



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 23, 2022

Daryl Miron
Lakeview Assisted Living, LLC
1100 N Lake Shore Dr
Gladstone, MI 49837

RE: License #: AL210302204
Investigation #: 2022A0234011
Lakeview Assisted Living II

Dear Mr. Miron:

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) 284-9700.

Sincerely,

A handwritten signature in cursive script that reads "Maria DeBacker".

Maria DeBacker, Licensing Consultant
Bureau of Community and Health Systems
305 Ludington St
Escanaba, MI 49829
(906) 280-8531

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL210302204
Investigation #:	2022A0234011
Complaint Receipt Date:	05/10/2022
Investigation Initiation Date:	5/10/22
Report Due Date:	07/09/2022
Licensee Name:	Lakeview Assisted Living, LLC
Licensee Address:	1100 N Lake Shore Dr Gladstone, MI 49837
Licensee Telephone #:	(906) 428-7000
Administrator:	Daryl Miron
Licensee Designee:	Daryl Miron
Name of Facility:	Lakeview Assisted Living II
Facility Address:	1100 N. Lakeshore Dr. Gladstone, MI 49837
Facility Telephone #:	(906) 428-7000
Original Issuance Date:	01/17/2014
License Status:	REGULAR
Effective Date:	07/17/2020
Expiration Date:	07/16/2022
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS

	AGED TRAUMATICALLY BRAIN INJURED
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II. ALLEGATION(S)

	Violation Established?
There is one staff person providing care to the residents of this adult foster care (AFC) home and the two connected AFC facilities. The residents are not receiving adequate care and supervision.	Yes
Residents are having skin breakdowns.	No
One resident went three weeks without a shower.	No
Additional Findings	No

III. METHODOLOGY

05/10/2022	Special Investigation Intake 2022A0234011
5/10/2022	Special Investigation Initiated-Telephone to APS
5/10/2022	APS Referral
05/12/2022	Special Investigation Initiated Onsite inspection completed.
05/12/2022	Contact - Face to Face Unannounced onsite to the facility. Met with DOM Caitlyn Fishell, Staff members; Tillie Gauler, Haily Oldenberg, Riley Onate, Helen Brant, Dawn Sundberg
05/13/2022	Document Received Email received from Courtney Wiltzius, Office Administrator.
05/25/2022	Inspection Completed Onsite.
6/14/2022	Contact Telephone - Spoke to Daryl Miron licensee
06/14/2022	Exit Conference Exit conference with Daryl Miron, licensee designee.

ALLEGATION: There is one staff person providing care to the residents of this adult foster care (AFC) home and the two connected AFC facilities. The residents are not receiving adequate care and supervision.

INVESTIGATION: On 5/12/22 an unannounced inspection was made to the Director of Nursing (DON), Kailyn Fishell's office. Director of Nursing (DON) Kailyn Fishell was interviewed. She stated that they have had trouble with staff calling in and staff retention. She said Aides [staff providing care and supervision to the residents] do not work alone as there is always a med passer on duty with them. She stated that on 5/8/22 there were 3 staff on duty which (including the med passer) for this facility and the two connected adult foster care facilities. Ms. Fishell stated a staff member named Anya Ellis said she had to go to her car, but she left and quit her job. Ms. Fishell said that they are actively recruiting new workers but are having difficulty finding people to work.

All staff on duty on 5/12/22 were interviewed including 1 aide that was assigned to this specific facility. There were also 2 med passers, a member of management and the Director of nursing.

On 5/12/22, an unannounced onsite inspection was made to the DON's office. Suni Stoken, management member, was interviewed and stated that people call in quite often. She stated that on 5/8/22 two people called in. She stated when the staff member went to her car and left, she came in to work at 1:00. Suni Stoken said she has been making the schedule and it is difficult due to the amount of people calling in or quitting. She stated they are trying to hire workers, but it has been difficult to find people to work.

On 5/12/22, Tillie Gauler, staff person was interviewed in a conference/private visiting room. When asked if she has worked alone, she said yes, she has. When working alone the staff person is responsible for the care and supervision of the residents at this facility and the two connected adult foster care licensed facilities. She stated she started working at the facility in January and has worked alone a lot because people call in all the time especially on the afternoon shift and night shift. When asked if med passer staff help with aide work, she said they do not have time to help. She stated on a few occasions they have answered a call light but for the majority of the time they are way too busy to do aide work. She stated she wishes she had more help so she could spend more time with the residents. She stated she has talked to the owner about working alone and he said they are trying to hire people. She stated the residents need more time from the aids and that is not possible when working alone.

