



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 15, 2023

Mark Walker
Premier Operating Clarkston MC, LLC
7570 Dixie Hwy
Clarkston, MI 48346

RE: License #: AL630382793
Investigation #: 2023A0991015
The Pines Of Clarkston Memory Care

Dear Mr. Walker:

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:

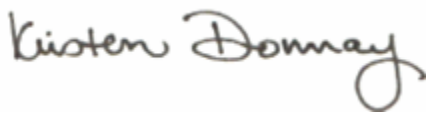
- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan.

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.

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 black ink that reads "Kristen Donnay". The signature is written in a cursive style with a large, looped 'y' at the end.

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd., Ste. 9-100
Detroit, MI 48202
(248) 296-2783

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL630382793
Investigation #:	2023A0991015
Complaint Receipt Date:	03/07/2023
Investigation Initiation Date:	03/07/2023
Report Due Date:	05/06/2023
Licensee Name:	Premier Operating Clarkston MC, LLC
Licensee Address:	299 Park Ave - 6 Fl New York, NY 10171
Licensee Telephone #:	(419) 429-9984
Licensee Designee:	Mark Walker
Administrator:	Ruby Mogensen
Name of Facility:	The Pines Of Clarkston Memory Care
Facility Address:	7570 Dixie Hwy Clarkston, MI 48346
Facility Telephone #:	(248) 625-3400
Original Issuance Date:	03/22/2017
License Status:	REGULAR
Effective Date:	03/22/2021
Expiration Date:	03/21/2023
Capacity:	20
Program Type:	ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The facility is understaffed, and supervisors often sleep during shift.	Yes
There is no consistent use of service plans for the residents.	Yes
Staff requirements are not consistently enforced including TB testing, medical clearances, training, and background checks.	Yes
There are numerous maintenance issues including a leaking roof, heating/cooling issues, and broken toilets throughout the facility.	Yes

III. METHODOLOGY

03/07/2023	Special Investigation Intake 2023A0991015
03/07/2023	Special Investigation Initiated - Telephone Call to complainant- left message
03/08/2023	Contact - Telephone call made Interviewed complainant via telephone
03/08/2023	Contact - Document Received Supporting documents from complainant
03/08/2023	APS Referral Referred to Adult Protective Services (APS) Centralized Intake
03/20/2023	Inspection Completed On-site Unannounced onsite inspection- interviewed staff and residents
03/29/2023	Contact - Telephone call received From APS worker, Carmen Smith
05/02/2023	Contact - Telephone call made Left message for licensee designee, Mark Walker re: exit conference
05/02/2023	Exit Conference Via telephone with administrator, Ruby Mogensen

ALLEGATION:

- **The facility is understaffed, and supervisors often sleep during shift.**
- **There is no consistent use of service plans for the residents.**

INVESTIGATION:

On 03/07/23, I received a complaint regarding The Pines of Clarkston Memory Care. The complaint was also referred to Adult Protective Services (APS) and was assigned to APS worker, Carmen Smith. I initiated my investigation on 03/08/23 by interviewing the complainant via telephone. The complainant stated that she worked at the facility from 01/09/23-02/20/23. During her time at the facility, she observed several things that were concerning, which she tried to address with the management team to no avail. She stated that the facility was understaffed. In January, three residents moved to the memory care building from the assisted living facility which is located across the parking lot. The residents who moved to the memory care building did not have memory issues or an Alzheimer's diagnosis. They had one staff person working in each building, and staff frequently ran between the two buildings to provide assistance, leaving the residents unattended for periods of time. This staffing arrangement made it difficult for staff to safely care for the residents. On one occasion, Resident H wandered into Resident D's bedroom and Resident D "sucker punched" Resident H. Resident H is the only resident who requires memory care. There were times when the nighttime supervisor also slept on shift. The complainant also stated that the facility was not consistently using service plans. Service plans were incomplete, out-of-date, or were not being followed consistently.

