

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 15, 2022

Catherine Reese New Friends Dementia Community, LLC 3700 W Michigan Ave Kalamazoo, MI 49006

> RE: License #: AL390299685 Investigation #: 2022A1024034 Vibrant Life Senior Living Kalamazoo 1

Dear Ms. Reese:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

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 (616) 356-0183.

Sincerely,

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Ondrea Johnson, Licensing Consultant Bureau of Community and Health Systems 427 East Alcott Kalamazoo, MI 49001

enclosure

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

#### I. IDENTIFYING INFORMATION

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Community, LLC
ng Kalamazoo 1

## II. ALLEGATION(S)

# Violation Established? Resident A had a seizure on 5/12/2022 and staff did not seek No medical attention until the following day. No

#### III. METHODOLOGY

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05/23/2022	Special Investigation Intake 2022A1024034
05/26/2022	Special Investigation Initiated – Telephone with Adult Protective Services (APS) Specialist Gene Coulter
06/07/2022	Contact - Telephone call made with Meredith Hollis, Borgess Ascension Care
06/29/2022	Contact - Telephone call made with administrator Laurel Space
06/30/2022	Contact - Document Received Resident A's HCA, Incident Report, Bronson After Visit Summary
07/01/2022	Contact - Telephone call made with Relative A1
07/07/2022	Inspection Completed On-site with direct care staff member Nausjayah Taylor and nurse Lutitia Scott
07/12/2022	Exit Conference with licensee designee Catherine Reese

#### ALLEGATION:

# Resident A had a seizure on 5/12/2022 and staff did not seek medical attention until the following day.

#### INVESTIGATION:

On 5/23/2022, I received this complaint through the Bureau of Community and Health Systems (BCHS) online complaint system. This complaint alleged Resident A had a seizure on 5/12/2022 and staff did not seek medical attention until the following day.

On 5/26/2022, I conducted an interview with Adult Protective Services (APS) Specialist Gene Coulter who stated he found direct care staff responded appropriately when Resident A showed symptoms of falling ill. Mr. Coulter stated his investigation determined direct care staff members thought Resident A was having stomach issues as she vomited on the night of 5/12/2022. Mr. Coulter stated the next morning Resident A vomited again therefore the staff members called Relative A1 and notified her that they were sending Resident A to the hospital for further evaluation. Mr. Coulter stated Resident A does not have a history of seizures and did not have a seizure. Mr. Coulter further stated he did not find evidence of neglect in his investigation.

On 6/7/2022, I conducted an interview with nurse Meredith Hollis with Borgess Ascension Care who stated Resident A was evaluated by one of the nurse practitioners as needed. Ms. Hollis stated Resident A was seen on 5/10/2022 for a check-up appointment and 5/19/2022 for a follow-up appointment as Resident A was evaluated on 5/13/2022 and treated for a Urinary Tract Infection. Ms. Hollis stated a nurse practitioner is out to the facility once a week to see various residents as requested by direct care staff members. Ms. Hollis stated Resident A seems to be getting the medical care that she needs at this time and direct care staff members communicate Resident A's medical care needs effectively.

On 6/29/2022, I conducted an interview with administrator Laurel Space who stated Resident A had instances of vomiting throughout the night of 5/12/2022 and staff member reported that while vomiting Resident A had chills. Ms. Space stated Resident A woke up the next morning still not feeling well therefore staff members sent Resident A to the hospital for further evaluation with permission from Relative A1.

On 6/30/2022, I reviewed Resident A's *Heath Care Appraisal* (HCA) dated 6/24/2021 Resident A is diagnosed with Dementia with behavioral disturbances, HTN, Hypothyroidism and Major Depression.

I also reviewed Resident A's *After Visit Summary* that stated Resident A was hospitalized for a Urinary Tract Infection (UTI). The summary stated that Resident A's hospital stay was from 5/12/2022 to 5/15/2022.

