



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 17, 2022

RSR Serenity LLC
47640 Gratiot Avenue
Chesterfield, MI 48051

RE: License #: AL500408375
Investigation #: 2022A0990008
Sandalwood Village III

Attached is the Special Investigation Report for the above referenced facility. Due to the severity of the violations, disciplinary action against your license is recommended. A recommendation of revocation is also made in special investigation #2022A0990010. You will be notified in writing of the department's action and your options for resolution of this matter.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(586) 676-2877

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL500408375
Investigation #:	2022A0990008
Complaint Receipt Date:	01/06/2022
Investigation Initiation Date:	01/06/2022
Report Due Date:	03/07/2022
Licensee Name:	RSR Serenity LLC
Licensee Address:	47640 Gratiot Avenue Chesterfield, MI 48051
Licensee Telephone #:	(586) 949-6220
Administrator:	Unknown
Licensee Designee:	Unknown
Name of Facility:	Sandalwood Village III
Facility Address:	47640 Gratiot Avenue Chesterfield, MI 48051
Facility Telephone #:	(586) 949-6220
Original Issuance Date:	11/01/2021
License Status:	TEMPORARY
Effective Date:	11/01/2021
Expiration Date:	04/30/2022
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The doors that have the 15 seconds delayed egress have been disabled and the doors are unable to open.	Yes
The snow has not been removed from the exits, only at the main entrance.	Yes
There is a lack of staffing on the day shift.	Yes
The maintenance staff is now doing double duty and is also on shift as the cook, without training.	Yes

III. METHODOLOGY

01/06/2022	Special Investigation Intake #2022A0990008
01/05/2022	Special Investigation Initiated - Onsite I conducted an unannounced onsite at Sandalwood Village. I interviewed Shaundria Washington-Med Tech and David Reynaert-cook/maintenance worker.
01/05/2022	Contact – Document Received I received the Disapproved Rating from the Bureau of Fire Safety (BFS) report from Brian Batten, BFS inspector.
01/06/2022	APS Referral Adult Protective Services (APS) referral made. I was contacted by Jamie Wyatt, APS investigator for further information.
01/07/2022	Contact - Document Sent I requested several documents from Jennifer Morgan-proposed new licensee designee/administrator.
01/10/2022	Contact - Telephone call received I conducted a phone interview with Jennifer Morgan-proposed licensee designee/administrator, Monika Sarin - owner and Donitia Strickland, owner.

01/10/2022	Contact - Document Sent I emailed Brian Batten, BFS inspector. Mr. Batten responded via email.
01/11/2022	Contact – Document received I received documents requested from Ms. Morgan.
02/17/2022	Exit conference I conducted an exit conference with Jennifer Morgan-standing licensee designee/administrator, Monika Sarin- Owner and Donitia Strickland, manager of Sandalwood Valley I & II and newly proposed licensee designee/administrator. The meeting included licensing consultants Kristine Cilluffo and Eric Johnson.

ALLEGATION:

- **The doors that have the 15 second delayed egress have not been disabled and the doors are unable to open.**
- **The snow has not been removed from the exits, only at the main entrance.**

INVESTIGATION:

On 01/04/2022, Brian Battan, BFS Inspector contacted the department, indicating that there were major concerns regarding the BFS inspections conducted onsite. I was assigned this investigation as the assigned licensing consultant is on leave.

On 01/05/2022, I conducted an unannounced onsite investigation. I interviewed Shaundria Washington-Med Tech and David Reynaert-cook/maintenance. Donitia Strickland, assistant manager arrived shortly thereafter and was briefly interviewed. I observed that the snow was shoveled from the sidewalks and parking lot.

I was informed by Ms. Washington that there are a total of 17 residents (combined buildings) and three direct caregivers present. The staff were not able to distinguish which part of the building belonged to each license number and addressed the building as one unit. Ms. Washington is aware that this are fire and safety violations.

During the onsite Ms. Washington informed me that she was working as a caregiver today as well as direct care staff Ashley Massa. The third caregiver was observed but a name was not provided. During the onsite, I observed the exits were locking against egress. A code is required to exit the building. I observed that the push exit button was non-operable. I observed several residents sitting at tables and living room areas throughout the home.

I interviewed Mr. Reynaert who was in the kitchen preparing lunch. Mr. Reynaert said that he has worked at the company as a maintenance worker for seven years and has acted as the cook for two weeks.

I interviewed Donitia Strickland who arrived and is the assistant manager at other facilities (Sandalwood Valley) operated by this corporation. Ms. Strickland said that she was present yesterday at this facility for the BFS inspection as well as the other Sandalwood's inspections and is aware of the violations.