On 03/20/23, I conducted an unannounced onsite inspection at The Pines of Clarkston Memory Care. Upon arriving at The Pines of Clarkston Memory Care, the shift supervisor, Melissa Almaraz, answered the door and stated that she was going to go to the assisted living building across the street to get the executive director, Ruby Mogensen. Ms. Almaraz stated that she was the only staff person on shift in the memory care building. I advised Ms. Almaraz that somebody else was already notifying Ms. Mogensen and she should not leave the building.

On 03/20/23, I interviewed the executive director, Ruby Mogensen. Ms. Mogensen stated that there are currently three residents living in the memory care building. Two of the residents moved in from the assisted living building in January 2023 and the third resident was a new admission in February 2023. They currently have only one staff on shift because there are only three residents living in the facility. Ms. Mogensen stated that they have one staff in each building and a runner who assists both buildings. Staff only leave the building if there is another staff member present. When I informed Ms. Mogensen that Melissa Almaraz was going to leave the building to get her from the assisted living building when I arrived, Ms. Mogensen stated that the housekeeper, Kathy, was probably here. She stated that Kathy is the runner, and she is "cross trained." Ms. Mogensen stated that she was not aware of staff leaving when no other staff were in the building. This was never reported to her. She was not aware of and

never observed any staff sleeping on shift. Ms. Mogensen stated that there have been a few occasions when Ms. Almaraz has stayed and slept at the facility, but another staff person was on shift during that time. During COVID, Ms. Almaraz kept extra clothes at the facility and would sleep there occasionally, but she was not living at the facility or sleeping during her scheduled shifts.

On 03/20/23, I interviewed the shift supervisor, Melissa Almaraz. Ms. Almaraz that she has worked at The Pines of Clarkston for six years. She typically works from 6:00am-6:00pm seven days a week in the memory care building. Ms. Almaraz stated that she has never observed any staff sleeping on shift and she has never slept while on shift. She stated that she did sleep at the facility, but she was not scheduled to work at the time, and another staff was on shift. She slept out in the living room on a chair. Ms. Almaraz stated that there is only one person scheduled per shift. She stated that Resident H wanders and staff must check on him at least every two hours. He usually walks up and down the hallway. There was an occasion when he wandered into Resident D's room. Resident D redirected him which way to go down the hallway. He did not punch or push Resident H. He just physically helped him out the door. Resident H did not have any injuries from this interaction.

Ms. Almaraz stated that Resident C requires assistance using the bathroom and going to bed. One person can usually assist him; however, he requires a two person assist to get to bed on a "bad day." She stated that on bad days he leans to one side and is more difficult to transfer. This happens about once per week. Somebody from the assisted living building comes over to assist while the other staff covers the floor. She stated that the assisted living building usually has two staff working. She stated that staffing is determined by how many residents are in each building, not by the needs of the residents.

Ms. Almaraz stated that there have been times when she has gone across the street to help at the assisted living building. She is usually not gone for more than two minutes. Ms. Almaraz stated that they have walkie talkies that they can use to communicate with staff in the other building, but she did not have the walkie talkie on her as it was not charged. Ms. Almaraz stated that they do not currently have anyone working as a floater, but someone new is starting tomorrow. Usually, the housekeeper or maintenance person will stay with the residents while she is gone. She stated that when I arrived, the maintenance person, Doug, was in the building doing work in room # 9. He can watch the floor, but he is not trained as a direct care worker. I requested to review a copy of Doug's employee file, but he did not have a file available to review.

On 03/20/23, I interviewed the housekeeping staff, Katherine Yanez. Ms. Yanez stated that she has worked for The Pines of Clarkston for three years off and on. She stated that today was her first day back after being off for about a month due to personal reasons. She stated that before she left, she was a direct care worker, but she came

back as housekeeping staff so she can leave in case of an emergency. Ms. Yanez stated that she was previously trained as a direct care worker. She stated that it was not clear if she was allowed to provide direct care in her current position as housekeeping staff. She stated that when I arrived, she was in the assisted living building across the street. She came over to the memory care unit after I arrived. Ms. Yanez stated that she did not have any concerns about the supervision of the residents.

