



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 15, 2022

Lamont Jones
Serenity Springs
1413 Gratiot Rd.
Saginaw, MI 48602

RE: License #: AH730389480
Investigation #: 2022A0784031
Serenity Springs

Dear Mr. Jones:

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. 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,

Aaron Clum, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-2778

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH730389480
Investigation #:	2022A0784031
Complaint Receipt Date:	02/16/2022
Investigation Initiation Date:	02/17/2022
Report Due Date:	04/17/2022
Licensee Name:	Serenity Springs, LLC
Licensee Address:	1413 Gratiot Saginaw, MI 48602
Licensee Telephone #:	(989) 607-0001
Administrator:	Melva Parker
Authorized Representative:	Lamont Jones
Name of Facility:	Serenity Springs
Facility Address:	1413 Gratiot Rd. Saginaw, MI 48602
Facility Telephone #:	(989) 793-3471
Original Issuance Date:	01/11/2018
License Status:	REGULAR
Effective Date:	07/11/2020
Expiration Date:	07/10/2021
Capacity:	105
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Resident A did not receive adequate care	No
The facilities heat is not working properly	Yes
Additional Findings	Yes

III. METHODOLOGY

02/16/2022	Special Investigation Intake 2022A0784031
02/17/2022	Special Investigation Initiated - Telephone Interview with Complainant
02/18/2022	Inspection Completed On-site
02/18/2022	Contact – Telephone call made Interview with authorized representative Lamont Jones
02/18/2022	Contact – Document sent Email sent to AR Lamont Jones regarding discussion on resident temporary placement
02/18/2022	Contact - Telephone call made Interview with bureau of fire services supervisor Larry DeWachter
02/18/2022	Contact - Telephone call made Interview with Mr. Jones
02/22/2022	Contact - Telephone call made Returned call to BFS Supervisor Brent Connell.
02/22/2022	Contact - Telephone call made Interview conducted with BFS inspector Dan Stasa.
02/22/2022	APS Referral
02/22/2022	Contact - Telephone call received Update from Mr. Jones
02/22/2022	Contact - Telephone call made

	Teams meeting with Supervisor Andrea Moore and authorized representative Lamont Jones
02/22/2022	Contact - Face to Face Virtual meeting with LARA supervisor Andrea Moore and Mr. Jones regarding update
02/23/2022	Inspection Completed On-site
02/23/2022	Contact - Telephone call made Teams meeting with Andrea Moore, Lamont Jones and APS Regional Supervisor David Lynch.
02/23/2022	Contact - Document Received Email received on 2/24/22, sent evening of 2/23/22, from Mr. Jones reporting all residents have been relocated from the building
02/23/2022	Contact – Telephone call made Teams meeting with Andrea Moore, Lamont Jones and APS Regional Supervisor David Lynch.
02/24/2022	Contact – Document received Email from Mr. Jones indicating all residents have been moved from the hotel into more permanent placements
02/25/2022	Contact – Telephone call made Teams meeting with Andrea Moore, Lamont Jones and APS Regional Supervisor David Lynch.
02/28/2022	Contact – Telephone call made Teams meeting with Andrea Moore, Lamont Jones and APS Regional Supervisor David Lynch.
03/03/2022	Contact – Telephone call made Teams meeting with Andrea Moore, Lamont Jones and APS Regional Supervisor David Lynch.
03/04/2022	Contact - Document Sent Special investigation document/information request
03/30/2022	Contact - Telephone call made Attempted with administrator Melva Parker. Message left. Return call requested
03/31/2022	Contact - Telephone call made

	Made with Mr. Jones. Discussed outstanding requested documents/information regarding the investigation.
04/05/2022	Contact - Document Sent Email sent to Mr. Jones (forward of the original request for documents/info) regarding outstanding request still unfulfilled
04/07/2022	Contact - Document Received Special Investigation requested documents received via email from Mr. Jones
04/15/2022	Exit Conference – Telephone Conducted with authorized representative Lamont Jones

ALLEGATION:

Resident A did not receive adequate care

INVESTIGATION:

On 2/16/2022, the department received this online complaint.

According to the complaint, Resident A was observed on the morning of 2/16/2022 soaked in urine and there is concern he is not being toileted regularly.

On 2/16/2022, I interviewed complainant by telephone. Complainant stated Resident A requires regular assistance with toileting from staff and there is concern staff were regularly neglecting to do so. Complainant stated Resident A moved out of the facility shortly after the incident.

