



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 31, 2023

Carol DelRaso  
Grand Village Assisted Living LLC  
3939 44th Street SW  
Grandville, MI 49418

RE: License #: AH410384010  
Investigation #: 2023A1021037  
Grand Village Assisted Living LLC

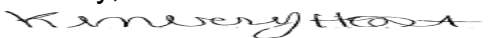
Dear Ms. DelRaso:

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,

  
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>	AH410384010
<b>Investigation #:</b>	2023A1021037
<b>Complaint Receipt Date:</b>	02/17/2023
<b>Investigation Initiation Date:</b>	02/21/2023
<b>Report Due Date:</b>	04/19/2023
<b>Licensee Name:</b>	Grand Village Assisted Living, LLC
<b>Licensee Address:</b>	3939 44th Street Grandville, MI 49418
<b>Licensee Telephone #:</b>	(616) 719-5895
<b>Administrator:</b>	Jennifer Raymond
<b>Authorized Representative:</b>	Carol DelRaso
<b>Name of Facility:</b>	Grand Village Assisted Living LLC
<b>Facility Address:</b>	3939 44th Street SW Grandville, MI 49418
<b>Facility Telephone #:</b>	(616) 261-2610
<b>Original Issuance Date:</b>	01/30/2018
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	07/30/2022
<b>Expiration Date:</b>	07/29/2023
<b>Capacity:</b>	72
<b>Program Type:</b>	ALZHEIMERS AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Facility has insufficient staff.	Yes
Additional Findings	No

## III. METHODOLOGY

02/17/2023	Special Investigation Intake 2023A1021037
02/21/2023	Special Investigation Initiated - Letter referral sent to APS
02/28/2023	Inspection Completed On-site
03/14/2023	Contact-Document Received Received service plans and call light response time
03/31/2023	Exit Conference

### **ALLEGATION:**

**Facility has insufficient staff.**

### **INVESTIGATION:**

On 02/17/2023, the licensing department received a complaint with allegations the facility has insufficient staff. The complainant alleged residents fall, showers are not completed, and laundry is not done because there is lack of staff in the facility.

On 02/28/2023, I interviewed administrator Jennifer Raymond at the facility. Ms. Raymond reported the facility is currently working on stabilizing staff and hiring more staff. Ms. Raymond reported the facility is currently using their internal staffing agency, Corsa Care. Ms. Raymond reported the facility has made changes to their staff schedule to assist with staff shortages. Ms. Raymond reported there is now a mandated worker for every shift. Ms. Raymond reported this worker can be mandated to stay over past their scheduled shift to assist with staff shortages. Ms. Raymond reported on the weekend, staff work 12-hour shifts. Ms. Raymond reported during the week, there are three shifts. Ms. Raymond reported on first and second shift there is to be three employees in assisted living and two employees in memory care. Ms. Raymond reported on third shift there is to be two employees in

assisted living and one employee in memory care. Ms. Raymond reported on the weekend, for all shifts there is to be three employees in assisted living and two employees in memory care. Ms. Raymond reported management is also working the floor. Ms. Raymond reported care staff are responsible for laundry duties and she has received complaints about laundry not being completed in a timely fashion. Ms. Raymond reported the facility is currently hiring for all shifts.

On 02/28/2023, I interviewed staff person 1 (SP1) at the facility. SP1 reported there is 33 residents in assisted living and 13 residents in memory care. SP1 reported in memory care there are two residents that are a two person assist, one resident that requires 1:1 feed, five residents that are a check and change, and all residents require assistance with dressing and bathing. SP1 reported in assisted living there are five residents that are a two person assist transfer, one resident on oxygen, three residents with catheters, and two residents that are incontinent. SP1 reported there have been care conferences with family members due to laundry not completed and showers not done on scheduled shower days. SP1 reported the residents that had concerns, the facility increased frequency of laundry and showers. SP1 reported residents have a call pendent to press for staff assistance and the expectation is for staff to respond within 10 minutes. SP1 reported staff members carry an iPod to communicate between each other.

On 02/28/2023, I interviewed Resident A at the facility. Resident A reported there is lack of staff at the facility. Resident A reported he has had to wait upwards of one hour for staff assistance. Resident A reported when staff take his laundry, it can take days for the laundry to be washed and returned. Resident A reported he has missed his scheduled shower due to lack of staff. Resident A reported the care staff work hard, there is just not enough staff in the building.

On 02/28/2023, I interviewed SP2 at the facility. SP2 reported care staff struggle to complete required tasks on their shift. SP2 reported laundry and showers are not always completed. SP2 reported residents are requiring increased assistance and sometimes require two staff people. SP2 reported residents receive good care, but there needs to be more staff in the building.

I reviewed call light response time for 20 residents in assisted living for 02/21/2023 to 02/28/2023. The average call light response time for the 20 residents was 15.5 minutes. Only three out of the 20 residents had an average call light response time of less than 10 minutes.

I reviewed service plans for five residents in assisted living. The service plans revealed four residents required staff redirection, three residents required assistance with grooming, five residents required assistance with dressing, five residents required assistance with bathing, two residents required assistance with toileting, two residents were incontinent, four residents required two-person assistance with transferring, and one resident required two-person assistance with bathroom.

I reviewed daily staffing assignment sheets for the facility for 02/03/2023-02/26/2023  
 The assignment sheets revealed the following staff shortages:

02/12/2023: only two people in assisted living 11:00pm-7:00am

02/18/2023: 11pm-7am: only four people in the facility.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	<p>The facility does not have adequate staffing levels as evidenced by:</p> <p>Interviews conducted with residents and staff members revealed residents wait an extended period for staff assistance, laundry is not completed timely, and showers are not completed on scheduled days.</p> <p>Review of call light response time revealed on average residents 15 minutes for staff assistance.</p> <p>Review of daily staff assignment sheets revealed the facility operated below their staffing levels on three occurrences.</p> <p>Review of service plans revealed four residents in assisted living require two person assists with transfers yet at times there are only three or two staff members scheduled.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On 02/28/2023, 03/30/2023, and 03/31/2023, I attempted to reach the authorized representative. On 03/31/2023, this report was sent to the authorized representative.

#### IV. RECOMMENDATION

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

 3/23/2023

---

Kimberly Horst  
Licensing Staff

Date

Approved By:

 03/27/2023

---

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

Date