

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

November 22, 2022

Subbu Subbiah Woodland Park Assisted Living LLC 2585 Stanton St. Canton MI, 48188

> RE: License #: AM250309137 Investigation #: 2022A0580057

> > Woodland Park Assisted Living

Dear Mr. Subbiah:

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,

Sabrina McGowan, Licensing Consultant Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

(810) 835-1019

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM250309137
Investigation #:	2022A0580057
Investigation #:	2022A0380037
Complaint Receipt Date:	09/26/2022
Investigation Initiation Date:	09/27/2022
Report Due Date:	11/25/2022
Licensee Name:	Woodland Park Assisted Living LLC
Licensee Address:	2363 E. Coldwater Rd.
Licensee Address.	Flint, MI 48505
	,
Licensee Telephone #:	(812) 202-9149
Administrator:	Ponnammal Subbiah
Administrator.	Formatimal Subplan
Licensee Designee:	Subbu Subbiah
N 65 W	100
Name of Facility:	Woodland Park Assisted Living
Facility Address:	2363 E. Coldwater Road
	Flint, MI 48505
Escility Tolonhone #:	(942) 202 0440
Facility Telephone #:	(812) 202-9149
Original Issuance Date:	09/22/2011
License Status:	REGULAR
Effective Date:	12/13/2021
Expiration Date:	12/12/2023
Capacity:	12
Сараску.	12
Program Type:	ALZHEIMERS
	AGED

II. ALLEGATION(S)

Violation Established?

Third shift staff, Mr. Joey Gaines called police due to not being	Yes
relieved by first shift.	
The facility is understaffed. There is not enough staff to relieve	Yes
previous shift.	
Food and morning medication were served late. Staff had to door	No
dash McDonalds.	
Additional Findings	Yes

III. METHODOLOGY

09/26/2022	Special Investigation Intake 2022A0580057
09/26/2022	APS Referral This complaint was opened by APS for investigation.
09/27/2022	Special Investigation Initiated - Telephone A call was received from Relative Guardian A.
09/28/2022	Contact - Telephone call received A call was received from Ms. Jackie Williams of APS, Genesee County.
09/29/2022	Inspection Completed On-site Contact was with direct staff, Ms. Destiny Jackson, and Ms. Kirsten Auburn.
09/29/2022	Contact - Face to Face Interview with Resident A.
09/29/2022	Contact - Face to Face Interview with Resident B.
09/29/2022	Contact - Face to Face Interview with Resident C.
10/06/2022	Contact - Telephone call made A call was made to Ms. Heather Rocca, assigned case manager for Resident D.

10/06/2022	Contact - Telephone call made I spoke with Aisha Pettigrew, Home Manager.
11/01/2022	Contact - Telephone call made A follow-up call was made to Relative Guardian A.
11/02/2022	Contact - Telephone call made A call was made to Ms. Sonya Navarro-Parker, Supervisor at VAAA.
11/03/2022	Contact - Telephone call made A call was made to Relative C.
11/03/2022	Contact - Telephone call made A call was made to the licensee, Subbu Subbiah.
11/03/2022	Contact - Document Received An email was received from Ms. Jackie Williams, of APS.
11/10/2022	Inspection Completed On-site A review of the employee files was conducted onsite.
11/14/2022	Contact - Telephone call made A call was made to Relative B.
11/14/2022	Contact - Telephone call made A call was made to Officer Chase, Genesee Township Police Department.
11/14/2022	Contact - Telephone call made A call was made to Mr. Joey Gaines, former staff.
11/14/2022	Contact - Telephone call made A call was made to Ms. Lisa Willingham, former staff.
11/15/2022	Contact - Telephone call made A call was made to the licensee, Subbu Subbiah.
11/22/2022	Exit Conference An exit conference was held with the licensee designee, Mr. Subbu Subbiah.

ALLEGATION:

Third shift staff, Mr. Joey Gaines called police due to not being relieved by first shift.

INVESTIGATION:

On 09/26/2022, I received a complaint via BCAL Online Complaints. This complaint was opened by APS for investigation.