On 2/18/22, I interviewed administrator Melva Parker at the facility. Ms. Parker stated she was not aware of any issues of inadequate toileting for Resident A. Ms. Parker stated Resident A had not mentioned any concerns to her and that she had not heard any concerns from Resident A's visiting hospice worker. Ms. Parker stated Resident A was not a person who had difficulty with brief changes or toileting by staff. Ms. Parker stated Resident A was very verbal and able to make his needs known. Ms. Parker stated Resident A did sometimes urinate in his brief and not inform staff, so staff were expected to frequently check him even though he was able to make his needs known. Ms. Parker stated Resident A was service planned to

be checked on frequently by staff. Ms. Parker confirmed Resident A no longer lived at the facility.

I reviewed Resident A's service plan which was consistent with statements provided by Ms. Parker.

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:	The complaint alleged Resident A was being left soaked in urine and was not being toileted regularly. Evidence is insufficient to support a finding.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The facilities heat is not working properly

INVESTIGATION:

When interviewed, Complainant stated the owner of the facility, Lamont Jones, reported the boiler was not working correctly. Complainant stated that on the morning of 2/16/2022, a resident complained of being cold and not having a working space heater.

On 2/18/2022, I interviewed administrator Melva Parker at the facility. Ms. Parker stated the heat has not been working adequately in several rooms and common areas of the building. Ms. Parker stated she had been on vacation until 2/18/2022. Ms. Parker stated the heat had been working properly prior to her going on leave and that she only found out about issues with the heat upon her return and so she was unsure when the issue began. Ms. Parker stated she believed someone had been hired to repair one of the boilers that stopped working and was unsure of a timeline when the heat would be adequately working again.

On 2/18/2022, I interviewed head of human resources Miera Hamilton at the facility. Ms. Hamilton stated the heating issues began sometime on or around "last Saturday", 2/12/2022. Ms. Hamilton stated the facility maintenance person did attempt to work on the boiler causing the issue and that the facility has since hired a

repair person from *John E. Green Company* to address the issue. Ms. Hamilton stated the repair person had been to the facility this morning and that as far as she knew, had left to obtain additional parts to repair the boiler.

On 2/18/2022, I interviewed Resident B at the facility. Resident B stated he noticed the facility becoming cold "several days ago" stated it had been "at least six days. Resident B stated he was fine in his room as long as he had his space heater.

During the onsite, I inspected the building walking through the first and second floors as well as several resident rooms and checked multiple thermostats in resident rooms. The first floor of the building has two identified sides named HFA 1 and HFA 2. Multiple rooms on the HFA 2 side of the building were below the required 72-degree threshold with thermostats in rooms 105, 124 and 121 reading as low as 55 degrees. The dining area thermostat in HFA 2 read approximately 55 degrees. Several rooms in HFA 1 were also below the required temperature as were the hallways and the activity room located in HFA 1. The common areas of the second floor, including the activity room and hallway, were below 72 degrees. Resident rooms on the second floor were noted to be above 72 degrees, however each of these residents maintained a space heater in their room to keep the temperature up. Several resident rooms on the first floor also maintained heaters. I observed multiple residents wearing extra shirts and coats with several residents reporting the temperature in the building was comfortable for them.

On 2/18/2022, I interviewed bureau of fire services (BFS) supervisor Larry DeWachter by telephone. Mr. DeWachter stated the fire safety code does not allow for a home for the aged facility to have any kind of space heater in resident rooms.

On 2/18/2022, I interviewed authorized representative Lamont Jones by telephone. Mr. Jones stated he was aware of issues with heat in the building and was trying to figure out what could be done to adequately address the situation. Mr. Jones was notified at that time that residents should not have space heaters in their rooms and that they needed to be removed. Mr. Jones was also notified that if the heating issue could not be addressed immediately to bring the facility temperature up adequately, it may be necessary for the residents to be moved to an alternative placement.

