



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 26, 2022

Lucijana Tomic
Care Cardinal Cascade
6117 Charlevoix Woods Ct.
Grand Rapids, MI 49546-8505

RE: License #: AH410410352
Investigation #: 2022A1010047
Care Cardinal Cascade

Dear Ms. Tomic:

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 (616) 356-0183.

Sincerely,

A handwritten signature in blue ink that reads "Lauren Wohlfert".

Lauren Wohlfert, Licensing Staff
Bureau of Community and Health Systems
350 Ottawa NW Unit 13 7th Floor
Grand Rapids, MI 49503
(616) 260-7781
enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---------------------------------------|----------------------------------------------------------|
| License #: | AH410410352 |
| Investigation #: | 2022A1010047 |
| Complaint Receipt Date: | 06/03/2022 |
| Investigation Initiation Date: | 06/06/2022 |
| Report Due Date: | 08/03/2022 |
| Licensee Name: | CSM Cascade, LLC |
| Licensee Address: | 1435 Coit Ave. NE Grand Rapids, MI 49505 |
| Licensee Telephone #: | (616) 308-6915 |
| Administrator: | Bridget Lutzke |
| Authorized Representative: | Lucijana Tomic |
| Name of Facility: | Care Cardinal Cascade |
| Facility Address: | 6117 Charlevoix Woods Ct. Grand Rapids, MI 49546-8505 |
| Facility Telephone #: | (616) 954-2366 |
| Original Issuance Date: | 05/24/2022 |
| License Status: | TEMPORARY |
| Effective Date: | 05/24/2022 |
| Expiration Date: | 11/23/2022 |
| Capacity: | 77 |
| Program Type: | AGED ALZHEIMERS |

II. ALLEGATION(S)

| | Violation Established? |
|------------------------------------------------------------------------------------------------|-----------------------------------|
| The facility removed Resident G’s bed rails and the facility does not test staff for COVID-19. | Yes |
| The facility is not providing services consistent with their program statement. | Yes |
| Additional Findings | Yes |

III. METHODOLOGY

| | |
|------------|----------------------------------------------------------------------------------------|
| 06/03/2022 | Special Investigation Intake 2022A1010047 |
| 06/06/2022 | Special Investigation Initiated - Letter APS referral emailed to Centralized Intake |
| 06/06/2022 | APS Referral APS referral emailed to Centralized Intake |
| 06/27/2022 | Inspection Completed On-site |
| 06/27/2022 | Contact - Document Received Resident service plans received |
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| | |

ALLEGATION:

The facility removed Resident G’s bed rails and the facility does not test staff for COVID-19.

INVESTIGATION:

On 6/3/22, The Bureau received the allegations from the online complaint system. The complaint read, “Lucijana and Bridget removed all residents bed rails from them, leaving them no way to self assist. Many residents use these for mobility.” Regarding COVID-19 testing, the complaint read, “COVID testing is not being performed nor has it been performed since February 1st. Bridget and Lucijana submit falsified documentation.”

The complainant was anonymous, therefore I was unable to gather additional information.

On 6/6/22, I emailed an Adult Protective Services (APS) referral to Centralized Intake.

On 6/9/22, I reviewed the facility's *Bed Rails Policy*. The policy read, "It is the policy of this facility that all residents will be free from bed rails, and all other bedside assistive devices such as, but not limited to, Halo Rings, Noa Bars, Transfer poles, bed canes, and all other forms of physical restraints. All residents will have the ability to interact freely with others within their environment."

On 6/14/22, I interviewed house manager Hailey Gallentine at the facility. Ms. Gallentine reported bed rails are considered "restraints" at the facility and are therefore not permitted. Ms. Gallentine stated because bed rails are not permitted in the facility, Resident G does not have them on his bed.

