GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 22, 2022

Catherine Reese
New Friends Dementia Community, LLC
3700 W Michigan Ave
Kalamazoo, MI 49006

RE: License #: AL390299686
Investigation #: 2022A0581023
Vibrant Life Senior Living Kalamazoo 2

Dear Ms. Reese:

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 (517) 284-9730.

Sincerely,

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL390299686
Investigation #:	2022A0581023
Complaint Receipt Date:	03/01/2022
Investigation Initiation Date:	03/03/2022
Report Due Date:	04/30/2022
Licensee Name:	New Friends Dementia Community, LLC
Licensee Address:	3700 W Michigan Ave Kalamazoo, MI 49006
Licensee Telephone #:	(734) 819-7790
Administrator:	Laurel Space
Licensee Designee:	Catherine Reese
Name of Facility:	Vibrant Life Senior Living Kalamazoo 2
Facility Address:	3712 W. Michigan Ave. Kalamazoo, MI 49006
Facility Telephone #:	(269) 372-6100
Original Issuance Date:	06/21/2011
License Status:	REGULAR
Effective Date:	07/26/2021
Expiration Date:	07/25/2023
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Facility direct care staff aren't addressing Resident B's breathing issues and facility direct care staff aren't addressing her dementia.	No
Resident B is over medicated.	No
Resident B isn't being provided a proper diet.	No
There is a missing outlet receptacle in Resident B's bedroom.	No
Additional findings.	Yes

***To maintain the coding consistency of residents, the resident in this special investigation is identified as "Resident B" rather than Resident A because special investigation report 2022A0462020, which resulted in violations, was completed prior to and within proximity of this special investigation.

III. METHODOLOGY

03/01/2022	Special Investigation Intake 2022A0581023
03/03/2022	Special Investigation Initiated - Telephone Interviewed Complainant
03/03/2022	Contact - Telephone call made Interviewed Guardian B1
03/14/2022	Inspection Completed On-site Interviewed staff and residents. Obtained resident documentation.
03/16/2022	Contact - Document Sent Requested PACE records for Resident B.
03/21/2022	Contact - Document Received Email from PACE
03/21/2022	Inspection Completed On-site Interviewed staff and observed residents
03/30/2022	Contact - Document Received Fax of documentation from the facility.
04/05/2022	Contact - Document Sent Sent email to PACE requesting status of records request
04/05/2022	Contact – Telephone call made

	Interview with direct care staff, Shelley Simmons.
04/07/2022	Contact – Document Received Email from PACE medical records
04/08/2022	Contact – Document Sent Sent another request to PACE for Resident B's medical records
04/08/2022	Contact – Document Received Resident B's resident documentation from Administrator, Ms. Space.
04/22/2022	Exit conference with the licensee designee, Catherine Reese, via telephone.

ALLEGATION:

Facility staff aren't addressing Resident B's breathing issues and facility isn't addressing her dementia.

INVESTIGATION:

On 03/01/2022, I received this complaint from the Bureau of Community Health Systems (BCHS) on-line complaint system. The complaint alleged Resident B experiences "breathing issues", which facility direct care staff members are not addressing. Additionally, the complaint alleged Resident B has dementia, which facility direct care staff members are not addressing.

On 03/03/2022, I interviewed Complainant. Complainant stated Resident B has trouble breathing. Complainant indicated Senior Care Partners (PACE) is involved with Resident B and acknowledged they had assessed Resident B and believe she has COPD.

On 03/03/2022, I interviewed Resident B's Power of Attorney (POA), Guardian B1. Guardian B1 denied any concerns or issues with Resident B's care being addressed improperly at facility. Guardian B1 stated Resident B is involved with PACE providers who visit with Resident B regularly to monitor her needs. Guardian B1 denied any concerns with Resident B's breathing that warranted special attention. Guardian B1 acknowledged Resident B having dementia; however, stated facility direct care staff and PACE providers were aware and providing Resident B with the care she requires. Guardian B1 confirmed Resident B had been diagnosed with Covid in January 2022.

On 03/14/2022, I conducted an unannounced on-site at the facility, as part of my investigation. I observed Resident B in the facility's dining room; however, based on Resident B's dementia diagnosis and impaired cognition, I was unable to interview her; despite my attempts at asking her questions and engaging in conversation. Resident B was alert and appeared taken care of. I did not observe Resident B experiencing any breathing issues. I was unable to interview any other residents in the facility due to their impaired cognition as well.

