



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 21, 2022

Toni LaRose  
AH Spring Lake Subtenant LLC  
6755 Telegraph Rd Ste 330  
Bloomfield Hills, MI 48301

RE: License #: AL700397741  
Investigation #: 2022A0467030  
AHSL Spring Lake Stoneybrook

Dear Ms. LaRose:

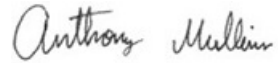
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 that reads "Anthony Mullins".

Anthony Mullins, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL700397741
<b>Investigation #:</b>	2022A0467030
<b>Complaint Receipt Date:</b>	03/28/2022
<b>Investigation Initiation Date:</b>	03/29/2022
<b>Report Due Date:</b>	05/27/2022
<b>Licensee Name:</b>	AH Spring Lake Subtenant LLC
<b>Licensee Address:</b>	One SeaGate, Suite 1500 Toledo, OH 43604
<b>Licensee Telephone #:</b>	(248) 203-1800
<b>Administrator:</b>	Toni LaRose
<b>Licensee Designee:</b>	Toni LaRose
<b>Name of Facility:</b>	AHSL Spring Lake Stoneybrook
<b>Facility Address:</b>	17393 Oak Crest Parkway Spring Lake, MI 49456
<b>Facility Telephone #:</b>	(616) 844-2880
<b>Original Issuance Date:</b>	02/25/2019
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	08/25/2021
<b>Expiration Date:</b>	08/24/2023
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
On 3/27/22, there were insufficient staff working to meet the needs of the residents.	Yes
The facility is not providing Resident A care as specified in her assessment plan.	No
Resident A has received her medication late.	Yes

## III. METHODOLOGY

03/28/2022	Special Investigation Intake 2022A0467030
03/29/2022	Special Investigation Initiated - On Site
04/20/2022	Exit conference completed with licensee designee, Toni LaRose.

**ALLEGATION:** On 3/27/22, there were insufficient staff working to meet the needs of the residents.

**INVESTIGATION:** On 3/28/22, I received an Adult Protective Services (APS) complaint stating that the facility is understaffed to the point where staff are unable to provide adequate care to residents. The complaint stated that on 3/27/22, there was only one direct care staff member responsible for 19 residents.

On 3/28/22, assigned APS worker, Melissa Dyke and I agreed to meet at the facility on 3/29/22 at 10:00 am to complete a joint investigation.

On 3/29/22, APS worker Melissa Dyke and I made an unannounced onsite investigation to the facility. Upon arrival, staff assisted us to Resident A's room. Introductions were made with Resident A and she agreed to discuss the allegations. Resident A also stated that she will not answer any questions that she does not want to.

Resident A stated that she has been at the facility for 10 months or less. Resident A stated, "yes" when asked if there have been enough staff at the facility to help with her day-to-day needs. Resident A was asked if there was anything she could change, what would it be. Resident A stated, "more staff." Resident A stated that she has used her call light when she has needed assistance. She stated that the longest time she's had to wait was 15 minutes. Resident A reiterated that there is not enough staff working. She stated that yesterday, 3/28/22, there was only one staff member working. Resident A stated that quite often, there is only staff person.

After speaking to Resident A, Ms. Dyke and I spoke to Wellness Director Sherry Shatney-Miedema and assistant wellness director, Kayla Strasser. Ms. Shatney-Miedema responded to most of the questions and Ms. Strasser added input at times. They confirmed that staffing has been “decent” at the facility until recently due to a “G.I. bug” going around. Ms. Shatney-Miedema and Ms. Strasser did not know which days that they have struggled with staff but are able to look at the staff schedule to provide an accurate update. They explained that typically, the facility has a medication tech and an aid working together during the day. On 3<sup>rd</sup> shift, the facility typically has one staff member. In addition to their typical staffing schedule, Ms. Shatney-Miedema and Ms. Strasser confirmed that there is always an aid throughout the campus that can come from another facility to help if when needed. They explained that the facility currently has 19 residents, none of which require a 2-person assist.

Ms. Strasser was able to obtain the staffing schedule for the facility over the last two days and provided Ms. Dyke and I with a copy. On 3/28/22, two staff members were scheduled to work on first and 2<sup>nd</sup> shift. 3<sup>rd</sup> shift had one staff member scheduled to work. Per the schedule, on 3/27/22, staff member Deidre Harvell worked first and second shift alone, from 7:00 am to 11:00pm. Ms. Shatney-Miedema and Ms. Strasser confirmed this. Third shift had one staff member working. I explained to Ms. Shatney-Miedema and Ms. Strasser that due to the facility having 19 residents with only staff member working, they will be cited for a staffing violation. They stated that they understood and attributed the lack of staffing due to a call-in this past weekend due to being ill. Ms. Shatney-Miedema stated that agency staff is available but the facility is unable to use them per Toni LaRose and upper management.

On 4/20/22, I conducted an onsite exit conference with licensee designee, Toni LaRose. She was informed of the investigative findings and understanding of the outcome. Ms. LaRose added that American House has been utilizing agency staff to fill in the scheduling gap. Prior to doing so, Ms. LaRose wanted Ms. Shatney-Miedema to maximize their current staff members availability.

<b>APPLICABLE RULE</b>	
<b>R 400.15206</b>	<b>Staffing requirements.</b>
	<b>(1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 15 residents during waking hours or less than 1 direct care staff member to 20 residents during normal sleeping hours.</b>
<b>ANALYSIS:</b>	Resident A stated that the facility often has one staff member working. I reviewed the staff schedule and confirmed that on 3/27/22, staff member Deidre Harvell worked from 7:00 am to 11:00 pm by herself while the facility had 19 residents. Ms.

