



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 29, 2022

Jennifer Muszall  
Lakeshore Caring Corp.  
4851 Lakeshore, Bldg A  
Fort Gratiot, MI 48059

RE: License #: AL740007431  
Investigation #: 2022A0580043  
Lakeshore Woods II

Dear Ms. Muszall:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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 letters are fluid and connected, with a prominent initial 'S'.

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**

<b>License #:</b>	AL740007431
<b>Investigation #:</b>	2022A0580043
<b>Complaint Receipt Date:</b>	06/02/2022
<b>Investigation Initiation Date:</b>	06/06/2022
<b>Report Due Date:</b>	08/01/2022
<b>Licensee Name:</b>	Lakeshore Caring Corp.
<b>Licensee Address:</b>	4851 Lakeshore, Bldg A Fort Gratiot, MI 48059
<b>Licensee Telephone #:</b>	(810) 385-3185
<b>Administrator:</b>	Jennifer Muszall
<b>Licensee Designee:</b>	Jennifer Muszall
<b>Name of Facility:</b>	Lakeshore Woods II
<b>Facility Address:</b>	4851 Lakeshore Blg B Fort Gratiot, MI 48059
<b>Facility Telephone #:</b>	(810) 385-3185
<b>Original Issuance Date:</b>	09/29/1995
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	03/14/2022
<b>Expiration Date:</b>	03/13/2024
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Staff could not be found for assistance.	No
Resident is not receiving quality care and often is neglected with her basic needs. Resident in urine soak clothing and bedding.	Yes
Room smells of feces. Feces found in incontinence pad.	No

## III. METHODOLOGY

06/02/2022	Special Investigation Intake 2022A0580043
06/06/2022	Special Investigation Initiated - Telephone A call was made to Ms. Kristine Cilluffo, AFC Consultant.
06/16/2022	Inspection Completed On-site An onsite inspection was conducted at Lakeshore Woods II.
06/16/2022	Contact - Document Received Documents requested received while onsite.
06/16/2022	Contact - Face to Face In-person contact was made with Resident A.
07/22/2022	Contact - Document Received An email was received from Mr. Chris Randall, CEO of Randall Homes.
07/22/2022	Contact - Document Received An email with documents was received from Ms. Jennifer Muzsall, licensee designee/administrator.
07/25/2022	Contact - Telephone call made A call was made to Guardian A.
07/26/2022	Contact - Telephone call made A call was made to Ms. Jennifer Muszall, Executive Director.
07/28/2022	Contact - Document Received Copies of staff schedules and fire drills were received.

07/28/2022	Contact - Telephone call received A call was received from Ms. Jennifer Norton, Direct Staff.
07/28/2022	Contact - Telephone call received A call was received from Ms. Hanna Sergey, Direct Staff.
07/29/2022	APS Referral A referral sharing the allegations was made to APS.
07/29/2022	Exit Conference An exit conference was held with Ms. Jennifer Muszall, licensee designee.

**ALLEGATION:**

Staff could not be found for assistance.

**INVESTIGATION:**

On 06/02/2022, I received a complaint via BCAL Online Complaints.

On 06/06/2022, I spoke with Ms. Kristine Cilluffo formerly assigned consultant for the AFC home. She shared that Lakeshore Woods typically does well with their residents. She shared that she had gone some time without getting a complaint, however, all of a sudden, their complaint numbers began to rise.

On 06/16/2022, I conducted an unannounced onsite inspection at Lakeshore Woods. Contact was made with Ms. Darlene Mason, onsite Registered Nurse (RN) at Lakeshore Woods. She shared that due to the licensee designee/administrator, retiring on 06/01/2022, she has been in charge until someone is hired. I spoke with her regarding the allegations. She denied the allegations that facility is short staffed.

On 06/16/2022, an in-person contact was made with Resident A while in her room. Resident A was using her private bathroom, with the door open, at the time of the visit. In an attempt to interview Resident A regarding her care, she wandered in the conversation to topics unrelated to the questions being asked. She was appropriately dressed, although indisposed at the moment, she was appeared to be receiving adequate care.

A copy of the AFC Assessment Plan for Resident A was obtained while onsite. It indicates that Resident A uses a wheelchair and needs assist from staff to and from all destinations of her choice. For toileting, the plan states that Resident A needs physical assist x's 2 staff for transfers to and from the commode. For personal hygiene, Resident A needs physical assist x's 1 to complete tasks.

On 07/22/2022, I received an email from Mr. Chris Randall, CEO of Randall Homes naming Ms. Jennifer Muszall as the newly named licensee designee/administrator. A request for the required documentation and fingerprints were requested.

On 07/22/2022, I received an email from Ms. Muszall with the documentation required to meet the licensee designee/administrator requirements. Ms. Muszall is scheduled for fingerprints next week.

On 07/25/2022, I spoke with Relative Guardian A. She indicated that she visits with Resident A daily. Each time she has to search for staff. Staff are quick to identify what is not in their job description when she requests assistance with Resident A's care. She often winds up doing it herself. Relative Guardian A shared one example when Resident A's toilet became clogged with feces and was left for 2 days.

On 07/26/2022, I spoke with Ms. Jennifer Muszall informing her that staff schedules and fire drill documents were needed to complete the investigation.

On 07/28/2022, I received an emailed copy of staff schedules for the months of June 2022 through the present date. Staff schedules, beginning June 1, 2022, through current indicate that there is 1 med tech and 2 direct staff scheduled for each shift, which lasts from 6:30am-6:30pm and 6:30pm-6:30am.

