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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 26, 2023

Miranda Cockrell
CSM Alger Heights, LLC
1019 28th St.
Grand Rapids, MI 49507

RE: License #: AL410384527
Investigation #: 2023A0464030
Alger Heights - North

Dear Ms. Decator:

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 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 (616) 356-0183.

Sincerely,

A handwritten signature in blue ink that reads "Megan Aukerman, MSW". The signature is written in a cursive style.

Megan Aukerman, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 438-3036

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL410384527
Investigation #:	2023A0464030
Complaint Receipt Date:	03/07/2023
Investigation Initiation Date:	03/08/2023
Report Due Date:	05/06/2023
Licensee Name:	CSM Alger Heights, LLC
Licensee Address:	1019 28th St. Grand Rapids, MI 49507
Licensee Telephone #:	(616) 258-0268
Administrator:	Miranda Cockrell
Licensee Designee:	Miranda Cockrell
Name of Facility:	Alger Heights - North
Facility Address:	1015 28th St. SE Grand Rapids, MI 49548
Facility Telephone #:	(616) 229-0427
Original Issuance Date:	10/25/2016
License Status:	REGULAR
Effective Date:	04/25/2021
Expiration Date:	04/24/2023
Capacity:	17
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILAGED

II. ALLEGATION(S)

	Violation Established?
The facility ran out of residents' medications, as a result they did not receive their prescribed medications for six days.	Yes
The facility does not have enough food supply to feed the residents.	No
Facility staff refuse to clean the facility, as a result it is filthy.	No

III. METHODOLOGY

03/07/2023	Special Investigation Intake 2023A0464030
03/07/2023	APS Referral Referral came from APS
03/08/2023	Special Investigation Initiated - Telephone Bridget Lutzke, Care Cardinal Administrative Staff
03/13/2023	Inspection Completed On-site Bridget Lutzke (Care Cardinal Administrative Staff), Angela Decator (Licensee Designee), Resident A
03/13/2023	Contact-Document received Facility Records
04/10/2023	Contact-Telephone call received Bridget, Lutzke, Care Cardinal Administrative Staff
04/18/2023	Inspection Completed-Onsite Miranda Cockrell (Licensee Designee), Michelle (Nurse Manager), Melanie Chelette (Staff), and Resident B
04/26/2023	Exit Conference Miranda Cockrell, Licensee Designee

ALLEGATION: The facility ran out of Residents' medications, as a result they did not receive their prescribed medications for six days.

INVESTIGATION: On 03/07/2023, I received an online BCAL complaint from Adult Protective Services (APS), alleging Resident A is considered to be legally blind. She has been diagnosed with anxiety, Chronic Obstructive Pulmonary Disease (COPD), Depression, Diabetes, and kidney failure. Resident A, along with other residents in the facility, did not receive their prescribed medications for six days, due to the

facility changing pharmacies. The complaint also alleged facility staff refuse to clean the facility. There are concerns the facility does not have enough food, because staff have walked over to another building on the campus to get food. APS did not assign the complaint for investigation.

On 03/08/2023, I spoke with Care Cardinal Administrative staff, Bridget Lutzke. She was informed there was a new investigation. Mrs. Lutzke stated she would meet with the new licensee designee, Angela Decator, and I at the facility.

On 03/13/2023, I completed an onsite inspection at the facility. I interviewed Mrs. Lutzke and Ms. Decator. Ms. Decator explained they previously utilized Team Health for visiting physicians, who would prescribe resident medications. Team Health would send the prescriptions to Mercy Health Long Term Care Pharmacy. Ms. Decator stated the facility decided to switch physician providers to Home MD, Dr. Jennifer White. Ms. Decator stated they had it arranged where Team Health would stop, and Home MD would start the following day. Ms. Decator stated Team Health decided to end services earlier than they were supposed to, therefore there was a period of time where residents did not have their medications. Ms. Decator stated they tried several attempts to get in contact with Team Health to get resident prescriptions, but they refused to respond to phone calls or emails. Home MD could not prescribe any medications until they saw residents, which was not scheduled until the following week. Ms. Decator stated as a result, some residents went six days without medications.

I then interviewed Resident A privately. Resident A stated she is prescribed Gabapentin for pain management. Resident A stated there was a week she went without receiving the medication. Resident A stated she questioned Ms. Decator about her medication and Ms. Decator stated the prescribing doctor quit early and they cannot get ahold of anyone to prescribe the medications. Resident A stated there were a few other residents in the facility who also went without their medications. Resident A stated as a result she was “shaky” and in pain.

On 04/10/2023, I spoke with Mrs. Lutzke. She stated Ms. Decator no longer works at the facility. She stated Miranda Cockrell will be the licensee designee. Mrs. Lutzke stated Ms. Cockrell’s paperwork has been submitted to licensing.

On 04/18/2023, I completed an unannounced onsite inspection at the facility. I interviewed Resident B privately. Resident B stated he enjoys residing at the facility. He stated the staff take good care of him. Resident B stated there was a few days he went without some of his medications; however, he was unable to recall the exact time period.

I then interviewed staff, Melanie Chelette. She stated she recently returned from maternity leave; therefore, she was not working when the residents ran out of some of their medications. Ms. Chelette stated she did hear of the issue but has no further

information. Ms. Chelette stated since returning, she has had no issues with administering prescribed medications to the residents.