On 01/10/2022, I conducted a phone interview with Jennifer Morgan-proposed licensee designee/administrator, Monika Sarin-owner and Donitia Strickland, assistant manager. Ms. Morgan indicated that before this past Christmas, she received an email from Larry DeWatcher-BFS Supervisor following-up on the work permits needed to fix all the exit doors. Monika Sarin indicated that during the last inspection or around September 2021 during the closing of the selling of the properties to her company, she was made aware that 14 doors needed to be fixed. Ms. Sarin said this process had been started however, the vendor that is addressing the matter which is Compass Communications Group (contact person Robin Rosier) was in the process of completing the work orders and permits to repair the doors. Ms. Sarin said that they cannot repair the doors unless the permits and paperwork are done by the vendor. I advised them that they needed to follow-up with their vendor or locate a new vendor. Ms. Sarin indicated in the event that smoke is detected in the building, the doors automatically unlock, and no keypad pin is required.

Ms. Strickland said that all the facilities snow removal is contracted through Macomb Services Snow Removal. Ms. Strickland said that they came to plow the snow however, they missed areas. Ms. Strickland said that the snow removal service plowed the sidewalks and main entrance but failed to do the ramps at the back of the buildings.

On 01/10/2022, I emailed Brian Batten, BFS inspector. Mr. Batten responded via email. Mr. Batten said that the push button on the wall next to the door is not code compliant. A resident or visitor must be able to open the door when twisting a door handle/knob or pushing on a panic bar. Mr. Batten said that by twisting a handle/knob or pushing a panic bar on the door for 3-seconds, an irreversible process begins, and the door unlocks in 15-seconds, allowing the door to open. Mr. Batten said that signage on the door tells the resident or visitor the process that the door can be alarmed. Mr. Batten said that the company installing new devices must submit paperwork to the Bureau of Fire Services and Bureau of Construction Codes (or local building authority having jurisdiction) detailing the type of equipment that is being installed. Mr. Batten said that the company must coordinate installation with the Fire Alarm Vendor to ensure that the hardware/devices are connected to the fire alarm system. The fire alarm company must be Act 144 certified. Mr. Batten said that the door locks must release as described above if there is a water-flow from the sprinkler system and/or an activation of the fire alarm system by a smoke detector. Mr. Batten said the previous owner appealed the violation to the State Fire Marshal and was disapproved and ordered to correct the violation. Mr. Batten said that when he spoke to the janitor (David Reynaert) during the

last inspection, he stated that the new owner wanted him to install the panic bars and 15 second delay. He told them he was not qualified.

On 01/07/2022, I reviewed the Bureau of Fire Safety (BFS) report from Brian Batten, BFS inspector which had a disapproval rating. In review of the BFS report the inspector documented that the person and or company, firm installing and/or altering the door locking systems in the facility must be registered with the state to perform such work. The inspector documented that the paperwork for the fire drills were not available onsite. The exterior doors are locked with access codes required in order to exit and the door release buttons on the wall next to each exit door have been disabled. The inspector documented that there was snow on the ramp from the kitchen, there was snow on the sidewalks around the building and at the northeast and southeast sides of the building.

On 01/11/2022, I received documents requested from Ms. Morgan. I observed that on 01/07/2021 the facility fire extinguishers, sprinkler, and alarms examined by Brave Fire Protection LLC and were approved. I reviewed the resident registers and there are seven residents in care.

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 the investigation conducted, there is information to support a violation of this rule due to the facility not being in compliance with the BFS inspection on 01/05/2022 which indicated a disapproval rating. During the onsite, I observed the egress doors are obstructed and require a pin number input on the keypad to exit the premises. A staff person must enter a pin number on the keypad to unlock the door. I observed that the push exit button did not open the exit doors. The BFS inspector observed snow around the building at the exits on 01/04/2022 during the inspection.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

There is a lack of staffing on the day shift.

INVESTIGATION:

On 01/05/2022, I interviewed Mr. Reygaert. On 01/04/2022, he arrived at the home at 6:30AM and there was one caregiver present (name unknown). Mr. Reygaert said that he went to prepare breakfast the staff person that was present left at 7:30AM without announcing it. Mr. Reygaert said that there was no other direct care staff present. Breakfast was not served until 10:30AM because the next staff person did not arrive to get the residents up until 8:30AM. Mr. Reygaert said that only one staff person arrived and was responsible for getting all residents up.

On 01/05/2022, I interviewed Donitia Strickland, the assistant manager. Ms. Strickland said that she is not aware of the staffing patterns at these facilities.

On 01/07/2021, I conducted a phone interview with former direct care staff Autumn Gibson. Ms. Gibson said that she began working for the company on 12/20/2021 and quit on 01/05/2022 due to being overworked because of the lack of staffing. Ms. Gibson said that she is a Licensed Practice Nurse and was hired on to help with staff coverage. Ms. Gibson was hired to work 7AM to 3PM Monday through Friday. Ms. Gibson said that she was medication trained by Donitia Strickland when she was hired. Ms. Gibson said that the medications are in disarray and staff person Shaundria Washington is passing meds and is untrained.

