



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 15, 2022

Subbu Subbiah
Woodland Park Assisted Living LLC
2585 Stanton St.
Canton MI, 48188

RE: License #: AM250309137
Investigation #: 2022A0580040
Woodland Park Assisted Living

Dear Mr. Subbiah:

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 "Sabrina McGowan". The signature is written in black ink on a white background.

Sabrina McGowan, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 835-1019

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM250309137
Investigation #:	2022A0580040
Complaint Receipt Date:	05/26/2022
Investigation Initiation Date:	05/31/2022
Report Due Date:	07/25/2022
Licensee Name:	Woodland Park Assisted Living LLC
Licensee Address:	2363 E. Coldwater Rd. Flint, MI 48505
Licensee Telephone #:	(812) 202-9149
Administrator:	Ponnammal Subbiah
Licensee Designee:	Subbu Subbiah
Name of Facility:	Woodland Park Assisted Living
Facility Address:	2363 E. Coldwater Road Flint, MI 48505
Facility Telephone #:	(812) 202-9149
Original Issuance Date:	09/22/2011
License Status:	REGULAR
Effective Date:	12/13/2021
Expiration Date:	12/12/2023
Capacity:	12
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Staff come to work under the influence of marijuana.	No
Residents are left sitting in urine.	No
Residents are left alone	No
Medication cart is unlocked.	Yes
The facility is dirty.	No

III. METHODOLOGY

05/26/2022	Special Investigation Intake 2022A0580040
05/31/2022	Special Investigation Initiated – Telephone interview licensee designee Subbu Subbiah.
06/14/2022	Unannounced Inspection Completed On-site. Face-to-face interview with facility staff members Ms. Lisa Willingham, Shacrai Johnson, licensee designee Subbu Subbiah, and Residents A, B, and C.
06/20/2022	Contact - Documents received via email
07/13/2022	Contact - Telephone interviews with direct care staff, Ms. Briana Johnson and Ms. Diamond Johnson.
07/14/2022	Contact - Telephone interviews with Relative Guardians A1, B1 and C1.
07/15/2022	Exit Conference conducted with licensee designee Subbu Subbiah.

ALLEGATION:

Staff come to work under the influence of marijuana.

INVESTIGATION:

On 05/26/2022, I received a complaint via the Bureau of Community and Health Systems' (BCHS) online complaint system.

On 05/31/2022, I made a complaint to Genesee County Adult Protective Services (APS), sharing the allegations made in the complaint.

I spoke with licensee designee Mr. Subbu Subbia, who stated that they are smoke-free facility. He has not observed staff smoking or witnessed them under the influence of marijuana. Mr. Subbia denies the allegation.

I conducted separate telephone interviews with direct care staff members Ms. Diamond Johnson and Ms. Briana Johnson, who both stated they never came to work under the influence of marijuana, nor had they witnessed other co-workers do this.

On 06/14/2022, I conducted an unannounced inspection at Woodland Park and conducted separate face-to-face interviews with direct care staff members Ms. Lisa, Willingham, Ms. Shacrai Johnson, and Residents A, B, and C.

Both Ms. Willingham and Ms. Shacrai Johnson stated they had never come to work under the influence of marijuana nor had they witnessed other co-workers do this.

Residents A, B, and C all stated they never witnessed any staff members at the facility appear to be under the influence of marijuana.

I conducted separate telephone interviews with Resident A, B and C's legally appointed guardians, Guardian A1, Guardian B1, and Guardian C1, who all stated they had never observed facility staff members appear to be under the influence of marijuana while at the facility.

APPLICABLE RULE	
R 400.14204	Direct care staff; qualifications and training.
	(2) Direct care staff shall possess all of the following qualifications: (a) Be suitable to meet the physical, emotional, intellectual, and social needs of each resident.
ANALYSIS:	Based upon on my investigation, which included interviews with licensee designee Subbu Subbia, multiple direct staff members, Residents A, B, and C and relative Guardians A1, B1, and C1, other than what was indicated in the written complaint, there is no evidence to substantiate the allegation that staff come to work under the influence of marijuana.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Residents are left sitting in urine.

INVESTIGATION:

This allegation was also indicated in the written complaint filed with the BCHS on 05/26/2022.

During my separate telephone interviews with Ms. Diamond Johnson and Ms. Briana Johnson on 07/13/2022, they both indicated working the facility's third shift and both denied the allegation. According to Ms. Diamond Johnson and Ms. Briana Johnson, they checked residents' adult briefs every 45 minutes to two hours during the overnight shift.

During my separate face to face interviews with Ms. Willingham and Ms. Shacrai Johnson at the facility on 06/14/2022, they both denied the allegation.

