



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 21, 2022

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

RE: License #: AM210386346  
Investigation #: 2022A0234012  
Lakeview Assisted Living III, LLC

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,

*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**

<b>License #:</b>	AM210386346
<b>Investigation #:</b>	2022A0234012
<b>Complaint Receipt Date:</b>	05/10/2022
<b>Investigation Initiation Date:</b>	5/10/22
<b>Report Due Date:</b>	07/09/2022
<b>Licensee Name:</b>	Lakeview Assisted Living, LLC
<b>Licensee Address:</b>	1100 N Lake Shore Dr Gladstone, MI 49837
<b>Licensee Telephone #:</b>	(906) 428-7000
<b>Licensee Designee &amp; Administrator:</b>	Daryl Miron
<b>Name of Facility:</b>	Lakeview Assisted Living III, LLC
<b>Facility Address:</b>	1100 N. Lake Shore Drive Gladstone, MI 49837
<b>Facility Telephone #:</b>	(906) 428-7000
<b>Original Issuance Date:</b>	12/21/2017
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	06/21/2020
<b>Expiration Date:</b>	06/20/2022
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED ALZHEIMERS AGED

## II. ALLEGATION(S)

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

## III. METHODOLOGY

05/10/2022	Special Investigation Intake 2022A0234012
05/10/2022	Special Investigation Initiated-Telephone to APS
05/12/2022	Contact - Face to Face Unannounced visit to the office of the Director of Nursing. Met with DOM Caitlyn Fishell, Staff members; Tillie Gauler, Haily Oldenberg, Riley Onate, Helen Brant, Dawn Sundberg
05/13/2022	Contact – Document Received Email received from Courtney Wiltzius, Office Administrator.
06/07/2022	Inspection Completed Onsite
6/14/2022	Contact Telephone - Spoke to Daryl Miron licensee designee
06/14/2022	Exit Conference- Conducted with Mr. Miron, licensee designee.

**ALLEGATION:** There is one staff person providing care to the residents of this home and the two connected large AFC facilities. The residents are not receiving adequate care.

**INVESTIGATION:** On 5/12/22 an unannounced inspection was made to the Director of Nursing (DON), Kailyn Fischell'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 too 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 6/07/22, during a follow up onsite inspection, 11 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 throughout the last 4 weeks. The schedule for this facility indicates a 7-3 shift, a 7-7 shift, a 3-11 shift and a 11-7 shift. On the week of 5/8 thru 5/14 Nine shifts were not filled in this facility.

On 6/14/22 a telephone interview/ exit conference was conducted with Daryl Miron, licensee designee and administrator. Mr. Miron explained that hiring and 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 Corrective Action Plan. Mr. Miron was informed that this facility was in violation of not providing adequate staffing at this facility.

<b>APPLICABLE RULE</b>	
<b>R 400.14206</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 12 residents and children who are under the age of 12 years.</b>
<b>ANALYSIS:</b>	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.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:** Residents are having skin breakdowns and are not receiving the care they need.

**INVESTIGATION:** On 5/12/22, an unannounced visit was made to the Director of Nursing (DON) Kailyn Fishell's office. Ms. Fishell was interviewed. She stated that there are no residents in this facility with a skin breakdown.

On 5/12/2022, Suni Stoken, management member, was interviewed in the DON's office. She stated there are no residents in this facility with a skin breakdown.

On 5/12/2022, 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 further stated there are no residents in this facility with a skin break down.

On 5/12/2022, Haily Oldenberg, staff person, was interviewed in a conference/private visiting room. She is scheduled as a staff person. Ms. Oldenberg stated that there are no residents in this facility with a skin break down.

On 5/12/22, Riley Onate, staff person, was interviewed in a conference/private visiting room. She stated that are no residents in this facility with skin breakdown.

On 5/12/22, Helen Brant, med passer, was interviewed in a conference/private visiting room. She stated that are no residents in this facility with a skin breakdown

On 5/13/22 and email was received from Courtney Wiltzius, Office Administrator. She stated that she at times works as an aide [staff person] to help. There are no residents in this facility with a skin break down.

On 6/07/22, during an onsite inspection at this facility, 11 residents were interviewed. They 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. The residents appeared neat and clean. There was no evidence of skin breakdown.

On 6/14/22 a telephone interview and exit conference was conducted with Daryl Miron, licensee. Mr. Miron does not believe that skin breakdowns are being caused by lack of care. There are no residents in this facility with skin break down.

<b>APPLICABLE RULE</b>	
<b>R 400.14305</b>	<b>Resident protection.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	Residents and staff were interviewed and did not report any skin breakdowns. Residents were observed, and no skin breakdown were observed. Mr. Miron, licensee designee reported there are no residents with skin breakdown at this facility. There is no evidence to confirm violation of this rule.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>



**ALLEGATION:** One resident went three weeks without a shower.

**INVESTIGATION:** On 5/12/22 an unannounced onsite inspection was made to the Director of Nursing (DON's) office. Director of Nursing Kailyn Fishell was interviewed. Kaitlyn Fishell provided a shower log that indicated showers are being given.

On 5/12/22, 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 Haily Oldenberg, staff person, was interviewed during an unannounced onsite inspection in a conference/private visiting room. She is scheduled as an aide/staff person. 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, 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 do not have time for showers when working alone.

On 5/12/22, Helen Brant, med passer was interviewed in a conference/private visiting room. She is scheduled as a med passer. 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, 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 [staff person] 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 6/7/22, an onsite inspection occurred. Eleven residents were interviewed 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. The residents appeared neat and clean.

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

<b>APPLICABLE RULE</b>	
<b>R 400.14314</b>	<b>Resident hygiene.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	<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>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**IV. RECOMMENDATION**

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

*Maria Debacker*

6/21/22

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Maria Debacker  
Licensing Consultant

Date

Approved By:

*Mary Holton*

6/21/22

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Mary E Holton  
Area Manager

Date