On 09/26/2022, I received an email from Mr. Dan Spalthoff, APS Investigator in Genesee County. He indicated that over the weekend, on 09/24/2022, he received a call from Genesee Police Department, Office Chase, who left a voice mail message indicating that he was currently at Woodland Park, 5 employees quit, employee on duty is not med certified, and the owner could not be located.

On 09/27/2022, I received a call from Relative Guardian A. She shared that over the weekend all the staff in the home quit and there was no food to feed the residents. She stated that she bought food for staff to cook for the residents.

On 09/28/2022, I spoke with Ms. Jackie Williams, assigned APS Investigator in Genesee County. Ms. Williams indicated that she spoke with staff, Ms. Breonna Johnson, who indicated that the licensee designee, Mr. Subbu Subbiah does not pay his employees fairly. She stated that if she works a 6-hour shift, he still takes 30 minutes for lunch, even if you don't take one. As a result, several staff quit over the weekend.

On 09/29/2022, I conducted an unannounced onsite inspection at Woodland Park AFC. Two staff were present, Ms. Destiny Jackson and Ms. Kirsten Auburn. They both indicated that they were not working at the time of the allegations, however, to their knowledge, staff, Mr. Joey Gaines did not know what to do when 1st shift staff was late, so he called the police.

On 10/06/2022, I spoke with Aisha Pettigrew, Home Manager. She shared that staff; Mr. Joey Gaines was the employee working 3rd shift on the date of the alleged complaint. Staff, Ms. Lisa Willingham was scheduled to relieve him of his duty. Ms. Willingham was late, and Mr. Gaines had only been trained on 3rd shift duties. He did not know about the deep freezers full of food in the basement.

On 11/02/2022, I spoke with Relative C. She indicated that on Saturday 09/25/2022, she received a call from Resident C's phone, however, it was a staff named Mr. Joey Gaines from, Woodland Park on the phone. He indicated that Resident C has asked him to call and inform her of what was going on. Mr. Gaines indicated to her that he was a new employee, working alone. No other staff had come in to relieve him. He is

not trained to get the residents up for toileting, dressing, nor is he trained to pass medication. She rushed to the facility and upon arriving at the facility, there were 2 female staff present. She could not recall their names. The residents were eating McDonald's at the dining table at the time of her arrival. Prior to this incident, she'd had no previous concerns. She knows that the facility is trying to do better. Resident C has been placed at the facility an estimated 2 months. Resident C is her own guardian.

On 11/02/2022, I spoke with Ms. Sonya Navarro-Parker, Supervisor at The Valley Area on Aging (VAAA). She indicated that over the weekend of 09/24/2022, the assigned case manager for Resident C received several voice mails with concerns about the events of the weekend at Woodland Park. On Monday, 09/26/2022, she conducted a welfare check for Resident's C and D, who were placed at the home via their agency. She stated that upon arriving at the home, she spoke with the manager, Ms. Asia Pettigrew who explained the events of the weekend.

On 11/03/2022, I spoke with the licensee, Subbu Subbiah. He denied the allegations that the residents were left alone. He shared that staff, Ms. Lisa Willingham and Ms. Brittany Johnson were scheduled to relieve staff, Mr. Joey Gaines at 7am. When no one arrived, he attempted to reach the home manager, Ms. Asia Pettigrew, however, she did not respond. Staff, Ms. Willingham made contact with Mr. Gaines and informed him she was quitting and was not coming to work. She advised him to call the police. To his knowledge, Mr. Gaines remained with the residents until staff, Ms. Brittany Johnson arrived. Ms. Willingham ended up coming to work as well.

On 11/10/2022, I conducted a follow-up interview with Ms. Pettigrew regarding the description of 3rd shift duties. She indicated that it consists of passing medication, showering residents, cleaning, and taking out breakfast food for the next shift. She then stated that she does know why he said he was not trained, or that there was food in the deep freezer. She indicated that she and staff Ms. Diamond Johnson trained him personally.

On 11/14/2022, I made a call to former staff, Mr. Joey Gaines. There was no answer.

On 11/14/2022, I made a call to former staff, Ms. Lisa Willingham. There was no answer. A voice mail was left requesting a return call.

On 11/14/2022, a call was made to current staff, Ms. Brittany Johnson. The number was not valid.