Ms. Shacrai Johnson stated she primarily works the facility first shift. She indicated that residents who require assistance with their adult briefs are checked on and changed every two hours, unless needed prior to. Ms. Shacrai Johnson informed me Residents A, B, and C all required assistance with their adult briefs.

While onsite I observed that there were three residents sitting in the living room watching TV and two residents outside on the front porch. Each resident was appropriately dressed and well-groomed and appeared to be receiving proper care.

During my separate face-to-face interviews with Residents A, B, and C while at the facility on 06/14/2022, they all denied the allegation. According to Resident B, he sometimes does have to wait for assistance with his brief changes. However, this does not occur often.

On 06/20/2022, via email, I received a copy of Resident A, B, and C's AFC Assessment Plans. Documentation on Resident A, B, and C's AFC Assessment Plans confirmed Residents A, B, and C required assistance with toileting and/or adult brief changes.

During my separate telephone interviews with relative Guardians A1, B1, and C1 on 07/14/2022, they all stated having no concerns regarding the care provided to Residents A, B, and C at the facility.

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:	Based upon on my investigation, which included interviews with licensee designee Subbu Subbia, multiple direct staff members, Residents A, B, and C and relative Guardians A1, B1, and C1, other than what was indicated in the written complaint, there is no evidence to substantiate the allegation that residents are left sitting in urine.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Residents are left alone

INVESTIGATION:

This allegation was also indicated in the written complaint filed with the BCHS on 05/26/2022.

During my telephone interview with Mr. Subbia on 05/31/2022, he denied the allegation. He shared that he has cameras outside of the facility which he can view at any time. According to Mr. Subbia, he has not observed staff leave the premises while working.

During my separate telephone interviews with Ms. Diamond Johnson and Ms. Briana Johnson on 06/13/2022, they both denied the allegation.

Ms. Shacrai Johnson denied this allegation during my face-to face interview with her at the facility on 06/14/2022

During my separate face-to-face interviews with Residents A, B, and C while at the facility on 06/14/2022, they all denied ever being left alone in the facility.

During my separate telephone interviews with relative Guardians A1, B1, and C1 on 07/14/2022, they all stated having no knowledge of residents being left alone in the facility.

APPLICABLE RULE	
R 400.14305	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:	Based on my investigation, which included interviews with licensee designee Subbu Subbia, multiple direct staff members, Residents A, B, and C and relative Guardians A1, B1, and C1, other than what was indicated in the written complaint, there is

	no evidence to substantiate the allegation that residents are left alone in the facility.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The medication cart is unlocked.

INVESTIGATION:

This allegation was also indicated in the written complaint filed with the BCHS on 05/26/2022.

During my unannounced investigation at the facility on 06/14/2022, Ms. Willingham-was vacuuming the floor at the time I arrived. Upon requesting that Ms. Willingham pull the drawers to the medication cart, she was able to pull the drawer open. The cart was not locked. Ms. Willingham indicated that the other staff member present, Ms. Shacrai Johnson, has the medication cart key and must have forgotten to lock it, as she went to assist a resident with getting dressed.

I spoke with Ms. Shacrai Johnson, who admitted that she must have forgotten to lock the medication cart when she went to assist a resident. She denied that is a regular practice.

I spoke with Mr. Subbia regarding the medication cart being found unlocked. He indicated that the cart should have been locked.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.
ANALYSIS:	Based on my investigation, which included interviews with licensee designee Subbu Subbia, multiple direct staff care members, and my observation of the medication cart being unlocked at the time of my unannounced onsite inspection,

	there is sufficient evidence to support the allegation that the medication cart is unlocked.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

The facility is dirty.

INVESTIGATION:

This allegation was also indicated in the written complaint filed with the BCHS on 05/26/2022.

During my unannounced investigation at the facility on 06/14/2022, I conducted an inspection of the facility, to include the kitchen, the living room, dining room, as well as random resident bedrooms and bathrooms, and verify that the facility is not dirty as alleged.

On 07/15/2022, I conducted an exit conference with Mr. Subbu Subbia and shared with him the findings of this investigation.

APPLICABLE RULE	
R 400.14403	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:	Based on my investigation, which included an unannounced inspection of the living room, dining room, kitchen, resident bathrooms and bedrooms, there is not enough evidence to support the allegation that the facility is dirty.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

Upon the receipt of an approved corrective action plan, no changes to the status of the license is recommended.

Sabrina McGowan

July 15, 2022

Sabrina McGowan
Licensing Consultant

Date

Approved By:

Michele Streeter

July 15, 2022

Michele Streeter
Area Manager

Date