Ms. Gallentine said the facility does not test staff for COVID-19 in accordance with the center for Disease Control (CDC), local health department, and the Michigan Department of Health and Human Services (MDHHS) guidelines. Ms. Gallentine reported she has worked at the facility for approximately one month and has not been tested once for COVID-19.

Ms. Gallentine provided me with a copy of Resident G's service plan for my review. The *Transferring* section of the plan read, "Requires occasional assistance to get in and out of bed, chair, care ect. Requires use of railings. ect."

On 6/14/22, I interviewed Resident G at the facility. Resident G stated when he moved into the facility, he had bedrails to assist him reposition in bed without assistance from staff. Resident G reported staff removed the bedrails and informed him he could not have them because they were a restraint. Resident G said he receives physical therapy services, and his physical therapist has been advocating that his bedrails helped him maintain independence.

Resident G reported he was told bedrails were not permitted in the facility, however he observed Resident H has bed rails on his bed. Resident G said this is inconsistent with the facility's policy and what he was told by staff.

On 6/14/22, I observed Resident H's room. I observed Resident H did have bedrails installed on the bedframe of his bed.

On 6/15/22, I interviewed administrator Bridgte Lutzke by telephone. Ms. Lutzke reported Resident G's bedrails were removed from his bed in accordance with the facility's *Bed Rails Policy*. Ms. Lutzke stated she was not aware Resident H's

bedrails were on his bed. Ms. Lutzke reported the bedrails were likely on Resident H's bed when he moved into the facility and were accidentally overlooked.

Ms. Lutzke admitted the facility has not tested staff for COVID-19 in accordance with the CDC and local health department guidelines.

| APPLICABLE RULE | |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| R 325.1921 | Governing bodies, administrators, and supervisors. |
| | <p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p style="padding-left: 40px;">(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p> |
| ANALYSIS: | <p>The interview with Resident G, review of the facility's bedside assistive devices policy and procedure, and my observation of Resident H's bedrails revealed the facility has not consistently maintained its policy. This was evident by my observation of Resident H's bedrails.</p> <p>The interviews with Ms. Gallentine and Ms. Lutzke revealed the facility has not been testing staff for COVID-19 in accordance with the CDC, local health department and MDHHH guidelines.</p> |
| CONCLUSION: | VIOLATION ESTABLISHED |

ALLEGATION:

The facility is not providing services consistent with their program statement.

INVESTIGATION:

On 6/3/22, the complaint read, "The program statement is a falsified document. Attachment E states they employ full time life enrichment coordinator which is false." The complaint also read, "The 3rd paragraph states that resident rooms have call cords next to beds, which is also false. The 3rd paragraph also states that the bathrooms have raised toilet seats and adjacent grab bars, which is false again. Resident security is provided by the receptionist who is on duty 8am-7pm, that is false-ask her what her hours are. She works 8-4:30 and just submitted her resignation."

On 6/9/22, I reviewed the facility's program statement. The statement read, "Resident rooms have call cords next to the bed and by the toilet to summon staff assistance." Regarding toilet seats, the statement read, "The bathrooms have raised toilet seats with adjacent grab bars. Each shower also has two grab bars. Resident security is provided by a receptionist who is on duty at the front door from 8:00 am to 7:00 pm daily. All exterior doors are locked 24/7 and require staff to respond to requests for entrance."

On 6/14/22, Ms. Gallentine reported there were not pull cords by all resident beds in their rooms. Ms. Gallentine stated some resident rooms have pull cords on the wall by the resident's bed, however not all resident rooms are equipped with them. Ms. Gallentine said there were pull cords in all the bathrooms in resident rooms. Ms. Gallentine explained there are not raised toilet seats on all the toilets in the bathrooms in a resident's room. Ms. Gallentine reported these devices had to be ordered by a resident's physician or service provider if they have physical or occupational therapy.

Ms. Gallentine reported the facility's receptionist did quit last week. Ms. Gallentine stated the facility was in the process of hiring a new receptionist. Ms. Gallentine said the main entrance door is unlocked, even when staff were not present at the front desk. Ms. Gallentine explained the facility was also in the process of hiring a new life enrichment staff person since the former one quit several weeks ago.

