E reported the facility is cosmetically cleaned, bathroom counters are wiped down and floors are swept/vacuumed, but the facility is not disinfected on a regular basis.

APPLICABLE RULE	
R 400.15403	**Maintenance of premises.**
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

ANALYSIS:	Based on the information gathered during the investigation, it has been found the kitchen cabinet door is broke and the cupboards had food splattered on them. Resident A's, Resident D's, Resident G's, Resident I's, and Resident K's bedroom floors were dirty with food crumbs and appeared to not have been vacuumed recently. Resident A's and Resident G's bathrooms were not clean and Resident G's toilet was covered in feces. It has been found the home furnishings and housekeeping standards did not present a comfortable, clean, and orderly appearance.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Upon the receipt of an acceptable corrective action plan, it is recommended that the current status of the license remains unchanged.

Bridget Vermeesch 12/07/2021

Bridget Vermeesch Date
Licensing Consultant

Approved By:

Dawn Timm 12/07/2021

Dawn N. Timm Date
Area Manager