



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 19, 2022

Therese Fulgham  
Sensations  
511 E. Shepherd  
Charlotte, MI 48813

RE: License #: AH230303551  
Investigation #: 2022A1028069  
Sensations

Dear Ms. Fulgham:

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 I am not available, and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Julie Viviano, Licensing Staff  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
Cell (616) 204-4300

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH230303551
<b>Investigation #:</b>	2022A1028069
<b>Complaint Receipt Date:</b>	07/21/2022
<b>Investigation Initiation Date:</b>	07/26/2022
<b>Report Due Date:</b>	09/20/2022
<b>Licensee Name:</b>	AWL Companies LLC
<b>Licensee Address:</b>	511 E. Shepherd Street Charlotte, MI 48813
<b>Licensee Telephone #:</b>	(520) 307-1196
<b>Administrator:</b>	Therese Fulgham
<b>Authorized Representative:</b>	Rebecca Long
<b>Name of Facility:</b>	Sensations
<b>Facility Address:</b>	511 E. Shepherd Charlotte, MI 48813
<b>Facility Telephone #:</b>	(517) 543-8101
<b>Original Issuance Date:</b>	03/03/2011
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	04/16/2022
<b>Expiration Date:</b>	04/15/2023
<b>Capacity:</b>	39
<b>Program Type:</b>	AGED ALZHEIMERS

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Facility staff are rude and mean to Resident A.	Yes
Resident A is not served extra meal portions or snacks when requested.	No
Additional Findings	No

## III. METHODOLOGY

07/21/2022	Special Investigation Intake 2022A1028069
07/26/2022	Special Investigation Initiated - Letter 2022A1028069
07/26/2022	APS Referral APS referral emailed to Centralized Intake
08/04/2022	Inspection Completed On-site On-site visit completed due to special investigation.
08/04/2022	Contact - Face to Face Interviewed Administrator, Therese Fulgham, at the facility.
08/04/2022	Contact - Face to Face Interviewed Employee A at the facility.
08/04/2022	Contact - Face to Face Interviewed Employee B at the facility.
08/04/2022	Contact - Face to Face Interviewed Employee C at the facility.
08/04/2022	Contact - Face to Face Interviewed Resident A at the facility.
08/04/2022	Contact - Document Received Received Resident A's service plan from Admin/Therese Fulgham.
08/10/2022	Contact - Document Requested Requested facility staff training records

08/11/2022	Contact – Document Received Received facility staff training records from Ms. Fulgham.
10/19/2022	Exited with Admin/Therese Fulgham via telephone.

The duplicate allegation of short staffing is addressed in special investigation 2022A1027077.

**ALLEGATION:**

**Facility staff are rude and mean to Resident A.**

**INVESTIGATION:**

On 7/21/2022, the Bureau received the allegations anonymously through the online complaint system.

On 7/21/2022, an APS referral was made to Centralized Intake.

On 8/4/2022, I interviewed the facility administrator, Therese Fulgham, at the facility. Ms. Fulgham reported Resident A is deaf/very hard of hearing and speaks loudly due to this. Ms. Fulgham reported care staff assist Resident A with care as needed due to dementia, but Resident A can complete some care with modified independence. Ms. Fulgham reported Resident A yells at staff and other residents, but this is due to the hearing impairment. Resident A is not combative with staff but will yell at staff if staff do not respond immediately. Ms. Fulgham reported despite Resident A's demanding nature, there have been no complaints about Resident A from staff. Ms. Fulgham reported Resident A likes attention from staff and staff try to comply when available and appropriate but cannot always comply resulting in Resident A becoming frustrated. Ms. Fulgham reported care "staff understand [Resident A's] demanding nature and yelling and do not take it personal". Ms. Fulgham reported no knowledge of care staff being rude or speaking rudely to Resident A. Ms. Fulgham provided me a copy of Resident A's service plan.

On 8/4/2022, I interviewed Employee A at the facility who reported Resident A has dementia but can complete some care with modified independence. Employee A reported Resident A is hard of hearing/deaf and yells when communicating with staff and other residents. Resident A also uses a notebook to communicate with staff and other residents. Employee A reported Resident A's yelling is not taken personally by care staff, as they understand this is how Resident A communicates. Employee A reported Resident A is demanding of staff and often expects a response immediately, even when care staff are assisting others. Employee A reported care staff cannot not always comply with an immediate response due to assisting other residents and Resident A will take this personally. Care staff validate Resident A's

feelings and assist Resident A appropriately and in a timely manner, but there are two facility staff who do not communicate appropriately with Resident A. Employee A identified the facility staff who do not communicate appropriately with care staff. Employee A also reported Resident A is not combative with care staff and “just wants our attention and wants to feel cared about”.

On 8/4/2022, I interviewed Employee B at the facility who reported Resident A yells at staff and other residents due to being hard of hearing/deaf. Care staff do not take offense to it and understand this is how Resident A communicates but Employee B also confirmed there are two facility staff who do not always respond to Resident A appropriately. Employee B reported two facility staff have been “somewhat rude to Resident A because I am not sure they understand how to respond to [Resident A]. I don’t think it’s intentional, but it comes off as rude”. Employee B reported Resident A also uses a notebook to communicate with staff and other residents. Resident A has dementia and can be very demanding of care staff’s attention and will become offended if care staff do not respond immediately. Employee B reported care staff validate Resident A’s feelings and assist Resident A appropriately and in a timely manner. Employee B reported despite Resident A’s demanding nature, care staff recognize that “Resident A” just wants to love and be loved in return”.