On 03/20/23, I interviewed the activities director, Kelly Miles. Ms. Miles stated that she began working at the facility on 02/28/23. She stated that she completes the activities calendar, facilitates activities, and helps as needed. She stated that she is not cross trained in direct care and does not assist with activities of daily living. Staff never asked her to provide direct care to the residents and she has never been left alone in the building with the residents.

During the onsite inspection on 03/20/23, I observed three residents in the facility, Resident C, Resident D, and Resident H. Resident H is non-verbal and could participate in an interview. Resident C stated that most of the time only one person helps him, but for safety reasons, two people should help him. Melissa is the only person who helps him on the toilet. She never dropped him.

Resident D stated that there is usually only one staff per shift. He stated that sometimes Melissa leaves in the morning to go to the other building. He knows this because she will tell him that she is going over there. She is gone for a few minutes and then returns. There are no other staff in the building during this time. Melissa is the only staff he knows of who leaves the building. He never observed her or any other staff sleeping while on shift. Resident D uses a wheelchair and is non-ambulatory. He stated that he can transfer by himself. He can stand up and go in the shower. He did not have any concerns or complaints about the facility.

During the onsite inspection, I requested copies of Resident C, Resident D, and Resident H's assessment plans. Ms. Mogensen stated that she could not locate the AFC assessment plans that were completed when the residents moved to the memory care building in January 2023. She provided a copy of a document titled "service plan" for Resident C and Resident D. Resident C's service plan notes his admission date was "09/08/2011". It states that annual update date is 09/08/23. Ms. Mogensen stated that they do not date or sign the document when it is updated each year, they only write the date when the document needs to be updated next. The document was not signed by the resident or a responsible person. Ms. Mogensen stated that this plan was updated, but she could not locate the updated document and did not have an electronic copy. Regarding care, the service plan notes that Resident C is incontinent of urine. It states that he is a two person assist for transfers. Resident C's assessment plan notes that Resident C has right side Bell's Palsy, lap partial gastrectomy, hypothyroidism, and cord compression. It does not include a diagnosis of Alzheimer's disease.

Resident D's service plan notes his admission date was 01/25/2013 and the annual update is 12/19/23. His plan lists a medical diagnosis of ischemic strokes, diabetes mellitus, urinary retention, cerebrovascular accident, xerosis cutis, symptomatic orthostatic, hypotension, and constipation. It does not include a diagnosis of Alzheimer's. The plan notes that Resident D is independent with his daily living skills. Resident D's plan was not signed by the resident or a responsible person.

Resident H had a signature page completed for the AFC assessment plan form dated 01/31/23, however, the rest of the assessment plan was not fully completed and did not reflect his care needs.

I reviewed a copy of the staff schedule from 02/26/23-03/25/23. The schedule indicates one direct care worker scheduled to work in the memory care building from 6:00am-6:00pm and one staff scheduled from 6:00pm-6:00am. There is a housekeeper scheduled to work Monday-Friday from 8:00am-4:00pm and the executive director works Monday-Friday from 9:00am-5:00pm. The schedule does not indicate that there is a designated "runner" to assist staff in both buildings.

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 the facility did not have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of the residents. Resident C's service plan notes that he requires a two person assist for transfers. The shift supervisor, Melissa Almaraz, stated that Resident C requires a two person assist when he is having a bad day and Resident C stated that two people should assist him for safety; however, the facility is only staffing one direct care worker per shift. There have also been times when Ms. Almaraz left the memory care building to go to the assisted living building across the parking lot, leaving the residents unsupervised or with staff who are not qualified to act as direct care workers.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(3) Any individual, including a volunteer, shall not be considered in determining the ratio of direct care staff to residents unless the individual meets the qualifications of a direct care staff member.
ANALYSIS:	During the investigation, the shift supervisor and executive director stated that the housekeeping and maintenance staff are “cross trained” as direct care workers and could supervise the residents for short periods of time while staff left the building to go to the assisted living building across the parking lot. There was no staff file available to review for the maintenance staff, Doug. The housekeeping staff, Katherine Yanez, did not meet the qualifications of a direct care staff member, as her employee file did not contain the required training or job description.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions: (a) The amount of personal care, supervision, and protection that is required by the resident is available in the home. (b) The kinds of services, skills, and physical accommodations that are required of the home to meet the resident's needs are available in the home. (c) The resident appears to be compatible with other residents and members of the household.
ANALYSIS:	Based on the information gathered through my investigation, there is sufficient information to conclude that an assessment was not completed prior to Resident C and Resident D moving to the memory care facility from the assisted living facility. There was no signed AFC assessment plan available to review during the onsite inspection and the service plan was not dated to reflect when it was last updated. The amount of personal care required by Resident C is not available in the home, as he

