



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 28, 2022

Nadine Carlson
Ascension Health III AFC
952 N M-37 Hwy
Hastings, MI 49058

RE: License #: AS410386016
Investigation #: 2022A0583015
Ascension Health III AFC

Dear Ms. 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 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. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

enclosure

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

I. IDENTIFYING INFORMATION

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|---------------------------------------|--|
| License #: | AS410386016 |
| Investigation #: | 2022A0583015 |
| Complaint Receipt Date: | 02/22/2022 |
| Investigation Initiation Date: | 02/22/2022 |
| Report Due Date: | 03/24/2022 |
| Licensee Name: | Ascension Health III AFC |
| Licensee Address: | 952 N M37 Hwy Hastings, MI 49058 |
| Licensee Telephone #: | (248) 342-2698 |
| Administrator: | Nadine Carlson, Designee |
| Licensee Designee: | Nadine Carlson, Designee |
| Name of Facility: | Ascension Health III AFC |
| Facility Address: | 1947 Millbank St SE Grand Rapids, MI 49508 |
| Facility Telephone #: | (616) 805-4203 |
| Original Issuance Date: | 02/09/2017 |
| License Status: | REGULAR |
| Effective Date: | 08/09/2021 |
| Expiration Date: | 08/08/2023 |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED, DEVELOPMENTALLY DISABLED, MENTALLY ILL, AGED |

II. ALLEGATION(S)

| | Violation Established? |
|--|-----------------------------------|
| Facility staff do not provide Resident A with adequate care. | Yes |

III. METHODOLOGY

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|------------|--|
| 02/22/2022 | Special Investigation Intake 2022A0583015 |
| 02/22/2022 | APS Referral |
| 02/22/2022 | Special Investigation Initiated - Telephone Licensee Designee Nadine Carlson |
| 02/23/2022 | Inspection Completed On-site Staff Natasha Whipple, Staff Amanda Kohalisky, Resident A, Resident B, Resident C |
| 02/23/2022 | Contact - Telephone call made Staff Jacqueline Georgiabes |
| 02/28/2022 | Exit Conference Licensee Designee Nadine Carlson |

ALLEGATION: Facility staff do not provide Resident A with adequate care.

INVESTIGATION: On 02/22/2021 I received a complaint from Adult Protective Services Centralized Intake. The complaint allegation was screened out for formal Adult Protective Services Investigation. The complaint alleged that Resident A has "Alzheimer's/dementia" and "has a habit of lowering herself to the floor, and she cannot get back up". The complaint alleged that facility staff "have to contact EMS each time she does this because there is only one staff on duty".

On 02/22/2022 I interviewed Licensee Designee Nadine Carlson via telephone. Ms. Carlson reported Resident A has been diagnosed with dementia and lowers herself to the floor multiple times per day. Ms. Carlson stated facility staff can assist Resident A with standing back up, but due to the number of times Resident A lowers herself to the floor, facility staff are injuring their back muscles. Ms. Carlson stated she instructed facility staff to request non-emergency personnel for assistance with helping Resident A up from the floor. Ms. Carlson stated Resident A was admitted to the facility 12/21 with the current behaviors, however Resident A's behaviors have escalated in frequency due to declining health associated with advancing breast cancer. Ms. Carlson stated facility staff have contacted non-emergency medical staff for assistance with Resident A approximately five to six times since Resident A's facility admission. Ms. Carlson stated that she will no longer instruct facility staff

to contact non-emergency medical staff for assistance with standing Resident A up from the floor. Ms. Carlson stated Resident A recently started end-of-life services with Hospice. Ms. Carlson stated Hospice has secured a Hoyer device to assist facility staff with lifting Resident A from the floor safely.

On 02/22/2022 I received via fax a copy of Resident A's Assessment Plan for AFC Residents signed 12/27/2021 from Licensee Designee Nadine Carlson. The document states Resident A does not stand up from the floor independently and "needs help to get off the ground from staff". The document states Resident A requires the assistance of a "Hoyer-sit to stand".

On 02/23/2022 I completed an on-site investigation at the facility and privately interviewed staff Natasha Whipple, Amanda Kohalisky, Resident A, Resident B, and Resident C.

