GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 15, 2022

David Fulkerson
Grace Senior Living
985 N Lapeer Rd
Orion, MI 48362

RE: License #: AH630400653
Investigation #: 2022A1019032
Grace Senior Living

Dear Mr. Fulkerson:

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 #:	AH630400653
Investigation #:	2022A1019032
Complaint Receipt Date:	02/23/2022
Investigation Initiation Date:	02/24/2022
Report Due Date:	04/25/2022
Licensee Name:	Conscious Senior Living Properties II LLC
Licensee Address:	985 N Lapeer Rd Lake Orion, MI 48362
Licensee Telephone #:	(248) 670-9823
Administrator:	Kim Briley
Authorized Representative:	David Fulkerson
Name of Facility:	Grace Senior Living
Facility Address:	985 N Lapeer Rd Orion, MI 48362
Facility Telephone #:	(248) 670-9823
Original Issuance Date:	09/10/2020
License Status:	REGULAR
Effective Date:	03/10/2021
Expiration Date:	03/09/2022
Capacity:	68
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
COVID protocol is not followed by staff.	No
Relative A was not notified of a change in Resident A's condition.	No
Resident A's briefs are not changed enough.	No
The facility is insufficiently staffed.	No
Resident A is not being bathed enough.	Yes
Additional Findings	No

III. METHODOLOGY

02/23/2022	Special Investigation Intake 2022A1019032
02/24/2022	Special Investigation Initiated - Letter Notified APS of the allegations via email referral template.
02/24/2022	APS Referral
03/01/2022	Inspection Completed On-site
03/01/2022	Inspection Completed BCAL Sub. Compliance
03/03/2022	Contact - Telephone call made Called complainant, interview conducted.

The complainant identified some concerns that were not related to licensing rules and statutes for a home for the aged. Therefore, only specific items pertaining to homes for the aged provisions of care were considered for investigation. The following items were those that could be considered under the scope of licensing.

ALLEGATION:

COVID protocol is not followed by staff.

INVESTIGATION:

The complainant alleged that facility staff were either not wearing a mask or improperly wearing their face masks. The complainant did not identify when this occurred or which staff did not adhere to face covering mandates.

On 3/1/22, I conducted an onsite inspection. Upon entry, I was required to complete a COVID-19 screening questionnaire and have my temperature taken. A sign was posted in the front vestibule that face coverings were required. I interviewed administrator Kim Briley regarding COVID procedures and face covering expectations. Ms. Briley stated that the facility has taken COVID prevention protocol very seriously and have regular staff meetings on the topic. Ms. Briley stated that staff are aware that face coverings are required at all times. Ms. Briley stated that if staff do not adhere to this, they will be given a verbal warning, then it will escalate to a written warning and can lead to termination if noncompliance continues. Ms. Briley stated she has not terminated any employee for not adhering to this expectation. While onsite, I toured various areas of the building. Each staff member I observed was properly wearing a face mask.

Ms. Briley stated she also sends out frequent email correspondence to resident family members reiterating protocol and providing status updates as needed. Ms. Briley provided me with the most recent correspondence that was sent out on 1/29/22 that read in part:

Current COVID Guidelines:

- If you are having symptoms, please always wear a mask. No more than two visitors at a time.

- All visitors must check their temperature and fill out the questionnaire in our entry lobby prior to entering the building.

- Visitors are asked not to visit in the dining room during meals or in common areas where resident activities are taking place.

- Any staff and resident families who participated in a social gathering are asked to monitor their health and the health of those they gathered with. if you know you have been exposed to Covid, please ask us for a Covid test before visiting here at Grace.

- If anyone who visited with one of our residents at Grace becomes COVID positive within 7 days of the visit, please notify the community ASAP.

Residents who have knowingly been exposed to COVID will be quarantined for five days.

- Our staff are screening residents by taking daily temperatures 2x/day for each resident.

- Our staff are following daily screening guidelines including daily temperature checks, proper hand washing, mask wearing and getting tested for COVID-19 if not feeling well.