On 11/14/2022, I spoke with Officer Chase of the Genesee Township Police Department. He recalled that upon receiving the call and arriving at the facility, it was discovered that the owners of the home hired someone who was not certified in anything. Staff that was scheduled to come in had quit and the owner was unable to be reached. After calling some guardians and APS, the male staff that was present was able to call his cousin, (who was one of the staff that had quit) and convince her to come in and tend to the residents and give them their medication. No police report was written.

On 11/15/2022, I spoke with the licensee designee, Mr. Subbiah. He indicated that staff, Ms. Willingham was being vindictive when she instructed Mr. Gaines to contact the police, which in his opinion caused this whole chain of events.

APPLICABLE RULE	
R 400.14204	Direct care staff; qualifications and training.
	(2) Direct care staff shall possess all of the following qualifications:
	(b) Be capable of appropriately handling emergency
	situations.
ANALYSIS:	Based on my investigation, which included interviews with licensee designee Subbu Subbiah, multiple direct staff members, APS, Relative Guardian A, Relative C, Officer Chase of the Genesee Township Police Department, there is evidence to substantiate the staff, Mr. Joey Gaines did not appear capable of appropriately handling emergency situations.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

The facility is understaffed. There is not enough staff to relieve previous shift.

INVESTIGATION:

On 10/06/2022, I spoke with Aisha Pettigrew, Home Manager. She indicated that there were 2 staff that quit over the weekend. Ms. Breonna Johnson and Ms. Ashley Gaines. She shared that Mr. Gaines continues to be employed the facility. Staff, Ms. Lisa Willingham has taken a leave of absence. She also indicated that she has since hired several new staff.

On 11/03/2022, licensee, Subbu Subbiah indicated that Mr. Gaines and Ms. Willingham no longer work for the facility. He denied that the facility is understaffed. There are currently 11 residents in the facility.

Staff schedules obtained for the month of September 2022 indicate that there is one direct care staff scheduled 1st shift from 7am-3pm, and a 2nd staff scheduled from 7am-1pm. This leaves a window of 2 hours with one staff on duty. One staff works from 3pm-11pm, while a 2nd staff works from 3pm-8pm. This leaves a window of 3 hours with one staff on duty. One staff works 11pm-7am.

The AFC Assessment Plan received for Resident A indicates that he is unable to move alone in the community. Resident A is blind. Resident A requires assistance with

feeding toileting bathing, grooming personal hygiene. He requires escort assistance for walking and mobility. This plan is not signed by the licensee or the designated representative, Relative Guardian A. Resident A indicated that the staff are helpful.

The AFC Assessment Plan for Resident B indicates that he is allowed to move independently in the community. He requires assistance with eating and feeding, toileting, bathing, grooming dressing and personal hygiene. Resident B also requires assistance with walking. He does not require the use of assistive devices. This plan was completed by Ms. Pamela Rinoldo Dikos, of All American Hospice, signed and dated 05/22/2022. The plan lists the name of Relative B as the designated representative. Resident B is his own guardian. The plan is not signed by the licensee. She indicated that she requires assistance from staff for mobility. Resident B indicated that he has no concerns with the staff.

The AFC Plan for Resident C indicates that she does not move independently while in the community. She requires the use of a wheelchair for mobility. The plan does not indicate how this need will be met. She also requires assistance with toileting, bathing, grooming, dressing, and mobility and personal hygiene. The plan does not indicate how this need will be met. The plan is signed and dated properly by the licensee and the resident. Resident C stated there is typically one staff that works 3rd shift, so sometimes she has to wait a little longer for assistance.

The AFC plan for Resident D indicates that she does not move independently in the community due to being imbalanced. She requires assistance with her walking/mobility, however, she does not require the use of assistive devices. She does require assistance with toileting. The plan states also states that Resident D requires assistance with bathing, grooming, dressing and personal hygiene. This plan was completed by Pam Rinoldo-Dikos of All American Hospice and the home manager, Ms. Aisha Pettigrew. The plan has no signatures. Resident D is verbally unable to participate in an interview.

Fire drills for the facility indicate that in January 2022, 2 staff assisted in a 1st shift fire drill. There were 11 residents. This drill lasted 5 minutes.

In February 2022, 4 staff and the licensee participated in a 2nd shift drill. There were 10 residents. This drill lasted 7 minutes.

