



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 13, 2023

Zachary Fisher
Randall Residence of Auburn Hills, LLC
310 White Oak Road
Lawton, MI 49065

RE: License #: AL630402683
Investigation #: 2023A0612017
Randall Residence of Auburn Hills I

Dear Mr. Fisher:

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
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
Phone: 248-302-2409

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL630402683
Investigation #:	2023A0612017
Complaint Receipt Date:	03/08/2023
Investigation Initiation Date:	03/09/2023
Report Due Date:	05/07/2023
Licensee Name:	Randall Residence of Auburn Hills, LLC
Licensee Address:	310 White Oak Road Lawton, MI 49065
Licensee Telephone #:	(248) 340-9296
Administrator:	Zachary Fisher
Licensee Designee:	Zachary Fisher
Name of Facility:	Randall Residence of Auburn Hills I
Facility Address:	3033 N. Squirrel Rd Auburn Hills, MI 48326
Facility Telephone #:	(248) 340-9296
Original Issuance Date:	09/18/2020
License Status:	REGULAR
Effective Date:	03/18/2021
Expiration Date:	03/17/2023
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
<ul style="list-style-type: none"> • The facility is short staffed, staffing ratio is not being followed. • Resident A and Resident F fell and sustained injuries because they were not being properly monitored. • Residents often have unexplained injuries. 	Yes
<ul style="list-style-type: none"> • Staff have been putting two adult briefs on residents who are incontinent. 	Yes
<ul style="list-style-type: none"> • Staff are having sexual relationships with one another in front of the residents. 	No
<ul style="list-style-type: none"> • Staff have been hitting the residents, popping them in the mouth, pushing them down, and allowing them to fall. 	No
<ul style="list-style-type: none"> • Staff are giving the wrong medication to residents to put them to sleep for the entire day. • Staff are administering medication to residents that is not prescribed to them. • The medication cart is missing medications. 	No
<ul style="list-style-type: none"> • Special diets are not followed. 	No
<ul style="list-style-type: none"> • They are not serving food on clean plates. • Kitchen staff are prepping food without gloves and not washing their hands when returning to work. 	No
<ul style="list-style-type: none"> • Staff do not have access to cleaning solutions to clean the building. 	No
<ul style="list-style-type: none"> • The facility does not have enough washers and dryers. 	No

III. METHODOLOGY

03/08/2023	Special Investigation Intake 2023A0612017
03/08/2023	APS Referral Referral received from Adult Protective Services (APS.) APS denied the referral.
03/09/2023	Inspection Completed On-site I completed an unannounced onsite investigation. I interviewed executive director Jenny Smith, business office manager Amanda Azar, director of nursing Stephanie Jackson, staffing development coordinator Stephanie Coles, director of hospitality Jeffery Parrish, sous chef, Danielle Call, direct care staff, Bricca Scott, Resident A, Resident B, Resident C, Resident D and Resident E.
03/20/2023	Contact - Telephone call made Telephone interview completed with direct care staff, Jenice Bailey, Alequa Fletcher, Jelena Roland, Sarah Schrein, and Jamila Suggs.
03/20/2023	Contact - Telephone call made Telephone call to direct care staff Susie Ludwig and Stacie Montgomery.
03/27/2023	Contact – Documentation Received Email from executive director, Jenny Smith regarding direct care staff Julian French’s employment status.
03/28/2023	Contact – Documentation Received Resident A – M’s AFC Assessment plans, direct care staff schedule of shifts worked, Resident A’s hospital discharge paperwork.
03/30/2023	Contact - Telephone call made Telephone interview completed with direct care staff, Alvinisha Williams.
04/03/2023	Exit Conference Telephone call to executive director, Jenny Smith to conduct an exit conference.
04/11/2023	Contact – Face to Face I interviewed Resident I, D, C, M, F, H, and J

ALLEGATION:

- **The facility is short staffed, staffing ratio is not being followed.**
- **Resident A and Resident F fell and sustained injuries because they were not being properly monitored.**
- **Residents often have unexplained injuries.**

INVESTIGATION:

On 03/08/23, I received a complaint from Adult Protective Services (APS). APS denied the referral for investigation. The complaint indicated, since January 2022 staff have been hitting the clients, popping them in the mouth, pushing them down, and allowing them to fall. Staff have been putting two adult briefs on residents who are incontinent. Residents who are diabetic and have high blood pressure are not being fed properly. They are giving them a high fat/sugar diet which increases their and blood pressure and makes them sick. Kitchen staff are prepping the food without gloves and not washing their hands when returning to work. They are not serving food on clean plates. Staff are not provided with cleaning solution to clean the building. The facility is short staffed, and the staffing ratio is not good. There is often one staff working on shift. Residents often have unexplained injuries. Staff are giving the wrong medication to residents to put them to sleep for the entire day.

On 03/08/23, I received an additional complaint. The complainant was anonymous. The complainant indicated Resident A was unattended, she fell and busted her head open. She had to be sent out because the staff did not go and check on her. Resident A was out for a month and a half. Resident F also fell and busted her head open. She got staples because the staff was not taking care of her. The anonymous complainant indicated that she recently went to the facility and Resident F was all bruised up, they said she fell. They give resident's medication to other residents that it is not prescribed to. They are giving too much medication to some residents to keep them asleep. The med cart is missing a lot of medications. The staff are hitting the residents back when the residents get combative. The facility is extremely understaffed, and they do not have enough washers and dryers. Staff have no breaks and no fresh water. The facility accepts residents they are not capable of taking care of. They are not following diets. Staff put double briefs on the residents. Staff are having sexual relationships with one another in front of the residents. The facility is very dirty and never cleaned.

