



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 20, 2023

April Schaab  
Michigan Christian Home Beacon Hill at Eastgate  
1845 Boston Street, SE  
Grand Rapids, MI 49506-4499

RE: License #: AH410236848  
Investigation #: 2023A1021046  
Michigan Christian Home Beacon Hill at Eastgate

Dear Mrs. Schaab:

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**

<b>License #:</b>	AH410236848
<b>Investigation #:</b>	2023A1021046
<b>Complaint Receipt Date:</b>	03/23/2023
<b>Investigation Initiation Date:</b>	03/27/2023
<b>Report Due Date:</b>	05/22/2023
<b>Licensee Name:</b>	The Michigan Christian Home Inc.
<b>Licensee Address:</b>	1845 Boston St. SE Grand Rapids, MI 49506
<b>Licensee Telephone #:</b>	(616) 245-9179
<b>Administrator/ Authorized Representative:</b>	April Schaab
<b>Name of Facility:</b>	Michigan Christian Home Beacon Hill at Eastgate
<b>Facility Address:</b>	1845 Boston Street, SE Grand Rapids, MI 49506-4499
<b>Facility Telephone #:</b>	(616) 245-9179
<b>Original Issuance Date:</b>	09/01/1960
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	11/22/2022
<b>Expiration Date:</b>	11/21/2023
<b>Capacity:</b>	92
<b>Program Type:</b>	AGED ALZHEIMERS

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Facility failed to provide Resident A with personal care.	No
Additional Findings	Yes

## III. METHODOLOGY

03/23/2023	Special Investigation Intake 2023A1021046
03/27/2023	Special Investigation Initiated - Letter referral sent to APS
04/04/2023	Inspection Completed On-site
04/20/2023	Exit Conference

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:**

**Facility failed to provide Resident A with personal care.**

### **INVESTIGATION:**

On 03/23/2023, the licensing department received a complaint with allegations the facility does not clean Resident A. The complainant alleged Resident A's teeth are not brushed and Resident A does not receive showers.

On 03/27/2023, the allegations in this report were sent to centralized intake at Adult Protective Services (APS).

On 04/03/2023, I interviewed director of nursing Amanda Daggert at the facility. Ms. Daggert reported Resident A is in memory care with significant memory loss. Ms. Daggert reported the facility assists Resident A with activities of daily living such as dressing and bathing. Ms. Daggert reported in the morning caregivers assist Resident A with brushing his teeth. Ms. Daggert reported Resident A is scheduled to receive a shower at least once a week, but he usually receives a shower twice a

week. Ms. Daggert reported caregivers complete a skin assessment when providing showers. Ms. Daggert reported Resident A is continent during daytime hours but is incontinent at night. Ms. Daggert reported Resident A wears a Depend at night and caregivers assist Resident A with using the bathroom. Ms. Daggert reported caregivers provide Resident A with appropriate assistance with completing his activities of daily living.

On 04/03/2023, I interviewed staff person 1 (SP1) at the facility. SP1 reported when she comes on shift, Resident A has a Depend on due to nighttime incontinence. SP1 reported she has never observed Resident A to be soaked in urine. SP1 reported every morning, first shift assists Resident A with dressing, shaving, and brushing his teeth. SP1 reported at times Resident A refuses to complete said activities, but caregivers still attempt to complete them.

On 04/03/2023, I observed Resident A at the facility. Resident A was in clean clothes and appeared to be well taken care of. Due to Resident A's memory impairment, he was unable to provide details on the care he receives at the facility.

I reviewed skin assessment and shower documentation for Resident A. The documentation revealed in March 2023 Resident A received showers on the following days:

3/6, 3/7, 3/13, 3/15, 3/17, 3/21, 3/25, 3/28, 4/1

I reviewed Resident A's service plan. The service plan read,

*"TOLIET USE: The patient requires 1 staff person for hygiene. Sleeps well-enjoys sleeping. Gets up to use the bathroom 2-3 times a night.*

*BATHING: The Resident requires setup, supervision and cuing, 1 assist as needed with bathing/showering weekly and as necessary.*

*ORAL CARE: The resident requires setup, cueing and supervision with AM and HS cares. Resident requires assistance with this task."*

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	Interviews conducted, observations made, and review of documentation revealed lack of evidence to support the allegation facility does not provide Resident A with assistance to complete personal care needs.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

Ms. Daggert reported Resident A wears a Depend at night due to nighttime incontinence.

Resident A’s service plan read,

*“TOLIET USE: The patient requires 1 staff person/cuing to toilet. Requires reminders to use the toilet – before meals, AM, and HS. Resident is continent of bowel and bladder, no incontinence products used.”*

<b>APPLICABLE RULE</b>	
<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<b>(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.</b>
<b>ANALYSIS:</b>	Interviews conducted revealed Resident A wears a Depend at nighttime due to incontinence. Review of Resident A’s service plan revealed this information was not in the service plan.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

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

 04/04/2023

\_\_\_\_\_  
Kimberly Horst Date  
Licensing Staff

Approved By:

 04/18/2023

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