



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 20, 2022

Leah Allen
AUGUST HAUS ASSISTED LIVING LLC
1201 Village Parkway
Gaylord, MI 49735

RE: License #: AL690392652
Investigation #: 2022A0360030
AUGUST HAUS ASSISTED LIVING LLC

Dear Ms. Allen:

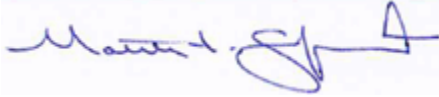
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 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 (866) 865-0006.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Matthew Soderquist', with a stylized flourish at the end.

Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
Ste 3
931 S Otsego Ave
Gaylord, MI 49735
(989) 370-8320

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL690392652
Investigation #:	2022A0360030
Complaint Receipt Date:	06/23/2022
Investigation Initiation Date:	06/23/2022
Report Due Date:	07/23/2022
Licensee Name:	AUGUST HAUS ASSISTED LIVING LLC
Licensee Address:	1201 Village Parkway Gaylord, MI 49735
Licensee Telephone #:	(989) 732-6374
Administrator:	Leah Allen
Licensee Designee:	Leah Allen
Name of Facility:	AUGUST HAUS ASSISTED LIVING LLC
Facility Address:	1201 Village Parkway Gaylord, MI 49735
Facility Telephone #:	(989) 448-7094
Original Issuance Date:	10/23/2018
License Status:	REGULAR
Effective Date:	04/23/2021
Expiration Date:	04/22/2023
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED

II. ALLEGATION(S)

	Violation Established?
The facility does not have adequate staffing.	No
The facility does not have enough food to provide balanced meals.	No
Additional Findings	Yes

III. METHODOLOGY

06/23/2022	Special Investigation Intake 2022A0360030
06/23/2022	Special Investigation Initiated - Telephone APS worker Penny Kelly
06/27/2022	Inspection Completed On-site administrator Leah Allen, Kitchen Manager Misstey Holstein, DCS Danilin Marcinkowski, Gloria Dempsey, Resident A, B, C, D, E, F.
06/27/2022	Contact - Telephone call made Relative G-1
07/05/2022	Inspection Completed On-site home manager Cynthia Morrison, Resident G.
07/20/2022	Exit Conference With administrator Leah Allen

ALLEGATION: The facility does not have adequate staffing.

INVESTIGATION: On 6/23/2022 I was assigned a complaint from the LARA online complaint system.

On 06/23/2022 Licensing consultant Adam Robarge contacted adult protective services worker Penny Kelly. Ms. Kelly stated she did not have any recent investigations at the August Haus and has not been to the facility recently.

On 6/27/2022 I conducted an unannounced onsite inspection at the facility. The administrator Leah Allen stated the facility currently has 14 residents. She stated she is staffing the facility with two direct care staff per shift in addition to a home manager or supervisor and kitchen staff during the day. She stated they have three shifts 7a-3p, 3p-11p, and 11p-7a. She stated they also have a shower aid who works in addition to their direct care staff a couple days a week from 10a-6p. Ms. Allen provided me with a schedule documenting the staffing she described. Ms. Allen also provided me with the written assessment plans for all 14 residents. Ms. Allen stated

that none of the current residents require a two-person assist despite them staffing a minimum of two direct care staff per shift. I reviewed the written assessment plans for each resident. There were no documented needs that would require more than two direct care staff on duty at a time.

While at the facility on 6/27/2022 I interviewed direct care staff Danilin Marcinkowski. Ms. Marcinkowski stated there is always a minimum of two or three direct care staff on duty. She stated there is also kitchen staff, a shower aid and a manager most days. I then interviewed direct care staff Gloria Dempsey. Ms. Dempsey stated there are always two direct care staff plus kitchen staff and manager on duty. I then interviewed kitchen staff Misstey Holstein. Ms. Holstein stated there are always two direct care staff on duty in addition to herself and a manager.

While at the facility on 6/27/2022 I interviewed Residents A, B, C, D, E and F. Resident A stated there are always two staff on duty. Resident B stated the staff are wonderful and there are always at least two staff on duty day and night. Resident C stated there are always two staff on duty and he has no complaints. Resident D stated the staffing is good and they respond as needed. Resident E stated there are always two or three staff on duty. Resident F stated there are always two staff on duty and they respond timely when needed.

On 7/05/2022 I conducted another unannounced onsite inspection at the facility. The home manager Cynthia Morrison stated there are always two direct care staff on duty. She stated there are also times in which there are three or four staff on duty.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	<p>The complaint alleged the facility does not have adequate staffing.</p> <p>The administrator Leah Allen, home manager Cynthia Morrison and direct care staff Danilin Marcinkowski and Gloria Dempsey all stated there are always a minimum of two direct care staff on duty.</p> <p>The resident written assessment plans did not document any resident needs that would require more than two direct care staff on duty. The staffing schedule documented a minimum of two direct care staff on duty at all times.</p>

	<p>Residents A, B, C, D, E and F all stated there is always a minimum of two direct care staff on duty.</p> <p>There is not a preponderance of evidence that the facility does not have adequate staffing.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: The facility does not have enough food to provide balanced meals.