On 03/09/23, I initiated my investigation by conducting an unscheduled onsite investigation. I interviewed executive director Jenny Smith, business office manager Amanda Azar, director of nursing Stephanie Jackson, staffing development coordinator Stephanie Coles, director of hospitality Jeffery Parrish, sous chef, Danielle Call, direct care staff, Bricca Scott, Resident A, Resident B, Resident C, Resident D, and Resident E. While onsite I reviewed the resident register, this facility currently has 13 residents in care (Residents A - M.) Resident N has been out of the facility since December 2022. Including Resident N the facilities overall census 14.

On 03/09/23, I interviewed director of nursing, Stephanie Jackson. Ms. Jackson started in her position in October 2022. Ms. Jackson stated the ratio for staffing is 1 staff per 15 residents during waking hours. During sleeping hours, the staffing ratio is 1 staff per 20 residents. Randall Residence of Auburn Hills is a large facility. They have four cottages on their campus. If there is only 1 staff on a shift, there is always a floating staff available to assist as needed in any cottage. Staff have radios and can ask for assistance at any time. Typically, each facility is staffed with two to three staff per shift. Ms. Jackson stated Resident A fell out of her bed. Her injuries are congruent with a fall. She has a call light that she can use for assistance, but she does not always utilize it. There is no concern that staff failed to monitor her properly which resulted in her falling.

On 03/09/23, I interviewed executive director, Jenny Smith and business office manager, Amanda Azar. Ms. Smith and Ms. Azar consistently stated as of 03/09/23, the facility has fourteen residents. One of the residents has been out of care since December 2022, he is in rehab. The staffing ratio is 1 staff per 15 residents, during waking hours and 1 staff per 20 residents during sleeping hours. Ms. Smith and Ms. Azar stated they are never out of compliance with staffing ratios. Typically, each facility is staffed with a med tec and two direct care staff during waking hours which exceeds the required staffing ratio. Ms. Smith and Ms. Azar stated they are not aware of any residents who have sustained unexplained injuries. On 12/01/22, Resident A fell. She was injured. She was taken to the hospital then went to rehab. She returned to the facility on 01/20/23.

On 03/09/23, I interviewed staffing development coordinator, Stephanie Coles. Ms. Coles is responsible for scheduling staff. During waking hours there is usually a med tec and a direct care staff scheduled on shift. Staff wear radios and if they require assistance, they can radio for a floating staff to come and assist them as needed.

On 03/09/23, I interviewed direct care staff, Bricca Scott. Ms. Scott has worked at the facility for eight months. She works day shift, 7:00 am – 3:00 pm. Ms. Scott stated staff are schedule appropriately. There is never one staff on shift. She has no concerns regarding the staffing.

On 03/09/23, I interviewed Resident A and Resident A's Family Member. Resident A and Resident A's Family Member stated there are no concerns regarding the monitoring/ supervision that Resident A is receiving.

On 03/09/23, I interviewed Resident B. Resident B stated there are enough staff on shift to meet her needs.

On 03/09/23, I interviewed Resident C. Resident C stated the ratio of staff on shift varies. Sometimes there are too many staff and at other times there is just one staff on shift.

On 03/09/23, I interviewed Resident E. Resident E stated the staff treat him well. He enjoys drinking coffee and has several cups a day. He spoke about his wife and stated they were married almost 50 years. Resident E did not provide any information relevant to this allegation.

On 03/09/23, I interviewed Resident D. Resident D was observed sitting in the common area with housemates and staff watching TV. Resident D did not respond to questions asked.

On 03/20/23, I completed a telephone interview with direct care staff, Jenice Bailey. Ms. Bailey works on the midnight shift, 11:00 pm – 7:30 am. She has been employed at the facility for 18 years. Ms. Bailey stated the facility is not at full capacity. They have more staff than residents. There are always two staff scheduled on midnights. The workload is manageable. She has no concerns regarding inadequate staffing. Ms. Bailey stated she is aware that Resident A fell however, it did not occur while she was on shift. Resident A is independent with ambulating. She has a call light that she can use for assistance. Ms. Bailey has no concerns that Resident A fell due to staff not properly monitoring her.

On 03/20/23, I completed a telephone interview with direct care staff Alequa (Nadia) Fletcher. Ms. Fletcher began her employment in February 2023. She works on the morning shift, 7:00 am – 3:30 pm. Ms. Fletcher stated the morning shift is adequately staffed. There are usually two direct care staff and a med tec on shift. Ms. Fletcher stated she is aware that Resident A fell but she was not on shift when it occurred. She has no information regarding the injury.