APPLICABLE RULE	
R 325.1917	**Compliance with other laws, codes, and ordinances.**
	(1) A home shall comply with all applicable laws and shall furnish such evidence as the director shall require to show compliance with all local laws, codes, and ordinances.
ANALYSIS:	Direct observation during my onsite inspection revealed that were staff properly wearing face masks throughout the facility. Screening procedures were in place upon entry and signage was posted demonstrating mask wearing protocol. Interviews with facility management staff reveal COVID procedures consistent with current government orders.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Relative A was not notified of a change in Resident A's condition.

INVESTIGATION:

The complainant stated that facility staff did not notify Relative A of a rash in Resident A's groin area. The complainant did not identify when the rash was discovered but stated that Relative A had to inform nursing staff of the issue and feels it should have been the other way around.

On 3/1/22, I interviewed Employee A at the facility. Employee A stated that it was not uncommon for Resident A to have some redness in her peri area because she is totally incontinent. Employee A stated that recently she did notice some redness, however stated that she informed Relative A of this in person. Employee A stated "[Resident A] was having a bowel movement and I personally showed [Relative A] the irritated area. [Resident A] doesn't see one of our doctors so I told [Relative A] to

have her to go to PCP. I don't think she ever followed up but it has gotten better." Employee A could not recall the exact date that this occurred but believes that it was sometime in January of this year. Employee A stated that as a precaution because of her incontinence, staff are applying a barrier cream after each brief change to help prevent any skin breakdown or irritation.

APPLICABLE RULE	
R 325.1924	**Reporting of incidents, accidents, elopement.**
	(3) The home shall report an incident/accident to the department within 48 hours of the occurrence. The incident or accident shall be immediately reported verbally or in writing to the resident's authorized representative, if any, and the resident's physician.
ANALYSIS:	According to facility staff, it is not uncommon for Resident A to experience redness or irritation in her peri are due to her level of incontinence. Employee A reported informing Relative A of a recent episode of this in in person, where she suggested that to Resident A be evaluated by her physician. Employee A stated that due to Resident A seeing an outside physician, Relative A is responsible for coordinating those appointments for Resident A. There is no indication that there was a lack of notification and/or communication on this ongoing medical issue.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Resident A's briefs are not changed enough.

INVESTIGATION:

Employee A stated that Resident A is "severely incontinent" and requires staff assistance with transferring and peri care. Employee A stated that Resident A wears an incontinence brief and at the request of Relative A, also wears a pad inside her brief. Employee A stated that Resident A does know to use her call pendant to inform staff if she needs to use the bathroom but stated that she does not always alert staff. Employee A stated that Resident A is on two hours checks, where staff ask her at that time if she needs to use the bathroom or if she requires changing. Employee A stated staff also toilet Resident A before and after each meal, in addition to the two-hour checks. Employee A stated that staff are not required to

document when Resident A is toileted but stated that staff know to check on her frequently.

While onsite, I reviewed Resident A's service plan which read "Facility to provide physical assistance with toileting task which may include cuing, wiping, cleansing and clothing adjustment…Adult briefs (24/7), incontinence pads…uses hygiene pads inside the briefs… Staff to encourage toileting every 2 hours."

On 3/1/22, I interviewed Resident A. Resident A acknowledged that she required staff assistance with toileting. She stated that she uses her call pendant to notify staff if/when she has to go. Resident A stated that staff respond quickly when her pendant is pressed.

Ms. Briley provided me with a copy of Resident A's call light response data. I reviewed the responses for the month of February 2022. For the 28-day period reviewed, Resident A used her call pendant a total of 101 times. The average staff response time was five minutes.

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:	Facility staff verbalized a toileting schedule that was consistent with Resident A's service plan instruction. Resident A herself stated that staff toilet her frequently and come quickly when she uses her call pendant. Review of Resident A's call light report revealed prompt response times to her pendant notifications.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

The facility is insufficiently staffed.

