



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 7, 2022

Daryl Miron
Lakeview Assisted Living, LLC
1100 N Lake Shore Dr
Gladstone, MI 49837

RE: License #: AL210386348
Investigation #: 2022A0221011
Lakeview Assisted Living IV, LLC

Dear Mr. Miron:

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 (906) 226-4171.

Sincerely,

A handwritten signature in black ink, appearing to read "Theresa Norton". The signature is fluid and cursive, with a large loop at the end.

Theresa Norton, Licensing Consultant
Bureau of Community and Health Systems
234 West Baraga
Marquette, MI 49855
(906) 280-2519

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL210386348
Investigation #:	2022A0221011
Complaint Receipt Date:	02/16/2022
Investigation Initiation Date:	02/17/2022
Report Due Date:	04/17/2022
Licensee Name:	Lakeview Assisted Living, LLC
Licensee Address:	1100 N Lake Shore Dr Gladstone, MI 49837
Licensee Telephone #:	(906) 428-7000
Administrator:	Daryl Miron
Licensee Designee:	Daryl Miron
Name of Facility:	Lakeview Assisted Living IV, LLC
Facility Address:	1100 N. Lake Shore Drive Gladstone, MI 49837
Facility Telephone #:	(906) 428-7000
Original Issuance Date:	12/21/2017
License Status:	REGULAR
Effective Date:	06/21/2020
Expiration Date:	06/20/2022
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

	AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS
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II. ALLEGATION(S)

	Violation Established?
Resident medications being passed at the wrong times.	No
Fire drills not being conducted properly.	Yes
Electric griddle and hot plate are hidden when the fire marshal comes through the facility for an inspection.	No
Additional Findings	No

III. METHODOLOGY

02/16/2022	Special Investigation Intake 2022A0221011
02/17/2022	Special Investigation Initiated - Telephone Phone call to Complainant.
02/17/2022	Inspection Completed On-site
02/17/2022	Contact - Face to Face Interviews with Administrator Courtney Wiltzius, Nurse Amy Gagne, Staff Helen Brandt, and Staff Kathy Olsen.
02/17/2022	Contact - Document Received Schedule received.
02/17/2022	Contact - Telephone call made Email to/from Jim Rasanen, OFS.
03/03/2022	Contact - Face to Face Interviews with Staff Letisha Lavigne, Daisy Johnson, and Dawn Sandberg, Administrator Courtney Wiltzius, and Nurse Amy Gagne.
03/17/2022	Contact - Telephone call made Phone call to Jim Rasanen, OFS.
04/07/2022	Exit Conference Exit interview with Administrator Courtney Wiltzius.

ALLEGATION: Resident medications being passed at the wrong times.

INVESTIGATION: The complainant reports that residents are not getting their medications at proper times at the facility. The complainant stated that some residents get nighttime medications at 8:00PM. The complainant stated there is only a med passer from 7:00AM-7:00PM. Therefore, residents are getting medications at 7:00PM instead of 8:00PM, before the med passer leaves. The complainant also states there was one resident who gets a pain medication (Hydrocodone) at 9:00PM. The complainant stated that a staff from another Lakeview facility will come and give the pain medication to the resident.

On 02/17/2022, Staff Kathy Olsen and Staff Helen Brandt were interviewed at the facility. Ms. Olsen is the full-time med passer and works the 7:00AM-7:00PM in the facility. Ms. Olsen stated that residents will get their 8:00PM meds at 7:00PM. This is due to 'a staff shortage'. Ms. Olsen stated that Nurse Gagne stated it was 'ok' to give the 8:00PM meds at 7:00PM.

There is one controlled medication that a resident is prescribed at 9:00PM. Both Staff Olsen and Staff Brandt stated that the controlled medication is administered at the correct time by another staff from an adjoined Lakeview facility. Ms. Brandt stated she was the med passer from the adjoining facility that would come give the controlled medication. Ms. Brandt stated this happened 'approximately 10 times, due to the staff shortage'.

According to the facility protocol, and Nurse Gagne, non-critical medications may be given 1 hour before or 1 hour after prescribed medication administration times.

