



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 21, 2022

Bethany Mays
Resident Advancement, Inc.
PO Box 555
Fenton, MI 48430

RE: License #: AS250010959
Investigation #: 2022A0779024
Burleigh

Dear Ms. Mays:

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 cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 899-5659

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250010959
Investigation #:	2022A0779024
Complaint Receipt Date:	03/11/2022
Investigation Initiation Date:	03/11/2022
Report Due Date:	05/10/2022
Licensee Name:	Resident Advancement, Inc.
Licensee Address:	411 S. Leroy, PO Box 555 Fenton, MI 48430
Licensee Telephone #:	(810) 750-0382
Administrator:	Bethany Mays
Licensee Designee:	Bethany Mays
Name of Facility:	Burleigh
Facility Address:	8155 Burleigh, Grand Blanc, MI 48439
Facility Telephone #:	(810) 695-7455
Original Issuance Date:	05/19/1993
License Status:	REGULAR
Effective Date:	03/29/2020
Expiration Date:	03/28/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
Multiple residents have lost weight since 11/2021.	No
Resident A was hospitalized from 2/3/22-2/15/22 for severe dehydration and a severe UTI and back in again 2/22/22-2/28/22 for the same thing.	No
Additional Findings	Yes

III. METHODOLOGY

03/11/2022	Special Investigation Intake 2022A0779024
03/11/2022	APS Referral Complaint was referred to APS centralized intake.
03/11/2022	Special Investigation Initiated - Telephone Spoke to recipient rights advisor, Michelle Salem.
03/11/2022	Contact - Telephone call made Spoke to complainant.
03/21/2022	Inspection Completed On-site
03/24/2022	Exit Conference Conducted with licensee designee, Bethany Mays
04/15/2022	Contact - Telephone call made Spoke to APS worker, Michael Grant.
04/15/2022	Contact - Telephone call made Spoke to Resident A's primary care physician.

ALLEGATION:

Multiple residents have lost weight since 11/2021.

INVESTIGATION:

On 3/11/22, a phone conversation took place with Complainant, who stated that there are three residents who have lost weight over the last few months at this home. She stated that one resident has lost ten pounds, one has lost six pounds and another has

lost 20 pounds. Complainant stated that she did not know a reason behind the weight loss but had concerns since there are multiple residents losing weight.

On 3/21/22, an on-site inspection was conducted. All five residents at this home suffer from some level of developmental delay and due to their cognitive deficiencies, no residents were able to participate in an interview. All five residents were viewed to be clean, well-groomed, and appeared to be doing well. The written assessment plans for these five residents state that all five residents require some level of assistance from staff in order to complete all their activities of daily living. Menus at the home were reviewed and it appears that all residents with special diets and/or specific food texture requirements are being provided those things.

During the on-site inspection, home manager, Rashida Pennywell, was interviewed. Ms. Pennywell stated that there has not been any concerns with any of the five residents regarding their food intake or weight. She stated that she is not aware of any resident losing any significant amount of weight. Ms. Pennywell reported that they document at each meal for each resident how much they eat and/or if there were any issues during the meal. She stated that there can be a slight difference in weights depending on which staff is doing the weighing and the cooperativeness of the resident at the time. Ms. Pennywell stated that none of the resident's physicians have voiced any concerns regarding any resident's current weight.

Resident weight record forms for all five residents were provided by the home and reviewed. There was no significant weight loss noted for any resident from November 2021 to March 2022. Health care appraisals were completed and signed by physicians for all five residents in either February or March 2022. The weight recorded on those appraisals closely match what the home has documented on the resident weight record forms.

The home also provided Food Acceptance Record forms for all residents for January through March 2022. On this form, staff document what percentage of each meal that each resident is eating. They are documenting food intake for three meals per day, breakfast, lunch, and dinner. Review of these documents did not find any concerns related to lack of food and/or liquid intake that would result in any significant weight loss by a resident.

APPLICABLE RULE	
R 400.14313	Resident care; licensee responsibilities.
	(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.