Fire drills reviewed indicate the following drills were held:

03/09/2022-1<sup>st</sup> shift, 10:00am-10:03am

03/09/2022-2<sup>nd</sup> shift, 5:00pm-5:03pm

03/19/2022-3<sup>rd</sup> shift, 2:00am-2:04am

05/25/2022-3<sup>rd</sup> shift, 3:30am-3:34am

05/26/2022-1<sup>st</sup> shift 10:00am-10:04am

05/26/2022-2<sup>nd</sup> shift 6:00pm-6:04pm

Each drill indicated that all staff assisted Residents. The drills do not identify how many staff or how many residents participated.

On 07/28/2022, I spoke with direct staff, Ms. Jennifer Norton. She indicated that she is the medical passer scheduled for today, however, she also assists with the care of the residents when needed. Ms. Norton shared that there are currently 17 residents in the facility. There are currently 2 staff present, herself and Ms. Hannah Sergey, for the 6:30am-6:30pm schedule. When questioned about short-staffing, Ms. Norton indicated that they do the best they can with the staff that they have.

On 07/28/2022, I spoke with direct staff, Ms. Hanna Sergey. She denied feeling overwhelmed or short-staffing allegations. She shared that she has worked at the facility for an almost 4 months. She shared that there is typically 3 staff working each shift, however, today there are only 2 staff working, including herself. She is typically

assigned to work with 7 residents, however, today she has more due to their only being 2 staff present.

<b>APPLICABLE RULE</b>	
<b>R 400.15206</b>	<b>Staffing requirements.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	Based on my investigation, which included interviews with direct staff, Relative Guardian A, and documents reviewed there is not substantial evidence to support the allegation of short staffing.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

Resident is not receiving quality care and often is neglected with her basic needs. Resident in urine-soaked bedding and clothing.

**INVESTIGATION:**

On 06/16/2022, I spoke with Ms. Darlene Mason, RN. She denied the allegations that Resident A is not receiving quality care and assistance with her basic needs.

On 06/16/2022, an in-person contact was made with Resident A while in her room. Resident A was using her private bathroom with the door open at the time of the inspection. I checked the bed by lifting her sheet and mattress pad, down to the bare mattress. Resident A's bedding was observed as being clean. No urine was detected.

A copy of the AFC Assessment Plan for Resident A was obtained while onsite. It indicates that Resident A uses a wheelchair and needs assist from staff to and from all destinations of her choice. For toileting, the plan states that Resident A needs physical assist x's 2 staff for transfers to and from the commode. For personal hygiene, Resident A needs physical assist x's 1 to complete tasks.

The shower record for Resident A, covering the time period of 02/28/2022 through 06/16/2022, indicates that with the exception of 2 refusals and 1 physically unable to take, Resident A has received showers at least twice per week.

On 07/25/2022, I spoke with Relative Guardian A. She indicated that while she has been told by the facility several times that Resident A has been showered in accordance to the agreed upon schedule of 2 times a week, there are times when Resident A has

clearly not been showered. She indicated that she knows that staff lies and documents showers that have not occurred.

On 07/28/2022, staff, Ms. Sergey stated that she was assigned to assist with Resident A's care today. She has assisted Resident A with a shower as well as toileting throughout the day. She shared that she is able to transfer her to and from the commode without any other staff assistance.

<b>APPLICABLE RULE</b>	
<b>R 400.15303</b>	<b>Resident care; licensee responsibilities.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	Based on my investigation, which included documents reviewed, interviews with the direct staff, Relative Guardian A, and an onsite assessment, there is evidence to substantiate the allegation that Resident A's toileting care is not being provided as specified in the written assessment plan, due to being transferred by one staff as opposed to two.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

Room smells of feces. Feces found in incontinence pad.

**INVESTIGATION:**

On 06/16/2022, Ms. Mason indicated that Resident A was temporarily moved out of her room in order for it to be painted and new flooring installed. The project was completed sometime the week prior. She denies the allegations.

While onsite, an inspection of Resident A's room determined that the room has been freshly painted and the hard-wood flooring was newly installed. The sheets, bedding, and incontinence pad and bare mattress were checked and observed as clean. No urine or feces was observed on Resident A's incontinence pad. No noticeable urine or feces smell was detected in the room. The heating register appeared intact.

On 07/25/2022, I spoke with Relative Guardian A. She shared that after much complaining, Resident was temporarily moved out of her room for 10 days, so that her room could be painted and the flooring replaced. Relative Guardian A indicated that she replaced the old sheers in the room due to the dust, however, the curtains remain old and dusty and nicks remain on the closet doors.



On 07/29/2022, I made a referral to APS, sharing the information alleged in this complaint.

On 07/29/2022, I conducted an exit conference with the licensee designee, Ms. Jennifer Muszall, informing her of the findings.

<b>APPLICABLE RULE</b>	
<b>R 400.15403</b>	<b>Maintenance of premises.</b>
	<b>(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b>
<b>ANALYSIS:</b>	Based on my observation of the resident's room during an unannounced inspection, there is no evidence to substantiate the rule violation.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

#### **IV. RECOMMENDATION**

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

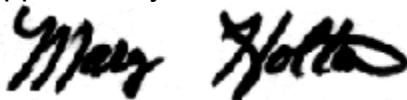


July 29, 2022

Sabrina McGowan  
Licensing Consultant

Date

Approved By:



July 29, 2022

Mary E. Holton  
Area Manager

Date