	Shatney-Miedema and Ms. Strasser confirmed this as well. Therefore, there is a preponderance of evidence to support the allegation.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION: The facility is not providing Resident A care as specified in her assessment plan.**

**INVESTIGATION:** On 3/28/22, I received an APS complaint stating that Resident A has missed personal care routine and showers due to the lack of staffing.

On 3/29/22, APS worker Melissa Dyke and I made an unannounced onsite investigation to the facility. Upon arrival, staff assisted us to Resident A's room. Introductions were made with Resident A and she agreed to discuss case allegations. Resident A also stated that she will not answer any questions that she does not want to.

Resident A stated, "pretty much" when asked if staff assist her with activities of daily living (ADL's). Resident A stated that staff help her shower twice a week and her last time showering was yesterday and the longest time she's waited in between showers was one week. Resident A then contradicted her initial statement and said the facility does not always have staff to help with showers, which causes her to miss them at times. Resident A stated that she has used the call light to ask for assistance and she has had to wait approximately 15 minutes prior to a staff arriving.

After speaking to Resident A, Ms. Dyke and I spoke to Ms. Shatney-Miedema and Ms. Strasser. They were asked were asked to share if there was a typical response time after a resident pulls their call light for assistance. They explained that it could take up to 10-15 minutes for staff to respond, especially if staff are assisting another resident with bathing. Ms. Shatney-Miedema stated that a lot of residents in the facility are independent with their care needs. Ms. Shatney-Miedema stated that Resident A has refused baths in the past. However, she did not have any knowledge of Resident A not having an opportunity to shower. Ms. Strasser provided me with a copy of Resident A's assessment plan, which indicates that Resident A either requests or requires 1-2 showers per week. Resident A needs "set up assistance" with bathing and showering, which is the presence of staff in her apartment due to safety, confusion or redirection needs during bathing.

On 4/14/22, Ms. Strasser provided me with copies of Resident A's body/skin check forms for the month of March, which is completed whenever a resident takes a bath. The forms were completed on 3/3/22, 3/10/22, 3/14/22, 3/21/22, and 3/28/22, which indicates that Resident A is bathing at least once a week, which is reflected in her assessment plan.

On 4/20/22, I conducted an onsite exit conference with licensee designee, Toni LaRose. She was informed of the investigative findings and understanding of the outcome.

<b>APPLICABLE RULE</b>	
<b>R 400.15303</b>	<b>Resident care; licensee responsibilities.</b>
	<b>(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.</b>

<p><b>ANALYSIS:</b></p>	<p>Resident A initially stated “pretty much” when asked if staff are able to assist her with her ADL’s. Resident A then stated that the facility does not have enough staff to assist her with bathing, causing her to miss them at times.</p> <p>Resident A’s assessment plan indicated that Resident A can either request or require 1-2 baths per week. I reviewed Resident A’s body/skin check forms, which indicated that she was bathed once per week in the month of March. Therefore, a preponderance of evidence does not exist to support the allegation.</p>
<p><b>CONCLUSION:</b></p>	<p>VIOLATION NOT ESTABLISHED</p>

**ALLEGATION:** Resident A has received her medication late.

**INVESTIGATION:** On 3/28/22, I received an APS complaint stating that Resident A has received pain medications hours late.

On 3/29/22, APS worker Melissa Dyke and I made an unannounced onsite investigation to the facility. Upon arrival, staff assisted us to Resident A’s room. Introductions were made with Resident A and she agreed to discuss case allegations. Resident A also stated that she will not answer any questions that she does not want to.

Resident A was asked if she receives her medications as scheduled and she stated it’s “debatable.” Resident A continued as she stated she “pretty much” receives her medication as scheduled but “not so much” with her nighttime medications. Resident A stated that last night, 3/28/22, she did not receive her medications until 9:00 pm when she typically receives them by 7:30 pm. Resident A stated that she has ointment for pain and she will put it on herself because she doesn’t want to wait for staff.

After speaking to Resident A, Ms. Dyke and I spoke to Wellness Director Sherry Shatney-Miedema and assistant wellness director, Kayla Strasser. Ms. Strasser stated that if a medication is scheduled to be given to a resident at 8:00 am, staff at the facility can give the resident the medication an hour early or later. Ms. Shatney-Miedema stated that the facility has some newer medication techs and it can take them longer to pass medications. Ms. Strasser provided me with a copy of Resident A’s medication pass report. While reviewing the report, I noticed that Resident A was given several medications outside of the two-hour window to receive them. Some of the medications that were given late between 3/22/22 and 3/29/22 are: Amlodipine 2.5mg, Atorvastatin 10mg, Gabapentin 100mg, Carvedilol 6.25mg, diclofenac



sodium gel 1%, Eliquis 2.5 mg and escitalopram 10mg. Therefore, the facility will be cited for this.

On 4/20/22, I conducted an onsite exit conference with licensee designee, Toni LaRose. She was informed of the investigative findings and understanding of the outcome.

<b>APPLICABLE RULE</b>	
<b>R 400.15312</b>	<b>Resident medications.</b>
	<b>(2) Medication shall be given, taken, or applied pursuant to label instructions.</b>
<b>ANALYSIS:</b>	Resident A reported that she has received medications late. Ms. Shatney-Miedema stated that the facility has new medication techs, which takes them longer to pass meds.  Resident A's medication pass report indicated that Resident A was given several medications outside of the two-hour window on various dates throughout the month of March. Therefore, a preponderance of evidence exists to support the allegation.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

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

*Anthony Mullins*

04/21/2022

\_\_\_\_\_  
Anthony Mullins  
Licensing Consultant

\_\_\_\_\_  
Date

Approved By:

*Jerry Hendrick*

04/21/2022

---

Jerry Hendrick  
Area Manager

Date