I interviewed multiple direct care staff members including Destiny Lewis and Ashley Banks. They both acknowledged Resident B having dementia, but neither Ms. Lewis nor Ms. Banks indicated Resident B had any breathing issues requiring medical attention or special care. They both indicated if Resident B wasn't acting normal or at baseline they contacted PACE to report their concerns.

I interviewed the facility's Administrator and Executive Director, Laurel Space, who also denied Resident B had any breathing issues that were cause for concern or that weren't being addressed. She indicated all physician contacts would be in Resident B's *Observation Notes*.

I reviewed Resident B's *Health Care Appraisal* (HCA), dated 08/19/2020, which was the only available HCA for Resident B. According to this HCA, one of Resident B's diagnoses is dementia with behaviors. There was no indication on Resident B's HCA that she has any breathing diagnoses, issues, or concerns.

I reviewed Resident B's *Assessment Plan for AFC Residents* (assessment plan), dated 06/17/2021; however, there was nothing in Resident B's assessment plan addressing her dementia or indicating any issues/concerns with breathing. Resident B's assessment plan indicated PACE was Resident B's primary care physician.

I also reviewed Resident B's *Observation Notes* from the facility's *Extended Care Professional* (ECP) program from November 2021 through March 2022. According to these notes, Resident B was sent to the hospital on 11/12/2021 for "breathing issues" and was later discharged from the hospital on 11/13/2021. Another note, dated 11/12/2021, indicated Resident B was experiencing a cough; however, the note indicated staff provided Resident B with tea and there were no additional concerns. The observation notes also indicated PACE requested a Covid-19 test for Resident B on 01/12/2022; however, this test was negative until 01/15/2022 when she tested positive and began experiencing a "phlegmy" sounding cough. There were no additional notes regarding any breathing issues with Resident B.

I reviewed the facility's *Observation Notes* documenting the facility's contacts with PACE in February and March 2022, which indicated facility staff were contacting the agency to report when Resident B's sugar was too high or Resident B was sleeping too much.

I reviewed Resident B’s assessment plan through ECP, which also indicated Resident B was on “palliative care” and “per Pace and residents family do not send resident out for further testing or evaluation. Call PACE for any decline.”

On 04/05/2022, I interviewed direct care staff, Shelley Simmons, via telephone. Ms. Simmons stated she wasn’t aware of Resident B having any breathing issues/concerns.

I checked the status of or requested Resident B’s PACE records from Senior Care Partners on 03/16/2022, 04/05/2022, 04/08/2022, and 04/15/2022; however, as of the date of this report, I had not received her medical records.

APPLICABLE RULE	
R 400.15303	**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:	Based on my investigation, which included interviewing direct care staff, Destiny Lewis, Ashley Banks, and Shelley Simmons, Administrator, Laurel Space, Guardian B1, and reviewing Resident B’s *Health Care Appraisal*, *Assessment Plan for AFC Residents*, facility assessment plan through ECP, and the facility’s observation notes, there is no evidence Resident B experienced breathing issues were not being addressed. According to the facility’s observation notes, when Resident B displayed breathing concerns in November 2021 she was sent to the hospital for treatment and in January 2022 she had been diagnosed with Covid 19. She improved after both incidences. Additionally, there is no evidence indicating Resident B’s dementia diagnosis isn’t being addressed by her primary care physician, PACE.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Resident B is over medicated.

INVESTIGATION:

The complaint alleged Resident B was being “drugged almost daily”. Complainant stated Resident B isn’t alert every day and indicated Resident B is being administered narcotics, which make her lethargic.

Guardian B1 stated he visited regularly with Resident B in the facility prior to her testing positive for Covid-19 January 2022. Guardian B1 stated he had no concerns about Resident B being over medicated, drugged, or given medication inappropriately or not as prescribed.

Neither direct care staff members Ms. Lewis, Ms. Banks, nor Ms. Space indicated any concerns or issues with Resident B being overly medicated or drugged. All denied ever overmedicating Resident B. Ms. Lewis and Ms. Banks stated Resident B didn’t have a current medication prescription for any narcotics.

