



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 4, 2022

Dominique Groenveld
MCAP Clare Opco, LLC
4386 14 Mile Rd
Rockford, MI 49341

RE: License #: AL180404678
Investigation #: 2022A0466047
Prestige Place II

Dear Mr. Groenveld:

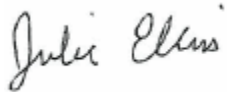
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (517) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL180404678
Investigation #:	2022A0466047
Complaint Receipt Date:	06/08/2022
Investigation Initiation Date:	06/14/2022
Report Due Date:	07/08/2022
Licensee Name:	MCAP Clare Opco, LLC
Licensee Address:	4386 14 Mile Rd Rockford, MI 49341
Licensee Telephone #:	(989) 386-7524
Administrator:	Chelsea Blain
Licensee Designee:	Dominique Groenveld
Name of Facility:	Prestige Place II
Facility Address:	690 Ann Arbor Trail Clare, MI 48617
Facility Telephone #:	(989) 386-7524
Original Issuance Date:	02/01/2021
License Status:	REGULAR
Effective Date:	08/01/2021
Expiration Date:	07/31/2023
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. ALLEGATIONS

	Violation Established?
Although assistance was required, Resident A was not supervised by a direct care worker (DCW) when taking a shower.	Yes
The facility is not being properly maintained.	No
The facility has mice.	No
Residents' hygiene needs are not being met.	Yes
Residents' medications are not being administered as prescribed.	Yes

III. METHODOLOGY

06/08/2022	Special Investigation Intake- 2022A0466047.
06/10/2022	Special Investigation Intake- additional allegations.
06/14/2022	Special Investigation Initiated - On Site.
7/28/2022	Contact- telephone call to administrator Chelsea Blain.
7/28/2022	Contact- document received from administrator Chelsea Blain.
7/28/2022	Exit conference with licensee designee Dominique Groenveld, message left.

ALLEGATION: Resident A was not supervised by a direct care worker (DCW) when taking a shower.

INVESTIGATION:

On 06/08/2022, Anonymous Complainant reported that Resident A was not supervised by a direct care worker when taking a shower and was visibly upset because she was afraid of slipping and falling due to the slippery floors. Complainant reported this happened the week of April 10, 2022. Anonymous Complainant reported not remembering the date specifically, but it was around that week. Anonymous Complainant reported Resident A reported one evening that week as she was getting her into the shower the resident aid and medical technician (direct care workers) at the time of the incident did not watch as she got in and out of the shower. Anonymous Complainant reported Resident A was not only distressed, but

extremely upset and crying because she was afraid for her life because she felt she could have fallen at any moment due to the bathroom floors being extremely slippery and wet after her shower. Complainant reported Resident A stated she was told things would get taken care of and that the DCW, whose name is Auystn Swaney, would get punished for not keeping a close eye on her. Complainant reported DCW Swaney is still employed and since the incident Resident A does not want to be left alone when taking showers. Complainant was anonymous so no additional details or information could be gathered.

On 06/14/2022, I conducted an unannounced investigation and I interviewed Resident A who reported that she takes showers on Tuesdays, Thursdays, and Saturdays. Resident A reported she does not like to be left alone in the shower as she is afraid she will fall. Resident A stated about a month ago (date unknown) a DCW left her alone while showering and she told administrator Chelsea Blain about the incident. Resident A reported a DCW got her “set up” in the shower and she was sitting on the shower chair. Resident A reported the DCW left the room and was supposed to come back and check on her but the DCW never did. Resident A reported she did not use the call button to call for a DCW because she could not reach it as the call button was not in reach of the shower. Resident A reported that although the floor was wet and she is not steady on her feet, she was able to safely get herself into her wheelchair after her shower. Resident A said she was scared during this incident and she could not remember the name of the DCW that left her unattended in the shower. Resident A reported administrator Blain would remember the name of the DCW on duty as she immediately reported the incident to her.

I reviewed Resident A’s record which contained a written *Assessment Plan for Adult Foster Care (AFC) Residents* (assessment plan) which documented in the “bathing” section of the assessment plan that Resident A requires assistance with bathing, “assist x 1.” Resident A also requires assistance with toileting, dressing and personal hygiene.

I interviewed DCW Morgan Vanthull who reported Resident A need help getting in and out of the shower. DCW Vanthull reported that when Resident A is done with her shower, she will ring the call button for assistance with drying and dressing. DCW Vanthull reported Resident A has reported to her that she is afraid of falling.