On 5/12/22, Haily Oldenberg, staff person, was interviewed when an unannounced onsite inspection was made. This interview took place in a conference/private visiting room. When asked if she works alone, she said that she has worked alone often. When working alone the staff person is responsible for the care and supervision of the residents at this facility and the two connected adult foster care licensed facilities.

She stated that she does the best she can and cares for the residents to the best of her ability but feels like the residents deserve better care. She said the problem is that workers call in frequently, they quit if they get mandated, or just quit for other reasons. She said they do not have enough workers. When asked if the med passers help, she stated that they have their own work to do and really do not have time to do care. She did say that Helen Brant (med passer) does chip in when she can, but she is very busy.

On 5/12/22, Riley Onate was interviewed in a conference/private visiting room. Riley Onate, staff person was interviewed. She stated that she has worked at the facility for approximately 2 months. She said she has worked alone 2 or 3 times. When asked if med passers help with care, she said they do not help with care. When working alone the staff person is responsible for the care and supervision of the residents at this facility and the two connected adult foster care licensed facilities.

On 5/12/22, Helen Brant, med passer was interviewed in a conference/private visiting room. She said that she is aware of people working alone. When working alone the staff person is responsible for the care and supervision of the residents at this facility and the two connected adult foster care licensed facilities. She stated that she at times comes in on her days off and works as an aide to help. She said people call in all the time. She said that she does try to answer call lights if she can but states that doing aide work is not part of her job when she is scheduled as med passer.

On 5/12/22, Dawn Sundberg, regularly a med passer was interviewed in a conference/private visiting room. She stated that there are times that there is one aide and 1 med passer working. When working alone the staff person is responsible for the care and supervision of the residents at this facility and the two connected adult foster care licensed facilities. She said people call in a lot. When asked if she does aide work, she stated that she does not have a lot of free time but will help if she can.

On 5/13/22 an email was received from Courtney Wiltzius, Office Administrator. She stated that she at times works as an aide/staff person to help. She stated that she and the med passers are there in addition to the aide. She said that 5 staff quit within and week and a half making things very difficult. She stated that she, Suni Stoken, and Director of Nursing (DON) Kaitlyn Fishell step out of their roles and help with aide/staff work when needed. She stated that they are trying very hard to hire new staff and have a shower aide starting the following Monday (May 16th) and she has a 3-11 aide in training right now.

On 5/25/22, during a follow up onsite inspection, 8 residents were interviewed from this facility. The resident were spoken to and informed that a state inspection was being completed. Several topics were discussed and there were no complaints about showers or staffing from the residents. All were friendly and dressed appropriately.

Staff schedules were provided and show that several changes were made and several shifts were not filled. The schedule for this license shows a 7-3 breakfast person, (2 shifts) 9:30 -6 Kitchen staff, 7-3 person for showers, (2 shifts) 3-11 aides, and a 11-7 aide. There were 5 shifts unfilled the week of 5/8 thru 5/14.

On 6/14/22 an exit conference was conducted with Daryl Miron, licensee designee. Mr. Miron explained that hiring a retaining staff has been difficult recently. He has raised his wages and has recently hired 4 new workers. The facility has plans for retention of employees which will be included in the CAP.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(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.
ANALYSIS:	This facility is not staffed adequately. Based on interviews with staff, there were shifts where one staff person worked alone, to care and supervise the residents of this home and 2 other connected licensed facilities at the same time. When the staff person leaves this facility, to go and provide care at the other licensed facilities, there is no staffing at this home.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Residents are having skin breakdowns.

INVESTIGATION: On 5/12/22, an unannounced inspection was made to the facility. Director of nursing Kailyn Fishell was interviewed. She stated that there are 2 residents with some skin breakdown and one that is at risk of skin breakdown. The other 2 residents are in separate connected licensed facilities. She stated that Resident A has home help also and is at risk for skin breakdown as she refuses to sleep in her bed and prefers her chair.

On 5/12/22, Resident A was observed and appeared to be receiving adequate care. Resident A receives services from the facility and from outside Home help nursing care. Resident A was resting in her chair. Resident A was clean and tidy with no indication of neglect or lack of care. Resident A chooses to sleep in her chair but does have a bed. Resident A receives home help care and has home help nursing

staff on a regular basis. All staff interviewed report that rotation and skin care is a priority even when short staffed.

On 5/12/22, an unannounced inspection was made to the facility. Management member Suni Stoken was interviewed. She stated there are 3 residents with some skin breakdown and they are all receiving additional nursing care. Resident A receives home help care and has home help nursing staff on a regular basis.

On 5/12/22, an unannounced inspection was made to the facility. Tillie Gauler, staff person was interviewed in a conference/private visiting room. Ms. Gauler stated that she is scheduled as an aide/staff person. She does not feel as though anyone has had skin breakdown due to neglect.

