



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

November 18, 2022

Lauren Gowman
Appledorn Assisted Living Center
727 Apple Avenue
Holland, MI 49423

RE: License #:	AH700236753
Investigation #:	2022A1021063
Appledorn Assisted Living Center	

Dear Mrs. Gowman:

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 authorized representative 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) 284-9730.

Sincerely,

Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH700236753
Investigation #:	2022A1021063
Complaint Receipt Date:	09/19/2022
Investigation Initiation Date:	09/19/2022
Report Due Date:	11/19/2022
Licensee Name:	Appledorn Living Center LLC
Licensee Address:	950 Taylor Ave. Grand Haven, MI 49417
Licensee Telephone #:	(616) 842-2425
Administrator:	Jason Bucher
Authorized Representative:	Lauren Gowman
Name of Facility:	Appledorn Assisted Living Center
Facility Address:	727 Apple Avenue Holland, MI 49423
Facility Telephone #:	(616) 392-4650
Original Issuance Date:	03/01/2000
License Status:	REGULAR
Effective Date:	05/12/2022
Expiration Date:	05/11/2023
Capacity:	174
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident C has behaviors with staff.	Yes
Facility has insufficient staff.	No
Call lights are not answered	No
Additional Findings	No

III. METHODOLOGY

09/19/2022	Special Investigation Intake 2022A1021063
09/19/2022	Special Investigation Initiated - Letter referral sent to centralized intake at APS
10/07/2022	Inspection Completed On-site
10/11/2022	Contact-Telephone call made Interviewed SP3
10/26/2022	Contact-Document Received
11/18/2022	Exit Conference Exit conference with authorized representative Lauren Gowman

ALLEGATION:

Resident C aggressive with staff.

INVESTIGATION:

On 9/19/22, the licensing department received an anonymous complaint with allegations Resident C is aggressive with staff. The complainant alleged Resident C is HIV positive and he is combative at night. The complainant alleged employees are afraid of him because he put his hands on a medication technician. Due to the anonymous complaint, I was unable to contact the complainant for additional information.

On 9/19/22, the allegations in this report were sent to centralized intake at Adult Protective Services (APS).

On 10/07/22, I interviewed administrator Jason Bucher at the facility. Mr. Bucher reported Resident C has an extensive medical history. Mr. Bucher reported Resident C is a type one diabetic, blind, and is HIV positive. Mr. Bucher reported Resident C is a retired physician and has medical knowledge and will often question why caregivers are providing care and medications. Mr. Bucher reported when Resident C admitted to the facility, he was managing his diabetic care. Mr. Bucher reported Resident C was hospitalized for diabetic related complications and it was determined that he could no longer manage his diabetic care. Mr. Bucher reported when the facility took over his care, he became very upset. Mr. Bucher reported Resident C has had behaviors at the facility. Mr. Bucher reported the facility referred Resident C to psychological nursing and medications were adjusted. Mr. Bucher reported since the medications have been adjusted, he has not had behaviors. Mr. Bucher reported when Resident C does get agitated, caregivers are to explain what is happening and the reasoning. Mr. Bucher reported the facility always has gloves available when providing care to Resident C due to the HIV diagnosis. Mr. Bucher reported all caregivers complete Blood Borne Pathogen training upon hiring. Mr. Bucher reported currently the facility can manage Resident C.

On 10/07/22, I interviewed clinical coordinator Mary Overway at the facility. Ms. Overway reported when Resident C admitted to the facility, he was managing his own medications and diabetic care. Ms. Overway reported it was determined that Resident C could no longer manage his medical care. Ms. Overway reported it was found that Resident C was not taking medications correctly, and his laboratory results were out of range. Ms. Overway reported the facility consulted psychological nursing for medication adjustment. Ms. Overway reported since medications have been adjusted, Resident C's behaviors have decreased. Ms. Overway reported when caregivers provide care to Resident C, they are to explain the reasoning for the care.

On 10/07/22, I interviewed staff person 1 (SP1) at the facility. SP1 reported Resident C has had behaviors with other caregivers but Resident C has not had behaviors in a long time. SP1 reported when Resident C has behaviors, caregivers are to explain what they are doing and why they are doing it. SP1 reported the facility has gloves and has implemented appropriate contact precautions when providing care to Resident C. SP1 reported she feels comfortable providing care to Resident C.

I reviewed Resident C's service plan. The service plan read,

"I do not have a diagnosis of dementia. Use gloves and standard precautions with all BS checks and injections."