	requires a two person assist for transfers and the facility only staffs one direct care worker per shift. In addition, the facility is licensed to provide care only for individuals who have Alzheimer's disease or related disorders including dementia. The service plans that were available to review for Resident C and Resident D did not reflect an Alzheimer's diagnosis and did not indicate that they had any memory issues.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
ANALYSIS:	During the onsite inspection, written assessment plans for Resident C, Resident D, and Resident H were not available to review. The executive director stated that the assessment plans were completed at the time of admission, but they could not be located. Resident C and Resident D had service plans on file, which were not dated or signed. Resident H had a signature page for an AFC assessment plan, but the rest of the document was incomplete.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED Reference Special Investigation Report #2020A0602035 dated 09/18/2020; CAP dated 09/21/2020

ALLEGATION:

Staff requirements are not consistently enforced including TB testing, medical clearances, training, and background checks.

INVESTIGATION:

On 03/08/23, I interviewed the complainant via telephone. She stated that The Pines of Clarkston does not have a consistent hiring process in place to ensure that staff requirements are met. During her time working at the facility, several staff files could not be located or were missing required documents. She stated that some caregivers were allowed to work in the facility prior to completing a TB test, but she was sent home and

could not come into the building until a full background check, including fingerprinting, and a TB test was completed.

On 03/20/23, I interviewed the executive director, Ruby Mogensen. Ms. Mogensen stated that they recently discovered several employee charts could not be located. After they located the files, many were missing information. She stated that she believed the complaint was made by a disgruntled former employee. After that employee left, they discovered several things were missing from files. She stated that they are currently in the process of reorganizing resident and employee files. The files are kept locked in the office with a code on the door.

During the onsite inspection I reviewed staff files and noted the following:

- The staff file for the shift supervisor, Melissa Almaraz, did not contain documentation showing that fingerprinting was completed through the workforce background check system and linked to The Pines of Clarkston Memory Care.
- There was no employee file for the maintenance person, Doug, who Ms. Mogensen and Ms. Almaraz stated was cross trained and could supervise residents for periods of time when staff went to the other building.
- The employee file for housekeeping staff, Katherine Yanez, who Ms. Mogensen and Ms. Almaraz also stated was cross trained did not contain a job description for a direct care worker.
- The employee file for Ms. Yanez did not contain documentation of training other than medication training.
- The employee file for direct care worker, Celeste Lucero, did not contain verification of the required training for direct care workers.
- The employee file for file for Ms. Lucero did not contain documentation of a physical or TB testing that was completed at the time of hire.
- The employee file for direct care worker, Penny Ellis, did not contain verification of current CPR or first aid training. (Training was valid through 03/12/22).

Training was not being clearly tracked and documented in any of the employee files. Ms. Mogensen stated that training is conducted internally, and they utilize a toolbox training program. Some of the employee files included partially completed worksheets and quizzes from trainings, but they were not dated and did not show that the training was completed. The trainings did not cover all the areas required for licensing.

APPLICABLE RULE	
MCL 400.734b	Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.