On 8/4/2022, I interviewed Employee C at the facility who reported Resident A has dementia and is hard of hearing/deaf and yells to communicate with staff and other residents. Resident A also has a notebook to use as a communication device in the facility. Employee C reported care staff do not take offense at Resident A’s yelling and understand that Resident A can be very demanding. Employee C reported no knowledge of facility staff being rude or inappropriate with Resident A.

On 8/4/2022, I interviewed Resident A at the facility who reported [they] yell due being hard of hearing/deaf. Resident A also demonstrated use of [their] notebook as a communication tool. Resident A reported [they] recognize they are forgetful at times and understand [they] are loud and yell at care staff and other residents when communicating. Resident A reported some staff “don’t understand me. They think I am being rude by yelling, so they are rude back and say rude things to me. I am not being rude. I just can’t hear.” Resident A recognized [they] can be demanding and like to have care staff’s attention. Resident A identified two facility staff who “are often rude during communication and “make unnecessary comments or rude faces at me”.

During the interview with Resident A, one of the facility staff that it was alleged to be rude in communicating with Resident A was found to be in the hallway outside of Resident A’s room. Upon my exit from Resident A’s room, this facility staff member paused outside Resident A’s door to make [their] presence known. There was no reason for this facility staff member to be outside of Resident A’s room, as this staff does not provide care for Resident A and no care staff were called for help or to be present during this time.

On 8/11/2022, I received the requested training records of the two facility staff members from Ms. Fulgham. The review of the records revealed the following:

- Facility staff 1 training records begin in 2012 with no evidence of continued training and education on working with residents with memory impairment and resident rights until 2020.
- Facility staff 2 training records begin in 2017 with no evidence of continued training and education on working with residents with memory impairment and resident rights until 2020.

<b>APPLICABLE RULE</b>	
<b>R 325.1921</b>	<b>Governing bodies, administrators, and supervisors.</b>
	<p><b>(1) The owner, operator, and governing body of a home shall do all of the following:</b></p> <p><b>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</b></p>
<b>ANALYSIS:</b>	<p>It was alleged two facility staff members are rude when communicating and interacting with Resident A.</p> <p>Review of documentation reveals the two facility staff members have training and education on communicating and/or interacting with persons with dementia. The last training and education for both facility staff members took place in 2020; and prior to that, facility staff member 1 had not completed training and education since 2012 and facility staff member 2 had not completed training and education since 2017. Training and education were not provided annually or in a timely manner by the facility.</p> <p>Also, interviews and on-site inspection reveal there is evidence the two alleged facility staff members are not appropriate when communicating or interacting with Resident A. Therefore, the facility is in violation of this rule.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**Resident A is not served extra meal portions or snacks when requested.**

**INVESTIGATION:**

On 8/4/2022, Ms. Fulgham reported Resident A will sometimes complain about the food being served due to not liking a portion of it. Ms. Fulgham reported Resident A is offered an alternative and to her knowledge if Resident A has requested extra of a serving, then kitchen staff have complied. Ms. Fulgham reported snacks are offered daily to all residents and to her knowledge Resident A participates in snack time as well. Ms. Fulgham reported there have been no complaints from staff or residents about meals or snacks “other than a resident might not like what being served at that meal”.

On 8/4/2022, Employee A reported some residents complain intermittently about the food that is served at mealtime, but “nothing out of the ordinary other than they might not like the vegetable or protein that day.” Employee A reported alternative meals are always offered to residents along with snacks daily. Resident A has vocalized dislike of a certain portion of meals in the past but was always offered an alternative meal and agreeable to that. Resident A also participates in snack time as well. Employee A reported no knowledge of Resident A or any other resident being denied alternative meals, snacks, or extra portions if requested.

On 8/4/2022, Employee B reported some residents do complain intermittently about what is being served, but “it is because they might not what an item on the menu”. Employee B reported all residents are offered alternative meals, snacks, and extra portions if requested. Employee B reported no knowledge of any resident to include Resident A being denied any meal or portions of a meal.

On 8/4/2022, Employee C’s statements were consistent with Ms. Fulgham’s, Employee A’s and Employee B’s statements.

On 8/4/2022, Resident A reported [they] sometimes do not like what is being served during the mealtimes, but they are provided alternative meals, extra portions if requested, and snacks as well.

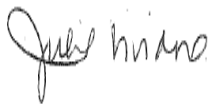
On 8/4/2022, I completed an inspection of the kitchen and reviewed the meal records for the months of June 2022 to August 2022. No concerns noted during the inspection or during the review of meal records.

<b>APPLICABLE RULE</b>	
<b>R 325.1952</b>	<b>Meals and special diets.</b>
	<b>(1) A home shall offer 3 meals daily to be served to a resident at regular meal times. A home shall make snacks and beverages available to residents.</b>

<b>ANALYSIS:</b>	Interviews and on-site inspection along with review of meal records reveal there is no evidence to support this allegation. No violation found.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon an approved corrective action plan, I recommend the status of this license remain unchanged.



8/15/2022

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Julie Viviano  
Licensing Staff

Date

Approved By:



10/05/2022

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

Date