INVESTIGATION:

The complainant alleged that on 2/12/22 and 2/13/22, the facility was understaffed. The complainant was only referencing the assisted living side of the building and could not speak to staffing in the memory care unit. The complainant did not specify which shift was understaffed and did not indicate how staffing was inadequate.

Ms. Briley and Employee A stated that the facility schedules staff on three shifts. First shift is from 7:00am-3:30pm, second shift is from 3:00pm-11:30pm and third shift is from 11:00pm-7:30am. Ms. Briley and Employee A stated that there are currently 41 residents in the general assisted living area. At the current census, Ms. Briley and Employee A described staffing levels as follows: three care givers and one med passer on first and second shift and two caregivers on third shift. Ms. Briley and Employee A stated that there is also a supervisor on each shift who floats throughout the building and is responsible for any medication passes on third shift. Ms. Briley and Employee A explained that they have a shift mandate in place to cover unanticipated call offs or no call no shows. Ms. Briley and Employee A stated they have a list of staff to use who are often willing to cover additional shifts and stated that management will come in to provide coverage as a last resort. Ms. Briley and Employee A stated that they both have worked the floor providing care to residents on numerous occasions to help fill in.

While onsite, I was provided a copy of the facility schedules and daily assignment sheets for February 2022. On 2/12/22 and 2/13/22, the staffing levels were consistent with the desired levels expressed by Ms. Briley and Employee A.

APPLICABLE RULE	
R 325.1931	**Employees; general provisions.**
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.
ANALYSIS:	Interviews and attestations from facility staff, combined with review of staff schedules, staffing assignment sheets and employee coverage procedures reveal that staffing levels are sufficient to meet the needs of the residents. Based on this information, the allegation is not substantiated.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Resident A is not being bathed enough.

INVESTIGATION:

The complainant stated there have been several occasions where showers were not given to Resident A. The complainant did not provide dates that showers were not completed.

Employee A stated that Resident A is care planned to receive two showers per week. Ms. Briley and Employee A stated that Resident A frequently refuses showers and is particular with who performs that task. Employee A stated that Resident A is only to be bathed in the presence of female staff but even with that accommodation she is still non-compliant at times. Ms. Briley and Employee A explained that when refusals occur, staff are to reapproach three additional times and possibly try with a different staff member to see if Resident A will agree but they are often unsuccessful. Employee A stated that the facility recently began to chart bathing activities and that staff are expected to document refusals and completed tasks.

Resident A's service plan read "Facility will provide a moderate degree of assistance bathing. Assistance may include reminding/prompting to bathe, setting up the shower/bath, assisting in tub/shower, washing back and/or hair, cleaning up afterwards." The service plan identified that Resident As assigned shower days are Monday and Thursday evenings.

Shower documentation was reviewed for February 2022. Ms. Briley and Employee A indicated that Relative A had taken Resident A out of the facility on two occasions in February and Ms. Briley and Employee A could not speak to whether bathing activities occurred while Resident A was out of their care. For the sake of this investigation, only dates that Resident A was at the facility are being considered. Facility staff documented that bathing activities occurred for Resident A on the following dates: 2/28/22, 2/24/22, 2/10/22, 2/7/22 and 2/6/22. Staff documented that Resident A refused to bathe on 2/14/22 and 2/21/22.

APPLICABLE RULE	
R 325.1933	**Personal care of residents.**
	(2) A home shall afford a resident the opportunity and instructions when necessary for daily bathing, oral and personal hygiene, daily shaving, and hand washing before meals. A home shall ensure that a resident bathes at least weekly and more often if necessary.

ANALYSIS:	Documentation submitted by the facility reflects that Resident A was not bathed per her service planned frequency during the timeframe reviewed.
CONCLUSION:	**VIOLATION ESTABLISHED**

On 3/15/22, I shared the findings of this report with authorized representative David Fulkerson.

IV. RECOMMENDATION

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

03/10/2022

Elizabeth Gregory-Weil Date
Licensing Staff

Approved By:

03/14/2022

Andrea L. Moore, Manager Date
Long-Term-Care State Licensing Section