GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 18, 2023

Lisa Sikes
CSM Kentwood LLC
1435 Coit Ave. NE
Grand Rapids, MI 49505

RE: License #: AH410413166
Investigation #: 2023A1021051
Care Cardinal Kentwood

Dear Mrs. Sikes:

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

License #:	AH410413166
Investigation #:	2023A1021051
Complaint Receipt Date:	03/31/2023
Investigation Initiation Date:	04/03/2023
Report Due Date:	05/30/2023
Licensee Name:	CSM Kentwood LLC
Licensee Address:	1435 Coit Ave. NE Grand Rapids, MI 49505
Licensee Telephone #:	(616) 288-4151
Administrator:	Chelsea Lindsey
Authorized Representative:	Lisa Sikes
Name of Facility:	Care Cardinal Kentwood
Facility Address:	4352 Breton Rd. SE Kentwood, MI 49512
Facility Telephone #:	(616) 281-5170
Original Issuance Date:	04/13/2023
License Status:	REGULAR
Effective Date:	04/13/2023
Expiration Date:	10/12/2023
Capacity:	131
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Facility failed to provide Resident M with assistance	No
Additional Findings	Yes

III. METHODOLOGY

03/31/2023	Special Investigation Intake 2023A1021048
04/03/2023	APS Referral referral came from APS
04/03/2023	Inspection Completed On-site
04/04/2023	Contact-Telephone call made Interviewed Interim Hospice registered nurse Elena Gracey
05/18/2023	Exit Conference

ALLEGATION:

Facility failed to provide Resident M with assistance

INVESTIGATION:

On 03/31/2023, the licensing department received a complaint from Adult Protective Services (APS) with allegations Resident M has been found with urine-soaked clothes and bedsheets. APS alleged the facility does not shower Resident M and does not change Resident M's clothes.

On 04/03/2023, I interviewed administrator Chelsea Lindsey at the facility. Ms. Lindsey reported on 03/22/2023 Relative M1 reported to her that Resident M had not received a shower in weeks and her clothes were not changed. Ms. Lindsey reported she reached out to her care staff, and they reported Resident M had received a shower that day. Ms. Lindsey reported the facility provides once a week showers and Resident M also receives weekly showers from Interim Hospice. Ms. Lindsey reported Resident M only wears nightgowns so it may appear that she is not dressed. Ms. Lindsey reported Resident M's laundry days are her shower days. Ms. Lindsey reported when the laundry is washed and return, care staff may put Resident M in the same nightgown on the same week.

On 04/03/2023, I observed Resident M at the facility. Resident M was sleeping in her chair wearing a clean nightgown. Resident M's bed was made with clean sheets on the bed. Resident M appeared to be clean as her hair was combed and I did not smell urine in her room. Due to the language barrier, I was unable to communicate with Resident M.

On 04/03/2023, I interviewed staff person 1 (SP1) at the facility. SP1 reported in late February Resident M moved rooms because Resident M required a bigger room. SP1 reported when the move occurred, she was not added to the shower sheet schedule located in the staff work area. SP1 reported even though the shower schedule was not updated, the shower days were changed in Resident M's medication administration record (MAR). SP1 reported Interim Hospice provides showers or bed baths weekly, as well. SP1 reported care staff are to change Resident M into a clean nightgown on third shift.

On 04/04/2023, I interviewed Interim Hospice registered nurse Elena Gracey by telephone. Ms. Gracey reported her company provides a weekly bed bath on Wednesdays. Ms. Gracey reported the company has not missed a bed bath since February. Ms. Gracey reported she typically visits Resident M in the morning and has observed Resident M to be in her nightgown. Ms. Gracey reported once the night gown appeared to be dirty and she changed Resident M but typically Resident M appears to be appropriately taken care of.

I reviewed Hall 1 Shower Sheet located in the care station. The sheet revealed Resident M was on the schedule for Sunday on first shift.

I reviewed Resident M's MAR for February and March. The MAR read,

"shower twice weekly on Wednesday and Saturday morning on day shift."

The MAR revealed the following dates no shower was documented:
02/01, 02/04, 02/08

The MAR revealed Resident M refused the following showers:
03/11, 03/15, 03/29

APPLICABLE RULE	
R 325.1931	**Employees; general provisions.**
	(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.
ANALYSIS:	Interviews conducted, observations made, and document review revealed lack of evidence that the facility failed to provide Resident M assistance with personal care.

CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

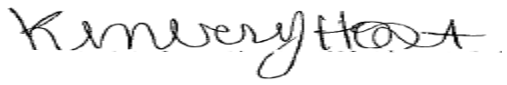
Review of Resident M's MAR read,
"Shower twice weekly on Wednesday and Saturday morning on day shift."

Review of Hall 1 Shower Sheet read,
"Sunday First Shift: (Resident M)."

APPLICABLE RULE	
R 325.1921	**Governing bodies, administrators, and supervisors.**
	(1) The owner, operator, and governing body of a home shall do all of the following: **(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents**
For Reference: R 325.1901	**Definitions.**
	(16) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.
ANALYSIS:	Review of Resident M's MAR and the facility shower schedule revealed discrepancies on which days Resident M is to receive a shower. The facility lacks an organized program of protection to ensure residents receive appropriate care.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

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



4/10/2023

Kimberly Horst — Date
Licensing Staff

Approved By:

05/18/2023

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