On 03/20/23, I completed a telephone interview with direct care staff Jamila Suggs. Ms. Suggs began her employment in October 2022. She works second shift 3:00 pm – 11:00 pm. Ms. Suggs stated the facility is not adequately staffed. Staff work alone and are responsible for caring for 14 residents. Ms. Suggs stated on 03/18/23, she worked alone from 3:00 pm – 11:00 pm. A second staff was scheduled to work with her however, they did not show up. Ms. Suggs stated she informed her supervisor, Stephanie Coles that she was on shift alone. While on shift alone, she is responsible for resident care, medication administration, and serving dinner. Ms. Suggs stated one staff is unable to meet the needs of all 14 residents.

On 03/20/23, I completed a telephone interview with direct care staff Jelena Roland. Ms. Roland began her employment in November 2022. She works second shift, 3:00 pm – 11:00 pm and midnight shift. Ms. Roland stated inadequate staffing is a reoccurring issue at the facility. There have been several instances that she has worked alone on a midnight shift. Ms. Roland stated staff have radios and can call for assistance if needed but she does not feel that having one staff on shift is appropriate coverage. Ms. Roland stated she was not aware that Resident A fell recently. However, Resident A is a fall risk. She has fell more than three times. Resident A has a call light that she can use if she requires assistance. Staff monitor her appropriately and assist her as needed.

On 03/20/23, I completed a telephone interview with direct care staff Sarah Schrein. Ms. Schrein started her employment in November 2022. She works second shift, 3:00 pm – 11:00 pm. Ms. Schrein stated the facility is run poorly. It is consistently short staffed. There are multiple times in a week that staff are on shift alone during waking hours. Ms. Schrein stated one staff is unable to meet the needs of all the residents. Ms. Schrein stated Resident A fell however, that was not due to a lack of supervision. Resident A is a fall risk and does not always remember to use her call light for assistance.

It was consistently reported by all staff interviewed that Resident F has not had any recent falls or injuries. There is a resident who resides in Cottage 2 who has the same first name as Resident F. The resident from Cottage 2 recently fell and sustained an injury. This will be addressed in Special Investigation Report # AL630402684_2023A0612018.

On 03/28/23, I reviewed AFC Assessment Plans for Resident A – Resident M and noted the following relevant information:

- Resident A requires hands on assistance with actives of daily living (bathing, grooming, dressing, hygiene, etc.) Resident A uses a wheelchair, has an unsteady gait and is at risk of falls.
- Resident B requires assistance with mobility, she is a fall risk.
- Resident C uses a walker. Resident C requires hands on assist with bathing.
- Resident D requires hands on assistance with actives of daily living (bathing, grooming, dressing, hygiene, etc.). Resident D uses a walker and a wheelchair.
- Resident E requires hands on assistance with actives of daily living (bathing, grooming, dressing, hygiene, etc.). Resident E uses a walker as needed.
- Resident F requires hands on assistance with actives of daily living (bathing, grooming, dressing, hygiene, etc.). Resident F uses a walker and a wheelchair as needed.
- Resident G requires hands on assistance with actives of daily living (bathing, grooming, dressing, hygiene, etc.). Resident G uses an electric wheelchair.
- Resident H requires hands on assistance with actives of daily living (bathing, grooming, dressing, hygiene, etc.). Resident H uses a wheelchair as needed.
- Resident I uses a wheelchair, she requires physical assistance with feeding. Resident I is a 2 person assist for toileting and bathing.
- Resident J is independent.
- Resident K is at risk of falls. She requires stand by assistance and verbal cues when eating. Resident K uses a wheelchair and is dependent on staff for transfers. Resident K requires hands on assist actives of daily living (bathing, grooming, dressing, hygiene, etc.).
- Resident L needs to be fed one on one. Resident L needs one to two staff to assist with dressing. Resident L uses a wheelchair and a walker.
- Resident M requires hands on assistance with toileting, bathing, and personal care. Resident M uses a walker and a wheelchair. Resident M is dependent on staff for transfers, he is a fall risk.

*Residents A - M require medication administration.

On 03/28/23, I reviewed an overview of how many direct care staff worked on each shift in February 2023 and March 2023. The following dates and times had one direct care staff on shift. All other shifts had two or three direct care staff.

- 7:00 am – 3:30 pm (02/05/23, 02/23/23, 03/10/23)
- 3:00 pm – 11:30 pm (02/11/23, 02/15/23, 03/12/23, 03/18/23, 03/24/23)
- 11:00 pm – 7:30 am (02/04/23, 02/18/23, 03/08/23, 03/19/23)

On 03/28/23, I reviewed Resident A’s Hospital Discharge paperwork dated 11/28/22. Resident A was diagnosed with a fall.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	Based on the information gathered through my investigation there is sufficient information to conclude that there was not sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's assessment plan. During February 2023 and March 2023 there were 12 instances when there was only one direct care staff on a shift. Resident I requires physical assistance with feeding. Resident K requires stand by assistance and verbal cues when eating. Resident I requires a two person assist with toileting and bathing. Resident L needs to be fed one on one. Resident L requires one to two staff to assist with dressing. There are multiple residents who require hands on assistance with actives of daily living, use a wheelchair/ walker and are at risk of falls. All 13 residents, (Resident A - M) requires medication administration. Due to the needs of the residents who reside in this facility one staff is unable to provide the services specified in the resident’s assessment plans and adequately attended to the supervision, personal care, and protection of all the residents. Regarding Resident A and Resident F falling and sustaining injuries because they were not being properly monitored. Resident F has not had any recent falls or injuries. Resident A fell on 11/28/23. Resident A’s assessment plan indicates that she is a fall risk. Although she requires assistance with ADL care she is not required to be within direct supervision of staff at all times.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Staff have been putting two adult briefs on residents who are incontinent.