ANALYSIS:	There was insufficient evidence found to prove that any of the five residents of this home are not being provided the required 3 regular, nutritious meals daily. Review of weight record forms and food acceptance record forms were reviewed for each of the five residents in this home. Review of those documents did not show any lack of food intake or any significant weight loss of any resident from November 2021 through March 2022. Residents are being provided appropriate special diets as necessary.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident A was hospitalized from 2/3/22-2/15/22 for severe dehydration and a severe UTI and back in again 2/22/22-2/28/22 for the same thing.

INVESTIGATION:

On 3/11/22, Complainant stated that Resident A was hospitalized two separate times in February 2022 for dehydration and that no one from this home reported to visiting physicians or GHS that Resident A was not taking in fluids. She stated that Resident A had to be given a peg tube after the second hospitalization to make sure she was getting enough fluids. Complainant reported that Resident A has declined a lot the last few months and is now receiving Hospice services but could not provide detailed information as to what or what not this home is doing that would result in Resident A being dehydrated.

On 3/11/22, a phone conversation took place with recipient rights investigator, Michelle Salem, who stated that she had reviewed Resident A's GHS plans related to diet and fluid intake. Ms. Salem stated that Resident A does have a history of dehydration and her GHS plans address that issue. She reported that Resident A's GHS plan specifically states that staff are to encourage her to drink 6-8 cups of fluids (6-8 ounces each) for proper hydration. Ms. Salem stated that her plan also states that Resident A is to receive Boost (supplement drink) 3x daily and that staff are to document Resident A's food acceptance daily and weigh Resident A weekly.

During the on-site inspection on 3/21/22, Resident A's written assessment plan was viewed. The plan states that Resident A requires full assistance from staff in order to complete all her activities of daily living. Resident A's GHS registered dietician treatment plan was also reviewed. The information on this treatment plan matched the information received from recipient rights investigator, Ms. Salem. The treatment plan basically states that Resident A is to drink a minimum of 48 ounces of fluids daily. The home provided the cup that Resident A drinks from during meals and the size of this

cup was viewed to be 18.6 ounces. Even if this cup was only $\frac{3}{4}$ full at meals, it is safe to assume that Resident A was drinking at least 16 ounces of fluids. From January through March 2022, staff was documenting on Resident A's food acceptance log that Resident A was drinking 100% of her drink at each meal (3x) daily, meeting the required amount of fluids recommended in her treatment plan. This includes the approximate one week stay at this home in between hospital stays in February.

On 3/21/22, Home manager, Rashida Pennywell, confirmed that Resident A was hospitalized on two separate occasions. Ms. Pennywell stated that on 2/3/22, she noticed that Resident A was not her normal self. She stated that Resident A did not want to walk or drink and was eating less than normal. Ms. Pennywell reported that she called Resident A's physician and was told to take her to the hospital, due to her sodium levels being too high. Ms. Pennywell stated that Resident A spent several days in the hospital before returning to the home and was then seen by her physician again on 2/21/22. Resident A's physician determined that her sodium levels were too high again, so Resident A was sent back to the hospital on 2/22/22. She stated that Resident A returned to the home with a peg tube and seems to be doing much better. Ms. Pennywell claims that there was no significant decline in the amount of fluids that Resident A was drinking until 2/3/22, and she was sent to the hospital that day. Ms. Pennywell stated that fluids are left in Resident A's cup in between meals as well and that it is not uncommon for Resident A to drink from it throughout the day, but that amount of fluid intake is not recorded anywhere.

This home provided an incident report (IR) completed for Resident A that was dated 2/3/22. The information in IR matches the information obtained during the interview with home manager, Ms. Pennywell. Resident A was viewed to not want to walk or drink and not eating normal, so her primary care physician (PCP) was contacted. Resident A was transported to hospital on 2/3/22, per PCP recommendations. Corrective measures listed on IR were to follow physician/hospital recommendations.

This home provided a copy of a medical appointment information record form that was completed and signed by Dr. Yambao and dated 2/21/22. This form documented that Dr. Yambao performed a check-up on Resident A and obtained lab work.

