



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 15, 2023

Mark Kincer
Conscious Senior Living Properties, LLC
29891 23 Mile Road
Chesterfield, MI 48047

RE: License #: AH500397098
Investigation #: 2022A0585090
Grace Premier Assisted Living

Dear Mr. Kincer:

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 (517) 284-9730.

Sincerely,

Brender Howard, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street, P.O. Box 30664
Lansing, MI 48909
(313) 268-1788
enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---|--|
| License #: | AH500397098 |
| Investigation #: | 2022A0585090 |
| Complaint Receipt Date: | 09/23/2022 |
| Investigation Initiation Date: | 09/23/2022 |
| Report Due Date: | 11/23/2022 |
| Licensee Name: | Conscious Senior Living Properties, LLC |
| Licensee Address: | 29891 23 Mile Road Chesterfield, MI 48047 |
| Licensee Telephone #: | (989) 971-9610 |
| Authorized Representative/Administrator: | Mark Kincer |
| Name of Facility: | Grace Premier Assisted Living |
| Facility Address: | 29891 23 Mile Road Chesterfield, MI 48047 |
| Facility Telephone #: | (586) 422-1600 |
| Original Issuance Date: | 01/14/2019 |
| License Status: | REGULAR |
| Effective Date: | 07/14/2021 |
| Expiration Date: | 07/13/2022 |
| Capacity: | 62 |
| Program Type: | AGED ALZHEIMERS |

II. ALLEGATION(S)

| | Violation Established? |
|--|-----------------------------------|
| There is COVID in the building because staff are coming in to work sick. | No |
| The facility has insufficient staff. | No |
| Residents are not getting their medication. | Yes |
| Additional Findings | No |

III. METHODOLOGY

| | |
|------------|---|
| 09/23/2022 | Special Investigation Intake 2022A0585090 |
| 09/23/2022 | Special Investigation Initiated - Letter Emailed the allegations to Adult Protective Services (APS). |
| 09/28/2022 | Inspection Completed On-site Completed with observation, interview and record review. |
| 02/15/2023 | Exit Conference Authorized representative Mark Kincer was not available for the exit. |
| | |

ALLEGATION:

There is COVID in the building because staff are coming in to work sick.

INVESTIGATION:

On 9/18/2022, the department received the allegations via the BCHS Online Complaint website. The complaint alleges that there are not enough staff to take care of the needs of the residents. The complaint alleges that for the past 3-4 weeks they have been running on little to no staff. The complaint alleges that residents are not getting their showers and medications are not getting passed. The complaints were submitted as anonymous staff and therefore, no other information could not be obtained.

On 9/23/2022, a referral was made to Adult Protective Services (APS).

On 9/28/2022, an onsite was completed at the facility. I interviewed business manager Kenneth Shazer at the facility. Mr. Shazer stated there is no COVID in the building. He stated that they follow the CDC guidelines for COVID. He explained that if an employee test positive, they are off work for five days. He stated that if the staff is asymptomatic then they can return within 24 hours. He stated that staff also have to wear mask when providing care to the residents. Mr. Shazer shared copies of a COVID memo for review.

On 9/28/2022, I interviewed director of wellness Shauan Wernert at the facility. Ms. Wernert statement was consistent with Mr. Shazer regarding COVID. She stated that they follow the CDC guidelines. Ms. Wernert stated that staff does not come to work sick.

On 9/28/2022, I interviewed Employee A at the facility. Employee A statement was consistent with Mr. Shazer and Employee A regarding COVID. She stated that there are no active COVID cases in the building. She stated that they wear masks.

On 9/28/2022, I interviewed Employee B at the facility. Employee B stated that they get tested and if they are negative, they stay at home for at least five days. She stated that she doesn't know of anyone who has worked sick.

A review of the COVID memo dated 8/8/2022 read, "All residents must be quarantined until we go seven days without a positive test. If a staff member is positive for COVID then they will need to quarantine at home for five days from the onset of symptoms or date of being tested. KN95 masks to be worn while in building at all times – if you don't have one, please get one."

| APPLICABLE RULE | |
|------------------------|---|
| R 325.1921 | Governing bodies, administrators, and supervisors. |
| | (1) The owner, operator, and governing body of a home shall do all of the following: (a) Assume full legal responsibility for the overall conduct and operation of the home. |
| ANALYSIS: | The complaint alleges that employees are coming to work sick with COVID. Based on interview and document review, this claim could not be substantiated. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ALLEGATION:

The facility has insufficient staff.

INVESTIGATION:

The complaint alleges that for the past 3-4 weeks, the facility has been running on little to no staff. Residents are neglected as a result, residents do not get their medications timely, and they are not getting showers.

Mr. Shazer stated that they had staffing shortage in the past. He stated they lost six afternoon people at one time. He stated that he also goes to the floor to help. He stated that the census is 38. Mr. Shazer stated that residents' care needs are being met.