INVESTIGATION:

On 03/09/23, I interviewed the director of nursing Stephanie Jackson, executive director Jenny Smith, business office manager Amanda Azar, and development coordinator Stephanie Coles. Ms. Jackson, Ms. Smith, Ms. Azar, and Ms. Coles consistently stated that they recently became aware that direct care staff were double briefing residents. Since becoming aware of this issue, the director of nursing, Ms. Jackson has addressed the concern by in-servicing the direct care staff and informing them that putting two briefs on a resident is inappropriate and not allowed. Staff were informed that if a resident was found wearing two briefs, the staff who put it on them would be written up. Ms. Jackson, Ms. Smith, Ms. Azar, and Ms. Coles stated it was explained that staff were putting two briefs on residents who tend to leak through their brief.

On 03/09/23, I interviewed direct care staff, Bricca Scott. Ms. Scott stated she has double briefed residents specifically if they have diarrhea. Using double briefs helps protect the residents from having an accident and leaking into their clothes. When residents have accidents, it upsets them, and wearing double briefs helps to avoid this problem.

On 03/20/23, I completed a telephone interview with direct care staff, Jenice Bailey. Ms Bailey stated she has double briefed residents, but only when requested to do so by their family. Ms. Bailey explained that on occasion, when a resident is going on an outing with their family the family will ask that the resident wears two briefs, so they will not leak through their brief in the car.

On 03/20/23, I completed telephone interviews with direct care staff Jamila Suggs, Jelena Roland, and Sarah Schrein. Ms. Suggs, Ms. Roland, and Ms. Schrein consistently stated that they have observed residents wearing double briefs. Double briefs are used on residents who tend to leak through one brief.

APPLICABLE RULE	
R 400.15303	Resident care; licensee responsibilities.
	(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.
ANALYSIS:	Based on the information gathered through my investigation there is sufficient information to conclude that inadequate personal care was being provided to residents. It was consistently stated that direct care staff were double briefing

	residents which is unacceptable. Once becoming aware of this issue, the director of nursing, Ms. Jackson completed an in-service with the direct care staff and advised them that putting more than one brief on a resident was not acceptable.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Staff are having sexual relationships with one another in front of the residents.

INVESTIGATION:

On 03/09/23, I interviewed executive director Jenny Smith, business office manager Amanda Azar, director of nursing Stephanie Jackson, staffing development coordinator Stephanie Coles, and direct care staff, Bricca Scott. They consistently stated that they had no knowledge of any staff having sexual relationships with one another at the facility and/or in front of residents.

On 03/20/23, I completed telephone interviews with direct care staff, Jenice Bailey, Alequa (Nadia) Fletcher, and Jelena Roland. They consistently stated that they have no knowledge of any staff having sexual relationships with one another at the facility and/or in front of residents.

On 03/20/23, I completed a telephone interview with direct care staff Sarah Schrein. Ms. Schrein stated that she has not witnessed any staff having a sexual relationship with one another at the facility. However, she has observed direct care staff, Alvinisha Williams and Julian French “making out” in the hallways, any resident could have witnessed this. Ms. Schrein stated while on shift the two would disappear for long periods of time. Ms. Schrein does not know where they went or what they were doing.

On 03/20/23, I completed a telephone interview with direct care staff Jamila Suggs. Ms. Suggs stated she has not witnessed any staff having a sexual relationship with one another at the facility or in front of residents. However, she has heard rumors that direct care staff, Alvinisha Williams and, Julian French would have sex with one another in unoccupied rooms.

On 03/27/23, I was informed by executive director, Jenny Smith that Mr. French was terminated on 03/14/23.

On 03/30/23, I completed a telephone interview with direct care staff, Alvinisha Williams. Ms. Williams stated she has not witnessed any staff having a sexual relationship with one another at the facility or in front of residents. Ms. Williams denied that she has had a sexual relationship at the facility and/or in front of residents. Ms. Williams denied that she has kissed and/or “make out” with another direct care staff while on shift at the facility.

On 04/11/23, I interviewed Resident I, Resident D, Resident C, Resident M, Resident F, Resident H, and Resident J. All the residents stated that they had no knowledge of any staff having sexual relationships with one another at the facility.

APPLICABLE RULE	
R 400.15204	Direct care staff; qualifications and training
	(2) Direct care staff shall possess all of the following qualifications: (a) Be suitable to meet the physical, emotional, intellectual, and social needs of each resident.
ANALYSIS:	<p>Based on the information gathered through my investigation there is insufficient information to conclude that the direct care staff are not suitable to meet the physical, emotional, intellectual, and social needs of each resident. Executive director Jenny Smith, business office manager Amanda Azar, director of nursing Stephanie Jackson, staffing development coordinator Stephanie Coles, direct care staff, Bricca Scott, Jenice Bailey, Alequa (Nadia) Fletcher, Jelena Roland and Alvinisha Williams consistently stated that they have no knowledge of any staff having sexual relationships with one another at the facility and/or in front of residents. Resident I, Resident D, Resident C, Resident M, Resident F, Resident H, and Resident J denied witnessing any staff having sexual relationships with one another at the facility.</p> <p>Although direct care staff Jamila Suggs has heard rumors that direct care staff, Alvinisha Williams and Julian French have had sex in unoccupied rooms, she has not witnessed this occur. Direct care staff Sarah Schrein has observed Alvinisha Williams and Julian French “making out” in the hallways. Direct care staff Julian French has been terminated. Direct Care staff, Alvinisha Williams denied the allegation stating she has not had a sexual relationship at the facility and/or in front of residents. Ms. Williams further denied that she has kissed and/or “made out” with another direct care staff while on shift at the facility.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Staff have been hitting the residents, popping them in the mouth, pushing them down, and allowing them to fall.