I observed Resident B and she did not appear to be drugged, overly medicated, or lethargic.

I reviewed Resident B’s Medication Administration Records for February and March 2022, which did not indicate Resident B was prescribed any narcotics. When I reviewed Resident B’s medication within the medication cart, I did discover Resident B had a Lorazepam oral concentration medication, which had a dispense date of 04/19/2021. The medication’s instructions indicated Resident B could be given “2 MG (1 ML) BY MOUTH/SL AS NEEDED FOR SEIZURE LIKE ACTIVITY UP TO TWICE PER DAY”. The bottle held 30 mL of liquid; however, it was nearly full with 24 mL left in the bottle.

Ms. Lewis stated Resident B’s Lorazepam medication had been discontinued in November 2021; however, she could not indicate why it was still in the medication cart. She denied it being adminstered since it had been discontinued.

Ms. Space provided Resident B’s hospital discharge paperwork, dated 11/29/2021, which provided the instruction for Resident B to stop taking the Lorazepam 2mg/ML concentrated solution.

APPLICABLE RULE	
R 400.15308	**Resident behavior interventions prohibitions.**
	(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of

	the licensee, employees, or any person who lives in the home shall not do any of the following: **(c) Restrain a resident's movement by binding or tying or through the use of medication, paraphernalia, contraptions, material, or equipment for the purpose of immobilizing a resident.**
ANALYSIS:	Based on my investigation, there is no evidence indicating direct care staff are immobilizing Resident B by administrating narcotics to her or over medicating her.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Resident B isn't being provided a proper diet.

INVESTIGATION:

The complaint alleged Resident B is "visually impaired" and is not getting the support she needs to eat. The complaint alleged facility staff are giving Resident B "finger foods", but she drops the sandwiches direct care staff give her. The complaint alleged Resident B is also diabetic and facility staff are giving her too many carbs and no vegetables.

Complainant stated there are days when Resident B sees better than other days despite being visually impaired. Complainant stated Resident B requires assistance with eating. Complainant also stated Resident B is diabetic and the facility only feeds her bread, which causes Resident B knee pain.

Guardian B1 stated Resident B's depth perception is compromised, but she can still feed herself. Guardian B1 reported no concerns with the food or meals Resident B is eating at the facility or with her diet. Guardian B1 stated if there were concerns regarding Resident B's diet or what she was eating it would be addressed with both PACE providers and the facility.

On 03/14/2022, I completed an unannounced on-site inspection at the facility. I interviewed the facility's cook, Sandy Wolburn. She reported she had no concerns with Resident B eating. She reported Resident B was prescribed a "finger food" type diet, which meant her food should be "small and bite sized." She reported Resident B can eat what the other residents are eating; however, her food needs to be cut up so Resident B can pick it up and feed herself. Ms. Wolburn indicated that while Resident B is diabetic her sugar levels are stabilized and doesn't require a specific or special diabetic diet. Ms. Wolburn also stated Resident B eats fruit and vegetables.

Ms. Wolburn showed me the facility's kitchen and food storage areas. I observed an abundance of food in the facility. I also observed fresh fruit and vegetables as well as canned fruits and vegetables.

Ms. Wolburn provided me with the facility's menu. The menu item for the day was consistent with what Ms. Wolburn was serving to the residents, which was a turkey Reuben, chips, and diced pears. Ms. Wolburn stated all the residents receive food cards with their plates when served to ensure they're receiving the correct diet and/or their food is prepared correctly. Ms. Wolburn showed me Resident B's food card, which indicated she receives finger food, small and bite sized food, and thin liquids. I questioned Ms. Wolburn on how she served lunch to Resident B given it was a sandwich. She demonstrated how she cut the bread's hard crust off and then sliced the sandwich and then cut the slices into bit size portions. Ms. Wolburn stated chips were not served to Resident B due to their hard edges, but she received the diced pears.