Ms. Gibson said that staff were put on the schedule that were already no call no shows. Ms. Gibson observed once on the 3PM to 11PM shift, there was only one staff person covering all three buildings. Ms. Gibson said that many times she had to work from 7AM to 11PM because there was no coverage and many times, she worked 7AM to 7PM. Ms. Gibson said that on 12/27/2021 she worked alone for two hours and worked in all three buildings combined. Ms. Gibson said that the staff were not writing in the resident communication logs after shifts and as a result, the incoming shift had no idea what occurred during the previous. As a result, several residents were injured and did not receive follow-up care (these allegations are being addressed in separate investigations). On 01/05/2022, Ms. Gibson said that she contacted Ms. Morgan when she was working alone and did not receive an answer.

On 01/11/2022, I received documents from Ms. Morgan. I reviewed the resident registers and there are seven residents. I observed staff schedules and could not determine which staff worked their shift and which building the staff worked. According to Mr. Reygaert, there are a total of 17 residents in three licensed buildings.

On 01/11/2022 I emailed Ms. Morgan regarding staff schedules. Ms. Morgan said that there were call-ins, and some staff were off due to medical reasons or/and illness. Ms. Morgan said in those cases they added supplemental staff and/or asked our staff to work over if they were able to.

On 01/11/2022, I reviewed staff schedules. The schedules received were made for all three buildings combined. I could not determine which staff worked in which building for their duties per shift.

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:	<p>On 01/04/2022, according to Mr. Reynaert, there were no staff in the building from 7:30AM to 8:30AM. As a result, the residents did not have breakfast until 10:30AM. Only one staff person arrived and was responsible for getting all residents up.</p> <p>According to former direct care staff person Ms. Gibson, she has worked all three buildings alone for at least two hours caring for at least 17 residents. Staff are placed on the schedules that do not show up or call in. Ms. Gibson has worked triple hours several times and once alone for two hours on 12/27/2021.</p> <p>Based on the staff schedules received, I could not determine if there is sufficient staff on duty at all times. Based on the interviews with Mr. Reynaert and Ms. Gibson, there was insufficient staff on 12/27/2021 and on 01/04/2022.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

The maintenance staff is now doing double duty and is also on shift as the cook, without training.

INVESTIGATION:

On 01/05/2022, I interviewed Mr. Reynaert onsite. I observed that he was preparing lunch which was frozen/breaded fish fillet, French fries, Jell-o, juice and coffee. For breakfast, Mr. Reynaert stated he served waffles, sausage, fruit cocktails/peaches and coffee. Mr. Reynaert said that he has worked at the company as a maintenance worker for seven years and has acted as the cook for two weeks. Mr. Reynaert also worked as a cook for six months as well as maintenance but more as a cook recently. Mr. Reynaert said that he purchased dinner yesterday with his personal money which was pizza and breadsticks. Mr. Reynaert also said that on Friday 12/31/2021 when he arrived Jennifer Morgan the proposed licensee designee/administrator informed him

that she was leaving for Las Vegas for vacation. When Mr. Reynaert went into the kitchen, he found it dirty, with old and molded food in the refrigerator. Mr. Reynaert cleaned the kitchen. I observed the kitchen to be clean. Mr. Reynaert said that he is not formally trained as a cook but has had food serving training. Mr. Reynaert said he is aware of which residents require special diets. I observed menus posted in the kitchen area. Mr. Reynaert said that his last day working for the company is 01/06/2022. Mr. Reynaert said that the company has changed, and he is the last staff working that worked under the previous owners. Mr. Reynaert said that there is a high staff turnover, lack of staff training and the new administration does not listen to concerns. Mr. Reynaert has requested tools and a ladder, and they have not been provided.

On 01/10/2022, Mr. Batten said that when he spoke to the janitor (David Reynaert) during the last inspection, the new owner wanted him to install the panic bars and 15 second delay. He told them he was not qualified.

On 01/11/2022, I received documents from Ms. Morgan. I requested Mr. Reynaert's training records and they were not received.

On 02/17/2022, I held an exit conference with Jennifer Morgan-standing licensee designee/administrator, Monika Sarin- Owner and Donitia Strickland, manager of Sandalwood Valley I & II and newly proposed licensee designee/administrator. The meeting included licensing consultants Kristine Cilluffo and Eric Johnson. We discussed the findings of each investigation and explained the disciplinary action process.

APPLICABLE RULE	
R 400.15207	Required personnel policies.
	(4) Work assignments shall be consistent with job descriptions and the level of training, experience, and education of the employee or volunteer.
ANALYSIS:	Based on the investigation conducted, Mr. Reynaert admitted that he has worked for the facilities as a maintenance staff for seven years. Mr. Reynaert admitted to working as the cook and maintenance person for at least six months however, within the last two weeks, he has worked as the cook. There were no training records or job description received for Mr. Reynaert. According to Mr. Batten, Mr. Reynaert informed him that the owners asked him to install panic bars to the exit doors which he is not qualified to do.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

A recommendation of revocation of the license is being made in special investigation #2022A0990010, which remains in effect.

L. Reed

02/17/2022

LaShonda Reed
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

02/23/2022

Denise Y. Nunn
Area Manager

Date