I interviewed administrator Blain who reported Resident A does require shower “set up” and to be checked on while she is in the shower. Administrator Blain reported Resident A did report to her that a DCW assisted getting her into the shower and then never returned. Administrator Blain reported DCW Hailey Bates was on duty that day and was later terminated. Administrator Blain reported DCW Bates should have checked on Resident A prior to leaving shift since DCW Bastes knew Resident A was in the shower and required assistance. Administrator Blain reported DCW Kendal Garcia checked on Resident A when she arrived on shift after DCW Bates left but Resident A had already completed her shower and had transferred herself to

the wheelchair by the time she arrived. Administrator Blain reported DCW Austyn Swansey was not on shift that day.

I reviewed DCW Austyn Swansey’s personal record which did contain a Michigan Workforce Background Check that was dated 12/01/2021 and documented that she was eligible to work in an adult foster care facility. DCW Austyn Swansey’s personal record which did contain a *Resident Aid Orientation Checklist* that was dated 12/01/2021 and documented that she was trained in bathing, oral care, combing hair, shaving, dressing, and bed making.

APPLICABLE RULE	
R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions: (a) The amount of personal care, supervision, and protection that is required by the resident is available in the home.
ANALYSIS:	Complainant and Resident A reported Resident A was not provided with assistance while showering about sometime in April 2022. Administrator Blain reported Resident A should have been checked on by DCW Bates after she assisted Resident A with starting her shower and prior to DCW Bates leaving her shift. Resident A’s written <i>Assessment Plan for Adult Foster Care (AFC) Residents</i> documented in the “bathing” section of the report that Resident A requires assistance with bathing, “assist x 1” therefore a violation has been established as Resident A was not provided with the amount of personal care, supervision, and protection that she requires.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: The facility is not being properly maintained.

INVESTIGATION:

On 06/10/2022, Complainant reported there is black mold in the kitchen of the facility that has not been taken care of. Complainant reported there is black mold in the bathrooms, specifically in the showers. Complainant reported many things are breaking and falling apart. Complainant reported that the toilets are not safely secured and are leaking. Complainant reported the washer and dryers are constantly breaking down and it takes weeks, even months for them to get repaired. Complainant reported lint from dryers is not properly being thrown away and taken

care of from behind the dryers which can cause it to explode. Complainant reported the entire building itself is not up to State regulations and while staff is being told that it will get taken care of, it is not being taking care of at all.

On 06/13/2022, I interviewed Complainant who could not provide any additional details or information. Complainant could not provide a time frame for when the facility was not up to state regulations and reported that some of the physical plant concerns have been rectified.

On 06/13/2022, I interviewed Resident A who reported that the toilets have leaked before but the facility did get them fixed. Resident A reported that the bathrooms have been remodeled and she does not remember seeing mold in the bathroom or kitchen.

I conducted an unannounced investigation. I walked through the facility and I did not observe any mold in the kitchen or the bathrooms including the showers. I observed all of the toilets to be safely secured and none of them were leaking. I observed a working washer and dryer with no buildup of lint or debris. I did not observe any safety or physical plant issues while I walked thought the facility.

I interviewed direct care worker (DCW) Karmen Onweller who reported there was a toilet that had been leaking but it was fixed the same day. DCW Onweller reported she has never seen any mold in the kitchen nor in the bathrooms/shower areas. DCW Onweller reported residents are never without clean lines and clothing. DCW Onweller reported the dryer lint trap is cleaned out with every load.

I interviewed DCW Laura Inman and DCW Mary Jacobs who reported that the facility remodeled the bathrooms in October 2021. DCW Inman reported that they did have an issue with some of the toilets, but that issue was addressed by a plumber promptly. DCW Inman reported she has never seen any mold in the kitchen nor in the bathrooms/shower areas. DCW Inman reported the washing machines are replaced frequently as the facility does laundry constantly. DCW Iman reported residents never went without clean linens and clothing. DCW Iman reported the dryer lint trap is cleaned with every load.

I interviewed DCW Tammi Warner who reported that the facility has a new washer and dryer and that the lint trap is cleaned out with every load. DCW Warner reported residents have always had clean linens and clothing.