In March 2022, 2 staff assisted in a 3rd shift drill. There were 9 residents. This drill lasted 7 minutes.

In April 2022, 3 staff participated in a 2nd shift drill. There were 9 residents. This drill lasted 5 minutes.

In May 2022, 3 staff participated 1st shift fire drill. There were 9 residents. This drill lasted 5 minutes.

In June 2022, 2 staff participated in a 1st shift fire drill. There were 9 residents. This drill lasted 5 minutes.

In July 2022, 2 staff participated in a 1st shift fire drill. There were 9 residents. This drill lasted 4 minutes.

In August 2022, 2 staff participated in a 1st shift fire drill. There were 10 residents. This drill lasted 7 minutes.

In September 2022, 2 staff participated in a 3rd shift fire drill. There were 10 residents. This drill lasted 6 minutes.

In October 2022, 2 staff participated in a 1st shift fire drill. There were 11 residents. This drill lasted 7 minutes.

Special Investigation Report #2022A0580023 dated March 25, 2022, cited violation to R 400.14206(4) due to short staffing. The corrective action plan dated 04/06/2022 and signed by the licensee designee, Mr. Subbiah states that he has hired enough employees to handle the workload of the residents. All shifts to be covered with 2-person coverage and a full-time manager and on call-support.

On 11/15/2022, I spoke with the licensee designee, Mr. Subbiah. He also stated that he was under the impression that having an on-call person is sufficient for staffing on 3rd shift, especially while the residents are only sleeping.

APPLICABLE R	APPLICABLE RULE	
R 400.14206	Staffing requirements.	
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.	
ANALYSIS:	Based on my investigation, which included interviews with licensee designee Subbu Subbiah, home manager, Ms. Aisha Pettigrew, Residents A, B, and C, a review of staff schedule, and the AFC Assessment Plans for Residents A, B, C, D, and fire drill records reviewed were conducted with a minimum of two staff. The home has hours when only one staff person is working at the facility.	

	One staff working alone would not be able to evacuate all residents in a timely manner. There is sufficient evidence to substantiate the allegation that the facility is understaffed.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED SIR #2022A0580023 dated 03/25/2022.

ALLEGATION:

Food served late. Staff had to door dash McDonalds.

INVESTIGATION:

On 09/28/2022, I spoke with Ms. Jackie Williams, assigned APS Investigator in Genesee County. Ms. Williams indicated that she spoke with staff, Ms. Breonna Johnson, who indicated that due to the licensee being out of the country and not ensuring the home had food, staff, Ms. Lisa Willingham has been ordering food for the residents.

On 09/29/2022, I conducted an unannounced onsite inspection at Woodland Park AFC. Two staff were present, Ms. Destiny Jackson and Ms. Kirsten Auburn. They both denied that there was no food in the home indicating that there is a deep freezer full of food in the basement. Chicken for the evening dinner was observed thawing. Staff indicated that chicken, baked beans, potato salad was being served for dinner, with ice cream as dessert. The food items needed for this meal were seen in the kitchen while observing the contents of the fridge, freezer and cupboards located upstairs in the home. The food items observed matched the menus listed for the day. While onsite I photographed a copy of the menu.

Copies of the September 2022 menu obtained from the licensee does not match the menu observed and photographed on Thursday 09/29/2022, the date of the onsite visit. The menu obtained indicates that the residents ate beef stew, crackers, and salad on that date.

Upon interviewing Interview Resident A, he recalled that he'd had bacon and French toast for breakfast. He could not recall what he'd eaten for lunch. He stated that he has been eating, however, the food in the home has been an issue for the past 3 months. He stated that staff have been buying food for the facility. Overall, he likes the residents in the home, which is one of the main reasons why he stays. He adds that the staff are very helpful as well.

Resident B indicated that he has resided at the facility since July of this year. He indicated that he has not eaten all day. He has no concerns with the staff.

Resident C indicated that she'd eaten toast, sausage, and coffee for breakfast. Resident C is in a wheelchair. She indicated that she requires assistance from staff for mobility. She shared that there is typically one staff that works 3rd shift. Resident C indicated that she is her own guardian.

