



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 11, 2022

Eric Simcox  
Landings of Genesee Valley  
4444 W. Court Street  
Flint, MI 48532

|   |
|---|
| RE: License #: AH250236841<br>Investigation #: 2022A0585036<br>Landings of Genesee Valley |
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Dear Mr. Simcox:

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.

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,

Brender Howard, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(313) 268-1788

enclosure

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

**I. IDENTIFYING INFORMATION**

|                                       |   |
|---------------------------------------|---|
| <b>License #:</b>                     | AH250236841                                     |
| <b>Investigation #:</b>               | 2022A0585036                                    |
| <b>Complaint Receipt Date:</b>        | 02/23/2022                                      |
| <b>Investigation Initiation Date:</b> | 02/25/2022                                      |
| <b>Report Due Date:</b>               | 04/25/2022                                      |
| <b>Licensee Name:</b>                 | Flint Michigan Retirement Housing LLC           |
| <b>Licensee Address:</b>              | 14005 Outlook Street<br>Overland Park, KS 66223 |
| <b>Licensee Telephone #:</b>          | (240) 595-6064                                  |
| <b>Administrator:</b>                 | Pauline Bednarick                               |
| <b>Authorized Representative:</b>     | Eric Simcox                                     |
| <b>Name of Facility:</b>              | Landings of Genesee Valley                      |
| <b>Facility Address:</b>              | 4444 W. Court Street<br>Flint, MI 48532         |
| <b>Facility Telephone #:</b>          | (810) 720-5184                                  |
| <b>Original Issuance Date:</b>        | 02/01/2001                                      |
| <b>License Status:</b>                | REGULAR   |
| <b>Effective Date:</b>                | 03/07/2022                                      |
| <b>Expiration Date:</b>               | 03/06/2023                                      |
| <b>Capacity:</b>                      | 114   |
| <b>Program Type:</b>                  | AGED<br>ALZHEIMERS                              |

## II. ALLEGATION(S)

|  | <b>Violation Established?</b> |
|--|-------------------------------|
| Facility has insufficient staff.   | No                            |
| Resident B diabetes is not being regulated because the facility is not providing a diabetic diet or an alternate meal. | Yes                           |
| Additional Findings  | No                            |

## III. METHODOLOGY

|            |   |
|------------|---|
| 02/23/2022 | Special Investigation Intake<br>2022A0585036  |
| 02/25/2022 | Special Investigation Initiated - Telephone<br>Called the complainant to discuss the allegations. |
| 02/25/2022 | APS Referral<br>Emailed the referral to Adult Protective Services (APS).                          |
| 03/02/2022 | Inspection Completed On-site<br>Completed with observation, interview and record review.          |
| 05/11/2022 | Exit conference<br>Conducted with authorized representative Eric Simcox by telephone.             |

### **ALLEGATION:**

**Facility has insufficient staff.**

### **INVESTIGATION:**

On 2/23/2022, the department received the allegations from a complainant via the BCHS Online Complaint website.

On 2/25/2022, a referral was made to Adult Protective Services (APS). A letter received from Department of Health Human Services Genesee County assigning the referral to Tiffany Williams.

On 3/2/2022, I interviewed the complainant by telephone. He stated that there was only one staff working in the building with 15-20 residents.

On 3/2/2022, an onsite was completed at the facility. I interviewed administrator Pauline Bednarick at the facility. She stated the facility consists of three buildings and the residents census is 57. She stated that staff consists of four staff in building one with 33 residents, one staff in memory care building two with 12 residents, and one staff in memory care building three with 12 residents. Ms. Bednarick stated that building two and three have one floater that goes between the two building. She stated that the one staff in building 2 and 3 also pass medication to residents. Ms. Bednarick stated that there are no residents who need the assistance of two staff in building 2 and building 3.

Upon request, Ms. Bednarick shared three months copies of staffing for review.

On 3/2/2022, I interviewed Daisy Dodds at the facility. She stated that there are one staff in each of the memory care building which is building two and building three. She stated that typically there is one floater in building two and three to help care for the needs of the residents.

On 3/2/2022, I interviewed care aide Tammy Lawson at the facility. She stated that there are twelve residents in House 2 that she takes care of. She stated that she is the only staff in the building to care for the needs of the residents, but they have a floater that comes between the two buildings.

A review of the staffing schedule was consistent to the duty observed and the statement of Ms. Ms. Bednarickand and Ms. Dodds.