Staff Natasha Whipple stated she has worked at the facility "on and off" for five years. Ms. Whipple stated Resident A often slides to the floor without injury. Ms. Whipple stated Resident A exhibits this behavior approximately three to four times per week. Ms. Whipple stated upon Resident A's initial admission to the facility, Ms. Whipple was able to independently assist Resident A from the floor. Ms. Whipple stated Resident A's behaviors have escalated in frequency causing Ms. Whipple to require assistance lifting Resident A safely from the floor. Ms. Whipple stated Licensee Designee Nadine Carlson instructed Ms. Whipple to contact non-emergency personal from Life EMS to assist Ms. Whipple with lifting Resident A. Ms. Whipple confirmed the facility operates with one staff per shift therefore facility staff are currently unable to help Resident A off the floor multiple times per shift.

Staff Amanda Kohalisky stated she has worked at the facility for many years. Ms. Kohalisky stated since Resident A's admission to the facility Resident A has slid to the ground without injury. Ms. Kohalisky stated initially facility staff were able to safely lift Resident A from the floor, however as Resident A's health has declined staff have found it more difficult to do so without causing Resident A harm. Ms. Kohalisky stated the facility operates with one staff per shift. Ms. Kohalisky stated facility staff were instructed by Licensee Designee Nadine Carlson to contact non-emergency personnel for lift assistance. Ms. Kohalisky stated the facility was provided a Hoyer lift to assist Resident A with getting up from the floor, however it did not reach low enough to pick Resident A up safely. Ms. Kohalisky stated today the facility has obtained a Hoyer lift that reaches low enough to pick Resident A up from the floor safely.

I attempted to privately interview Resident A however Resident A stated she was "tired" and "not feeling well". Resident A presented with clean clothing and hygiene. Resident A was sitting in a wheelchair.

I attempted to privately interview Resident B, however Resident B was unable to complete the interview given her pervasive developmental delays.

I privately interviewed Resident C. Resident C stated Resident A often lowers herself to the floor without injury. Resident C stated facility staff are unable to assist Resident A from the floor and therefore contact non-emergency medical staff for lift assistance.

On 02/23/2022 I interviewed staff Jacqueline Georgiabes via telephone. Ms. Georgiabes stated she has worked at the facility since 01/2021. Ms. Georgiabes stated Resident A routinely slides to the floor uninjured and facility staff are unable to help Resident A up from the floor. Ms. Georgiabes stated the facility operates with one staff per shift. Ms. Georgiabes stated Licensee Designee Nadine Carlson instructed Ms. Georgiabes to contact non-emergency medical personnel for assistance with helping Resident A from the floor.

On 02/28/2022 I completed an Exit Conference with Licensee Designee Nadine Carlson via telephone. Ms. Carlson stated the facility has recently obtained a Hoyer lift and Resident A can now be safely assisted from the floor with one staff member. Ms. Carlson stated she would submit an acceptable Corrective Action Plan.

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| APPLICABLE RULE | |
| R 400.14303 | Resident care; licensee responsibilities. |
| | (2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan. |
| ANALYSIS: | <p>Resident A's Assessment Plan states Resident A cannot get up from the floor independently and "needs help to get off the ground from staff". The document additionally states Resident A requires the assistance of a "Hoyer-sit to stand".</p> <p>Licensee Designee Carlson stated she instructed facility staff to request non-emergency personnel for assistance with helping Resident A up from the floor. Ms. Carlson confirmed that facility staff have contacted non-emergency medical staff for assistance with Resident A approximately five to six times since Resident A's admission. Ms. Carlson stated the situation has been rectified as the facility has obtained a Hoyer lift that reaches low enough to pick Resident A up from the floor safely.</p> <p>A preponderance of evidence was discovered to substantiate violation of the applicable rule.</p> |
| CONCLUSION: | VIOLATION ESTABLISHED |

IV. RECOMMENDATION

Upon receipt of an acceptable Corrective Action, I recommend the license remain unchanged.



02/28/2022

Toya Zylstra
Licensing Consultant

Date

Approved By:



02/28/2022

Jerry Hendrick
Area Manager

Date