Resident D was observed while onsite at the facility. Resident D was having behaviors and continuously being redirected by staff. She has limited verbal skills and is unable to participate in an interview.

Other residents in the home were observed in the living room area of the home watching TV. They were appropriately dressed and appeared to be receiving adequate care.

On 11/01/2022, I conducted a follow-up call to Relative Guardian A. She shared that on Friday 09/25/2022, she called the facility to see if Resident A wanted her to bring some food with her during her visit. Staff, Ms. Lisa Willingham told her yes, she should bring him food. Upon arriving at the facility at what she estimates as about 5pm, the other residents were sitting around waiting for dinner. While the residents had eaten breakfast and lunch, Ms. Willingham did not know what they would eat for dinner. She indicated that maybe the manager, who was scheduled to come in at 3pm, would figure it out. Ms. Willingham then informed her that today is her last day, and she would be quitting. She estimates the other residents ate around 9pm that evening. The following day, she received a call early that morning from Ms. Willingham indicating that the residents had no breakfast food, and she was currently at McDonald's getting breakfast for the residents. Upon arriving to the home that morning, 3rd shift staff, Mr. Joey Gaines and staff Ms. Brittany Johnson were trying to figure out what the residents were going to eat the remainder of the day. There were hot dogs, pork chops and baked beans at the facility. The residents had eaten baked beans at least 3 times that week already. Relative Guardian A then took it upon herself to go to the store and bought sides such as potatoes, rice, cabbage, seasonings, pasta, etc., to assist the staff with feeding the residents for the next couple of days. She has since asked the licensee to refund her money, which he has not.

On 11/03/2022, Mr. Subbiah denied that there was no food in the home to feed the residents. He stated that because the staff was late, breakfast was not prepared at the usual time of 7:30am. Breakfast is typically served between 7:45am-8:45am. Staff, Ms. Willingham picked up McDonald's for the residents on that day for breakfast. He indicated that their food was located in the deep freezer located in the basement. Mr. Subbiah also sent a grocery delivery order to the home while he was out of the country. Lunch in the facility is typically served between 11:45am-12:25pm. Dinner is served between 5pm and 6pm.

On 11/14/2022, I spoke with Relative B. She indicated that she has power of attorney for Resident B's money, however, he is his own guardian. She indicated that he does not communicate well due to a stroke. He requires assistance with toileting and personal care. She expressed no concerns with facility staffing or food shared with her

by the resident. She adds that he is a very picky eater and only likes certain foods. She visits once every 1-2 weeks.

On 11/14/2022, I spoke with Officer Chase of the Genesee Township Police Department. Officer Chase estimates that the visit to the facility would have been around 10am on 09/24/2022. A staff arrived around that time and began preparing food.

On 11/15/2022, I spoke with the licensee designee, Mr. Subbiah. He indicated that staff, Ms. Willingham was being vindictive when she instructed Mr. Gaines to contact the police, which in his opinion caused this whole chain of events.

APPLICABLE RU	APPLICABLE RULE	
R 400.14313	Resident nutrition.	
	(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.	
ANALYSIS:	Based on my investigation, which included interviews with licensee designee Subbu Subbiah, multiple direct staff members, Residents A, B, and C, APS, Relative Guardian A, and Relative B, Officer Chase of the Genesee Township Police Department, there is not sufficient evidence to substantiate the allegation that at least 14 hours lapsed between the evening last served on Friday 09/23/2022 at 9pm and morning meal on 09/24/2022, served at 10am.	
CONCLUSION:	VIOLATION NOT ESTABLISHED	

ADDITIONAL FINDINGS:

INVESTIGATION:

On 11/10/2022, I conducted a follow-up onsite at Woodland Park AFC. Upon reviewing the employee files while onsite it was determined that former staff, Mr. Joey Gaines had a hire date of 09/16/22. His file indicates that he received CPR and 1st Aid training. He also completed a background check, a physical and TB testing. Trainings on file did not include Resident Rights, Bloodborne Pathogens, Personal Care, supervision and protection, or Reporting requirements. Staff file did not include verification of receipt of mandatory written policies and procedures for mandated reporting, Resident care related prohibited practices, confidentiality requirements or Resident Rights.