I also reviewed the facility's *Incident/Accident Report* dated 5/13/2022 written by Lutitia Scott. According to this report, Resident was in bed resting however during the night Resident A had episodes of vomiting and shaking while vomiting reported by 3<sup>rd</sup> shift. Resident slept the rest of the night with no other issues noted from 3<sup>rd</sup> shift. The report stated staff called and reported Resident A's symptoms to Relative A1at 8:30am and Relative A1 agreed to have Resident A sent to the hospital for evaluation.

On 7/1/2022, I conducted an interview with Relative A1 who stated that she was contacted by staff members on 5/13/12022 early in the morning regarding Resident A not feeling well beginning the night of 5/12/2022 as she was observed to have instances of vomiting and having chills. Relative A1 stated the staff members stated they wanted to send Resident A to the hospital to have her further evaluated as

Resident A still appeared ill and seemed very tired. Relative A1 stated Resident A was examined while at the hospital and was diagnosed with having a Urinary Tract Infection. Relative A1 stated she believes the staff members responded to Resident A's medical care needs appropriately and she has no concerns.

On 7/7/2022, I conducted an onsite investigation at the facility with direct care staff member Nausjayah Taylor and nurse Lutitia Scott. Ms. Taylor stated she worked the morning of 5/13/2022 and observed Resident A to be very tired. Ms. Taylor stated the staff from the 3<sup>rd</sup> shift informed her that Resident A had vomited throughout the night and "was shaking while vomiting". Ms. Taylor stated she noticed Resident A had vomit on her blanket when she arrived at 6:30am therefore she cleaned and changed Resident A and Resident A's bedding prior to Resident A going back to sleep. Ms. Taylor stated she believes Resident A was then sent to the hospital for evaluation later in the morning.

Ms. Scott stated she received a phone call the morning of 5/13/2022 before arriving to work at 8:30am that Resident A had vomited during the night and had chills. Ms. Scott stated she instructed staff members to notify Relative A1 at which time it was agreed to have Resident A be evaluated at the hospital. Ms. Scott stated Resident A was hospitalized for a UTI and does not have seizures or was ever diagnosed with having a seizure.

APPLICABLE RULE		
R 400.15310	Resident health care.	
	(4) In case of an accident or sudden adverse change in a	
	resident's physical condition or adjustment, a group home	
	shall obtain needed care immediately.	

ANALYSIS:	Based on my investigation which included interviews with APS Specialist Gene Coulter, administrator Laurel Space, direct care staff member Nausjayah Taylor, nurse Lutitia Scott, and Relative A1 along with a review of Resident A's HCA, discharge summary, and incident report there is no evidence to support the allegation Resident A had a seizure on 5/12/2022 and staff did not seek medical attention until the following day. Ms. Coulter stated he found no evidence to support neglect in his investigation as staff members responded appropriately to Resident A's medical care needs when she became ill with vomiting on 5/12/2022. Ms. Space, Ms. Taylor and Ms. Scott all stated Resident A vomited throughout the night with chills on 5/12/2022 while being monitored and cared for by direct care staff members and was sent to the hospital to be further evaluated on the morning of 5/13/2022 after consulting with Relative A1. According to the hospital notes Resident A was diagnosed with having a UTI, there was no mention of unmet medical needs or any evidence of seizure. Relative A1 stated she believes staff members responded to Resident A's medical care needs appropriately and she has no concerns.
CONCLUSION:	VIOLATION NOT ESTABLISHED

On 7/12/2022, I conducted an exit conference with licensee designee Catherine Reese. I informed Ms. Reese of my findings and allowed her an opportunity to ask questions and make comments.

### IV. RECOMMENDATION

I recommend the current license status remain unchanged.

Ondrea Johnson

07/12/2022 Date

Ondrea Johnson Licensing Consultant

Approved By:

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07/15/2022

Dawn N. Timm Area Manager Date