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.
ANALYSIS:	Interviews with caregivers revealed Resident C will often question how and why care is being provided and caregivers are to provide reasoning behind the care. Review of Resident C's service plan revealed this information was omitted from Resident C's service plan.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Facility has insufficient staff.

INVESTIGATION:

The complainant alleged there is insufficient staff on the second shift. The complainant alleged care, such as showers, are not being done because there is lack of staff.

Mr. Bucher reported second shift has the most consistent staff and is staffed the best. Mr. Bucher reported the facility is currently hiring for all shifts. Mr. Bucher reported the facility is currently using agency staff to fill open shifts. Mr. Bucher reported the facility has 99 residents with 71 in assisted living and 18 in memory care. Mr. Bucher reported on second shift the facility tries to have 11-12 staff members with 4 in memory care and eight in assisted living. Mr. Bucher reported if there is an unexpected staff shortage, management will work the floor. Ms. Bucher reported with the current staffing ratios, the facility can meet the needs of the residents.

On 10/07/22, I interviewed scheduler Gabby Petro at the facility. Mrs. Petro reported when the schedule is developed, if there are open shifts the facility offers bonus and gift cards to the employees. Ms. Petro reported the facility is using agency staff for open shifts. Ms. Petro reported management will work the floor, if needed. Ms. Petro reported the second shift workers, work together to ensure open shifts are filled.

Ms. Overway reported staffing has improved at the facility. Ms. Overway reported she has worked the floor when staffing levels are low. Ms. Overway reported the facility has spread out showers over the three shifts to ensure showers are

completed. Ms. Overway reported if there is a trend with a resident not receiving a shower, the facility will work with the resident to encourage them to complete a shower. Ms. Overway reported residents receive shower and appropriate care needs are met. Ms. Overway reported acuity is low at the facility. Ms. Overway reported in the assisted living unit, there are no two person assists and only one resident with behaviors. Ms. Overway reported in the memory care unit there are two residents that are a hooyer lift and one person that has frequent falls. Ms. Overway reported the facility can meet the needs of the residents.

SP1 reported at times the facility is short staffed, but management will work the floor. SP1 reported residents receive medications and showers.

On 10/7/22, I interviewed SP2 at the facility. SP2 reported staffing has improved at the facility. SP2 reported residents are always offered a shower but have the right to decline a shower.

On 10/7/22, I interviewed Resident C at the facility. Resident C reported he is happy to live at the facility. Resident C reported caregivers always respond to him and provide excellent care.

On 10/7/22, I interviewed Resident D at the facility. Resident D reported caregivers treat her well and she has no concerns with living at the facility.

On 10/11/22, I interviewed SP3 by telephone. SP3 reported the facility was understaffed a few months ago but staffing has since improved. SP3 reported the facility has agency staff workers which has helped with staffing. SP3 reported she has recently trained new employees which is also helping with staffing. SP3 reported residents do receive showers.

I reviewed staff schedule for 9/26-10/8. The schedule revealed there were call offs for second shift. However, the facility was using agency staff to fill open shifts.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.
ANALYSIS:	Interviews with caregivers and management revealed staffing has improved at the facility. Review of facility schedule revealed the facility is operating at the appropriate staffing ratios.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Call lights are not answered.

INVESTIGATION:

The complainant alleged call lights are not answered on second shift because medication technicians will not assist caregivers.

Mr. Bucher reported the expectation is that medication technicians respond to call lights and provide care. Mr. Bucher reported there are times a resident might have to wait for assistance, but the expectation is to answer the call light within 10 minutes. Mr. Bucher reported he has not received complaints about call lights.

SP1 reported medication technicians do respond to call lights. SP1 reported all employees work together to ensure residents receive care they are requesting.

At random, I reviewed call light response times for second shift hours for eight residents. The average call light response time for the residents was 11 minutes.

APPLICABLE RULE	
R 325.1933	Governing bodies, administrators, and supervisors.
	(1) The owner, operator, and governing body of a home shall do all of the following: (b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.
ANALYSIS:	Interviews conducted and review of call light response time revealed the facility is responding in an appropriate timeframe. There is lack of evidence to support this allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

On 11/18/2022, I conducted an exit conference with authorized representative Lauren Gowman by telephone.

IV. RECOMMENDATION

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

Kimberly Horst

10/28/22

Kimberly Horst
Licensing Staff

Date

Approved By:

Andrea Moore

11/17/2022

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

Date