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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 30, 2023

Robert Norcross
Medilodge of Grand Rapids
2000 Leonard Street
Grand Rapids, MI 49505

RE: License #: AH410413805
Investigation #: 2023A1028016
Medilodge of Grand Rapids

Dear Mr. Norcross:

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 I am not available, and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script, appearing to read "Julie Viviano".

Julie Viviano, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
Cell (616) 204-4300

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

I. IDENTIFYING INFORMATION

License #:	AH410413805
Investigation #:	2023A1028016
Complaint Receipt Date:	12/28/2022
Investigation Initiation Date:	12/29/2022
Report Due Date:	02/27/2023
Licensee Name:	Grand Rapids Opco, LLC
Licensee Address:	2000 Leonard St. NE Grand Rapids, MI 49505
Licensee Telephone #:	(618) 458-1133
Administrator:	Samantha Rorie
Authorized Representative:	Robert Norcross
Name of Facility:	Medilodge of Grand Rapids
Facility Address:	2000 Leonard Street Grand Rapids, MI 49505
Facility Telephone #:	(616) 458-1133
Original Issuance Date:	09/01/2022
License Status:	TEMPORARY
Effective Date:	09/01/2022
Expiration Date:	02/28/2023
Capacity:	103
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
The facility is short staffed to meet the needs of residents.	No
Meals are served cold and not at regular mealtimes.	Yes
Additional Findings	Yes

III. METHODOLOGY

12/28/2022	Special Investigation Intake 2023A1028016
12/29/2022	Special Investigation Initiated - Letter
12/29/2022	APS Referral APS made complaint referral to HFA.
01/05/2023	Contact - Face to Face Interviewed Admin/Samantha Rorie at the facility.
01/05/2023	Contact - Face to Face Interviewed Employee A at the facility.
01/05/2023	Contact - Face to Face Interviewed Employee B at the facility.
01/05/2023	Contact - Face to Face Interviewed Employee C at the facility.
01/05/2023	Contact - Face to Face Interviewed Employee D at the facility.
01/05/2023	Contact - Face to Face Interviewed Employee E at the facility.
01/05/2023	Contact - Document Received Received staff schedules from Admin/Samantha Rorie while at the facility.

This investigation will only address allegations pertaining to Homes for the Aged (HFA) residents, rules, and regulations.

ALLEGATION:

The facility is short staffed to meet the needs of residents.

INVESTIGATION:

On 12/28/2022, the Bureau received the allegations from the online complaint system.

On 12/29/2022, Adult Protective Services (APS) made a referral to Homes for the Aged (HFA) through Centralized Intake.

On 1/5/2023, I interviewed facility administrator, Samantha Rorie, at the facility who reported the facility is currently overstaffed and there are 71 residents at the facility. Ms. Rorie reported there are four care staff and three medication technicians assigned to first and second shift. There are three care staff and one medication technician assigned to third shift. The medication technicians are trained to administer medications and provide resident care and assist care staff as needed as well. Ms. Rorie reported the shifts have been over assigned due to being over staffed. Ms. Rorie reported call-ins do occur, but there is an on-call system that is utilized, mandation, and incentives and bonuses are offered as well to ensure a shift is appropriately covered. Agency staff is no longer used at the facility. Ms. Rorie provided me the working staff schedules from November 2022 to January 2023 for my review.

On 1/5/2023, I interviewed Employee A at the facility who reported the facility can be short staffed at times due to call-ins, but an on-call system and/or mandation is utilized to ensure appropriate staffing to meet resident needs. Employee A reported there have been times when no staff was able to cover a short shift, so the facility used "what we have to make it work. We work together as a team to take care of the residents".

On 1/5/2023, I interviewed Employee B at the facility who reported the facility can be short staffed at times, but there is an on-call system in place, mandation, and bonuses are offered to entice staff to cover a short shift. Employee B reported management will also assist as needed. Employee B also reported if no staff was available to cover a short shift, then the staff present would work as a team to ensure residents needs were met.

On 1/5/2023, I interviewed Employee C and Employee D whose statements are consistent with Ms. Rorie's statements, Employee A's statements, and Employee B's statements.

On 1/5/2023, I completed an on-site inspection due to this investigation and observed six care staff assisting residents. The facility was clean, and residents were well groomed and content.

On 1/5/2023, I reviewed the working staff schedule from November 2022 to January 2023 which revealed intermittent shift vacancies from November 2022 to January 2023, but staff coverage in place to prevent a shift shortage.

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:	It was alleged the facility is short staffed. Interviews, on-site inspection, and review of documentation reveal that while call-ins do occur at the facility, there is an on-call system and mandation protocol in place to ensure appropriate staff coverage to prevent a short shift. Staff are able to adequately meet the needs of residents and there is no evidence to support this allegation. No violation found.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Meals are served cold and not at regular mealtimes.

INVESTIGATION:

On 1/5/2023, Ms. Rorie reported that she does not oversee the kitchen staff attendance, as the skilled side of the facility oversees the kitchen staff. However, Ms. Rorie reported knowledge of multiple kitchen staff calling in resulting in meals being served late to residents.

On 1/5/2023, Employee A reported knowledge of kitchen staff calling in resulting in meals being delivered late to assisted living and memory care. Employee A reported staff have had to re-heat meals for residents because they arrived late and cold.

On 1/5/2023, Employee B's statements, Employee C's statements, and Employee D's statements are consistent with Ms. Rorie's statements and Employee A's statements.

On 1/5/2023, I interviewed Employee E at the facility who reported there have been multiple kitchen staff call-ins and meals have been served late to residents as a result. Employee E reported knowledge of meals being re-heated for residents due to being served late and not at regular mealtimes. Employee E reported the facility is working to correct the staffing shortage and that it is improving, but care staff are still assisting with mealtimes. Employee E provided me with a copy of the working staff schedule for November 2022 to January 2023 for my review.

On 1/5/2023, I reviewed the kitchen staff working schedules from November 2022 to January 2023 which revealed multiple call-ins and no shift coverage.

APPLICABLE RULE	
R 325.1952	Meals and special diets.
	(1) A home shall offer 3 meals daily to be served to a resident at regular mealtimes. A home shall make snacks and beverages available to residents.
ANALYSIS:	It was alleged resident meals have been served cold and not at regular mealtimes, requiring care staff to re-heat meals due to being served late. Interviews and review of documentation reveal that while the kitchen is supervised by skilled nursing, multiple kitchen staff have called in from November 2022 to January 2023, resulting in meals being served late and cold to Home for the Aged residents. Violation found.
CONCLUSION:	VIOLATION ESTABLISHED

Additional Findings:

INVESTIGATION:

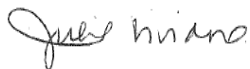
On 1/5/2023, Upon arrival at the facility, I was informed that prior administrator, Christine Barton-Young, exited employment with the facility on 11/30/2022. Samantha Rorie took over as the facility administrator on 12/1/2022.

I checked the department facility file and noted Christine Barton-Young is still listed as the facility administrator, despite exiting employment on 11/30/2022.

APPLICABLE RULE	
R 325.1921	Governing bodies, administrators, and supervisors.
	(1)(d) Appoint a competent administrator who is responsible for operating the home in accordance with the established policies of the home.
ANALYSIS:	The facility's governing bodies have not submitted the Change of Administrator forms and supporting documentation to appoint Samantha Rorie as the facility's current administrator.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an approved corrective action plan, I recommend that the status of this license remain unchanged.



1/9/2023

Julie Viviano
Licensing Staff

Date

Approved By:



01/27/2023

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

Date