



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 21, 2022

Tyler May
ARHC ARCLRMI01 TRS, LLC
106 York Road
Jenkintown, PA 19046

RE: License #: AL630365576
Investigation #: 2023A0612009
Addington Place of Clarkston 2

Dear Mr. May:

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 that I am not available and you need to speak to someone immediately, please contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Johnna Cade".

Johnna Cade, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 302-2409

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL630365576
Investigation #:	2023A0612009
Complaint Receipt Date:	11/28/2022
Investigation Initiation Date:	12/08/2022
Report Due Date:	01/27/2023
Licensee Name:	ARHC ARCLRMI01 TRS, LLC
Licensee Address:	106 York Road Jenkintown, PA 19046
Licensee Telephone #:	(248) 625-0500
Administrator:	Tyler May
Licensee Designee:	Tyler May
Name of Facility:	Addington Place of Clarkston 2
Facility Address:	5800 Water Tower Pl Clarkston, MI 48346
Facility Telephone #:	(248) 625-0500
Original Issuance Date:	06/19/2015
Status:	REGULAR
Effective Date:	01/22/2021
Expiration Date:	01/21/2023
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED MENTALLY ILL ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
The memory care portion of the building has been under construction for over a month. All the kitchen appliances are in the dining room area which is a hazard to the residents.	Yes
The kitchen area has not been able to be used so they are having problems keeping the food warm for the residents.	No
The shower area has not been working so residents have not been showered in a couple of weeks.	Yes
Additional Findings	Yes

III. METHODOLOGY

11/28/2022	Special Investigation Intake 2023A0612009
12/08/2022	Special Investigation Initiated - Telephone I made a referral to Adult Protective Services (APS) via Centralized Intake
12/08/2022	APS Referral I made a referral to Adult Protective Services (APS) via Centralized Intake
12/12/2022	Contact - Telephone call made I interviewed the complainant via telephone
12/12/2022	Inspection Completed On-site I completed an unscheduled onsite investigation. I interviewed executive director Scott Nelson, memory care coordinator Kara Fraser, med tec Kathleen Vanhecke, and direct care staff Christine Wykes. I also observed Residents A - Q
12/20/2022	Exit Conference I called licensee designee, Tyler May to conduct an exit conference

ALLEGATION:

The shower area has not been working so residents have not been showered in a couple of weeks.

INVESTIGATION:

On 12/08/22, I received a complaint that indicated, the memory care portion of the building has been under construction for over a month. The kitchen area has not been able to be used so they are having problems keeping the food warm for the residents. All the kitchen appliances are in the dining room area which is a hazard to the Residents. The shower area has not been working so residents have not been showered in a couple of weeks. On 12/08/22, I initiated my investigation by making a referral to Adult Protective Services (APS) via centralized intake. On 12/09/22, I received written notification that states APS denied the referral.

On 12/12/22, I interviewed the complainant by telephone. The complainant stated she worked at this facility for two years and five months. On 11/28/22, she was terminated. The complainant stated the showers in the facilities were remodeled. After the remodel one of the showers was not draining properly. As a result, the shower was unable to be used. Direct care staff were giving residents showers in bedroom # 36. Bedroom # 36 is a private bedroom that has a shower, the room is currently vacant. The complainant stated some residents have not been showered in at least one month.

On 12/12/22, I completed an unscheduled onsite investigation. I interviewed executive director Scott Nelson, memory care coordinator Kara Fraser, med tec Kathleen Vanhecke, and direct care staff Christine Wykes. During my onsite investigation I also observed 17 Residents (Residents A – Q) in the dining room during lunch time. Due to Alzheimer's and memory loss Resident A – Q were unable to answer questions related to this investigation.

On 12/12/22, I interviewed executive direct Scott Nelson. Mr. Nelson stated the memory care portion of building 2 has been under construction since April 2022, it is about 95% completed. Mr. Nelson stated the facility has two community showers and two bedrooms with private showers (bedrooms # 35 and # 36.) After renovations, one of the community showers was not draining properly. That shower is currently unusable. The construction team has attempted to repair the issue but has been unsuccessful. Mr. Nelson stated one of the private bedrooms that has a shower is currently not occupied. Staff are using the shower in that bedroom to bathe residents. Mr. Nelson stated residents have always had access to two working showers. Mr. Nelson stated he has a final walk-through next week with the construction manager and he expects that the renovations will be completed within the next two weeks.

On 12/12/22, I interviewed memory care coordinator Kara Fraser. Ms. Fraser started her employment in October 2021. She works Monday – Friday 9:00 am – 5:00 pm. Ms.

