



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 17, 2022

Donitia Strickland
RSR Serenity LLC
47640 Gratiot Avenue
Chesterfield, MI 48051

RE: License #: AL500408374
Investigation #: 2022A0604021
Sandalwood Village II

Dear Ms. Strickland:

Attached is the Special Investigation Report for the above referenced facility. A recommendation of revocation was previously made in special investigation #2022A0604005 and #2022A0990013, which remains in effect. You will be notified in writing of the department's action and your options for resolution of this matter.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 West Grand Blvd Ste 9-100
Detroit, MI 48202
(248) 285-1703

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL500408374
Investigation #:	2022A0604021
Complaint Receipt Date:	05/05/2022
Investigation Initiation Date:	05/06/2022
Report Due Date:	07/04/2022
Licensee Name:	RSR Serenity LLC
Licensee Address:	47640 Gratiot Avenue Chesterfield, MI 48051
Licensee Telephone #:	(586) 949-6220
Administrator:	Donitia Strickland
Licensee Designee:	Donitia Strickland
Name of Facility:	Sandalwood Village II
Facility Address:	47640 Gratiot Avenue Chesterfield, MI 48051
Facility Telephone #:	(586) 949-6220
Original Issuance Date:	11/01/2021
License Status:	TEMPORARY
Effective Date:	11/01/2021
Expiration Date:	04/30/2022
Capacity:	18
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED ALZHEIMERS; AGED TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
There are residents with facial bruising and head injuries with no explanations.	No
Residents are sitting in soiled briefs for long periods of time. There has been noticeable skin breakdown for at least one resident. Resident found with food on her.	Yes
Professionals have heard staff yelling at residents to sit down.	No
Supplies are not available for showering. There has been trash and a washcloth on the shower floor and not picked up.	No

III. METHODOLOGY

05/05/2022	Special Investigation Intake 2022A0604021
05/05/2022	APS Referral Referral denied by Adult Protective Services (APS) and referred to licensing.
05/06/2022	Inspection Completed On-site Completed unannounced onsite investigation.
05/06/2022	Special Investigation Initiated - On Site
05/07/2022	Contact - Document Received Email from Donita Strickland with medical records
05/08/2022	Contact - Document Received Received second intake from online complaints.
05/09/2022	Contact - Document Received Email to and from Donita Strickland.
05/09/2022	Contact - Document Sent Email to APS Worker, Shelly Anders. Received return email. Ms. Anders has a different set of allegations.
05/09/2022	Contact - Document Received Email from intake with additional complaint information.

05/11/2022	Contact - Document Received Email from Shelly Anders. Sent return email.
05/11/2022	Contact - Document Received Email from Donitia Strickland
05/11/2022	Contact - Document Sent Email to and from Donitia Strickland. Received resident records from Ms. Strickland by email that were requested by APS Worker.
05/12/2022	Contact - Document Received Email from Ms. Strickland
05/13/2022	Contact - Document Received Email from APS Worker, Shelly Anders.
05/16/2022	Contact - Document Sent Email to and from APS Worker Shelly Anders.
05/23/2022	Contact - Document Received Received emails from Donitia Strickland with resident records
05/24/2022	Contact - Document Sent Email to Donitia Strickland
06/09/2022	Contact - Telephone call made Returned call from Ms. Strickland. Confirmed with Josh Hargrove that we are moving forward with recommendation for revocation.
06/09/2022	Contact - Document Sent Email to Ms. Strickland
06/17/2022	Contact - Telephone call made Returned call from Ms. Strickland.
06/21/2022	Contact - Document Received Email from Shelly Anders.
06/22/2022	Contact - Document Sent Email to and from Shelly Anders.
07/06/2022	Contact- Telephone call made Telephone call to Staff, Akikia Green

07/06/2022	Contact- Telephone call made TC to Staff, Macayla Shahid. Left message and received return call.
07/06/2022	Contact- Document Sent Email to APS Worker, Shelly Anders
07/06/2022	Contact- Telephone call made TC to Staff, Latasha Shelton
07/06/2022	Contact- Telephone call made TC to Staff, Mikael Valentine. Left message.
07/06/2022	Exit Conference TC from Licensee Designee, Donitia Strickland. Discussed allegations and completed exit conference by phone.
07/07/2022	Contact- Document Sent Email to Donitia Strickland