Relative A1 stated that whenever he is in the facility there is only one staff. He stated that there is a long wait whenever residents need help with anything. He stated that no matter what time of day or night, there is only that one staff in the entire building.

| <b>APPLICABLE RULE</b> |   |
|------------------------|---|
| <b>R 325.1931</b>      | <b>Employees; general provisions.</b>   |
|                        | <b>(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.</b> |

|                    |   |
|--------------------|---|
| <b>ANALYSIS:</b>   | Staff schedules and staff observed on duty confirmed that there is enough staff to care for the needs of the residents. |
| <b>CONCLUSION:</b> | <b>VIOLATION NOT ESTABLISHED</b>  |

**ALLEGATION:**

**Resident B diabetes is not being regulated because the facility is not providing a diabetic diet or an alternate meal.**

**INVESTIGATION:**

The complainant stated that Resident B is not getting the food he needs to control his diabetic. He said that the facility has been serving soup and sandwiches every day. He stated that alternate meals are not being served. He stated that on 2/12/22, Resident B was served vegetable soup and grapes for dinner.

On 2/25/2022, I received a phone call from APS worker Tiffany Williams. She stated that residents are getting a lot of processed foods, including a lot of potatoes and bread.

On 3/2/2022, I interviewed the nurse manager Charlynn Midock at the facility. She stated that Resident B's diabetes always fluctuate. She stated that Resident B drinks a lot of pop that the family brings in. She stated that he is provided three meals a day.

Ms. Dodds stated that Resident B always clean his plate. She stated that soup and salad was served because the facility had a change in cooks.

On 3/11/2022, I contacted PACE and spoke to health care provider Michelle Rossie by telephone. She stated that Resident B is getting a lot of processed food and his insulin had to be increased as a result. She stated that the facility was not giving him the required fruits and vegetables.

Resident B's *Physician Dietary Orders* dated 11/8/2021, in the section marked NCS (No Concentrated Sugar) notes the following: Liberalized diet for diabetics when their weight and blood sugar levels are under control. It includes regular foods without the addition of sugar. Calories are not counted as in ADA calories-controlled diets. The order also has regular liquids which includes all liquids, Jell-O consistency is considered non-restrictive. Nothing is added.

The service plan for Resident B in the section marked *Nutrition/Meals* indicates special diet: regular diabetic and regular liquid. The plan read, diet regular; low fat, low cholesterol, no salt/sugar added.

A review of the menu did not show a modified/altered selection of foods. For example, on 2/2/2022 lunch was gyros with fries, and coleslaw, cake and the dinner was Italian wedding soup with a ciabatta roll; 2/3/2022 lunch was sweet & sour pork kabob over rice, chocolate cream pie and for dinner a club sandwich with chopped salad; 2/4/2022 lunch was fish and chips with coleslaw, lemon pie, and dinner served New England clam chowder with roll, 2/5/2022 lunch: Coney dogs & chip with macaroni salad, ice cream sundae, dinner: grilled chicken salad with honey butter naan bread; 2/6/2022 lunch: bake BBQ, and pie, dinner: bratwurst and chips; 2/7/2022 for lunch turkey cheeseburger and fries, black forest pie, dinner: white bean sausage; 2/8/2022 lunch: chicken pasta primavera, chocolate chip cookies, dinner: turkey Swiss sandwich and toss salad; 2/9/2022, lunch: club sandwich on wheat, brownie and dinner: corn dogs and chips; 2/10/2022, lunch: turkey pot pie, cupcakes, dinner: grilled ham & cheese with fruit salad; 2/11/2022, lunch: shrimp tacos with cilantro lime rice and black beans, lemon pie, dinner: hot dogs and fries; 02/12/2022, lunch: fried chicken sandwich and coleslaw, banana muffins and dinner: fagioli soup.

| <b>APPLICABLE RULE</b> |   |
|------------------------|---|
| <b>R 325.1952</b>      | <b>Meals and special diets.</b>   |
|                        | <b>(4) Medical nutrition therapy, as prescribed by a licensed health care professional and which may include therapeutic diets or special diets, supplemental nourishments or fluids to meet the resident's nutritional and hydration needs, shall be provided in accordance with the resident's service plan unless waived in writing by a resident or a resident's authorized representative.</b> |
| <b>ANALYSIS:</b>       | The menu did not offer an alternate meal for Resident B who is a diabetic. This claim was substantiated.  |
| <b>CONCLUSION:</b>     | <b>VIOLATION ESTABLISHED</b>  |

On 5/11/2022, I conducted an exit conference with licensee authorized representative Eric Simcox by telephone.

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of the license remains unchanged.

*Brender d. Howard*

5/11/2022

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Brender Howard  
Licensing Staff

Date

Approved By:

*Andrea Moore*

05/11/2022

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

Date