



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 5, 2022

Jamie-Jo Rytlewski  
Sheffield Bay  
4471 Sheffield Place  
Bay City, MI 48706

RE: License #: AH090236892  
Investigation #: 2023A1027010  
Sheffield Bay

Dear Ms. Rytlewski:

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) 241-1970.

Sincerely,

A handwritten signature in cursive script that reads "Jessica Rogers".

Jessica Rogers, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 285-7433  
enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH090236892
<b>Investigation #:</b>	2023A1027010
<b>Complaint Receipt Date:</b>	10/24/2022
<b>Investigation Initiation Date:</b>	10/26/2022
<b>Report Due Date:</b>	12/23/2022
<b>Licensee Name:</b>	Sheffield Bay LLC
<b>Licensee Address:</b>	4471 Sheffield Place Bay City, MI 48706
<b>Licensee Telephone #:</b>	(989) 684-6800
<b>Administrator:</b>	Kimberly Morris
<b>Authorized Representative:</b>	Jamie-Jo Rytlewski
<b>Name of Facility:</b>	Sheffield Bay
<b>Facility Address:</b>	4471 Sheffield Place Bay City, MI 48706
<b>Facility Telephone #:</b>	(989) 684-6800
<b>Original Issuance Date:</b>	08/12/1999
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	10/17/2022
<b>Expiration Date:</b>	10/16/2023
<b>Capacity:</b>	86
<b>Program Type:</b>	AGED ALZHEIMERS

## II. ALLEGATION(S)

	<b>Violation Established?</b>
The facility's memory care is short staffed.	No
Additional Findings	Yes

## III. METHODOLOGY

10/24/2022	Special Investigation Intake 2023A1027010
10/26/2022	Special Investigation Initiated - Letter Email sent to administrator Ms. Morris requesting a memory care resident roster, employee list, September/October staff schedules, and if residents required 2 person-assist
10/26/2022	Contact - Document Received Email received from Ms. Morris with requested documentation
10/26/2022	Contact - Document Sent Email sent to Ms. Morris requesting additional information
10/26/2022	Contact - Document Received Email received with additional information from Ms. Rytlewski
10/28/2022	Contact - Telephone call made Telephone interview conducted with complainant. Additional allegations were discussed and will be investigated.
10/28/2022	Contact - Document Sent Email sent to Ms. Morris to request an employee list with staff's entire phone number
10/28/2022	Contact - Telephone call made Voicemail left with Employee #1
12/01/2022	Inspection Completed On-site
12/05/2022	Inspection Completed-BCAL Sub. Compliance
12/19/2022	Exit Conference Conducted with authorized representative Ms. Rytlewski

## **ALLEGATION:**

**The facility's memory care is short staffed.**

## **INVESTIGATION:**

On 10/24/2022, the department received a complaint through the online complaint system which read the facility's memory care was short staffed. The complaint read on 10/24/2022 there was one staff member for 16 residents who required two-person assist in memory care.

On 10/28/2022, I conducted a telephone interview with the complainant in which she stated Employee #1 was alone in the memory care from 9:00 PM to 10:00 PM on 10/24/2022.

On 10/28/2022, I left a voicemail with Employee #1 in which a return call was not received.

On 12/1/2022, I conducted an on-site inspection at the facility. I interviewed authorized representative Jamie-Jo Rytlewski who stated the secured memory care consisted of two units, the Heritage and Harmony. Ms. Rytlewski stated there was usually one staff member to seven residents on the Heritage unit and one staff member to five residents on the Harmony unit.

While on-site, I interviewed Employee #2 who stated there were 17 residents total in the memory care unit in which there were 12 residents in the Heritage unit and five residents in Harmony. Employee #2 stated the Harmony unit consisted of residents with more advanced dementia. Employee #2 stated staff worked three shifts, first shift from 5:50 AM to 2:00 PM, second shift 1:50 PM to 10:00 PM, and 9:50 PM to 6:00 AM. Employee #2 stated the facility also staffed shorter shifts from 3:00 PM to 9:00 PM and from 4:00 PM to 9:00 PM to assist residents with dinner and bedtime. Additionally, Employee #2 stated the schedule identified a staff member each shift who would be mandated for four hours if one of scheduled staff for the next shift called off duty. Employee #2 stated in the memory care there were three to four staff assigned to first and second shifts, and two staff assigned on third shift. Employee #2 stated there were also two staff scheduled in the assisted living unit on third shift, so one of those staff could supervise the memory care if a staff member needed to leave the memory care unit. Employee #2 stated there were four residents in the Heritage unit and one resident in the Harmony unit who required two-person assist.

While on-site, I interviewed Employee #3 who stated there were usually four staff assigned for first shift in which they had "good teamwork."

While on-site, I interviewed Employee #4 whose statements were consistent with previous staff interviews.

While on-site, I observed three staff in the Heritage unit and one staff member in the Harmony unit. I observed approximately ten residents during their lunch meal who appeared dressed in clean clothing and groomed. I observed Residents A, B, and C who required 1-2 person assist for care who also appeared dressed in clean clothing and groomed.

I reviewed the resident roster which read consistent with staff interviews.

I reviewed the October 2022 staff schedule which read consistent with staff interviews.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	Observations, staff attestations and review of facility documentation revealed the facility had a secured memory care with two units in which some residents required two-person assist. Review of the staff schedule for 10/24/2022 revealed there were three staff assigned to the memory care unit as well as a shift supervisor on duty. Based on this information, this allegation was not substantiated.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

On 12/1/2022 while on-site, I conducted an interview with Employee #4 who stated Resident A had fallen two weeks prior in which she broke her hip and was bed bound. Employee #4 stated staff rotated her in bed.

While on-site, I observed Resident A in her bed with staff at bedside assisting her with eating her lunch meal. I observed her meal was barbeque meatballs, vegetables, and rice, in which the meatballs were cut up into pieces. I observed a bed alarm attached to an assistive bed rail.

I reviewed Resident A's service plan updated on 1/14/2022 which read in part Resident A had steady gait and could ambulate independently. The plan read Resident A was independent with transferring and required no assistance from staff nor assistive devices. The plan read Resident A could independently ambulate to the bathroom and transfer to/from the toilet. The plan read Resident A could independently ambulate to and from the dining room but required reminders. The plan read Resident A was prescribed a regular diet with no monosodium glutamate (MSG) and required her meats to be cut up. The plan read Resident A could eat and drink without assistance. The plan read Resident A did not have personal alarm nor assistive bed rail.

I reviewed the incident report submitted to the department for Resident A's fall on 11/21/2022 in which read Resident A's alarm was going off when staff had entered her room and observed her on the fall mat next to her bed. The report read in part she had three previous falls in the past six months in which a John Hopkins assessment was completed, and she was a high fall risk with her dementia. The report read in part Resident A's hospice nurse stated she was supposed to be bound for at least two weeks.

<b>APPLICABLE RULE</b>	
<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<b>(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.</b>
<b>ANALYSIS:</b>	Staff attestations and review of documentation revealed Resident A was a memory care resident who required staff assistance for activities of daily living including meals and was a high fall risk. Resident A's service plan read inconsistent with her needs as per staff attestations, the 11/21/2022 incident report and observations while on-site, thus this violation was established.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### **IV. RECOMMENDATION**

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

*Jessica Rogers*

12/5/2022

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Jessica Rogers  
Licensing Staff

Date

Approved By:

*Andrea Moore*

12/19/2022

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

Date