



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 9, 2023

Laura Laurain
Island Pines Residential Assisted Living LLC
15692 Carroll Drive
Riverview, MI 48193

RE: License #: AS820300923
Investigation #: 2023A0116031
Island Pines Residential Assisted Living

Dear Ms. Laurain:

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Pandora Robinson". The signature is written in a cursive, flowing style.

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 319-9682

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820300923
Investigation #:	2023A0116031
Complaint Receipt Date:	04/19/2023
Investigation Initiation Date:	04/21/2023
Report Due Date:	06/18/2023
Licensee Name:	Island Pines Residential Assisted Living LLC
Licensee Address:	21443 HCL Jackson Grosse Ile, MI 48138
Licensee Telephone #:	(734) 231-2664
Administrator:	Laura Laurain
Licensee Designee:	Laura Laurain
Name of Facility:	Island Pines Residential Assisted Living
Facility Address:	21443 HCL Jackson Grosse Ile, MI 48138
Facility Telephone #:	(734) 307-3201
Original Issuance Date:	08/26/2009
License Status:	REGULAR
Effective Date:	07/10/2022
Expiration Date:	07/09/2024
Capacity:	6
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Complainant reported working in the home a few months and never received any type of emergency training.	No
Residents are not being showered as required.	Yes
Complainant reported no fire drills were done the entire time she worked there.	Yes

III. METHODOLOGY

04/19/2023	Special Investigation Intake 2023A0116031
04/21/2023	Special Investigation Initiated - On Site Interviewed home manager, Toni Patnaude, staff Dreama Hockenhull and Residents A and B. Reviewed shower logs, employee records and fire drills.
04/21/2023	Inspection Completed-BCAL Sub. Compliance
05/08/2023	APS Referral Made
05/08/2023	Exit Conference With licensee designee, Laura Laurain.

ALLEGATION:

Complainant reported working in the home a few months and never received any type of emergency training.

INVESTIGATION:

On 04/21/23, I conducted an unscheduled onsite inspection and interviewed home manager, Toni Patnaude. Ms. Patnaude reported that all staff is trained in all required areas prior to working with the residents. Ms. Patnaude was not sure what “emergency training” the complainant was referring too, however, reported that the

home uses (Michigan Assisted Living Association) MALA training program and the staff are sent out for First Aid and Cardiopulmonary resuscitation (CPR) training.

I requested to review employee records and observed that all of the staff were trained in all required areas prior to assumption of duties.

On 05/03/23, I conducted the exit conference with licensee designee, Laura Laurain. Ms. Laurain reported that all staff is fully trained before they are able to work on the floor with residents. I informed Ms. Laurain of the findings of the investigation, and she agreed with the findings.

APPLICABLE RULE	
R 400.14204	Direct care staff; qualifications and training.
	<p>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</p> <ul style="list-style-type: none"> (a) Reporting requirements. (b) First aid. (c) Cardiopulmonary resuscitation. (d) Personal care, supervision, and protection. (e) Resident rights. (f) Safety and fire prevention. (g) Prevention and containment of communicable diseases.
ANALYSIS:	<p>Based on the findings of the investigation, which included interviews of Ms. Patnaude and Ms. Laurain as well as consultant review of the employee records, I am unable to corroborate the allegation.</p> <p>Ms. Patnaude and Ms. Laurain reported that all staff are trained in all required areas prior to working with residents.</p> <p>I reviewed all of the employee records during the onsite and confirmed that all staff had been trained in all required areas prior to providing direct care to residents.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Residents are not being showered as required.

INVESTIGATION:

On 04/21/23, I conducted an unscheduled onsite inspection and interviewed home manager, Toni Patnaude, staff, Dreama Hockenhill and Residents A and B. Ms. Patnaude reported that the residents are showered, however, reported that at times they refuse. I asked Ms. Patnaude if the home kept a shower log, or any documentation related to showering of the residents. Ms. Patnaude reported that they did. I reviewed the shower log dated April 2023 and observed that from April 1, 2023 through April 20, 2023, Resident A had not been showered. I observed that Resident B had only had one shower from April 1, 2023, to April 20, 2023 and Resident C had not had a shower from April 1, 2023 to April 20, 2023. During my review of the shower log, I did not observe any comments or notes that indicated that any of the residents were offered showers and refused. I informed Ms. Patnaude of the rule requirement that residents are to be afforded the opportunity for daily bathing, and that at minimum a resident shall bathe weekly. Ms. Patnaude reported an understanding and reported that she will make sure that all residents are being bathed as required by the rule.

I interviewed staff, Dream Hockenhill and she reported that the staff do shower the residents and provide a.m. and p.m. hygiene care. Ms. Hockenhill reported that the residents will refuse showering at times which sometimes makes it difficult to meet the rule requirement.

I interviewed Resident A and B and they both reported that they are showered. Neither resident could articulate the frequency of their showers or confirm if they are afforded the opportunity for daily bathing.

On 05/03/23, I conducted the exit conference with licensee designee, Laura Laurain and informed her of the findings of the investigation. Ms. Laurain reported that she will ensure that all of the residents are showered at least weekly, or more if requested or needed.

APPLICABLE RULE	
R 400.14314	Resident hygiene.
	(1) A licensee shall afford a resident the opportunity, and instructions when necessary, for daily bathing and oral and personal hygiene. A licensee shall ensure that a resident bathes at least weekly and more often if necessary.

ANALYSIS:	<p>Based on the findings of the investigation, which included interviews of Ms. Patnaude, Ms. Hockenhull and review of the resident shower log, I am able to corroborate the allegation.</p> <p>Ms. Patnaude and Ms. Hockenhull reported that the residents are showered, however, reported that at times the residents refuse. I informed both Ms. Patnaude and Ms. Hockenhull of the rule requirement related to showering. Both reported an understanding.</p> <p>I also observed that 3 of the 4 residents that reside in the home were not showered at minimum once per week as required by these rules.</p> <p>Ms. Laurain reported that moving forward she will ensure that all residents are being showered at least weekly or more often if requested or needed.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Complainant reported no fire drills were done the entire time she worked there.

INVESTIGATION:

On 04/21/23, I conducted an unscheduled onsite inspection and interviewed home manager Toni Patnaude and Resident A and B. I also reviewed the fire drill log. Ms. Patnaude reported that for the most part fire drills are being done. However, admitted that she has missed a few.

I interviewed Residents A and B and they reported that they do participate in fire drills, however, were unable to provide details of when they are done or how often.

I reviewed the fire drill log and observed that no drills were conducted during the first quarter of 2023.

On 05/03/23, I conducted the exit conference with licensee designee, Laura Laurain and informed her of the findings of the investigation. Ms. Laurain reported an understanding and stated she will continue to work with Ms. Patnaude to ensure that drills are conducted as required by the rules.

APPLICABLE RULE	
R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.
ANALYSIS:	Based on the findings of the investigation, which included interviews with Ms. Patnaude and consultant observation, I am able to corroborate the allegation. Ms. Patnaude admitted that she had missed a few fire drills. I reviewed the fire drill log and confirmed that no fire drills were conducted during the 1 st quarter of 2023.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of the license remain unchanged.



05/08/23

Pandrea Robinson
Licensing Consultant

Date

Approved By:



05/09/23

Ardra Hunter
Area Manager

Date