New staff, Ms. Tyquasha Boaz has a hire date of 10/08/2022. Trainings on file did not include Resident Rights, Prevention and containment of communicable diseases, Personal Care, supervision and protection, or Reporting requirements. Staff file did not include verification of receipt of mandatory written policies and procedures for mandated reporting, Resident care related prohibited practices, confidentiality requirements or Resident Rights.

New staff, Mr. Fredrick Turnipseed has a hire date of 09/26/2022. He received CPR and 1st Aid training on 11/05/2022. He received a physical and TB test on 10/06/2022. Trainings on file did not include Resident Rights, Prevention and containment of communicable diseases, Personal Care, supervision and protection, or Reporting requirements. Staff file did not include verification of receipt of mandatory written policies and procedures for mandated reporting, Resident care related prohibited practices, confidentiality requirements or Resident Rights.

New staff, Mr. James Taylor has a hire date of 10/08/2022. He received CPR and 1st Aid training on 11/05/2022. He received a physical and TB test on 10/10/2022. Trainings on file did not include Resident Rights, Prevention and containment of communicable diseases, Personal Care, supervision and protection, or Reporting requirements. Staff file did not include verification of receipt of mandatory written policies and procedures for mandated reporting, Resident care related prohibited practices, confidentiality requirements or Resident Rights.

On 11/15/2022, I spoke with the licensee designee, Mr. Subbiah. He indicated that staff, Ms. Willingham was being vindictive when she instructed Mr. Gaines to contact the police, which in his opinion caused this whole chain of events. Mr. Subbiah stated that staff will receive the proper training and it will be added to their files along with the other required policies.

APPLICABLE RULE	
R 400.14204	Direct care staff; qualifications and training.
	 (3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: (a) Reporting requirements. (b) First aid. (c) Cardiopulmonary resuscitation. (d) Personal care, supervision, and protection. (e) Resident rights. (f) Safety and fire prevention. (g) Prevention and containment of communicable diseases.

ANALYSIS:	The employee file for staff, Mr. Gaines, did not include trainings on Resident Rights, Bloodborne Pathogens, Personal Care, supervision and protection, or Reporting requirements. Mr. Gaines worked alone on 3 rd shift and should been competent in all these areas. There is sufficient evidence to support the rule violation.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14207	Required personnel policies
	(2) The written policies and procedures identified in subrule (1) of this rule shall be given to employees and volunteers at the time of the appointment. A verification of receipt of the policies and procedures shall be maintained in the personnel records.
ANALYSIS:	Staff files reviewed did include verification of receipt of mandatory written policies and procedures for mandated reporting, Resident care related prohibited practices, confidentiality requirements or Resident Rights.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 11/10/2022, I reviewed the resident assessment plans and observed the following:

The AFC Assessment Plan for Resident A is not signed by the licensee or the designated representative, Relative Guardian A.

The AFC Assessment Plan for Resident B is not signed by Resident B and the licensee. Resident B is his own guardian.

The AFC Assessment Plan for Resident C indicates that she requires the use of a wheelchair for mobility. The plan does not indicate how this need will be met. She also requires assistance with toileting, bathing, grooming, dressing, and mobility and personal hygiene. The plan does not indicate how this need will be met.

The AFC Assessment Plan for Resident D has no signature from the designated representative or the licensee.

On 11/15/2022, I spoke with the licensee designee, Mr. Subbiah. He indicated that staff, Ms. Willingham was being vindictive when she instructed Mr. Gaines to contact the police, which in his opinion caused this whole chain of events. Mr. Subbiah was given technical assistance on proper signatures required on admission documents for residents.

APPLICABLE RU	APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.	
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.	
ANALYSIS:	Based on the inspection of documents obtained, the AFC plans for Residents A, B, C, and D are missing signatures, not signed by the appropriate designated representative and lack required information addressing the specific methods of providing care.	
CONCLUSION:	VIOLATION ESTABLISHED	

On 11/22/2022, I conducted an exit conference was held with the licensee designee, Mr. Subbiah, sharing the findings of this investigation.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable correction action plan, no changes to the status of the license is recommended.

Sabria McGonan November 22, 2022

Sabrina McGowan Licensing Consultant Date

Approved By:

November 22, 2022

Mary E. Holton Area Manager Date