According to the menu, breakfast throughout the week consisted of items such as oatmeal, French toast, scrambled eggs, biscuits and gravy, sausage patties, pancakes, bacon and cream of wheat. Lunch items throughout the week consisted of items such as chicken tenders, macaroni and cheese, broccoli, BBQ pulled pork, baked beans, chicken chili, salad, burgers, potato salad, monte cristo sandwich, fries, beef chili, cornbread, and mandarin oranges. Dinner items consisted of items such as Salisbury steak, mashed potatoes, green beans, beef stroganoff, lasagna, chicken and dumplings, beef and noodles, vegetable blends, pork chops, and Italian baked chicken. Ms. Wolburn indicated Resident B could eat all of these items as long as the sandwiches were cut up and prepared correctly.

Neither direct care staff, Ms. Lewis nor Ms. Banks had any concerns regarding Resident B eating. They both reported Resident B is served bit sized food and also receives fruit and vegetables.

The facility's Administrator, Laurel Space, provided me with Resident B's assessment plan. She indicated Resident B's assessment plan had been updated in December 2021; however, upon my review it had not been signed by the licensee, Guardian B1 or the responsible agency, Senior Care Partners (PACE). According to this assessment plan, Resident B requires a "soft finger food diet."

Ms. Space stated Resident B had been admitted to the hospital in November 2021 for seizure activity, a swallow study had been completed and determined she needed a pureed diet. The instructions were provided on Resident B's swallow study, dated 11/29/2021. After Resident B was discharged back to the facility Senior Care Partners provided a new order switching her diet back to soft and bite sized finger foods. Ms. Space provided this order to me to on 04/08/2021.

According to this order, which was dated 12/13/2021, Resident B's diet was prescribed as "NDD3/soft diet with finger food, thin liquids, no straws – single sips by cup/glass, assist with PO intake". There was no indication on this order Resident B was prescribed any specific diet for being a diabetic.

I reviewed the NDD3 diet on Drugs.com, which defined the diet as a "Level 3 National Dysphagia Diet". Drugs.com indicated this diet "includes moist food in bite-sized pieces. These foods are easier for you to chew and swallow. Avoid foods that are hard, sticky, crunchy, or very dry."

APPLICABLE RULE	
R 400.15310	**Resident health care.**
	(1) A licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician or other health care professional with regard to such items as any of the following: **(b) Special diets.**
ANALYSIS:	Based on my investigation, Resident B was ordered a NDD3/soft diet with finger food and thin liquids by Senior Care Partners on 12/13/2021. My interviews with the facility cook, Sandy Wolburn, and direct care staff, Destiny Lewis and Ashley Banks, indicates facility staff were preparing her meals as instructed by the order and provided to her. Ms. Wolburn, who prepares Resident B's meals was able to describe how Resident B's food should be provided to her. Additionally, food staff prepare meal and diet cards that are sent with resident meals to ensure residents are being provided with the correct diet/meal. Additionally, based on my observation of the facility's kitchen, fruit and vegetables are available to residents, including Resident B.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

APPLICABLE RULE	
R 400.15313	**Resident nutrition.**
	(3) Special diets shall be prescribed only by a physician. A resident who has been prescribed a special diet shall be provided such a diet.

ANALYSIS:	Based on my investigation, Resident B was prescribed an NDD3/ soft diet with finger food and thin liquids by Senior Care Partners on 12/13/2021. I interviewed facility cooking staff, Sandy Wolburn, and direct care staff, Destiny Lewis and Ashley Banks who confirmed Resident B is provided this type of meal.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

There is a missing outlet receptacle in Resident B's bedroom.

INVESTIGATION:

Upon interviewing Complainant, it was alleged Resident B had a missing outlet cover near her bed.

During my on-site inspection, I looked throughout Resident B's bedroom and did not observe any missing outlet covers.

APPLICABLE RULE	
R 400.15403	**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:	There was no evidence Resident B had a missing outlet cover in her bedroom indicating her room wasn't being maintained to protect her safety, as required.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDINGS

INVESTIGATION:

I requested to review Resident B's *Assessment Plan for AFC Residents*. The facility's Administrator, Laurel Space, provided Resident B's last completed and signed assessment plan, which was dated 06/21/2021. According to this assessment plan, Resident B did not require any type of special diet.

Ms. Space also provided me with an updated assessment plan for Resident B, which indicated it had been completed on 12/17/2021 by Ruquiyah Alexander, the facility's

former Director of Resident Care, which stated Resident B requires a “soft finger food diet”; however, there was no indication this assessment plan had been completed and reviewed with the licensee, Guardian B1 or the responsible agency, Senior Care Partners (PACE).