Ms. Wernert stated that sometimes residents refuse showers and sometimes there are challenges with showers. She stated that on the day and evening shift there are usually seven caregivers and on the midnight shift there are 3-4 caregivers. She stated that if staff call in, they try to call other staff in and sometimes supervisors or herself would cover that shift. She stated that the needs of the residents are being met.

Employee A stated that she works in memory care. She stated that there are two caregivers on that floor to care for nine residents. She stated that there are no issues with caring for the needs of the residents. She stated that supervisors also help whenever they are short staffed.

Employee B stated that residents get their showers. She stated that some of them refuse showers, but they try to reapproach them.

During the onsite, residents were observed to be clean, well-groomed, free of abuse or neglect.

On 9/28/2022, I interviewed Relative A1 at the facility. She stated that she has no issues with the care needs of Resident A being met. She stated that everything was good, and they take care of Resident A. She stated that Resident A gets her medication, and her showers are completed.

On 9/28/2022, I interviewed Relative B1 at the facility. Relative B1 stated that staff is wonderful, and she does not have any problem with staff. She stated that staff care for the needs of Resident B.

Staff observed at the facility was consistent to Mr. Shazer and Ms. Wernert statement.

| 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: | Based on observation, interview and record review, this claim could not be substantiated. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ALLEGATION:

Residents are not getting their medication.

INVESTIGATION

The complaint alleges that residents are not getting their medication on time. The complaint alleges that on 9/14, the 5:00 a.m. medication was not given to resident and on 9/16 most of the residents did not get their morning medication.

Ms. Wernert stated that they have been struggling with medication passers, but they don't have a problem with the medication. She stated that she has passed medications to ensure that the residents get their medication. Ms. Wernert shared copies of the medication administration records (MAR) for Resident A, Resident B and Resident C.

The service plan for Resident A read, facility will assist resident in taking all routine and PRN medications, including OTC and vitamins, according to doctor's orders.

The MAR for Resident A:

| Medication | Doses | Missed Doses |
|-------------------------------|---------------------------------------|---------------------|
| Bayer 500 mg | One daily with evening dinner | 9/17 |
| Pot Chloride tablet 10 MEQ Er | One daily with evening dinner | 9/17 |
| Florastor 250 mg | Twice daily with breakfast and dinner | 9/17 evening dose |

| | | |
|------------------------|----------------------------------|------|
| Pure ZZ MelatoninXR | One tablet daily at bedtime | 9/16 |
| Vitamin E CAP 400 Unit | One capsule daily in the evening | 9/17 |
| | | |

Service plan for Resident B read, “facility will assist resident in taking all routine and PRN medications, according to doctor’s orders. Pharmacy will deliver all meds, according to an agreed upon schedule, after coordinating with the facility”.

MAR for Resident B

| Medication | Doses | Missed Doses |
|-----------------------|---|---------------------|
| Hydralazine HCL 50 mg | One tablet three times daily | 9/12-night dose |
| Levothyroxine | One tablet daily except Sunday | 9/17 |
| Omeprazole | One capsule daily in the morning on empty stomach | 9/17 |

Service plan for Resident C read, “facility will assist resident in taking all routine and PRN medications, including ORC and vitamins, according to doctors’ orders. Pharmacy will deliver all meds, according to an agreed-upon schedule, after coordinating with the facility.

MAR for Resident C

| Medication | Doses | Missed Doses |
|----------------------|----------------------------------|----------------------------------|
| Amlod/Benazp 5/20 mg | One capsule once daily | 9/16 |
| Eliquis 5 mg | One tablet twice daily | 9/16 AM dose |
| Memantine 10 mg | One tablet daily | 9/16 AM dose |
| Metoprol Suc 50 mg | One tablet daily | 9/16 AM dose |
| Nystatin POW 100000 | Topically to groin twice daily | 9/16 AM |
| Secura EPC Cream | Topically to buttock every shift | 9/16 first shift & 9/17 midnight |

| | | |
|-----------------|------------------|--|
| Daily screening | Monitor resident | 9/16 second shift, 9/17 midnight shift |
|-----------------|------------------|--|

The MAR for Resident A, Resident B and Resident C had missed doses and it did not show the reason for the missed doses.

| APPLICABLE RULE | |
|------------------------|--|
| R 325.1932 | Resident medications. |
| | (1) Medication shall be given, taken, or applied pursuant to labeling instructions or signed orders by the prescribing licensed health care professional. |
| ANALYSIS: | The complaint alleges that residents are not getting their medication. Based on review of the MAR for Resident A, Resident B and Resident C, the facility did not comply with this rule. Therefore, this claim is substantiated. |
| CONCLUSION: | VIOLATION ESTABLISHED |

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of the license remains unchanged.

Brender L. Howard

2/15/2023

Brender Howard
Licensing Staff

Date

Approved By:

Andrea L. Moore

02/14/2023

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

Date