INVESTIGATION:

On 03/09/23, I interviewed executive director Jenny Smith, business office manager Amanda Azar, director of nursing Stephanie Jackson, staffing development coordinator Stephanie Coles, and direct care staff, Bricca Scott. They consistently stated that they have never witnessed and/or heard about any staff hitting the residents, popping them in the mouth, pushing them down, and/or allowing them to fall.

On 03/20/23, I completed telephone interviews with direct care staff, Jenice Bailey, Alequa (Nadia) Fletcher, and Jelena Roland, Sarah Schrein and Jamila Suggs. They consistently stated that they have never witnessed and/or heard about any staff hitting the residents, popping them in the mouth, pushing them down, and/or allowing them to fall.

All staff interviewed denied that they have ever hit the residents, popped them in the mouth, pushed them down, and/or allowed them to fall.

On 03/09/23, I interviewed Resident A, Resident B, Resident C, Resident E, and Resident A's Family Member. All residents and Resident A's family member consistently denied that any staff has been physically aggressive towards them. Including, but not limited to, hitting them, popping them in the mouth, pushing them, and/or allowing them to fall. I also interviewed Resident D. Resident D did not respond to questions asked.

APPLICABLE RULE	
R 400.15308	Resident behavior interventions prohibitions.
	(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following: (b) Use any form of physical force other than physical restraint as defined in these rules.
ANALYSIS:	Based on the information gathered through my investigation there is insufficient information to conclude staff have been hitting the residents, popping them in the mouth, pushing them down, and allowing them to fall. Resident A, Resident B, Resident C, Resident E, and Resident A's Family Member denied the allegation. All staff interviewed denied the allegation. There were no reports of any staff hitting the residents, popped them in the mouth, pushing them down, and/or allowed them to fall.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

- **Staff are giving the wrong medication to residents to put them to sleep for the entire day.**
- **Staff are administering medication to residents that is not prescribed to them.**
- **The medication cart is missing medications.**

INVESTIGATION:

On 03/09/23, I interviewed executive director Jenny Smith, business office manager Amanda Azar, director of nursing Stephanie Jackson, and staffing development coordinator Stephanie Coles. Ms. Smith, Ms. Azar, Ms. Jackson, and Ms. Coles consistently stated all resident medications are kept in the medication cart. The cart is locked, and the key is kept on the assigned med tec. Medications are administered by an assigned med tec. The facility uses an electronic medication administration record. Their pharmacy delivers medication to the facility. When medications are delivered, they are checked in by Ms. Jackson. All medications are administered as they are prescribed. The med cart is consistently stocked appropriately. Ms. Jackson completes audits of the med cart, monthly. There is no concern that medications are being administered incorrectly or being given to keep residents asleep. Ms. Coles and Ms. Jackson consistently stated that in their experience, staff are very conservative in medication administration. Most med techs often do not want to pass medications PRN medications if they can be avoided.

On 03/09/23, I interviewed direct care staff, Bricca Scott. Ms. Scott is a med tec. Ms. Scott stated the med cart is kept locked. The key is kept with the assigned med passer on shift. The med cart is always appropriately stocked. If a medication is getting low, it can easily be ordered from the pharmacy using the electronic system. Ms. Scott stated she has no concerns that medications are being administered incorrectly. She does not believe that medications are being given to residents to make the sleep.

On 03/09/23, I interviewed Resident A, Resident B, Resident C, and Resident E. All residents consistently stated that they receive their medication as prescribed. They are not given medications that are not prescribed to them or medications that make them sleep all day.

On 03/09/23, I interviewed Resident D. Resident D was observed sitting in the common area with housemates and staff watching TV. Resident D did not respond to questions asked.

On 03/20/23, I completed telephone interviews with direct care staff, Jenice Bailey and Alequa (Nadia) Fletcher. Ms. Bailey and Ms. Fletcher are med techs. Ms. Bailey and Ms. Fletcher consistently stated that the med cart is kept locked. The key is kept with the assigned med passer on shift. The med cart is always appropriately stocked. They have

no concerns that medications are being administered incorrectly and they do not believe that medication is being given to residents to make the sleep.

On 03/20/23, I completed a telephone interview with direct care staff, Jelena Roland. Ms. Roland stated she is not a med tec and therefore, does not have any information regarding this allegation.

On 03/20/23, I completed a telephone interview with direct care staff, Jamila Suggs. Ms. Suggs is a med tec. Ms. Suggs stated the med cart is in horrible condition. Medication is scattered everywhere, and bubble packs are bent and split open. There are times when a resident's prescribed medications are not available because they were not re-ordered. Ms. Suggs stated staff sign for medication that they are not administering. When residents refuse medication staff are not trying at least three times to administer the medication before documenting a refusal.