Ms. Gallentine reported residents can still utilize the activity room and all the items within it. Ms. Gallentine stated the maintenance staff person has also helped with activities, such as bringing residents outside to assist him with planting flowers.

On 6/15/22, Ms. Lutzke's statements were consistent with Ms. Gallentine.

On 6/15/22, I interviewed the facility's authorized representative Lucijana Tomic by telephone. Ms. Tomic reported the facility changed its program statement after the facility was licensed in May 2022. Ms. Tomic stated the program statement was re-reviewed after it was approved by licensing staff and changes were made to it on or around 6/3/22. Ms. Tomic said these changes to the facility's program statement were not submitted to licensing.

Ms. Tomic said the changes to the program statement included the removal of the statements regarding pull cords being by every resident bed in their room and residents having raised toilet seats in their bathrooms. Ms. Tomic said the main door of the facility is not locked 24 hours a day as written in the facility's program statement. Ms. Tomic reported this would be reviewed and hours in which the facility doors will remain unlocked will be determined.

On 6/21/22, Ms. Tomic provided licensing staff with the facility's revised program statement. I reviewed the revised program statement that read, "The home is fully accessible to those with mobility challenges. Resident bathrooms have a call

cord by the toilet to summon staff assistance and pendants are provided to each resident upon admission. A wireless wearable pendant allows residents to alert staff of a need from anywhere in the home. There are handrails throughout the home. The bathrooms have raised toilet seats if recommended by the doctor with adjacent grab bars. Each shower also has two grab bars.

The receptionist who is on duty at the front door from 8:30 am to 4:30 pm five days a week to welcome visitors. All exterior doors should be locked from 9pm-6 am and require staff to respond to requests for entrance.”

Ms. Tomic’s statements regarding the facility being in the process of hiring a new life enrichment staff person and receptionist were consistent with Ms. Gallentine.

| APPLICABLE RULE | |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| R 325.1921 | Governing bodies, administrators, and supervisors. |
| | <p>(2) An administrator shall meet all of the following requirements:</p> <p>(c) Be capable of assuring program planning, development, and implementation of services to residents consistent with the home's program statement and in accordance with the residents' service plan and agreements.</p> |
| ANALYSIS: | The interview with Ms. Tomic revealed errors in the facility’s program statement that was approved by licensing staff when the facility was licensed in May 2022 were found. Ms. Tomic reported these errors included statements regarding pull cords and raised toilet seats in resident rooms. Ms. Tomic identified a change in the program statement regarding when the facility’s main entrance doors were to be locked was also needed. Ms. Tomic provided an updated program statement on 6/21/22. |
| CONCLUSION: | VIOLATION ESTABLISHED |

ADDITIONAL FINDING:

INVESTIGATION:

On 6/14/22, I observed the medication cart in the hallway outside of Resident H’s room was unlocked. There were no staff present and the contents of the cart were accessible to any residents or visitors walking by. I informed Ms. Gallentine that the cart was unlocked, and no staff were present.

| APPLICABLE RULE | |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| R 325.1921 | Governing bodies, administrators, and supervisors. |
| | <p>The owner, operator, and governing body of a home shall do all of the following:</p> <p style="padding-left: 40px;">(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p> |
| ANALYSIS: | I observed an unlocked medication cart in the hallway outside of Resident H's room. The contents and medications in the cart were unsecured and therefore available to residents and visitors. There were no staff present in the area. This is not consistent with an organized program of protection. |
| CONCLUSION: | VIOLATION ESTABLISHED |

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend the status of the license remain unchanged.



06/27/2022

Lauren Wohlfert
Licensing Staff

Date

Approved By:



09/26/2022

Andrea L. Moore, Manager
Long-Term-Care State Licensing Section

Date