



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 6, 2023

Jeanette Sanders
Chesaning Comfort Care
1800 W. Brady St.
Chesaning, MI 48616

RE: License #: AH730388501
Investigation #: 2023A1021030
Chesaning Comfort Care

Dear Mr./Ms. Sanders:

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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Kimberly Horst".

Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH730388501
Investigation #:	2023A1021030
Complaint Receipt Date:	08/04/2022
Investigation Initiation Date:	02/02/2023
Report Due Date:	04/02/2023
Licensee Name:	Chesaning Comfort Care LLC
Licensee Address:	Suite B 5225 Bay Road Saginaw, MI 48604
Licensee Telephone #:	(989) 607-0001
Administrator:	Darlene Bates
Authorized Representative:	Jeanette Sanders
Name of Facility:	Chesaning Comfort Care
Facility Address:	1800 W. Brady St. Chesaning, MI 48616
Facility Telephone #:	(989) 607-0001
Original Issuance Date:	11/27/2017
License Status:	REGULAR
Effective Date:	05/27/2022
Expiration Date:	05/26/2023
Capacity:	56
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Employees are not fingerprinted.	Yes
Employees under influence of drugs.	No
Lack of supervisors on second and third shifts.	Yes
Employees not trained in medication administration.	Yes
Facility has broken windows and mold.	No
Additional Findings	No

III. METHODOLOGY

08/04/2022	Special Investigation Intake 2023A1021030
02/02/2023	Special Investigation Initiated - On Site
02/06/2023	Exit Conference

The complainant alleged employees were not present when a resident passed away. This complaint was investigated under special investigation 2021A0585050. The complainant identified some concerns that were not related to home for the aged licensing rules and statutes. Therefore, only specific items pertaining to homes for the aged provisions of care were considered for investigation. The following items were those that could be considered under the scope of licensing.

ALLEGATION:

Employees are not fingerprinted.

INVESTIGATION:

On 8/4/2022, the licensing department received a complaint with allegations employees are not fingerprinted.

On 2/1/2023, this licensing consultant received the complaint.

On 2/2/2023, I interviewed administrator Darlene Bates at the facility. Ms. Bates reported the facility arranges an appointment for a new employee to be fingerprinted at the UPS office. Ms. Bates reported the facility will have a new employee begin training and shadowing prior to receiving the results of the background check. Ms. Bates reported the employee is always supervised until the results of the workforce background check are received. Ms. Bates reported all employees are background checked.

I reviewed staff person 1 (SP1) employee record. The record revealed SP1 was hired on 07/08/2022 and quit on 07/30/2022. The record revealed she consented to the background check on 07/06/2022 but no results of the fingerprints were in the record. Within the record it was noted SP1 “withdrawn app” for the Workforce Background Check.

I reviewed staff schedule for dates 07/08/2022- 07/30/2022. The schedule revealed SP1 was working on the floor unsupervised as a caregiver and medication technician.

APPLICABLE RULE	
MCL 333.20173a	Covered facility; employees or applicants for employment; prohibitions; criminal history check; procedure; conditional employment; knowingly providing false information as misdemeanor; prohibited use or dissemination of criminal history information as misdemeanor; review by licensing or regulatory department; conditions of continued employment; failure to conduct criminal history checks as misdemeanor; establishment of automated fingerprint identification system database; electronic web-based system; definitions.
	(5) If a covered facility determines it necessary to employ or grant clinical privileges to an applicant before receiving the results of the applicant's criminal history check or criminal history record information under this section, the covered facility may conditionally employ or grant conditional clinical privileges to the individual if all of the following apply (c) Except as otherwise provided in this subdivision, the covered facility does not permit the individual to have regular direct access to or provide direct services to patients or residents in the covered facility without supervision until the criminal history check or criminal history record information is obtained and the individual is eligible for that employment or clinical privileges. If required under this subdivision, the covered Rendered Wednesday, January 27, 2021 Page 28 Michigan Compiled Laws Complete Through PA 310 of 2020 Legislative

	<p>Council, State of Michigan Courtesy of www.legislature.mi.gov facility shall provide on-site supervision of an individual in the covered facility on a conditional basis under this subsection by an individual who has undergone a criminal history check conducted in compliance with this section. A covered facility may permit an individual in the covered facility on a conditional basis under this subsection to have regular direct access to or provide direct services to patients or residents in the covered facility without supervision if all of the following conditions are met:</p> <p>(iii) If applicable, the individual provides to the department of state police a set of fingerprints on or before the expiration of 10 business days following the date the individual was conditionally employed or granted conditional clinical privileges under this subsection.</p>
ANALYSIS:	SP1 was employed at the facility from 07/08/2022 to 07/30/2022 and did not complete fingerprinting for the background check.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Employees under influence of drugs.

