



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 13, 2022

Sara Dickendesher
Meadow Lane Assisted Living
150 Meadow Lane
Bad Axe, MI 48413

RE: License #: AH320297377
Investigation #: 2023A0784013
Meadow Lane Assisted Living

Dear Ms. Dickendesher:

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.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Aaron L. Clum".

Aaron Clum, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-2778

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH320297377
Investigation #:	2023A0784013
Complaint Receipt Date:	11/09/2022
Investigation Initiation Date:	11/09/2022
Report Due Date:	01/08/2023
Licensee Name:	Meadow Lane Assisted Living, LLC
Licensee Address:	3196 Kraft Ave SE Suite 200 Grand Rapids, MI 49512
Licensee Telephone #:	(616) 464-1564
Administrator:	Jessica Gottschalk
Authorized Representative:	Sara Dickendesher
Name of Facility:	Meadow Lane Assisted Living
Facility Address:	150 Meadow Lane Bad Axe, MI 48413
Facility Telephone #:	(989) 269-8890
Original Issuance Date:	07/15/2009
License Status:	REGULAR
Effective Date:	09/22/2022
Expiration Date:	09/21/2023
Capacity:	64
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident A is receiving inadequate care	No
Additional Findings	Yes

III. METHODOLOGY

11/09/2022	Special Investigation Intake 2023A0784013
11/09/2022	Special Investigation Initiated - Telephone Interview with Complainant
11/09/2022	Inspection Completed On-site
11/10/2022	Contact - Document Received Investigative documents received by email from Associate 1
12/13/2022	Exit – Telephone Conducted with administrator Jessica Gottschalk

ALLEGATION:

Resident A is receiving inadequate care

INVESTIGATION:

On 11/09/2022, the department received this complaint.

According to the complaint, Resident A requires regular brief changes and there is concern staff are not regularly providing these changes.

On 11/09/2022, I interviewed complainant by telephone. Complainant stated Resident A unable to ambulate, transfer or perform activities of daily living (ADLs) on her own. Complainant stated Resident A wears a brief and that staff are required to check her brief for a possible change throughout the day. Complainant stated the lack of changing has not been witnessed, but that do to Resident A's lack of physical abilities and diminished mental capacity, there is concern that sometimes her brief is not being changed when needed.

On 11/09/2022, I interviewed memory care (MC) coordinator Carol Kubacki at the facility. Ms. Kubacki stated she regularly works with Resident A, providing her assistance with ADL's and changing her brief. Ms. Kubacki stated Resident A is a "one hour check and change" as she is incontinent and frequently has bowel movements. Ms. Kubacki stated that while it may not always be possible to "check her exactly on the hour every hour" she believes staff are consistent in providing this assistance. Ms. Kubacki stated Resident A's service plan does instruct staff that Resident A is a one-hour check and change.

During the onsite, I observed Resident A sitting in the dining area of the MC. Resident A appeared well groomed and comfortable.

I reviewed Resident A's service plan, provided by Associate 1, which read consistently with statements provided by Ms. Kubacki.

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:	According to the complaint, there was concern that due to Resident A's need for assistance from staff with ADLs, specifically brief changing, she was not getting her brief changed as scheduled. The investigation revealed insufficient evidence to support a lack of adequate brief changes for Resident A.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

When interviewed, Ms. Kubacki stated that while the facility has specific guidance for Resident A's brief changes, the facility does not maintain a documentation system that notes whether the brief checks and changes were completed by staff.

APPLICABLE RULE	
R 325.1942	Resident records.
	(3) The resident record shall include at least all of the following: (f) Health information, as required by MCL 333.20175(1), and other health information needed to meet the resident's service plan.
For Reference: 333.20175	Maintaining record for each patient
	(1) A health facility or agency shall keep and maintain a record for each patient, including a full and complete record of tests and examinations performed, observations made, treatments provided, and in the case of a hospital, the purpose of hospitalization.
ANALYSIS:	The investigation revealed that due to Resident A's frequent incontinence, she has been placed on an increased, every hour, "check and change" schedule for brief changes. Given the specific increased need being more frequent than a general brief change schedule, it is reasonable to expect that the facility would maintain a documenting system in order to track these hourly observations and changes. When interviewed, MC coordinator Carol Kubacki reported the facility does not maintain such a tracking record. Based on the findings, the facility is not in compliance with this rule.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.

Aaron L. Clum

12/06/2022

Aaron Clum
Licensing Staff

Date

Approved By:

Andrea L. Moore

12/13/2022

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

Date