Fraser stated the renovations in the facility started around October 2022. The facility has two community showers and two bedrooms with private showers. Since renovating, one of the community showers leaks. Water will run from the shower, cover the bathroom floor and leak into the hallway. Ms. Fraser stated the shower has been retiled four times to correct the issue however, it continues to leak. They are waiting for the construction team to tile it again. One of the private bedrooms that has a shower is currently not occupied and as such it is being used to shower residents. Ms. Fraser stated the facility has 17 residents, one of the resident's has a private room with a shower that is only used by him and four of the residents are on hospice. Hospice staff give showers or bed baths to residents who are on hospice. When direct care staff shower a resident, they should complete a skin and bath monitoring form which documents the date the resident was showered and notes any findings on the resident's skin. Hospice staff do not complete this form when they shower residents who are on hospice. Ms. Fraser stated she believes residents have been being showered however, direct care staff have not been completing the form consistently.

On 12/12/22, I interviewed direct care staff Christine Wykes. Ms. Wykes has worked for the company on and off since 2007. She most recently returned in 2020. Ms. Wykes stated the facility has two community showers, one of them is currently out of order. In October 2022, community bathroom # 1 began flooding while she was showering a resident. It has not been fixed for the past two months. Staff have been showering residents in community shower # 2 and the shower in private bedroom # 36 as the bedroom is not currently occupied. Ms. Wykes stated there was a time when both community bathrooms were under construction and the shower in bedroom # 36 was the only shower available. During that time staff washed resident's hair in the hair salon dressing room and/or gave them bed baths. Ms. Wykes stated when staff shower a resident, they should complete the skin and bath monitoring form, but sometimes she forgets.

On 12/12/22, I interviewed med tec, Kathleen Vanhecke. Ms. Vanhecke has been working at the facility for two years. She works on the day shift. Ms. Vanhecke stated after the showers were remodeled community shower # 1 began leaking and would flood into the hallway. As such, they were unable to use that shower. The maintenance team returned to fix the issue however they were unsuccessful. The shower has been unusable for approximately two months. Ms. Vanhecke stated during this time they could shower residents in the other community bathroom and bedroom # 36 as this bedroom is currently not occupied and has a private shower. Ms. Vanhecke stated two weeks ago, the hot and cold shower faucet handle in community bathroom # 2 was installed incorrectly. Instead of turning right and left only the faucet handle would turn all the way around. As a result, both community bathrooms were unusable for approximately two days. The shower in bedroom # 36 was still accessible. Ms. Vanhecke stated during that time they were only giving showers to residents who needed it such as someone who soiled themselves.

On 12/12/22, during my onsite investigation I observed two community showers. On the bathroom door of community shower # 1 there is an out of service sign. Although

community shower # 2 is in working order and can be used to shower residents there is a piece of tape on the hot and cold shower faucet handle holding the backplate of the faucet on. The backplate is missing screws on the right and left side of the faucet. I also observed bedroom # 35 and # 36, these two bedrooms have a private shower. Bedroom # 35 is occupied. The shower in bedroom # 35 is only used by the resident who occupies this bedroom. Bedroom # 36 is currently not occupied. The shower in bedroom # 36 appears to be in good repair.

On 12/12/22, during my onsite investigation, I reviewed Skin and Bath Monitoring forms. The following information was obtained:

<u>Resident</u>	<u>Date of last shower</u>
Resident A	No form onsite - hospice showers
Resident B	11/30/22
Resident C	No form on site
Resident D	12/08/22
Resident E	11/25/22
Resident F	12/01/22
Resident G	11/03/22
Resident H	11/25/22
Resident I	no form on site
Resident J	No form on site
Resident K	no form on site – hospice showers
Resident L	12/08/22
Resident M	11/05/22 – hospice showers
Resident N	11/22/22
Resident O	12/02/22 – hospice showers
Resident P	11/12/22
Resident Q	no form onsite

APPLICABLE RULE	
R 400.15314	Resident hygiene.
	(1) A licensee shall afford a resident the opportunity, and instructions when necessary, for daily bathing and oral and personal hygiene. A licensee shall ensure that a resident bathes at least weekly and more often if necessary.
ANALYSIS:	Based on the information gathered through my investigation it could not be determined that residents were given the opportunity for daily bathing and/or that they were bathed at least weekly. Although it was reported that it is protocol for direct care staff to complete a skin and bath monitoring form every time a resident is bathed. The data sheets have not been used consistently. During the onsite investigation completed on

