GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 30, 2022

Laura Hatfield-Smith
ResCare Premier, Inc.
Suite 1A
6185 Tittabawassee
Saginaw, MI 48603

RE: License #:	AS730389603
Investigation #:	2022A0123052
	Res-Care Premier Lawndale

Dear Ms. Hatfield-Smith:

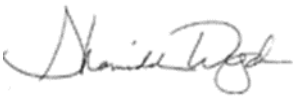
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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) 643-7960.

Sincerely,



Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48607
989-395-6853

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS730389603
Investigation #:	2022A0123052
Complaint Receipt Date:	08/11/2022
Investigation Initiation Date:	08/11/2022
Report Due Date:	10/10/2022
Licensee Name:	ResCare Premier, Inc.
Licensee Address:	9901 Linn Station Road Louisville, KY 40223
Licensee Telephone #:	(989) 791-7174
Administrator:	Laura Hatfield-Smith
Licensee Designee:	Laura Hatfield-Smith
Name of Facility:	Res-Care Premier Lawndale
Facility Address:	3946 Lawndale Rd. Saginaw, MI 48603
Facility Telephone #:	(989) 401-6840
Original Issuance Date:	10/06/2017
License Status:	REGULAR
Effective Date:	04/06/2022
Expiration Date:	04/05/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Resident A's health is on the decline. She is non-ambulatory and in a wheelchair. The facility is not equipped for a wheelchair.	Yes
Resident A has skin breakdown due to not being able to toilet herself. The facility is not getting Resident A the care she needs. The staff are using gate belts but are not trained on their use.	No

III. METHODOLOGY

08/11/2022	Special Investigation Intake 2022A0123052
08/11/2022	Special Investigation Initiated - On Site I conducted an unannounced on-site visit at the facility.
08/15/2022	Contact - Telephone call made I left a voicemail requesting a return call from Complainant 1.
08/16/2022	Contact - Telephone call received I spoke with Complainant 1 via phone.
08/23/2022	APS Referral An APS referral was completed.
09/13/2022	Contact - Telephone call made I interviewed staff Mijaya Branch via phone.
09/13/2022	Contact - Telephone call made I made an attempted call to staff Tangella Pryor. The phone appeared to be out of service.
09/13/2022	Contact - Telephone call made I interviewed staff Davina McCaskey via phone.
09/13/2022	Contact - Telephone call made I left a voicemail requesting a return call from staff Chase Ostrander.
09/13/2022	Contact - Telephone call received I interviewed Staff Ostrander via phone.
09/13/2022	Contact - Telephone call made I left a voicemail requesting a return call from Guardian 1.

09/14/2022	Contact - Telephone call received I received a call from Guardian 2.
09/21/2022	Contact - Telephone call made I spoke with staff Angie Sovine via phone.
09/21/2022	Contact - Document Received Requested documentation received via email from Staff Sovine.
09/23/2022	Contact- Document Received I received a copy of scripts for Resident A.
09/23/2022	Contact- Telephone call made I made an attempted call to hospice social worker Jill Carpenter.
09/26/2022	Contact- Telephone call received I spoke with hospice social worker Jill Carpenter via phone.
09/27/2022	Contact- Telephone call made I left a voicemail requesting a return call from licensee designee Laura Hatfield-Smith regarding an exit conference.
09/30/2022	Exit Conference I spoke with Laura Hatfield-Smith via phone.

ALLEGATION:

- **Resident A's health is on the decline. She is non-ambulatory and in a wheelchair. The facility is not equipped for a wheelchair.**

- **Resident A has skin breakdown due to not being able to toilet herself. The facility is not getting Resident A the care she needs. The staff are using gate belts but are not trained on their use.**

INVESTIGATION: On 08/11/2022, I conducted an unannounced on-site at the facility. A face to face was conducted with Resident A. Resident A was observed in the kitchen and dining room area of the home. She was sitting in a wheelchair. She appeared clean and appropriately dressed. No issues were noted. Resident A was not interviewed due to being limited verbally. Per the home manager Angie Sovine, Resident A has declined drastically within the last month, and a 30-day discharge notice was issued due to her being in a wheelchair now as the facility is not equipped for this. She stated that they are currently searching for a new placement.