ALLEGATION:

- **There are residents with facial bruising and head injuries with no explanations.**
- **Residents are sitting in soiled briefs for long periods of time. There has been noticeable skin breakdown for at least one resident. Resident found with food on her.**
- **Professionals have heard staff yelling at residents to sit down.**

INVESTIGATION:

I received a complaint regarding Sandalwood Village II and III on 05/06/2022. The complaint was originally received for Sandalwood Village I on 05/05/2022, however, it was determined that all residents from Sandalwood Village I had moved to the other buildings. The complaint stated that there are concerns about facility with multiple residents. It was alleged that there are residents with facial bruising and head injuries with no explanations. There are no reports or explanations witnessed. There is more than one patient in the facility in this condition. There are black eyes on some of the residents and concerns about the injuries occurring to the head and faces. The residents are sitting in soiled briefs with feces and urine for a long period of time. There has been noticeable skin breakdown for at least one resident.

A second complaint was received on 05/09/2022 for Sandalwood Village II and III. It was alleged that there is a decline in the level of care provided to residents of facility. There has been trash and a washcloth on the shower floor and not picked up.

Professionals have heard staff yelling at residents to sit down. Staff names and residents unknown. The supplies are not available for showering. Continence checks are not completed or done correctly. Resident has been found in old stool and for the first time has a red and raw bottom. She now has an open pressure sore. Resident has been found with food left on her person which appear to have been there for a long period of time.

I completed an unannounced onsite investigation on 05/06/2022. I interviewed Licensee Designee, Donitia Strickland and Home Manager, Shaundria Washington. They stated that APS Worker, Shelly Anders had just left the facility. I interviewed and/or observed all residents at Sandalwood Village II and III during the onsite investigation. Ms. Strickland and Ms. Washington were not aware of any residents with facial bruising or head injuries. Ms. Strickland stated that they continue to have staffing issues. Ms. Strickland has been enforcing rules and getting push back from some of the staff including them calling off or showing up late. She indicated that some staff are resistant to the recent change of ownership/management. During the onsite inspection, I observed one resident, Resident M, with pressure sores. Resident M resides at Sandalwood Village III.

On 05/06/2022, I interviewed Resident B. She stated that she was just waking up and that she was doing ok. I observed light green/yellowish bruises on the front of Resident B's legs. She stated that she tumbled and fell onto bed when she was at home. Resident B did not report any concerns.

On 05/06/2022, I received copies of incident reports for Resident B. Reported dated 03/14/2022 stated that Resident B was observed falling to floor. Staff helped her back into wheelchair and took her to her room. Staff observed Resident B's body for marks and bruises and found none. Report dated 04/17/2022 indicated that staff heard Resident B yell "help" and observed her sitting and helped her up. Staff noticed a small area of skin lifting on the right side of forehead near hairline. Staff did wound care and did not observe any additional marks or bruises.

On 05/06/2022, I observed Resident E. Resident E has dementia. She stated that she was doing good and did not report any concerns. I did not observe any marks or bruises on Resident E.

On 05/06/2022, I observed Resident G. Resident G was napping and stated that she was doing ok. I did not observe any marks or bruises on Resident G.

On 05/06/2022, I interviewed Resident H. She stated that she was doing ok. I observed bruise on Resident H's right arm. The bruise was dark purples in color and approximately the size of a baseball. There was also dark purple bruising on Resident H's right hand. Ms. Washington stated that Resident H has petechiae. Resident H stated that she did not know how bruising happened. Resident H has dementia. On 05/23/2022, Ms. Strickland provided a copy of a script by email from Geriatric

Associates of Michigan, LLC dated 05/11/2022. The script indicated that Resident H was diagnosed with purpura.

On 05/06/2022, I received incident report for Resident H dated 04/27/2022, Report states that resident was yelling for help and was found laying on the floor. Staff checked for bruises and helped resident back into bed.

I observed Resident J. Resident J is non-verbal and has dementia. I did not observe any marks or bruises on Resident J.