On 03/09/23, I completed an unscheduled onsite investigation. I observed the medication cart. The cart was locked. The content of the cart was organized and medications were stored properly. I reviewed the physical medications and the medication administration record. There were no observed discrepancies between the medication administration record and the physical medications. The bubble packs of medication were in good condition. No residents at the facility appeared sedated or heavily medicated.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	Based on the information gathered through my investigation there is insufficient information to conclude medications are not being given pursuant to label instructions. Resident A, Resident B, Resident C, Resident E, executive director Jenny Smith, business office manager Amanda Azar, director of nursing Stephanie Jackson, staffing development coordinator Stephanie Coles direct care staff/ med tec Bricca Scott, Jenice Bailey and Alequa (Nadia) Fletcher denied the allegation. During the unscheduled, onsite investigation completed on 03/09/23, I reviewed the med cart. There were no observed discrepancies between the medication administration record and the physical medications on hand. No residents appeared sedated or heavily medicated.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Special diets are not followed.

INVESTIGATION:

On 03/09/23, I interviewed executive director Jenny Smith, business office manager Amanda Azar, director of nursing Stephanie Jackson, staffing development coordinator Stephanie Coles and direct care staff Bricca Scott. Ms. Smith, Ms. Azar, Ms. Jackson, Ms. Coles, and Ms. Scott consistently stated when a resident is prescribed a special diet by their physician Ms. Jackson notifies the culinary staff. The culinary team prepares meals that meet each residents' dietary needs. There is no concern that any resident's prescribed diet is not being followed.

On 03/09/23, I interviewed director of hospitality, Jeffery Parrish. Mr. Parrish stated special diets are provided to him in writing on a diet sheet. They are then filed in a book that stays in the kitchen. All meals are prepared specifically for each resident's special dietary needs. The kitchen staff regularly prepares sugar free drinks and desserts for residents who require them.

On 03/09/23, I interviewed sous chef, Danielle Call. Ms. Call stated when a resident is prescribed a special diet the kitchen receives written notification. The script is then filed in a book that is kept in the kitchen. All special diets are followed, and preferences are honored. The kitchen regularly prepares sugar free drinks and desserts for residents who require them.

On 03/09/23, I interviewed Resident C. Resident C is prescribed a sugar free diet. Resident C stated she received sugar free food during mealtimes.

On 03/09/23, I interviewed Resident E. Resident E's food must be cut up. Resident E stated during mealtimes his food is served to him cut up.

On 03/09/23, I interviewed Resident B. Resident B stated the food served is "okay." She receives half portions during meals.

On 03/20/23, I completed telephone interviews with direct care staff, Jenice Bailey, Alequa (Nadia) Fletcher, and Jelena Roland. Ms. Bailey, Ms. Fletcher, and Ms. Roland consistently stated the kitchen staff always follow special diets. During mealtimes the kitchen prepare the resident's plate, when the plate is handed to the direct care staff, the kitchen staff tells them who the plate is for. Residents who are diabetic receive sugar free options. Residents who require a pureed diet receive their food pureed.

On 03/20/23, I completed a telephone interview with direct care staff, Jamila Suggs. Ms. Suggs stated she does not feel that special diets are followed because after dinner, when the kitchen staff leave for the day, there is not enough food available for the residents. There is a refrigerator that has premade sandwiches, and some residents purchase their own snacks and keep them in their bedroom. However, there have been times that staff go to 7/11 to purchase a resident food or a snack because their sugar was dropping and the food available to them in the resident fridge would not be effective in bring their sugar up.

On 03/09/23, I completed an unscheduled onsite investigation. I reviewed the book of special diets. A weekly menu was posted which accommodated the special diets. Additionally, there was a sign on the wall in the dining room that lists each resident's special diet and food preferences. There is one resident who has a sugar free diet, two residents who receive ½ portions, two residents whose food is pureed, and three residents whose food is cut up. The fridge and freezer were thoroughly stocked. I observed sugar free drinks and desserts. I observed the dining room during mealtime. There were residents with pureed meals and cut up food.

APPLICABLE RULE	
R 400.15313	Resident nutrition.
	(3) Special diets shall be prescribed only by a physician. A resident who has been prescribed a special diet shall be provided such a diet.
ANALYSIS:	Based on the information gathered through my investigation there is insufficient information to conclude that special diets are not being followed. Sous Chef Danielle Call, director of hospitality, Jeffery Parrish, and director of nursing Stephanie Jackson denied the allegation. When a resident is prescribed a special diet, the kitchen receives written notification from Ms. Jackson. The script is then filed and followed. During my onsite investigation completed on 03/09/23, I reviewed the book of special diets. A weekly menu was posted which accommodated the prescribed diets. There was a sign on the wall in the dining room that listed each resident's special diet. The fridge and freezer were appropriately stocked to accommodate each resident's dietary needs. Resident C, Resident E, and Resident B stated they receive their meals as they are prescribed.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

- **They are not serving food on clean plates.**
- **Kitchen staff are prepping food without gloves and not washing their hands when returning to work.**

INVESTIGATION:

On 03/09/23, I interviewed director of hospitality, Jeffery Parrish. Mr. Parrish stated all kitchen staff are Serve Safe trained. The kitchen is stocked with powder and powder free gloves. The kitchen is equipped with a hand washing station. All staff follow proper hand washing procedures. The silverware is polished once a week. All dishes are washed, rinsed, and sanitized after each use. Glasses are scrubbed using a restaurant grade "bar cup washer." Glasses are regularly replaced because residents break them. More often than not, the glass wear is new. Mr. Parrish denied that any resident is being served food on unclean plates.