	<p>12/12/22, the data sheets suggested that there were several residents who have not been bathed since the end of November 2022. There are six residents who do not have a form on site and available for review. Residents A – Q were unable to answer questions related to this investigations. It was consistently reported by all staff interviewed that the two community showers have been under construction. There was at least two days when both community showers were unusable. Staff responses varied regarding residents’ ability to shower during this time. The complainant stated residents have not been showered for a month. Med tec, Kathleen Vanhecke stated residents were bathed as needed. Direct care staff, Christine Wykes stated residents received bed baths. Memory care coordinator, Kara Fraser stated residents were being bathed regularly and executive direct Scott Nelson stated residents have always had access to at least two working showers.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

The kitchen area has not been able to be used so they are having problems keeping the food warm for the residents.

INVESTIGATION:

On 12/12/22, I interviewed the complainant by telephone. The complainant stated renovations have been occurring in the kitchen for the past three months. All the plates, dishes, and tables were moved out of the kitchen and into the dining room. The refrigerator was put in the dining room. A table was used to block residents from accessing the refrigerator while it was in the dining room. The hot water wells, used to keep food warm were unusable. The complainant stated there was a microwave that staff could use to heat up the residents’ foods however, she does not believe that staff were using the microwave to assure that the residents were eating warm food.

On 12/12/22, I interviewed executive direct Scott Nelson. Mr. Nelson stated all food is prepared in building 1 and taken over to the building 2 in an insulated hot box. Upon arrival, the food is placed into a hot water well to keep it warm. Mr. Nelson stated during the renovations the hot water wells were replaced. There was a time that they were not usable however, the food was kept warm in the hot box.

On 12/12/22, I interviewed memory care coordinator Kara Fraser. Ms. Fraser stated all the food is prepared in building 1 and brought over to building 2 in an insulated hot box. Ms. Fraser stated the food is always kept warm. The residents are never served cold meals. Ms. Fraser stated during the construction the hot water wells were out for a least one month. They are now replaced and are in working order.

On 12/12/22, I interviewed med tec, Kathleen Vanhecke. Ms. Vanhecke stated the food is prepared in building 1 and brought over to building 2. Upon arrival the food is placed into a hot water well in the kitchen. However, during the construction they did not have hot water wells. Ms. Vanhecke stated the food was sat on the table and served immediately. The food was served at an appropriate temperature. However, for any resident who was not in the dining room when meals were served their food had to be microwaved. Ms. Vanhecke stated no residents were served cold meals unless the dish was intended to be served cold.

On 12/12/22, I interviewed direct care staff Christine Wykes. Ms. Wykes stated the food is brought over from building 1 to building 2 in a hot box and placed into hot water wells to keep warm. During the construction the facility did not have a hot water well and therefore when the food was brought over there was no way to keep it warm. If a resident was not in the dining room and ready to eat when meals were served staff had to microwave their food before serving it. Ms. Wykes stated residents were never served cold food.

On 12/12/22, during my onsite investigation, I observed the facility during lunch time. I observed lunch being taken from Building 1 to building 2 in an insulated hot box on wheels. Upon arrival to building 2 the food that was brought over inside of the insulated hot box was warm. The food was placed into the hot water wells. The hot water wells in the kitchen appear to be in working order. The kitchen currently has no dishwasher. The refrigerator door cannot open fully as it is blocked by a kitchen cabinet.

APPLICABLE RULE	
R 400.15313	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 the information gathered through my investigation there is insufficient information to conclude that meals were served at an improper temperature. Although it was determined that during the kitchen renovations the hot water wells were unable to be used to keep food warm. Meals were transported from building 1 to building 2 in an insulated hot box and served immediately. For any resident who was not in the dining room at mealtimes their food was reheated using the microwave. During my onsite investigation, that was completed during lunch time, I observed that the food being served was the proper temperature. At the time of my investigation the hot water wells were in working order and were being utilized. Other than the

	complainant, there was no reports of residents being served cold food.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The memory care portion of the building has been under construction for over a month. All the kitchen appliances are in the dining room area which is a hazard to the Residents.

INVESTIGATION:

On 12/12/22, I interviewed the complainant by telephone. The complainant stated renovations have been occurring in the kitchen for the past three months. The refrigerator was put in the dining room. A table was used to block residents from accessing the refrigerator while it was in the dining room. The hot water wells in the kitchen were unusable. One of the community showers was not draining properly and is usable.