I observed Resident K. She has dementia and staff stated she repeats what is said to her. I did not observe any marks or bruises on Resident K.

I observed Resident L. Staff stated that she is non-verbal and has dementia. I did not observe any marks or bruises on Resident L.

On 06/22/2022, I received an email from APS Worker, Shelly Anders. Ms. Anders stated that Ms. Strickland wrote up staff so she is substantiating complaint. Ms. Strickland wrote up staff due to neglect of Resident M, who resides at Sandalwood Village III.

On 07/06/2022, I attempted to interview Staff, Akikia Green by phone. She stated that she was at working feeding residents and would call back after work. I did not receive a return call.

On 07/06/2022, I left message for Staff, Mikael Valentine. I did not receive a return call.

On 07/06/2022, I interviewed Staff, Latasha Shelton by phone. She stated that she has been a Direct Care Worker at Sandalwood Village since 02/15/2022. She works midnights. Ms. Shelton mainly works at Sandalwood Village III but has worked at Sandalwood Village II. She stated that she has not observed any residents with head injuries or bruises that had no explanation. She did not report any concerns regarding injuries to residents. Ms. Shelton stated that there are times when she comes onto her shift and the prior shift has not changed the resident's briefs or bedding. Ms. Shelton stated that she immediately takes care of it when she starts her shift. Ms. Shelton stated that they have a new resident, Resident T, who has bed sores. Staff were told that he has a cream in medication cart that can be used for sores. Ms. Shelton stated that his wife does not want him changed when visiting and this can delay his brief being changed. Ms. Shelton stated that the only staff she observed yelling at residents was "Shay". She stated that Shay was written up for yelling and has since been fired. Ms. Shelton indicated that Shay would come to work with an attitude. She has not observed any other staff yelling at residents. Ms. Shelton stated that she has noticed that there are times when residents do not get showers. The daily log will be marked "no" as to whether they received a shower. She has also seen residents with food on them. Ms. Shelton indicated that she had found Resident N who has since passed "a mess". Ms. Shelton also stated that there has been a couple times she has found residents with

dirty linens. She believes that there can be a lack of communication at Sandalwood. Ms. Shelton indicated that a staff meeting was held to address issues.

On 07/06/2022, I interviewed Staff, Macayla Shalid by phone. She has been a Direct Care Worker at Sandalwood Village since March 2022. She works the afternoon shift. Ms. Shalid was not aware of any residents with head injuries or bruises that did not have any explanation. She did not report any concerns regarding injuries to residents. Ms. Shalid stated that Resident J (Sandalwood Village II) has sensitive skin which does cause her arms to bruise easily. Ms. Shalid stated that there have been times where residents have not been changed timely. Ms. Shalid stated that it has improved though, and everything is getting better with new Administrator. She indicated that Resident T is a new resident who does have bed sores. He has lived at Sandalwood for about a week. He came to the facility with sores, however, they are getting worse. She stated that his wife will let staff change him during visits if staff ask. Ms. Shalid indicated that Ms. Strickland showered them cream to use for Resident T's sores. Ms. Shalid stated that she has not observed staff yelling at residents. She indicated that there are times staff are firm with residents and tell them to sit down for their own safety. Ms. Shalid stated that each shift is responsible for showering different residents. She stated that some residents will scream, fight and hit them when they try to give them a shower and so they will not get a shower that day. Some residents require three people to shower them. Ms. Shalid indicated that she has two residents during her shift that are very difficult to shower. Ms. Shalid stated that when she first started she noticed things were unorganized and staff would neglect things such as showers, changing linens and there were residents left soiled. However, she has noticed that things have gotten better and the morning shift does a good job. She has noticed a positive change and that things are more organized with Donitia Strickland becoming Administrator. Ms. Shalid believed that they could improve by everything becoming more organized and getting everyone on the same page. She stated that one concern is staff not wearing masks at the facility.