	<p>(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.</p>
<p>ANALYSIS:</p>	<p>During the onsite inspection, the employee file for shift supervisor, Melissa Almaraz, did not contain documentation showing that fingerprinting was completed through the workforce background check system and linked to The Pines of Clarkston Memory Care. There was no employee file or background check verification for the maintenance person, Doug, who Ms. Mogensen and Ms. Almaraz stated was cross trained and could supervise residents for periods of time when staff went to the other building.</p>
<p>CONCLUSION:</p>	<p>VIOLATION ESTABLISHED</p>

APPLICABLE RULE	
R 400.15204	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>During the onsite inspection, a review of employee files showed that training was not being clearly tracked and documented in any of the employee files. Some of the employee files included partially completed worksheets and quizzes from trainings, but they were not dated and did not show that the training was completed. The trainings did not cover all the areas required for licensing. The employee file for direct care worker, Penny Ellis, did not contain verification of current CPR or first aid training. The employee file for housekeeping staff, Katherine Yanez, who Ms. Mogensen and Ms. Almaraz also stated was cross trained did not contain documentation of training other than medication training.</p>
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	<p>(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.</p>

ANALYSIS:	During the onsite inspection, the employee file for direct care worker, Celeste Lucero, did not contain did not contain documentation of a physical completed at the time of hire.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.
ANALYSIS:	During the onsite inspection, the employee file for direct care worker, Celeste Lucero, did not contain did not contain documentation of a physical that was completed at the time of hire.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15208	Direct care staff and employee records.
	(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: <ul style="list-style-type: none"> (a) Name, address, telephone number, and social security number. (b) The professional or vocational license, certification, or registration number, if applicable. (c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents. (d) Verification of the age requirement. (e) Verification of experience, education, and training. (f) Verification of reference checks.

	(g) Beginning and ending dates of employment. (h) Medical information, as required. (i) Required verification of the receipt of personnel policies and job descriptions.
ANALYSIS:	During the onsite inspection, a review of employee files showed that they did not contain all of the required information. There was no employee file for the maintenance person, Doug, who Ms. Mogensen and Ms. Almaraz stated was cross trained and could supervise residents for periods of time when staff went to the other building. The employee file for housekeeping staff, Katherine Yanez, who Ms. Mogensen and Ms. Almaraz also stated was cross trained did not contain a job description for a direct care worker. Staff files were also missing the required verification of training and medical information.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

There are numerous maintenance issues including a leaking roof, heating/cooling issues, and broken toilets throughout the facility.

INVESTIGATION:

On 03/08/23, I interviewed the complainant via telephone. She stated that the residents go into unoccupied rooms and use the toilets, creating messes and clogging the toilets. When the toilets are not working, they turn them off, but residents continue to go in and use them. The facility had a leak in the roof that was not addressed and has caused severe water damage to several rooms. The facility also has heating issues and ventilation issues. There are at least five rooms that do not have heat. The residents have to keep moving around to different bedrooms when there are issues with the heat. She stated that she documented the issues with the building and started reporting them to the licensee designee and administration. They defer maintenance and do not fix anything in a timely manner. She stated that they had maintenance come in to address several issues, but the maintenance workers kept leaving doors unlocked, and were leaving ladders and paint supplies around the facility.

On 03/20/23, I conducted an unannounced onsite inspection and completed a walkthrough of the facility to inspect the physical plant. I noted the following:

- The toilet in the bathroom located in bedroom #2 was dirty with feces on the toilet seat and toilet bowl. The executive director, Ruby Mogensen, stated that Resident R moved out of this room the previous Friday and it is currently not occupied. She stated that Resident H likely came in and used the toilet, causing it to be dirty.