On 2/18/2022, I interviewed the service repair manager (SRM) for *John E. Greem Company* by telephone. SRM stated he had been out to the facility on several occasions to try and repair the heating issue. SRM stated the heating system at the facility is comprised of two case iron sectional low pressure atmospheric steam boilers. SRM stated that the sections of the boilers are sealed units, and that once water starts leaking from the unit, it must be shut down. SRM stated that upon his inspection, it appeared someone had been attempting to repair the boiler incorrectly causing the problem to become untenable. SRM stated that the facility had two options to pursue with one being to bring in an HVAC unit that would essentially be stationed outside the building and connected to the internal heating unit to bring heat in the building, as a short-term solution. SRM stated that this option would take

multiple days, if not weeks, to get in place as he had contacted several sources and no companies had available units. SRM stated the second and most sustainable option would be to replace the boiler. SRM stated he had also inquired about a replacement boiler and that it would be, at the very least, 22 weeks before a boiler was available. SRM stated that the facility requires both boilers to maintain the required heating levels. SRM stated he advised the facility to not use the remaining heater as on its own, it would not be able to heat the building or ultimately even maintain the heat adequately in the building.

On 2/18/2022, a virtual meeting was held with me, state administrative managers Andrea Moore and Laura Remus and bureau director Larry Horvath to discuss the circumstances of the facility. Due to the lack of heat in the building, with no immediate solution, and cold weather leaving residents at risk while living at the facility, it was decided that the department would advise the facility to pursue temporary evacuation and alternate placement for the residents until the boiler has been repaired and heat has been restored in the building.

On 2/18/2022, I contacted Mr. Jones by telephone and informed him of the department's advisement regarding moving residents to a new placement. Mr. Jones indicated he understood and had already been communicating with other organizations regarding possible placements.

On 2/18/2022, I emailed Mr. Jones to follow up regarding the advisement of evacuation and alternate placement for residents and the need to maintain communication with the department in the process.

On 2/22/2022, a virtual meeting was held with me, Ms. Moore and Mr. Jones regarding updates on resident placement. Mr. Jones reported approximately 48 residents were still left in the building.

On 2/23/2022, A virtual meeting was held with me, Ms. Moore, adult protective services (APS) section manager David Lynch and Mr. Jones. Mr. Jones reported during this meeting that 19 residents were currently being housed at the Ramada in Saginaw MI. Mr. Jones reported that the 11 residents still at the facility would be moved to the Ramada by the evening of 2/23/2022 leaving a total of 30 residents left to find more permanent placements for.

On 2/23/2022, I received an email from Mr. Jones indicating the remaining 11 residents had been moved from the facility to the Ramada.

On 2/24/2022, I received an email from Mr. Jones indicating all residents have been moved from the hotel into more permanent placements.

APPLICABLE RULE	
R 325.1973	Heating.
	<p>(1) A home shall provide a safe heating system that is designed and maintained to provide a temperature of at least 72 degrees Fahrenheit measured at a level of 3 feet above the floor in rooms used by residents.</p> <p>(2) A resident's own room or rooms in the home shall be maintained at a comfortable temperature.</p>
ANALYSIS:	The complaint alleged the facility did not have adequately working heat. Interviews of staff, residents and the third-party service repair manager, as well as observations at the facility, confirmed the heating system had been broken down for several days leaving the facility inadequately heating. Ultimately all residents were moved to new placements as no immediate solution available to adequately heat the building.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDING:

INVESTIGATION:

On 2/18/2022, when interviewed, Mr. DeWatchter stated the facility should not be allowing residents to have individual space heaters in their rooms as it is not in compliance with the department's health care facility fire safety rules

On 2/18/2022, I interviewed Mr. Jones by telephone and informed him of the advisement by BFS that residents should not have space heaters in their rooms, and they would need to be removed.

On 2/22/2022, I interviewed BFS inspector Dan Stasa by telephone. Mr. Stasa stated he had been out to the facility this morning and observed multiple residents to still have space heaters in their rooms. Mr. Stasa stated he spoke with Mr. Jones and advised him that the space heaters should be removed immediately.

On 2/23/2022, I conducted an onsite inspection of the building. I observed each room of the building occupied by residents. I observed space heaters to be present in rooms 106, 108, 121, 119 and 135.

APPLICABLE RULE	
R 325.1917	Compliance with other laws, codes, and ordinances.
	(2) A home shall comply with the department's health care facility fire safety rules being R 29.1801 to R 29.1861 of the Michigan Administrative Code.
ANALYSIS:	Even after being advised on several occasions that space heaters were not allowed in resident rooms, inspections at the facility revealed several residents still maintained space heaters in their rooms.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Aaron L. Clum

Aaron Clum
Licensing Staff

Date

Approved By:

Andrea L. Moore

04/15/2022

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

Date