On 07/07/2022, I returned call from Licensee Designee/Administrator, Donitia Strickland and completed an exit conference. I informed her of the violation found and that recommendation was to continue revocation that is already in process. Ms. Strickland stated that Resident T's bed sores did start before he moved to Sandalwood Village, and they have a cream to treat sores. Ms. Strickland stated that she is working on a change card for staff to document residents checks that should be implemented this week. Ms. Strickland continues to be open to suggestions and working towards improving care at Sandalwood Village. Ms. Strickland indicated that staff "Shay" is Shaquell Moore. She stated that Ms. Moore did have had attitude with residents and staff and was terminated. Ms. Strickland stated that each resident is scheduled to be showered two times per week with AM, PM or midnight shift. Residents are showered more often if needed. She stated that if a resident refuses a shower they try to get them showered another day. They also may contact family to see if they can help with getting resident to shower.

APPLICABLE RULE	
R 400.15305	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:	Staff, Latasha Shelton and Macayla Shahid confirmed there have been instances at Sandalwood Village where residents' personal needs have not been met including being changed timely, having linens changed or given showers when needed.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15308	Resident behavior interventions prohibitions.
	(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following: <ul style="list-style-type: none"> (a) Use any form of punishment. (b) Use any form of physical force other than physical restraint as defined in these rules. (f) Subject a resident to any of the following: <ul style="list-style-type: none"> (i) Mental or emotional cruelty. (ii) Verbal abuse. (iii) Derogatory remarks about the resident or members of his or her family. (iv) Threats.
ANALYSIS:	On 05/06/2022, I observed all residents on Sandalwood Village II and III. I did not find any residents with facial bruising and head injuries with no explanations. Resident B did have light colored bruises on the front of her legs. Incident reports were provided documenting that Resident B fell on 03/14/2022 and 04/17/2022. I also observed dark purple bruises on Resident H's arm and hand. A prescription was provided indicating that Resident H is diagnosed with purpura which could cause the purple marks. In addition, an incident report was provided documenting that Resident H had a fall on 04/27/2022.

	Staff, Shaquell Moore, was reported to have yelled at residents in the past. Ms. Moore was also staff written up on 05/13/2022 for failing to provide breakfast to Resident M who resides at Sandalwood Village III. On 07/06/2022, Ms. Strickland confirmed that Ms. Moore no longer works at the facility and had already been terminated.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Supplies are not available for showering. There has been trash and a washcloth on the shower floor and not picked up.

INVESTIGATION:

On 05/06/2022, I completed an unannounced onsite investigation at Sandalwood Village II and III. The resident bedrooms and common areas appeared to be generally clean and well kept. I did not observe any trash on the floor.

On 05/11/2022, I received an email from Donitia Strickland. The email contained pictures of shampoo, conditioner, soap available at the facility.

On 07/06/2022, I interviewed Staff, Latasha Shelton by phone. Ms. Shelton stated that they have supplies available such as shampoo, conditioner, and soap to give residents showers. She stated that each shift is assigned different residents to shower. Ms. Shelton did feel there was a lack of communication at Sandalwood which includes housekeeping responsibility. Some staff think housekeeping is not their job.

On 07/06/2022, I interviewed Staff, Macayla Shalid by phone. Ms. Shalid stated that residents have their own supplies available for showers. She indicated that staff are responsible for showering certain residents during each shift. Ms. Shalid stated that Resident E did not have her own soap, however, management was helping her get some. Resident E resides at Sandalwood Village II.

APPLICABLE RULE	
R 400.15314	Resident hygiene.
	(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.

ANALYSIS:	There is not enough information to determine that supplies are not available to give residents showers. Ms. Strickland provided pictures of supplies available at Sandalwood Village. Also, staff interviewed stated that they had supplies such as shampoo, conditioner and soap available.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.
ANALYSIS:	On 05/06/2022, I completed an unannounced onsite investigation at Sandalwood Village II and III. The facility appeared to be generally clean and well kept.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

A recommendation of revocation of the license is being made in special investigations #2022A0604005 and #2022A0990013, which remains in effect. Upon receipt of an acceptable corrective action plan, this investigation will be closed.

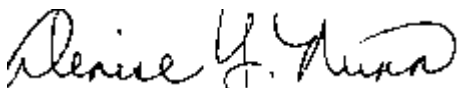


07/08/2022

Kristine Cilluffo
Licensing Consultant

Date

Approved By:



08/17/2022

Denise Y. Nunn
Area Manager

Date