On 5/12/22, an unannounced inspection was made to the facility. Haily Oldenberg, staff person, was interviewed in a conference/private visiting room. She is scheduled as a staff person. Haily Oldenberg said she does not feel as though skin breakdowns are the result of poor care.

On 5/12/22, an unannounced inspection was made to the facility Riley Onate, staff person, was interviewed in a conference/private visiting room. She stated that she does not feel that skin breakdowns are the result of poor care, and that rotating is a priority.

On 5/12/22, an unannounced inspection was made to the facility. Helen Brant, med passer, was interviewed in a conference/private visiting room. She stated that she is aware of 3 people with some skin breakdown and does not feel as though it is being cause by poor care or neglect.

On 5/13/22, and email was received from Courtney Wiltzius, Office Administrator She stated that she at times works as an aide to help. She stated that she does not feel as though skin breakdown is being caused by poor care.

On 6/14/22, a telephone interview and exit conference was conducted with Daryl Miron, licensee designee. Mr. Miron does not believe that skin breakdowns are being caused by lack of care

APPLICABLE RULE	
R 400.15305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.

ANALYSIS:	There is no evidence that skin breakdown is caused from lack of personal care. Resident A is the only resident with a skin breakdown. The staff report Resident A is being treated for the skin breakdown.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: One resident went three weeks without a shower.

INVESTIGATION: On 5/12/22 an unannounced visit was made to the facility. Director of Nursing Kailyn Fishell was interviewed. Kaitlyn Fishell provided a shower log that indicated showers are being given regularly.

Several residents were observed on the unannounced visit on 5/12/2022. They were eating breakfast and visiting. All were friendly and dressed appropriately. No residents were interviewed on the unannounced visit made 5/12/22. The residents appear neat and clean. There were no concerns with their hygiene.

On 5/12/22, an unannounced inspection was made to the facility. Tillie Gauler, staff person, was interviewed at the DON's office. She is scheduled as an aide/staff person. She stated they do their best to make sure residents get showers, but it is hard when working alone.

On 5/12/22, an unannounced inspection was made to the facility. Haily Oldenberg, staff person, was interviewed during an unannounced onsite inspection in a conference/private visiting room. When asked if residents are missing showers, she stated that they try not to, but it is hard when working alone to get them done.

On 5/12/22, an unannounced inspection was made to the facility. Riley Onate, aide, was interviewed in a conference/private visiting room. She stated that she has worked at the facility for approximately 2 months. She said she has worked alone 2 or 3 times. She is not sure if people have missed showers but said that she is sure they must have because they so not have time for showers when working alone.

On 5/12/22, an unannounced inspection was made to the facility. Helen Brant, med passer was interviewed in a conference/private visiting room. She stated she is not aware of anyone missing showers but that is not something she would know about as it is not part of job.

On 5/12/22 an unannounced inspection was made to the facility. Dawn Sundberg, regularly a med passer but scheduled this day as an aide, was interviewed. She said is unaware of when people take showers.

On 5/13/22 an email was received from Courtney Wiltzius, Office Administrator. She stated that she at times works as an aide to help. She stated that she is aware of who showers, and she knows that residents are not going without showers. She does recognize that shower documentation needs to improve.

On 5/25/22, during a follow up onsite inspection, 8 residents were interviewed from this facility. The residents were spoken to and informed that a state inspection was being completed. Several topics were discussed and there were no complaints about showers or staffing from the residents. All were neat and clean. All were friendly and dressed appropriately.

On 6/14/22, a telephone interview and exit conference was conducted with Daryl Miron, licensee designee. Mr. Miron stated there is no way a resident went 13 days without a shower.

APPLICABLE RULE	
R 400.15314	Resident hygiene.
	(1) A licensee shall afford a resident the opportunity, and instructions when necessary, for daily bathing and oral and personal hygiene. A licensee shall ensure that a resident bathes at least weekly and more often if necessary.
ANALYSIS:	<p>Katelyn Fischell, DON, provided a log documenting residents are receiving adequate bathing.</p> <p>Staff Onate, Oldenberg, and Gauler reported a concern being able to provide showers when there is not adequate staffing and they work alone.</p> <p>During the onsite inspections, the residents appeared neat and clean. The residents did not report any issues regarding receiving showers weekly or more often if necessary.</p> <p>Courtney Wiltzius, office administrator denied the allegations.</p> <p>Mr. Miron, licensee designee also denied the allegation.</p> <p>There is not substantial evidence to confirm that the residents are not being showered weekly or more often, if necessary, as required in this rule.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

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

Maria DeBacker

6/23/22

Maria DeBacker
Licensing Consultant

Date

Approved By:

Mary Holton

6/23/22

Mary E. Holton
Area Manager

Date