



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 8, 2023

Amy Borzymowski
Brookdale Grand Blanc MC
5130 Baldwin Road
Holly, MI 48442

RE: License #: AH250236933
Investigation #: 2022A0585082
Brookdale Grand Blanc MC

Dear Ms. Borzymowski:

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,

A handwritten signature in cursive script that reads "Brender Howard".

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 #:	AH250236933
Investigation #:	2022A0585082
Complaint Receipt Date:	09/09/2022
Investigation Initiation Date:	09/09/2022
Report Due Date:	11/09/2022
Licensee Name:	Brookdale Senior Living Communities, Inc.
Licensee Address:	Suite 2300 6737 West Washington St. Milwaukee, WI 53214
Licensee Telephone #:	(414) 918-5000
Administrator:	Heather Vahlbusch
Authorized Representative:	Amy Borzymowski
Name of Facility:	Brookdale Grand Blanc MC
Facility Address:	5130 Baldwin Road Holly, MI 48442
Facility Telephone #:	(810) 603-0800
Original Issuance Date:	06/01/1999
License Status:	REGULAR
Effective Date:	07/14/2022
Expiration Date:	07/13/2023
Capacity:	53
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Staff are not showering the residents the way they are supposed to.	No
Staff members were left at the facility without a med passer, leaving two residents without their comfort medication for the whole shift.	Yes
The facility is short on supplies, including linen for the residents' beds.	No
The facility is not clean.	No
Additional Findings	Yes

III. METHODOLOGY

09/09/2022	Special Investigation Intake 2022A0585082
09/09/2022	Special Investigation Initiated - Letter Emailed allegations to Adult Protective Services (APS).
09/09/2022	Contact - Telephone call received APS worker Nodia Ross called regarding allegations. Additional allegations were emailed to her.
09/13/2022	Inspection Completed On-site.

ALLEGATION:

Staff are not showering the residents the way they are supposed to.

INVESTIGATION:

On 9/7/2022, the department received the allegations via the BCHS Online Complaint website. The complaint alleges that residents' wounds are not being cared for and staff are not showering the residents like they are supposed to. The complaint also alleges that residents smell like human urine and feces. She stated that residents with wounds are not being care for properly.

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

On 9/9/2022, I interviewed the complainant by telephone. Her statement was consistent to the filed report. She stated that residents are not getting their showers on the third shift like they are supposed to. The complainant stated residents are not being cleaned the way they are supposed to be cleaned. The complainant did not provide specific residents but said it was all residents.

On 9/11/2022, a letter was received from Department of Health and Human Services – Genessee County Adult Protective Services. According to the letter, the allegations were not assigned for investigation.

On 9/13/2022, an onsite was completed at the facility. During the onsite, nurse Stephanie Gunm was interviewed. Ms. Gunm stated that there are no wounds at the facility. She stated if a resident has a wound, it would be cared for by hospice. She stated that showers are not given on the third shift. She stated that showers are given on the first and second shift. Ms. Gunm explained, a nurse is on duty five days a week. She stated that there are always 5/6 care staff on the first and second shift, and 3 to 4 care staff on the second shift.

On 9/13/2022, I interviewed clinical coordinator Davina Bishop at the facility. She stated that it is one resident who gets sores on her bottom sometimes, but it is treated by hospice. She stated that residents get showers twice a week and there have not been any issues with the residents getting shower.

Weekly schedules shows that residents are given showers twice a week during the times of 9 am through 8 p.m. The schedule did not indicate that shower was completed in the midnight shift.

I observed residents at the facility. The residents appeared to be clean, free from urine smells and no issues noted. Due to the cognitive status of these residents, none of them can be interviewed.

Resident A's service plan read, uses a shower chair, preferred shower or bath days Tuesday, between 7 a.m. and 8 a.m.

Resident B's service plan read, preferred shower days are Tuesday and Saturday between 5 p.m. and 6 p.m.

Resident C's service plan read, resident uses a shower chair and prefer to shower on Sunday and Wednesday between 6 p.m. and 7 p.m.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.
ANALYSIS:	The complaint alleges that residents are not getting their showers on the third shift and not getting cleaned like they are supposed to. A review of the shower sheet and observation of the residents at the facility revealed that residents appeared to be well groomed, and no issues noted. Therefore, this claim could not be substantiated.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Staff members were left at the facility without a med passer, leaving two residents without their comfort medication for the whole shift.

INVESTIGATION:

The complainant alleges that on Tuesday Aug 30th, the nurse left staff members without a med passer and two residents were without their comfort medications the whole shift. The complainant stated that the same thing happened again September 3rd not having a medication passer for two whole shifts.

Ms. Gunm stated that medication passers are on duty for all three shifts. She stated that if the shift is short for any reasons, she will administer the medications herself. She stated that one night they did not have a medication technician and she was on call. She stated that she couldn't come in that night.

Ms. Bishop stated that she administered medication on 9/9, 9/10 and again on 9/13. She stated that if a medication technician is not on duty, a nurse is always here to administer the medication. She stated that a nurse is on duty Monday through Friday, and they rotate on Saturday. She stated that on 9/3 she passed medication when they did not have a medication tech on duty. She stated that after hospice came, she left around 2 in the morning.

APPLICABLE RULE	
R 325.1932	Resident medications.
	(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.
ANALYSIS:	Staffing schedule 8/21 – 9/3 revealed that there were days where there were no medication technician or nurse on duty. According to the staff report, there was no medication technician or nurse on duty on 8/30 during the midnight shift. Interview with nurse indicated that medication technician called in and she could not come to administer the medication, leaving the residents without medication for that shift. Therefore, the facility did not comply with this rule.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

The facility is short on supplies, including linen for the residents' beds.

INVESTIGATION:

The complaint alleges that there is no linen in the building like fitted sheets or anything for the beds and they are also short on briefs and wipes.

Ms. Gunm state that the facility jas a large supply of linen on every hallway. She stated that medical supplies such as briefs and wipes are provided by hospice and the families.

Ms. Bishop's statement was consistent with Ms. Gunm regarding supplies.

During the onsite, I observed a large supply of linens. There were also briefs and wipes available for the residents.

APPLICABLE RULE	
R 325.1935	Bedding, linens, and clothing.
	(2) The home shall assure the availability of clean linens, towels, and washcloths. The supply shall be sufficient to meet the needs of the residents in the home. Individually designated space for individual towels and washcloths shall be provided.

ANALYSIS:	This claim could not be substantiated.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The facility is not clean.

INVESTIGATION:

The complaint alleges that the facility was not clean and have a smell of urine and feces.

Ms. Gunm and Ms. Bishop both stated that daily cleaning is completed at the facility and residents' rooms are deep cleaned on shower days.

On 9/13/22, I interviewed housekeeper Symphonee Griffis. She stated that the facility is cleaned every day.

During the onsite, the facility was clean, and no odors were detected.

APPLICABLE RULE	
R 325.1962	Exteriors.
	(2) The premises shall be maintained in a safe and sanitary condition and in a manner consistent with the public health and welfare.
ANALYSIS:	Based on observation of the facility, this claim could not be substantiated.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS

INVESTIGATION:

Ms. Bishop and Ms. Gunm stated that there are usually 5-6 care staff on the morning and afternoon shift and 3-4 on the midnight shift.

I reviewed the staffing sheets dated 8/21/2022 – 9/3/2022.

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:	The staffing schedule was reviewed. The schedule shows that sufficient staff was not on duty on 9/3/2022. Therefore, the facility did not comply with this rule.
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

03/08/2023

Brender Howard
Licensing Staff

Date

Approved By:

Andrea L. Moore

03/07/2023

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

Date