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

ANALYSIS:	<p>Although Complainant reported black mold in the kitchen and bathrooms and toilets not being safely secured/leaking, I found no evidence to support these allegation when I conducted an unannounced investigation on 06/13/2022. DCWs interviewed reported the toilet issues had been addressed by a plumber timely.</p> <p>Complainant reported the washer and dryers are constantly breaking down and it takes weeks, even months for it to get repaired. On 06/13/2022, I conducted an unannounced investigation and found a working washing and dryer at the facility. DCWs interviewed reported that the residents have never gone without clean linens and clothing. Complainant reported lint from dryers is not being properly cleaned however the DCWs interviewed on 06/13/2022 reported that the lint is being thrown away with every load of laundry and none was observed. Therefore, there is not enough evidence to support this allegation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: The facility has mice.

INVESTIGATION:

On 06/07/2022, Complainant reported there have still been sightings of mice since the recent infestation that was reported to state at the beginning of the year.

On 06/13/2022, I interviewed Complainant who could not provide any additional details or information related to the facility having mice.

On 06/13/2022, I interviewed Resident A who reported that she saw a mouse about two weeks ago. Resident A reported that the facility does have a professional exterminator company, Orkin that does come to the facility on a regular basis.

On 06/13/2022, I conducted an unannounced investigation and I walked through the facility. I did not observe any evidence that the facility had mice. I did not observe any mice or any rodent droppings.

On 06/13/2022, I conducted an unannounced investigation and I interviewed DCW Morgan Vanthull and DCW Mary Jacobs who reported that the facility does not have mice.

On 06/13/2022, I interviewed DCW Karmen Onweller, DCW Inman, DCW Tammie Warner and Ervanna Brugger, licensed practical nurse (LPN) who all reported that the facility does not have mice currently. DCW Onweller, DCW Inman, DCW Warner and DCW Brugger reported the facility had mice in the past but the facility has a

professional extermination company to address the issue. DCW Inman reported that the facility had the extermination company out twice a week when the mice were present and that the problem was resolved quickly. DCW Inman reported she has not seen mice at the facility since December 2021. DCW Warner, DCW Brugger and DCW Jacobs reported the facility had the mice during the bathroom remodeling project in the winter of 2021. DCW Warner reported that the facility had a professional extermination company address the issue but the issue was not fully resolved until the completion of the bathroom remodeling. DCW Brugger reported the facility had two extermination companies coming out simultaneously to address the mice issue.

On 07/28/2022, administrator Chelsea Blain reported the facility has had a pest control program in place with a professional pest control company. Administrator Blain reported the facility does not currently have mice and provided documentation of the pest control services that the facility received below.

- On 01/07/2022, Orkin documented "I started your service for rodents. I installed traps all throughout the building, in the drop ceiling, offices, restrooms and other common areas. Labeled them all with our Orkin stickers. Also installed five exterior bait stations on the exterior of the building to control the rodents as well. We will continue with weekly service for one month until we feel we can go monthly."
- On 01/12/2022, Griffin Pest Solutions was out.
- On 01/14/2022, Orkin documented that they "Replace snaps traps inside of building and inspected all Tin cats replaced all bait in bait stations an exterior of building."
- On 01/21/2022, Orkin documented that they" Inspect inside checked all traps and replaced our snap traps."
- On 01/28/2022, Orkin documented "Completed the inspection and treatment on the building. We checked all traps in ceiling as well as in common areas. Followed by checked the full perimeter of the buildings bait stations. Replaced all bait and traps as needed."
- On 02/04/2022 "Bait Station Inspection, Serviced Interior Traps / Monitors."
- On 03/03/2022 "Everything looks good, replaced traps and monitors and rebated bait stations and exterior of building not seeing any mice an interior."
- On 03/04/2022, Griffin Pest Solutions was at the facility.
- On 04/05/2022 "PC Standard."
- On 05/31/2022, "Inspected Equipment (Tincats/Bait Stations/Fly Lig, Inspected outside for rodent entry area, Inspected/Treated Bathrooms, Inspected/Treated Common Areas, Inspected/Treated Guest Rooms, Inspected/Treated Kitchen for Pest Activity, Inspected/Treated Maintenance Area, Inspected/Treated Office Areas, Inspected/Treated Perimeter For Pest Activity."
- On 06/10/2022, Griffin Pest Solutions was out.
- On 06/24/2022, Orkin documented "Inspected hallways and doorways and kitchen areas didn't do a lot inside because Covid residents has Covid inspect all bait stations an exterior and rebated."