This home provided an IR that was dated 2/22/22 and documented that they were contacted by Dr. Yambao and told to return Resident A to the hospital that day. The IR stated that the lab work for Resident A showed that her sodium level was too high again. Corrective measures listed on IR were to follow physician/hospital recommendations.

On 4/15/22, a phone conversation took place with APS worker, Michael Grant, who stated that he has been to this home and seen Resident A twice recently. He stated that it appears that this home has been providing Resident A with adequate care and following all physician recommendations regarding her dehydration issues. Mr. Grant reported that he did not obtain enough evidence in order to substantiate that this home was neglecting Resident A.

On 4/15/22, a phone conversation took place with Resident A's PCP, Dr. Yambao, who confirmed that he was aware of Resident A's two hospitalizations in February 2022. He stated that Resident A has a history of dehydration and abnormal sodium levels. Dr. Yambao reported that this home is consistent with calling him with concerns when necessary and confirmed that they called him on 2/3/22. Dr. Yambao stated that the home followed his recommendations by sending Resident A to the hospital on both occasions. He stated that it is possible for Resident A to have high sodium levels even though she has what people believe to be proper fluid intake. Dr. Yambao reported that he is referring Resident A to an Endocrinologist to try and figure out why she is continuing to have sodium level and dehydration issues. Dr. Yambao stated that he just saw Resident A on 4/14/22, that she appears to be doing fine. He stated that he has no concerns regarding the care she has been provided at this home.

APPLICABLE RULE	
R 400.14303	Resident care; licensee responsibilities.
	(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.
ANALYSIS:	<p>It was confirmed that Resident A was hospitalized on two separate occasions during February 2022. Documentation provided by this home shows that Resident A was sent to the hospital on both occasions per the request of her primary care physician (PCP). Upon first signs of Resident A not wanting to walk or drink and not eating as normal on 2/3/22, her PCP was contacted and she was sent to the hospital the first time. The second hospitalization took place after being seen as a follow-up by her PCP.</p> <p>Food acceptance logs for Resident A document that Resident A was eating and drinking well at each of three meals provided to her at this home, from January through March 2022. The logs do not show where Resident A had any decline in food and/or fluid intake, leading up to her hospitalization on 2/3/22, that would result in her becoming dehydrated.</p> <p>There was insufficient evidence found to prove that Resident A was not being provided adequate supervision, protection, and personal care at this home.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 3/21/22, Resident A's GHS registered dietician treatment plan was viewed. The treatment plan stated that Resident A is to receive Boost (supplement drink) 3x daily and that staff are to weigh Resident A weekly.

On 3/31/22, home manager, Ms. Pennywell, stated that they were not in-serviced and not aware of the current registered dietician treatment plan that was in place for Resident A. She stated that Resident A was not being weighed on a weekly basis, nor was she being provided Boost supplement drink 3x daily. Ms. Pennywell reported that they did not have a physician order prescribing Boost; therefore, it was never placed on Resident A's medication log.

Resident weight record forms for Resident A show that Resident A was only being weighed once per month. The home did not have any documentation to show that Resident A was being provided Boost supplement drink.

APPLICABLE RULE	
R 400.14303	Resident care; licensee responsibilities.
	(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.
ANALYSIS:	Resident A had a GHS registered dietician treatment plan in place that states that Resident A is to be weighed weekly and receive Boost supplement drink 3x daily. Resident weight record forms for Resident A show that Resident A was only being weighed once per month. The home did not have any documentation to show that Resident A was being provided Boost supplement drink.
CONCLUSION:	VIOLATION ESTABLISHED

On 3/24/22, an exit conference was conducted with licensee designee, Bethany Mays. She was informed that a written corrective action plan is required to address the above licensing rule violation.

IV. RECOMMENDATION

Upon receipt of an approved written corrective action plan, it is recommended that the status of this home's license remain unchanged.

Christopher A. Holvey

4/21/2022

Christopher Holvey
Licensing Consultant

Date

Approved By:

Mary Holton

4/21/2022

Mary E Holton
Area Manager

Date