I then interviewed new licensee designee, Miranda Cockrell. She stated Team Health was supposed to end services on February 22, 2023, and Home MD was scheduled to begin services on February 23, 2023. Team Health ended up abruptly stopping in early February before they were supposed to. Ms. Cockrell stated several phone calls and emails were made to Team Health, but they refused to respond. As a result, some residents did go without their medications until Home MD started services. Ms. Cockrell stated residents were closely monitored for medication withdrawals and would have been sent to the emergency room if there was a medication crisis.

On 04/24/2023, I reviewed Resident A's Medication Administration Record (MAR) for the month of February 2023. Resident A is prescribed Gabapentin 300 mg. The MAR reflected Resident A did not receive her Gabapentin from February 1-19th, 2023.

On 04/26/2023, an exit conference was completed with Ms. Cockrell and Mrs. Lutzke. They were informed of the investigation findings and recommendations. A corrective action plan would be submitted to licensing.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.
ANALYSIS:	<p>On 03/07/2023, a complaint was received, alleging residents went six days without receiving their prescribed medications.</p> <p>Staff Angela Decator, Miranda Cockrell and Melanie Chelette all reported some residents went without medication for at least six days, due to not having a prescribing physician.</p> <p>Residents A and B reported they went without certain medications for several days.</p>

	Based on the investigation findings, there is sufficient evidence to support a rule violation that residents were not administered their prescribed medications.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: The facility does not have enough food supply for the residents.

INVESTIGATION: On 03/13/2023, I completed an onsite inspection at the facility. I interviewed Mrs. Lutzke and Ms. Decator. Both stated the facility has a sufficient food supply. The facility receives weekly deliveries through Gordon Food Service and staff prepare resident meals based on the menus. Mrs. Lutzke and Ms. Decator stated if a facility needs an ingredient or runs out of something, they can go to one of the other buildings on campus and grab what they need.

I then interviewed Resident A privately. Resident A stated staff prepare three meals per day, along with snacks. Resident A also stated she has some of her own snacks that she likes to keep in her room. Resident A stated she feels sometimes the meals that are prepared are repetitive.

I then completed a tour of the facility, specifically the kitchen. The refrigerator, freezer and pantry had an ample food supply. No concerns were observed. Facility menus were posted on the refrigerator and reflected residents receive three nutritious meals per day, along with snacks.

On 04/18/2023, I completed an unannounced, onsite inspection at the facility. I interviewed new licensee designee, Miranda Cockrell and Ms. Chelette. Both stated residents are prepared three nutritious meals per day, along with snacks. Both staff denied having any concerns regarding the menus or food supply.

I then interviewed Resident B privately. Resident B stated he enjoys residing at the facility. He stated staff prepare his meals. He denied having any concerns regarding the food and stated he always gets plenty to eat.

I then viewed the refrigerator, freezer, and pantry. The facility was well stocked with various food items. No concerns were observed.

On 04/26/2023, an exit conference was completed with Ms. Cockrell and Mrs. Lutzke. They were informed of the investigation findings and recommendations.

APPLICABLE RULE	
R 400.15313	Resident nutrition.

	(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.
ANALYSIS:	<p>On 03/07/2023, I received a complaint which alleged residents are not given enough food and the facility does not have enough.</p> <p>On 03/13/2023 and 04/18/2023 onsite inspections were completed at the facility. The refrigerator, freezer and pantry were observed to have an ample supply of food. Facility menus were posted on the refrigerator and reflected the facility prepares three nutritious meals per day, along with snacks. Residents A and B were interviewed and reported they get enough food to eat.</p> <p>Based on the investigative findings, there is insufficient evidence to support a rule violation that the facility runs out of food.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Facility staff refuse to clean the facility, as a result it is filthy.

INVESTIGATION: On 03/13/2023, I completed an onsite inspection at the facility. I interviewed Mrs. Lutzke and Ms. Decator. Both stated staff routinely clean the facility. Both denied having any concerns regarding the cleanliness of resident bedrooms.

I then interviewed Resident A privately. Resident A's bedroom was observed to be clean and appropriately furnished. Resident A stated staff are supposed to come in and clean her bedroom, but they never do. She has to ask them to come and clean her room.

I then completed a tour of the facility. The facility living room, kitchen, bathrooms, and resident bedrooms were all observed to be very clean and appropriately furnished. There were no concerns observed.

On 04/18/2023, I completed an unannounced, onsite inspection at the facility. I interviewed Ms. Cockrell and Ms. Chalette. Both stated staff routinely clean the facility. They denied having any concerns.

I then interviewed Resident B. He denied having any concerns regarding the facility. He stated staff are always cleaning the facility. He has never had any concerns

regarding the cleanliness of the facility. Resident B's bedroom was observed to be clean and appropriately furnished as well as the rest of the facility.

On 04/26/2023, an exit conference was completed with Ms. Cockrell and Mrs. Lutzke. They were informed of the investigation findings and recommendations.

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:	<p>On 03/07/2023, a complaint was received alleging the facility is filthy.</p> <p>Onsite inspections were completed on 03/13/2023 and 04/18/2023. The facility living room, kitchen, dining room, bathrooms and all resident bedrooms were observed to be clean and appropriately furnished. No concerns were observed.</p> <p>Based on the investigative findings, there is insufficient evidence to support a rule violation that the facility is filthy.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend that the licensing status remain unchanged.

Megan Aukerman, MSW

04/26/2023

Megan Aukerman
Licensing Consultant

Date

Approved By:

Jerry Hendrick

04/26/2023

Jerry Hendrick
Area Manager

Date