- There were heating and cooling issues throughout the facility. Per the thermostats on the wall, bedroom #4 was 89°F, bedroom #6 was 95°F, bedroom #10 was 83°F, bedroom #16 was 55°F, bedroom #17 was 54°F, bedroom #18 was 54°F, bedroom #19 was 63°F, bedroom #20 was 64°F. Ms. Mogensen stated that the issues with the heating and cooling just began over the weekend. She stated that the maintenance staff was trying to get in touch with Bell Mechanical to address this issue.
- There was a crack in the tank and the toilet was not working in bedroom #5.
- There was a water stain on the ceiling in bedroom #8, which is occupied by Resident H.
- There was extensive damage to the ceiling in bedroom #9 due to a leak in the roof. The drywall and paint were peeling, there was a hole in the ceiling, and there were water stains on the ceiling. The executive director stated that the roof began leaking over the summer, but they were not able to fix it due to the weather over the winter. She stated that they have a bid for a new roof, which much be replaced before the ceiling can be repaired.
- There was water damage on the ceiling in bedroom #10.
- The heat vent was not attached to the wall in bedroom #14.
- There was a wet towel on the floor next to the shower in Resident D's bedroom (#15) and the toilet was stained and dirty.
- The carpet in the hallway next to the bedrooms was dirty.
- The door handle on bedroom #18 was loose. Walls in the bedroom and bathroom had been patched but were not painted.
- The door at the main entrance of the facility was worn and scratched. The molding above the door was detached from the wall.

On 05/02/23, I attempted to contact the licensee designee, Mark Walker, to conduct an exit conference. Mr. Walker was not available, so I left him a message. I contacted the administrator, Ruby Mogensen, and reviewed my findings and recommendation with her. Ms. Mogensen stated that all the maintenance issues including repairs to the roof and heating/cooling system were completed last month. She stated that they have reviewed the staff files and each staff file now includes verification that the toolbox training was completed. Ms. Mogensen stated that she would review the special investigation report with the licensee designee, Mark Walker, to decide if they will accept or contest the provisional recommendation.

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 observations during my onsite inspection, the home was not constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of the

	residents. The toilet was not working in the bathroom in bedroom #5. There were heating and cooling issues, as well as extensive water damage from a leak in the roof which had not been repaired for several months. The door at the main entrance showed significant wear and tear. The heat vent was detached from the wall in bedroom #14 and the door handle was loose in bedroom #18.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED Reference Special Investigation Report #2022A0602001 dated 12/06/2021; CAP dated 12/07/21

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.
ANALYSIS:	Based on the observations during my onsite inspection, the housekeeping standards did not present a clean, comfortable, and orderly appearance. There was feces on the toilet in located in bedroom #2, the carpet in the hallway was dirty, there was a wet towel next to the shower and the toilet was dirty in the bathroom located in bedroom #15.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.
ANALYSIS:	Based on the information obtained through my investigation, there is sufficient information to conclude that the roof is not weathertight and watertight. Ms. Mogensen stated that the roof began leaking over the summer, but it had not yet been repaired or replaced as of my onsite inspection on 03/20/23. There was extensive water damage, which was noticeable on the ceiling in several bedrooms.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.
ANALYSIS:	During my onsite inspection, the floors, walls, and ceilings were not kept clean and in good repair. There was water damage to the ceilings in several bedrooms, the walls had been patched but not painted, and the carpet in the hallway was dirty.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15406	Room temperature.
	All resident-occupied rooms of a home shall be heated at a temperature range between 68 and 72 degrees Fahrenheit during non-sleeping hours. Precautions shall be taken to prevent prolonged resident exposure to stale, noncirculating air that is at a temperature of 90 degrees Fahrenheit or above. Variations from the requirements of this rule shall be based upon a resident's health care appraisal and shall be addressed in the resident's written assessment plan. The resident care agreement shall address the resident's preferences for variations from the temperatures and requirements specified in this rule.
ANALYSIS:	During my onsite inspection on 03/20/23, several resident bedrooms were not heated at a temperature between 68° and 72°F. I observed that there were heating and cooling issues throughout the facility. Per the thermostats on the wall, bedroom #4 was 89°F, bedroom #6 was 95°F, bedroom #10 was 83°F, bedroom #16 was 55°F, bedroom #17 was 54°F, bedroom #18 was 54°F, bedroom #19 was 63°F, bedroom #20 was 64°F. Ms. Mogensen stated that the issues with the heating and cooling just began over the weekend; however, the complainant reported that the building had these issues when she worked there from January-February 2023.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon the receipt of an acceptable corrective action plan, I recommend the issuance of a first provisional license.




05/02/2023

Kristen Donnay
Licensing Consultant

Date

Approved By:



05/15/2023

Denise Y. Nunn
Area Manager

Date