INVESTIGATION:

The complainant alleged staff members are under the influence of drugs and are allowed to come back to work.

Ms. Bates reported upon hire the facility does not require a drug test. Ms. Bates reported if there is suspicion of drug use while working, she can require a drug test. Ms. Bates reported she has never had to request an employee to complete a drug test. Ms. Bates reported a few months ago, a new caregiver was in the parking lot and reported she had to go home. Ms. Bates reported the caregiver appeared to be under the influence of drugs and the caregiver put in her resignation. Ms. Bates reported she has never had any employee, resident, or family member have concerns about drug use.

On 2/2/2023, I interviewed SP2 at the facility. SP2 reported she has no concerns with drug use by employees at the facility. SP2 reported the facility has good employees that treat the residents well.

On 2/2/2023, I interviewed SP3 at the facility. SP3 statements were consistent with those made by SP2.

While at the facility I observed multiple caregivers. The caregivers were in good health and did not appear to be under the influence of drugs.

APPLICABLE RULE	
R 325.1923	Employee's health.
	(1) A person on duty in the home shall be in good health. Files shall be maintained containing evidence of adequate health, such as results of examinations by a qualified health care professional and tuberculosis screening which consists of an intradermal skin test or chest x-rays, or other methods recommended by the local health authority. Records of accidents or illnesses occurring while on duty that place others at risk shall be maintained in the employee's file.
ANALYSIS:	Interviews conducted and observations made revealed lack of evidence to the allegation of drug use by employees.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Lack of supervisors on second and third shifts.

INVESTIGATION:

The complainant alleged there is no supervisor on third shift and usually none on second shift.

Ms. Bates reported there is always a shift supervisor working on the floor. Ms. Bates reported the management team is on call for assistance as well. Ms. Bates reported if the shift supervisor were to call off for their shift, the on-call manager would come in and work.

I reviewed staff schedule for 07/03/2022-07/23/2022. The schedule revealed there was no designated shift supervisor for all shifts during these dates.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(3) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty.
ANALYSIS:	Review of staff schedule revealed the facility did not indicate which staff is the designated supervisor of resident care on each shift.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Employees not trained in medication administration.

INVESTIGATION:

The complainant alleged staff members are not trained in medication administration.

On 2/2/2023, I interviewed director of resident care Lexy Bouza at the facility. Ms. Bouza reported employees are hired to be caregivers and then can transition to a medication technician. Ms. Bouza reported the medication technician training consists of five-day training program, a quiz, and then a checkoff completed by her. Ms. Bouza reported if the medication technician requires additional training, it can be provided. Ms. Bouza reported the training is completed by a seasoned medication technician. Ms. Bouza reported even if the medication technician has previous experience, they still must complete the training program.

I reviewed SP1 employee record. The record revealed no evidence of medication technician training.

I reviewed the staff schedule for 07/24/2023. The schedule revealed SP1 was scheduled as the medication technician.

APPLICABLE RULE	
R 325.1932	Resident Medications.
	(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions:

	(a) Be trained in the proper handling and administration of medication.
ANALYSIS:	Review of SP1's employee record and staff schedule revealed SP1 was the medication technician on 07/24/2023. SP1 had not completed the facility medication technician training program.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Facility has broken windows and mold.

INVESTIGATION:

The complainant alleged the facility has broken windows and black mold.

Ms. Bates reported there are two broken windows in the facility. Ms. Bates reported the windows are in resident rooms that are unoccupied. Ms. Bates reported in 2021 the facility had significant damage from a hailstorm. Ms. Bates reported when she became the administrator in February 2022, she started the claim process with insurance for the damages. Ms. Bates reported the windows were ordered in September 2022 with an estimated delivery of 10-12 weeks. Ms. Bates reported it has been a lengthy process to get the windows replaced.

On 2/2/2023, I walked through the facility. I observed the broken windows in the facility. The windows were in rooms that the doors were locked, and the room was unoccupied. The windows were cracked but were not large enough to allow for pests or weather elements to enter the facility. I did not observe any mold within the facility.

APPLICABLE RULE	
R 325.1979	General maintenance and storage.
	(1) The building, equipment, and furniture shall be kept clean and in good repair.
ANALYSIS:	While the facility does have broken windows, the facility is working to get the windows fixed. The broken windows appear to be an isolated issue and not a systematic issue at the facility.
CONCLUSION:	VIOLATION NOT ESTABLISHED

On 2/6/2023, I conducted an exit conference with authorized representative with Jeanette Sanders.

IV. RECOMMENDATION

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



2/2/2023

Kimberly Horst
Licensing Staff

Date

Approved By:



02/06/2023

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

Date