Nurse Gagne and Ms. Wiltzius stated the facility had been short-staffed and there was a lot of overtime during the Covid period. As of 03/03/2022, Administrator Courtney Wiltzius and Nurse Amy Gagne, there is a permanent 3:00PM-11:00PM med passer staff in the facility at this time.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(4)(b) Complete an individual medication log that contains all of the following information: (i) The medication. (ii) The dosage.

	<p>(iii) Label instructions for use.</p> <p>(iv) Time to be administered.</p> <p>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p> <p>(vi) A resident's refusal to accept prescribed medication or procedures.</p>
ANALYSIS:	Residents are getting their prescribed medications at the correct times conducive with the facility protocol for administering medication. The one resident is getting his controlled pain medicine at the precise prescribed time.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Fire drills not being conducted properly.

INVESTIGATION: The complainant reports that fire drills are not being conducted properly in the facility. The complainant stated that residents are not evacuating the building. The complainant stated, "I know that's against the law."

On 02/27/2022, Consultant Maria DeBacker and I conducted an unannounced on-site inspection at the facility. We met with Administrator Courtney Wiltzius and Nurse Amy Gagne. Ms. Wiltzius produced the documented fire drills for the facility. The documented drills were written as conducted at the proper times of one per shift, per quarter, along with the times of evacuation. When asked where the meeting point was for the residents, Ms. Wiltzius stated that residents go and stand in front of the nearest exit doors. When asked to clarify, Ms. Wiltzius stated, "They don't go outside."

On 02/27/2022 and 03/03/2022, six staff (Kathy Olsen, Helen Brandt, Dawn Sandberg, Daisy Johnson, and Letisha Lavigne) were interviewed. All staff reported that residents do not evacuate the building during practice fire drills.

On 03/03/2022, an exit conference was conducted with Licensee Daryl Miron and Administrator Courtney Wiltzius informing them of the findings of this report and the expectation of an acceptable corrective action plan.

On 03/24/2022, a phone call was conducted with Office of Fire Safety Officer Jim Rasanen informing him of the finding of this report.

APPLICABLE RULE	
R 400.15318	Emergency preparedness; evacuation plan; emergency transportation.
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.
ANALYSIS:	The facility has been conducting proper fire drills as per the record of practice drills. As evidenced by staff interviews and admittance of Administrator Courtney Wiltzius, residents have not been exiting the building, but going to the nearest exit door. The residents have not been evacuating the building during practice fire drills.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Electric griddle and hot plate are hidden when the fire marshal comes through the facility for an inspection.

INVESTIGATION: The complainant stated, "Staff hide the griddle, hot plate, etc. in the kitchen when the Fire Marshal comes for an inspection because these appliances are not licensed to be cooked in."

During the 02/27/2022 inspection, a hot plate and an electric griddle were observed on a lower shelf in the kitchen of the facility. Both appliances looked clean and in good repair.

Verification with Fire Marshal Jim Rasanen on 03/17/2022, confirmed these appliances are not prohibited from use in a large AFC facility.

APPLICABLE RULE	
R 400.15402	Food service.
	(6) Household and cooking appliances shall be properly installed according to the manufacturer's recommended safety practices. Where metal hoods or canopies are provided, they shall be equipped with filters. The filters shall be maintained in an efficient condition and kept clean at all times. All food preparation surfaces and areas shall be kept clean and in good repair.

ANALYSIS:	During the 02/27/2022 inspection, a hot plate and electric griddle were observed on a lower shelf in the kitchen of the facility. Both appliances looked clean and in good repair. Verification with Fire Marshal Jim Rasanen confirmed these appliances are not prohibited from use in a large AFC facility.
CONCLUSION:	VIOLATION NOT ESTABLISHED

On 04/07/2022, an exit conference was conducted with Administrator Courtney Wiltzius. Ms. Wiltzius was informed of the findings of this report and the expectation of an acceptable corrective action plan.

IV. RECOMMENDATION

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

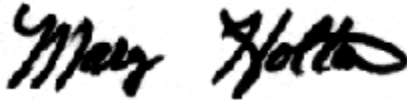


04/07/2022

Theresa Norton
Licensing Consultant

Date

Approved By:



04/07/2022

Mary E Holton
Area Manager

Date