APPLICABLE RULE	
R 400.14401	Environmental health.
	(5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner that continually protects the health of residents.
ANALYSIS:	DCW Vanthull, DCW Jacobs, DCW Onweller, DCW Inman, DCW Warner and DCW Brugger all reported that the facility does not have mice currently. The facility did have mice and sought professional extermination to resolve the problem. The facility contracts with Orkin and Griffin Pest Solutions and therefore there is not enough evidence to establish a violation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Residents' hygiene needs are not being met.

INVESTIGATION:

On 06/07/2022, Complainant reported that ADL sheets are not being properly recorded as patients in the dementia units are going weeks, even months without their teeth being brushed, lotion being applied daily, and more basic grooming needs not being met. Complainant reported that some residents even are going weeks, even months without showers.

On 06/13/2022, I interviewed Complainant who could not provide any additional details or information. Complainant could not provide any names of residents whose hygiene needs were not being met.

On 06/13/2022, I reviewed the *Facility Census* which documented that the facility had 17 residents.

On 06/13/2022, I conducted an unannounced investigation and I interviewed DCW Mary Jacobs who reported residents are encouraged to shower two to three times per week. DCW Jacobs reported some residents refuse showers but that all residents are showered at least weekly. DCW Jacobs reported Resident A, Resident B, Resident C, Resident D, Resident E and Resident F are the residents that typically refuse showers.

I interviewed DCW Onweller who reported facility direct care staff members try to ensure all residents have two showers per week. DCW Onweller reported some residents refuse showers at various points but that all residents are showered at least weekly. DCW Onweller reported Resident A and Resident B are the residents that typically refuse showers.

I interviewed DCW Inman and DCW Warner who reported facility direct care staff members try to ensure all residents have two showers per week. DCW Inman and DCW Warner reported that some residents refuse showers at various points but that all residents are showered at least weekly. DCW Inman and DCW Warner reported all of the residents have dementia and are not reliable reporters.

I reviewed the May 2022 *ADL Check List* for Resident A, Resident B, Resident C, Resident D, Resident E, Resident F, Resident G, and Resident H. The *ADL Check List* documented AM Care, PM care, nighttime care, oral care, Q2H check, Q2H toilet, BM, breakfast %, Snack %, Lunch %, shower, nail care, dinner %, PM snack 1 %, PM Snack 2 %. On the following dates and times, the resident *ADL Check List* did not document that care was received on the days/times below for the following residents:

- Resident A's form did not document AM care on 05/24/2022 and 05/25/2022. Resident A's form did not document PM care on 05/29/2022.
- Resident B's form did not document AM care on 05/24/2022 and 05/25/2022. Resident B's form did not document PM care on 05/29/2022.
- Resident C's form did not document PM care on 05/19/2022, AM care on 05/24/2022 and 05/25/2022. Resident C's form did not document PM care on 05/25/2022, 05/27/2022 and 05/29/2022
- Resident D's form did not document AM care on 05/24/2022 and 05/25/2022. Resident D's form did not document PM care on 05/29/2022
- Resident E's form did not document AM care on 05/24/2022 and 05/25/2022. Resident E's form did not document PM care on 05/29/2022.
- Resident F's form did not document AM care on 05/24/2022 and 05/25/2022. Resident F's form did not document PM care on 05/19/2022, 05/25/2022, 05/27/2022 and 05/29/2022
- Resident G's form did not document AM care on 05/24/2022 and 05/25/2022. Resident G's form did not document PM care on 05/19/2022, 05/25/2022, 05/27/2022 and 05/29/2022.

I reviewed May 2022 and June 2022 *Monthly Shower Sheets* for Resident A, Resident B, Resident C, Resident D, Resident E, Resident F, Resident G and Resident H. All residents had showers at least weekly except for the following:

- Resident B showered on 05/03/2022, 05/12/2022, 05/13/2022, 05/17/2022, 05/24/2022, 05/25/2022 and 05/31/2022.
- Resident C showered on 05/02/2022, 05/14/2022, 06/06/2022.
- Resident D showered on 05/06/2022, 05/13/2022, 05/15/2022, 05/17/2022, 05/23/2022, 06/01/2022 and 06/06/2022.