On 08/11/2022, A copy of Resident A's *Assessment Plan for AFC Residents* dated 08/09/2022 was received. It notes use of a wheelchair, and states that a sled was

placed under her bed in care of an emergency evacuation. The assessment plan indicates needing help with walking and stair climbing. Both areas indicate use of wheelchair, and for stairs it notes she is unable to do stairs. The assessment plan also indicates that Resident A needs assistance with toileting, wears depends, and depends on staff for toileting and changing.

On 08/16/2022, I received a call from Complainant 1. Complainant 1 stated the following:

Resident A used to be ambulatory, but her health has declined big time. The home is not wheelchair accessible, but they are supposedly in the process of finding Resident A a new placement. Resident A's family is having difficulty accepting her decline in health. Resident A's skin on her buttocks is breaking down. Some staff are trying, but others are not being attentive enough to Resident A's needs. Resident A's circulation is bad, and her fingertips and feet turn purple. Resident A cannot toilet herself and is a two-person assist. In the event of an evacuation, because the facility has no wheelchair ramp, staff would have to physically carry Resident A out of the home. Resident A's needs are more complex than what is noted on staff's job descriptions. Staff did not receive any training on gait belt use, and gait belts were brought in the home for Resident A.

On 09/13/2022, I interviewed staff Mijaya Branch. Staff Branch stated that Resident A has been in a wheelchair since July 2022. She stated that the facility has no wheelchair ramps. Resident A can only stand up on her own for about 30 seconds and chooses not to stand up. Resident A does have skin rashes, and dry peeling skin on her face, forehead, and nose. She stated that Resident A had a rash on her buttocks that was bad, and she is not sure if the rash is gone. Staff Branch stated that there is a gait belt being used for Resident A, and staff have been trained to use the gait belt. She stated that Resident A is in pain a lot, and she needs a placement where her level of care can be met.

On 09/13/2022, I interviewed program coordinator Davina McCaskey via phone. Staff McCaskey stated that Resident A had a rash on her buttocks that she received medical attention for. She stated that she thinks the rash has cleared up. She denied the allegations, stating that the facility is doing their best to provide care for Resident A. She stated that Resident A was issued a 30-day discharge notice because the home is not wheelchair accessible. She stated that Resident A's family brought hospice services in for Resident A, and that hospice, the case manager, and the guardian are actively seeking a new placement. She stated that staff were trained on the use of the gait belt.

On 09/13/2022, I spoke with home manager Christ Ostrander via phone. He stated that during the time he covered for Staff Sovine, he trained staff on how to use the gait belts, and there is an in-service sheet documenting the training that occurred.

On 09/14/2022, I received a call from Resident A's co-guardian, Guardian 2. He stated that they are in the process of moving Resident A out of the home due to her

declining health. He stated that the facility is doing the best they can. Hospice comes two days per week. He stated that two years ago, Resident A was walking and talking, and he believes that she may have had a small stroke, including the onset of dementia, and she now needs memory care. He stated that he is aware of the use of a wheelchair, and that staff do not keep Resident A in the wheelchair, but they cannot restrain her. He stated that he received a 30-day notice, and they are currently trying to get waiver services implemented. He stated that he knows the facility is not handicap accessible, but the facility implemented provisions for getting her out in case of an emergency. He reiterated that staff are doing the best they can to take care of Resident A, and they are in constant contact with him.

On 09/21/2022, I spoke with home manager Angie Sovine via phone. She stated that a gait belt in-service was completed with staff. She stated that they are trying to give Resident A the best care, and there was a 30-day notice issued. She stated that they are waiting to hear back from potential placements. Staff Sovine stated that Resident A's skin breakdown is healed, and hospice comes in to provide care two times per week. She stated that the hospice nurse is from Kindred Hospice, and Resident A also has a hospice bath aide.