On 12/12/22, I interviewed executive direct Scott Nelson. Mr. Nelson stated the memory care portion of building 2 has been under construction since April 2022. In the kitchen the counter tops, cabinets, and dishwasher still need to be installed. The appliances are installed and usable. The refrigerator is installed however, the door is unable to be fully opened as the countertop is restricting it. The refrigerator can still be used. This issue will be fixed by the construction team. Mr. Nelson stated while the kitchen was under construction the appliances including the refrigerator were in the dining room, which is accessible to residents.

On 12/12/22, I interviewed memory care coordinator Kara Fraser. Ms. Fraser stated the renovations started around October 2022. It has been stressful for staff to work around the construction. During the construction, the kitchen appliances were moved to the dining room. Currently, the kitchen does not have a dishwasher and the stove has been removed. The kitchen has a working microwave, coffee pot, and a refrigerator. Ms. Fraser stated there was a time during the construction that the hot water wells in the kitchen were unusable however, they have been replaced and are now in working order. Ms. Fraser stated one of the community showers leaks, it has been retiled four times to correct the issue however, it continues to leak and at this time is unusable.

On 12/12/22, I interviewed med tec, Kathleen Vanhecke. Ms. Vanhecke stated the construction in the facility has been challenging to work around. The kitchen appliances were in the dining room. Tables were placed in front of the refrigerator to block residents from accessing it. There were no hot water wells in the kitchen to keep food warm and the showers were broken. Additionally, the showers were remodeled community shower # 1 began leaking and would flood into the hallway. As such, they were unable to use that shower. The hot and cold shower faucet handle in community bathroom # 2 was

installed incorrectly. Instead of turning right and left only the faucet handle would turn all the way around. As a result, both community bathrooms were unusable for approximately two days.

On 12/12/22, I interviewed direct care staff Christine Wykes. Ms. Wykes during the construction the refrigerator was in the dining room. They used tables to restrict residents from accessing the refrigerator however, some residents continuously tried to get inside of the fridge, so staff had to provide ongoing monitoring. Ms. Wykes stated there was also a toaster and a microwave in the dining room. In addition to the construction in the kitchen, one of the community showers is currently out of services as it floods.

During my onsite investigation completed on 12/12/22, I did not observe any appliances in the dining room. I observed that the kitchen has a door that is locked with a key code.

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	Based on the information gathered through my investigation there is sufficient information to conclude that the facility was not maintained to provide adequately for the health, safety, and well-being of occupants. It was consistently reported that during the kitchen renovations the refrigerator was placed into the dining room and tables were used to block the residents from accessing it. Some residents tried to access the refrigerator while it was in the dining room and staff had to provide ongoing monitoring. At the time of my onsite investigation, the refrigerator was back in the kitchen however, the door cannot fully open as it is blocked by a kitchen cabinet. Community bathroom #1 had an out of service sign on the door as the shower is not in working order. In Community shower # 2 there is a piece of tape on the handle of the hot and cold shower faucet that is holding the backplate of the faucet on. The backplate is missing screws on the right and left side of the faucet. Due to the population of residents who reside in this facility (Alzheimer's, aged, physically handicap, mentally ill, individuals with memory loss) the condition of the premises does not adequately provide for the health, safety, and well-being of the residents.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

During the onsite inspection completed on 12/12/22, there was no resident register on site and available for review. The executive director, Scott Nelson provided a list of current residents who reside at the facility. The list included the residents full name, date of birth, and room number. Mr. Nelson stated he did not have a chronological list of all the residents who have been admitted and/or discharged from the facility.

On 12/20/22, I completed an exit conference via telephone with licensee designee, Tyler May to discuss my findings. Mr. May acknowledged the citations and stated he would complete a corrective action plan (CAP).

APPLICABLE RULE	
R 400.15210	Resident register.
	A licensee shall maintain a chronological register of residents who are admitted to the home. The register shall include all of the following information for each resident: (a) Date of admission. (b) Date of discharge. (c) Place and address to which the resident moved, if known.
ANALYSIS:	Based on the information gathered through my investigation, there is sufficient information to conclude the licensee has not maintained a chronological register of residents who were admitted and/or discharged at the facility, as one was not available during the onsite inspection completed on 12/12/22.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

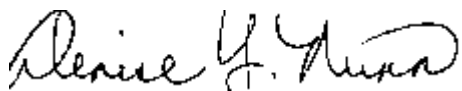


12/20/2022

Johnna Cade
Licensing Consultant

Date

Approved By:



12/21/2022

Denise Y. Nunn
Area Manager

Date