APPLICABLE RULE	
R 400.15301	**Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician’s instructions; health care appraisal.**
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
	"Assessment plan" means a written statement which is prepared in cooperation with a responsible agency or person and which identifies the specific care and maintenance, services, and resident activities appropriate for each individual resident's physical and behavioral needs and well-being and the methods of providing the care and services, taking into account the preferences and competency of the individual.

ANALYSIS:	The facility's last completed *Assessment Plan for AFC Residents* for Resident B was completed, reviewed, and agreed upon on 06/21/2021. This assessment plan reflected Resident B had no special diet; however, this was not indicative of Resident B's current needs. The facility's Administrator, Laurel Space, provided an updated assessment plan, which indicated it had been completed on 12/17/2021. This assessment plan reflected Resident B's special diet of "soft finger food diet"; however, there were no signatures on this assessment plan. Signatures of the licensee, resident and/or resident's representative and responsible agency*, demonstrate all required persons have participated in the development of the written assessment plan*. If the responsible agency refuses to sign the resident's written assessment plan, this should be noted on the assessment plan. The assessment plan, dated 12/17/2021, lacked signatures from the licensee, Guardian B1 and the responsible agency, which indicates they did not participate in the development of the assessment plan, as required.
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION:

I requested to review Resident B's *Resident Care Agreement (*RCA*)*, as part of my investigation. The RCA provided by Ms. Space was dated 01/10/2021. She indicated this was the most recent RCA the facility had on record. She indicated the facility's last Resident Care Coordinator was not updating resident documentation or ensuring documentation was reviewed and completed on an annual basis, as required.

APPLICABLE RULE	
R 400.15301	**Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**
	(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative. A copy of the resident care agreement shall be maintained in the resident's record.

ANALYSIS:	Resident B’s most recent *Resident Care Agreement* was dated 01/10/2021 meaning it was not reviewed on an annual basis, as required.
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION:

I requested Resident B’s *Health Care Appraisal* (HCA) as part of my investigation. The HCA provided by Ms. Space was dated 08/09/2020. She indicated this was the most recent HCA the facility had on record. She indicated the facility’s last Resident Care Coordinator and Director of Nursing were not updating resident documentation or ensuring documentation was completed on an annual basis, as required.

APPLICABLE RULE	
R 400.15301	**Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician’s instructions; health care appraisal.**
	(10) At the time of the resident’s admission to the home, a licensee shall require that the resident or the resident’s designated representative provide a written health care appraisal that is completed within the 90 day period before the resident’s admission to the home. <u>A written health care appraisal shall be completed at least annually.</u> If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
ANALYSIS:	Resident B’s most recent *Health Care Appraisal* was dated 08/09/2020 meaning it was not completed on an annual basis, as required.
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION:

When I reviewed Resident B’s medication in the facility’s medication cart, I discovered Resident B’s discontinued liquid Lorazepam. I reviewed Resident B’s MAR, which confirmed Resident B is not currently administered this medication. Direct care staff, Ms. Lewis, reported the facility’s medication disposal protocol is to mark discontinued medication as discontinued and then send it back to the

pharmacy. Ms. Lewis could not report why Resident B’s Lorazepam was still in the facility’s medication cart.

The Administrator, Ms. Space, also reported a similar medication disposal protocol as Ms. Lewis. She reported this medication should have been disposed of properly but attributed it to still being in the cart because the facility’s previous Director of Nursing wasn’t completing her tasks, which included reviewing resident medication.

APPLICABLE RULE	
R 400.15312	**Resident medications.**
	(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.
ANALYSIS:	Resident B’s oral concentration of Lorazepam, which was discontinued 11/30/2021, had not been disposed of properly as it was observed in the facility’s medication cart on 03/14/2022.
CONCLUSION:	**VIOLATION ESTABLISHED**

On 04/22/2022, I conducted an exit conference with the licensee designee, Catherine Reese, via telephone to inform her of my findings. Ms. Reese acknowledged my findings.

IV. RECOMMENDATION

Upon receipt of an acceptable plan of correction, I recommend no change in the current license status.

04/15/2022

Cathy Cushman Date
Licensing Consultant

Approved By:

04/22/2022

Dawn N. Timm Date
Area Manager