On 03/09/23, I interviewed sous chef, Danielle Call. Ms. Call stated all kitchen staff wear gloves when preparing and serving meals. All proper hand washing procedures are followed. All dishes are washed, rinsed, and sanitized after each use. Ms. Call denied that any resident is being served food on unclean plates.

On 03/09/23, I interviewed executive director Jenny Smith, business office manager Amanda Azar, director of nursing Stephanie Jackson, and direct care staff Bricca Scott. Ms. Smith, Ms. Azar, Ms. Jackson, and Ms. Scott consistently stated the kitchen staff are always wearing gloves when preparing and serving food. The kitchen staff follow appropriate hand washing procedures. All dining wear is sanitary and in good condition. They have not observed any dishes to be unclean. All dining wear is washed and sanitized after each use.

On 03/09/23, I interviewed Resident A, Resident B, Resident C, Resident E, and Resident A's Family Member. All residents and Resident A's family member consistently denied that they are served meals on unclean plates. Resident A, Resident B, Resident C, and Resident E stated the dining room and dining wear is always clean during mealtimes.

On 03/20/23, I completed a telephone interview with direct care staff, Jenice Bailey Ms. Bailey stated the kitchen staff wear gloves when preparing and serving food. The kitchen staff follow appropriate hand washing procedures. The dining wear is sanitary and in good condition. Ms. Bailey has not observed any residents being served food on unclean dishes. Ms. Bailey stated the dining wear is washed and sanitized after each use.

On 03/20/23, I completed telephone interviews with direct care staff Alequa (Nadia) Fletcher, Jelena Roland, and Sarah Schrein. Ms. Fletcher, Ms. Roland, and Ms. Schrien consistently stated that they do not go into the kitchen, so they are unaware if staff are wearing gloves and/or following proper hand washing procedures when preparing and serving food. Ms. Fletcher, Ms. Roland, and Ms. Schrien consistently stated the dining wear is in good condition. They have not observed any residents being served food on unclean dishes and the dining wear is washed and sanitized after each use.

On 03/20/23, I completed a telephone interview with direct care staff, Jamila Suggs. Ms. Suggs stated the dining wear is only ran through the dishwasher once. The coffee mugs are stained, and the plates are often dirty. Ms. Suggs stated Mr. Parrish does not wear gloves when preparing and serving food. She is unaware if the kitchen staff are following proper hand washing procedures as she does not go into the kitchen.

On 03/09/23, I completed an unscheduled onsite investigation during lunch time. All kitchen staff were observed wearing gloves while serving lunch. The kitchen was clean and orderly. Proper dish sanitation was being used. I observed three sinks in the kitchen to wash, rinse, and sanitize dishes. There was also a dishwasher and a bar cup scrubber. I observed a hand washing station equipped with soap. There were multiple boxes of gloves that were open and easily accessible to staff. The dining wear was clean, sanitized, and in good condition. I observed residents eating lunch in the dining room. The plates, glasses, silverware, and tables all appeared clean and in good condition.

APPLICABLE RULE	
R 400.15402	Food service.
	(2) All food shall be protected from contamination while being stored, prepared, or served and during transportation to a facility.
ANALYSIS:	Based on the information gathered through my investigation there is insufficient information to conclude that the kitchen staff are preparing food without gloves, not washing their hands when returning to work and/or serving food on dirty dishes. Sous Chef, Danielle Call and director of hospitality, Jeffery Parrish denied the allegations. Ms. Call and Mr. Parrish stated all kitchen staff wear gloves when preparing and serving meals. All proper hand washing procedures are followed. All dishes are washed, rinse and, sanitized after each use, and no resident is served food on a dirty plate. During an unscheduled onsite investigation, I observed all kitchen staff wearing gloves while serving lunch. The kitchen was clean and orderly. Proper dish sanitation was being used. I observed a hand washing station equipped with soap. The dining wear, silverware and tables appeared clean, sanitized, and were in good condition.

	Executive director Jenny Smith, business office manager Amanda Azar, director of nursing Stephanie Jackson, direct care staff Bricca Scott, Jenice Bailey, Alequa (Nadia) Fletcher, Jelena Roland, and Sarah Schrein consistently stated the kitchen staff are always wearing gloves when preparing and serving food. They have no concerns that any resident has been served food on unclean dishes.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Staff do not have access to cleaning solutions to clean the building.