INVESTIGATION: On 06/27/2022 I conducted an unannounced onsite inspection at the facility. The administrator Leah Allen stated the facility has an over abundance of food. She stated they order from Gordon Food Service. She stated they provide three meals a day. Breakfast is at 8 a.m., lunch at 12p, and dinner at 6 p.m. She stated they receive shipments from Gordon's every two weeks and supplement with food from Walmart as needed. I then inspected the kitchen. There were two large freezers, one with dozens of packages of meats including breakfast sausage, chicken, beef, and pork. The other freezer was filled with breads, juices, ice cream sandwiches, desserts, French fries, tortillas, whole eggs, and butter. There were also two refrigerators, one filled with a dozen gallons of milk, juice, vegetables and apple sauce. The other was filled with eggs, fruit, and cheeses. I then inspected the dry food storage. There were four 15ft long shelves filled with pasta, canned vegetables, cake mixes, snack foods, cereal, pickles and soup. I also observed numerous fresh fruits on the counter including several hands of bananas, watermelon, apples, and melons. In addition, there were prepackaged Ziplock snack bags of trail mix on the counter for residents to take at their leisure.

While at the facility on 6/27/2022 I reviewed the menu. The kitchen staff Misstey Holstein was preparing shrimp, mashed potatoes, corn, and a bun for lunch. The menu documented that they were supposed to be having meatloaf. Ms. Holstein stated they just had meatloaf a few days prior, so they were substituting shrimp for the meatloaf. Ms. Holstein stated the facility has plenty of food to serve the residents in the facility. She stated if the residents request seconds or alternatives to the meal they are provided it.

While at the facility on 6/27/2022 I interviewed Residents A, B, C, D, E and F. Resident A stated he has been trying to lose some weight lately, so he skips meals periodically. He stated the facility has good food. They prepare three meals a day and they are very balanced. He stated he especially likes the soups. I then interviewed Resident B. Resident B stated the food is good. She stated they have hamburgers sometimes and they get plenty of vegetables. She stated they have big portions, and she usually asks for less food. I then interviewed Resident C. Resident C stated they have three meals per day and get plenty of food. He stated he is

satisfied. I then interviewed Resident D. Resident D stated the portions are sometimes small, but they always accommodate her, and meals are balanced with fruit, vegetables, and meats. I then interviewed Resident E. Resident E stated he receives plenty of food, balanced meals and has no complaints. I then interviewed Resident F. Resident F stated she receives three meals a day. She stated they will get 2nds if asked. She stated they also have ice cream sandwiches and cookies.

On 6/27/2022 I contacted Relative G-1. Relative G-1 stated her mother reported to her that the food is getting better lately but she is concerned about the facility ordering pizza and fast food occasionally for the residents.

On 7/05/2022 I conducted another unannounced onsite inspection at the facility. The facility was serving spaghetti with garlic bread and salad for lunch. I interviewed Resident G. Resident G stated she is used to her home cooking, and she does not really like the packaged foods that are served. She stated they ran out of milk a few weeks ago and one of the staff had to go to the store and get more. She stated for breakfast she typically has scrambled eggs and bacon. She stated for lunches they will have soup and roast beef and dinners are similar.

While at the facility on 7/05/2022 I interviewed the home manager Cynthia Morrison. Ms. Morrison stated they have never been low on food. She stated they order food through Gordon Food Service.

APPLICABLE RULE	
R 400.15313	Resident nutrition.
	(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.
ANALYSIS:	<p>The complaint alleged the facility does not have enough food to provide balanced meals.</p> <p>On 6/27/2022 I observed ample amounts of meats, fruits, vegetables, canned and dry foods in the facility.</p> <p>The residents reported receiving three balanced meals per day, with several residents saying that they receive too much food.</p> <p>There is not a preponderance of evidence that the facility is not providing a minimum of 3 regular, nutritious meals daily.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION: On 6/27/2022 I conducted an unannounced onsite inspection at the facility. The administrator Leah Allen stated she was not aware of where the past menus are for the facility as she is filling-in for the manager who is on vacation this week. She stated the current menu should be in the kitchen with the kitchen staff. I interviewed the kitchen staff Misstey Holstein. I requested the current weeks menu. Ms. Holstein provided me two weeks’ worth of menus which stated, “Summer Menu Week Two” and “Spring Menu Week Three.” These menus were in the kitchen. She stated she did not have any previous menus as served with documented substitutions. She stated when she is done with the menus for the week, she gives them to the home manager who files them electronically. I then asked Ms. Holstein where she posts the menus for the week in advance. She stated they used to have a monitor near the kitchen that they used to post menus, but it was taken down during a recent renovation. She stated there are currently no menus posted in advance.

On 7/05/2022 I conducted another unannounced onsite inspection at the facility. The facility was serving spaghetti, garlic bread and a side salad which is what was documented on the menu. I then interviewed the home manager Cynthia Morrison. Ms. Morrison stated she did not have the past years menus as served. She stated they have posted the menus in advance on a monitor that was recently taken down. Ms. Morrison was informed that she would need to keep a record of menus as served for 1 calendar year and post menus at least 1 week in advance and that any change or substitution needs to be noted and considered as part of the original menu.

APPLICABLE RULE	
R 400.15313	Resident nutrition.
	(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.
ANALYSIS:	Menus of regular diets were not posted at least 1 week in advance.
CONCLUSION:	VIOLATION ESTABLISHED

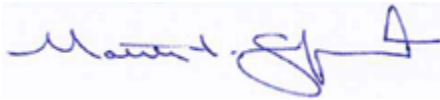
APPLICABLE RULE	
R 400.15313	Resident nutrition.
	(6) Records of menus, including special diets, shall be kept by the licensee for 1 calendar year.

ANALYSIS:	The facility did not have a record of menus for the past calendar year.
CONCLUSION:	VIOLATION ESTABLISHED

On 7/20/2022 I conducted an exit conference with the administrator Leah Allen. Ms. Allen concurred with the findings of the investigation and stated she would submit a corrective action plan for approval.

IV. RECOMMENDATION

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



07/20/2022

Matthew Soderquist
Licensing Consultant

Date

Approved By:



07/20/2022

Jerry Hendrick
Area Manager

Date