On 09/21/2022, I received a copy of the staff's in-service gait belt training dated for 08/05/2022.

On 09/23/2022, I received a copy of the script for gait belt and wheelchair use for Resident A.

On 09/26/2022, I spoke with Resident A's hospice case manager Jill Carpenter from Kindred Care. She stated that they are working with Region Seven waiver services for Resident A, and that Resident A will probably be moving next week. She stated that Resident A was put on hospice services after her 30-day discharge notice was issued, and it has been a scramble trying to find her placement due to her behaviors. She stated that the facility had to make accommodations because they are only equipped to care for able-bodied residents. She stated that things decline quickly, as she was walking in May 2022, started crawling, staff would try to walk with her, but now Resident A will not walk. She denied having any knowledge of Resident A having skin breakdown, stating that the hospice nurse has not expressed any concern regarding Resident A having skin breakdown.

APPLICABLE RULE	
R400.14509	**Means of egress; wheelchairs.**
	(1) Small group homes that accommodate residents who regularly require wheelchairs shall be equipped with ramps that are located at 2 approved means of egress from the first floor.
ANALYSIS:	On 08/11/2022, I conducted an unannounced on-site visit and observed Resident A sitting in a wheelchair.

	Staff Sovine and Staff McCaskey reported that Resident A was issued a 30-day notice due to her being in a wheelchair as the facility is not equipped for this. Resident A's wheelchair script is dated for 08/09/2022, and the diagnosis listed is altered mental status and difficulty in walking. A copy of Resident A's *Assessment Plan for AFC Residents* dated 08/09/2022 notes use of a wheelchair, and states that a sled was placed under her bed in care of an emergency evacuation. The assessment plan indicates needing help with walking and stair climbing. Both areas indicate use of wheelchair, and for stairs it notes she is unable to do stairs. Complainant 1 stated that staff would have to carry her out of the facility in the event of evacuation because the facility has no wheelchair ramp. Staff Branch was interviewed and stated that Resident A has been in a wheelchair since July 2022, and the facility has no wheelchair ramps. Guardian 2 reported that he is aware of the use of the wheelchair, and that the facility implemented provisions for getting Resident A out in case of an emergency. There is a preponderance of evidence to substantiate a rule violation.
CONCLUSION:	**VIOLATION ESTABLISHED**

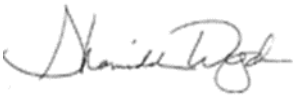
APPLICABLE RULE	
R 400.14301	**Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**
	(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions: **(b) The kinds of services, skills, and physical accommodations that are required of the home to meet**

	the resident's needs are available in the home.
ANALYSIS:	Per documentation, staff were trained on gait belt use for Resident A on 08/05/2022. Staff McCaskey reported that she believed the rash on Resident A's buttocks is healed. Staff Sovine reported that the rash was healed. Guardian 2, Staff Sovine, and Staff McCaskey reported that hospice services are in the home. Resident A's hospice social worker Jill Carpenter confirmed Resident A has hospice services and reported not having any knowledge of issues with Resident A having skin breakdown. Guardian 2 stated that the facility is doing the best they can to take care of Resident A's needs while they search for another placement. There is no preponderance of evidence to substantiate a rule violation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

On 09/30/2022, I conducted an exit conference with Laura Hatfield-Smith via phone. I informed her of the findings and conclusions of this investigation.

IV. RECOMMENDATION

Contingent upon the receipt of an acceptable corrective action plan, I recommend continuation of the AFC small group home license (capacity 6).



09/30/2022

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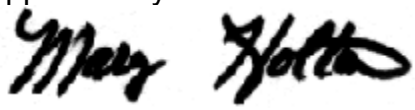
Shamidah Wyden Date
Licensing Consultant

Approved By:



09/30/2022

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Mary E. Holton Date
Area Manager