INVESTIGATION:

On 03/09/23, I interviewed executive director Jenny Smith, business office manager Amanda Azar, director of nursing Stephanie Jackson, staffing development coordinator Stephanie Coles and direct care staff Bricca Scott. Ms. Smith, Ms. Azar, Ms. Jackson, Ms. Coles, and Ms. Scott consistently stated the facility has housekeeping staff. The housekeeper’s sole responsibility is to clean the facility. If a direct care staff needs cleaning products, they can access the maintenance closet where cleaning supplies are kept and can use the products as needed. Additionally, the facility is stocked with hospital grade disinfecting wipes that are special ordered for direct care staff to use. It is consistently reported that the facility is always clean and smells fresh.

On 03/20/23, I completed telephone interviews with direct care staff, Jenice Bailey, Alequa (Nadia) Fletcher, Jelena Roland, and Sarah Schrein. Ms. Bailey, Ms. Fletcher, Ms. Roland, and Ms. Schrien consistently stated that they have access to items to clean the facility if the housekeeping staff is unavailable. In the maintenance closet they can access, a mop, a broom, a dustpan, disinfecting wipes, towels, gloves, and sanitizing water if needed.

On 03/20/23, I completed a telephone interview with direct care staff, Jamila Suggs. Ms. Suggs stated that direct care staff have access to cleaning supplies however, they often run low on other items that are needed to do their jobs such as wipes, adult briefs, gloves, and med cups. Ms. Suggs stated that if the facility is out of these products staff can go to another cottage on the campus and borrow them. Ms. Suggs further stated the director of nursing, Stephanie Jackson replenishes these products however, her shift ends at 4:00 pm so if staff need these items restocked Ms. Jackson must be notified prior to her shift ending and this is not always possible.

On 03/09/23, I completed an unscheduled onsite investigation. I observed housekeeping staff cleaning the facility. Housekeeping staff had fully stocked carts with appropriate cleaning supplies and trash disposal. I observed disinfecting wipes, gloves, med cups, brooms, mops, and sanitization water that can be used to disinfect tables. The facility was odor free, clean, and organized.

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 insufficient information to conclude that staff do not have access to cleaning solutions to clean the building. The facility has housekeeping staff who regularly clean the building. During my onsite, unscheduled investigation, I observed the housekeeping staff cleaning. The facility was odor free, clean, and organized. The housekeeping carts were stocked with cleaning supplies and proper waste disposal. I observed disinfecting wipes, gloves, med cups, brooms, mops, and sanitization water. Direct care staff, Bricca Scott, Jenice Bailey, Alequa (Nadia) Fletcher, Jelena Roland, and Sarah Schrein consistently stated that they have access to items to clean the facility if the housekeeping staff is unavailable.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The facility does not have enough washers and dryers.

INVESTIGATION:

On 03/09/23, I interviewed executive director Jenny Smith, business office manager Amanda Azar, director of nursing Stephanie Jackson, staffing development coordinator Stephanie Coles and direct care staff Bricca Scott. On 03/20/23, I completed telephone interviews with direct care staff, Jenice Bailey, Alequa (Nadia) Fletcher, and Sarah Schrein. All staff interviewed consistently stated the facility has one washer and one dryer. There is a staff who is responsible for doing laundry. Additionally, any direct care staff can assist with laundry as needed. The washer in this facility (Cottage 1) went down for approximately one week. There was an issue with the motor. A service request was completed immediately. On 03/07/23, the washer was repaired. During the times the washer was out of services the resident’s laundry was being washed in Cottage 3

and Cottage 4. Cottage 4 is not currently occupied and therefore the washer was easily accessible. There was never a time that any resident was unable to have their clothes laundered while the washer was out of service.

On 03/09/23, I interviewed Resident C. Resident C stated the washer was down for a week. Her laundry piled up in her closet however it was taken to another cottage to be washed. Resident C stated she did not go without clean clothing while the washer was down.

On 03/20/23, I completed a telephone interview with direct care staff, Jamila Suggs. Ms. Suggs stated the washers were down for on week. During that time laundry services got backed up. The resident's clothes were taken to Cottage 4 to be washed. Ms. Suggs stated the resident's clothes piled up and they went without clean laundry during the time the washer was out of service.

On 03/20/23, I completed a telephone interview with direct care staff, Jelena Roland. Ms. Roland stated the washer went down for one week. During that week when she came into work there were several residents who did not have any clean pajamas to wear. She washed their clothes during her shift to assure they had clean laundry. The residents did not wear dirty clothes.

On 03/09/23, during the onsite investigation, I observed the washer and dryer. They were in working order.

On 04/03/23, I held an exit conference with executive director, Jenny Smith to review my findings. Ms. Smith acknowledged the rule violations and stated that she understands a corrective action plan is required.

APPLICABLE RULE	
R 400.15404	Laundry.
	A home shall make adequate provision for the laundering of a resident's personal laundry.
ANALYSIS:	Based on the information gathered through my investigation there is insufficient information to conclude that the facility did not make adequate provisions for the laundering of any resident's personal laundry. The washing machine in the facility was out of service for approximately one week. A repair was immediately initiated, and the machine was fixed. During the time that the washing machine was out of service the resident's clothes were laundered in Cottage 3 and Cottage 4.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

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

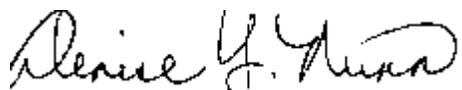


04/11/2023

Johnna Cade
Licensing Consultant

Date

Approved By:



04/13/2023

Denise Y. Nunn
Area Manager

Date