APPLICABLE RULE	
R 400.14314	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:	<p>Complainant reported that resident hygiene needs were not being met. Resident F's hygiene needs were not documented as being met during any time on May 25, 2022 on Resident F's May 2022 <i>ADL Check List</i>. Resident F's checklist was blank on both the AM and PM sections on May 25, 2022. There is no documentation to support that Resident F was provided any personal hygiene and oral care on May 25, 2022.</p> <p>Resident B, Resident C and D's May 2022 <i>Monthly Shower Sheet</i> documented that Resident B did not receive a weekly shower between May 03, 2022 and May 12, 2022, which is a nine day time span. Resident C's May 2022 and June 2022 <i>Monthly Shower Sheet</i> documented that Resident C did not receive a weekly shower between May 14, 2022 and June 06, 2022, which is a 23 day time span. Resident D's May 2022 and June 2022 <i>Monthly Shower Sheet</i> documented that Resident D did not receive a weekly a shower between May 23,2022 and June 01, 2022, which is a nine day time span. Those three residents did not receive a bath/shower weekly as required.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Residents' medications are not being administered as prescribed.

INVESTIGATION:

On 06/07/2022, Complainant reported resident medication is not being handled correctly and there are medication passers who are not paying attention when they are passing medication.

On 06/13/2022, I interviewed Complainant who could not provide any names of medication passers or residents who were impacted by medications not being handled correctly. Complainant could not provide any dates or more details about how medications were not being handled correctly.

06/13/2022, I conducted an unannounced investigation and I reviewed June 2022 medication administration records (MAR)s for Resident A, Resident B, Resident C, Resident D, Resident E, Resident F and Resident G. I reviewed the resident medication administration records and did not observe any errors.

The only evidence I found on the June 2022 MARs that any medication was not being administered as prescribed is listed below:

- Resident A is prescribed “Toujeo Max inj 300IU/ML, inject 54 units subcutaneously twice daily.” Resident A’s June 2022 MAR documented that Resident A was not administered “Toujeo Max inj 300IU/ML” on “06/06/2022 at 9:02pm, on 06/07/2022 at 8:03am and on 06/07/2022 at 8:50pm” because “pharmacy notified medication needed.”
- Resident A’s June 2022 MAR documented that Resident A is prescribed “Carb/Levo tab 25-250MG, take one tablet by mouth every six hours.” However, Resident A’s June 2022 MAR documented that medication was administered at “12am, 5am, 11am and 5pm” which is not every six hours as directed.

I interviewed DCW Vanthull, DCW Jacobs, DCW Onweller and DCW Warner who all reported that they were trained in medication administration. DCW Vanthull, DCW Jacobs, DCW Onweller and DCW Warner all reported resident medication is being handled correctly and all stated paying attention during medication administrations. DCW Vanthull, DCW Jacobs, DCW Onweller and DCW Warner all reported MARs are kept electronically, and none were aware of any medication errors with residents. DCW Jacobs and DCW Onweller reported that occasionally pharmacy errors occur but direct care staff members double check medications so that the errors are caught and corrected before the medication is administered to residents.

I interviewed DCW Brugger, who is a licensed practical nurse (LPN), reported she was not aware of anytime resident medication was not handled correctly nor that the direct care staff members administering medication were not paying attention when passing medication. DCW Brugger reported there have been no missing medications and no medication errors. DCW Brugger reported that if a medication prescription is submitted to the pharmacy after 2pm it is not delivered until the following day.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

ANALYSIS:	<p>Complainant reported that resident medication is not being administered as prescribed. I reviewed Resident A's June 2022 MAR which documented that Resident A is prescribed "Toujeo Max inj 300IU/ML, inject 54 units subcutaneously twice daily." Resident A's June 2022 MAR documented that Resident A was not administered Toujeo Max inj 300IU/ML on 06/06/2022 at 9:02pm, on 06/07/2022 at 8:03am and on 06/07/2022 at 8:50pm because "pharmacy notified medication needed." Prescribed medication should be monitored and ordered timely to ensure that prescribed medication is available to be administered as prescribed.</p> <p>Resident A is prescribed "Carb/Levo tab 25-250MG, take one tablet by mouth every six hours." Resident A's June 2022 MAR documented that Carb/Levo tab 25-250MG has been administered at "12am, 5am, 11am and 5pm." The times that are listed on the June 2022 MAR do not follow the prescribed instructions which is every six hours. Currently the medication is being administered at 12am then again at 5am which is only five hours, not six hours in between doses as directed. Further the evening dose is being administered at 5pm and again at 12am which is seven hours between doses. Again, this is not what is prescribed in the written instructions. Facility direct care staff members are not administering this medication per the label instructions of every six hours.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Julie Elkins

08/04/2022

Julie Elkins
Licensing Consultant

Date

Approved By:

Dawn Timm

08/04/2022

Dawn N. Timm
Area Manager

Date