



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 14, 2023

Zachary Fisher  
Randall Residence of Auburn Hills, LLC  
310 White Oak Road  
Lawton, MI 49065

RE: License #: AL630402684  
Investigation #: 2023A0612018  
Randall Residence of Auburn Hills II

Dear Mr. Fisher:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Johnna Cade". The signature is written in black ink and is positioned to the left of the typed name and address.

Johnna Cade, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd. Ste 9-100  
Detroit, MI 48202  
Phone: 248-302-2409

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL630402684
<b>Investigation #:</b>	2023A0612018
<b>Complaint Receipt Date:</b>	03/08/2023
<b>Investigation Initiation Date:</b>	03/09/2023
<b>Report Due Date:</b>	05/07/2023
<b>Licensee Name:</b>	Randall Residence of Auburn Hills, LLC
<b>Licensee Address:</b>	310 White Oak Road Lawton, MI 49065
<b>Licensee Telephone #:</b>	(248) 340-9296
<b>Administrator:</b>	Zachary Fisher
<b>Licensee Designee:</b>	Zachary Fisher
<b>Name of Facility:</b>	Randall Residence of Auburn Hills II
<b>Facility Address:</b>	3033 N. Squirrel Rd Auburn Hills, MI 48326
<b>Facility Telephone #:</b>	(248) 340-9296
<b>Original Issuance Date:</b>	09/18/2020
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	03/18/2021
<b>Expiration Date:</b>	03/17/2023
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. ALLEGATION(S)

	Violation Established?
<ul style="list-style-type: none"> <li>The facility is short staffed, staffing ratio is not being followed.</li> <li>Resident A fell and sustained injuries because she was not being properly monitored.</li> <li>Residents often have unexplained injuries.</li> </ul>	Yes
<ul style="list-style-type: none"> <li>Staff have been putting two adult briefs on residents who are incontinent.</li> </ul>	Yes
<ul style="list-style-type: none"> <li>Staff are having sexual relationships with one another in front of the residents.</li> </ul>	No
<ul style="list-style-type: none"> <li>Staff have been hitting the residents, popping them in the mouth, pushing them down, and allowing them to fall.</li> </ul>	No
<ul style="list-style-type: none"> <li>Staff are giving the wrong medication to residents to put them to sleep for the entire day.</li> <li>Staff are administering medication to residents that is not prescribed to them.</li> <li>The medication cart is missing medications.</li> </ul>	No
<ul style="list-style-type: none"> <li>Special diets are not followed.</li> </ul>	No
<ul style="list-style-type: none"> <li>They are not serving food on clean plates.</li> <li>Kitchen staff are prepping food without gloves and not washing their hands when returning to work.</li> </ul>	No
<ul style="list-style-type: none"> <li>Staff do not have access to cleaning solutions to clean the building.</li> </ul>	No
<ul style="list-style-type: none"> <li>The facility does not have enough washers and dryers.</li> </ul>	No

## III. METHODOLOGY

03/08/2023	Special Investigation Intake 2023A0612018
03/08/2023	APS Referral Adult Protective Services (APS) referral - denied

03/09/2023	Inspection Completed On-site I completed an unannounced onsite investigation. I interviewed executive director Jenny Smith, business office manager Amanda Azar, director of nursing Stephanie Jackson, staffing development coordinator Stephanie Coles, director of hospitality Jeffery Parrish, and sous chef, Danielle Call
03/31/2023	Contact - Document Sent Email sent to executive director Jenny Smith, director of nursing Stephanie Jackson, and staffing development coordinator Stephanie Coles requesting documentation
04/03/2023	Contact - Document Received Resident A – N's AFC Assessment plans, direct care staff schedule of shifts worked, direct care staff phone numbers, and Resident A's hospital discharge paperwork
04/10/2023	Contact – Telephone Call Made Telephone interviews completed with direct care staff Capricia Green, Briasha Wilson, and Zakiyra Thomas
04/11/2023	Inspection Completed On-site I completed a second unannounced onsite investigation. I interviewed Resident A, C, D, F, H, I, J, K, L, N, direct care staff Christie Chandler, Yasmine Garcia, and Resident L's family member
04/11/2023	Exit Conference I completed a face-to-face exit conference with executive director, Jenny Smith

#### **ALLEGATION:**

- **The facility is short staffed, staffing ratio is not being followed.**
- **Resident A fell and sustained injuries because she was not being properly monitored.**
- **Residents often have unexplained injuries.**

#### **INVESTIGATION:**

On 03/08/23, I received a complaint from Adult Protective Services (APS). APS denied the referral for investigation. The complaint indicated, since January 2022 staff have been hitting the clients, popping them in the mouth, pushing them down, and allowing them to fall. Staff have been putting two adult briefs on residents who are incontinent. Residents who are diabetic and have high blood pressure are not being fed properly.

They are giving them a high fat/sugar diet which increases their and blood pressure and makes them sick. Kitchen staff are prepping the food without gloves and not washing their hands when returning to work. They are not serving food on clean plates. Staff are not provided with cleaning solution to clean the building. The facility is short staffed, and the staffing ratio is not good. There is often one staff working on shift. Residents often have unexplained injuries. Staff are giving the wrong medication to residents to put them to sleep for the entire day.

On 03/08/23, I received an additional complaint. The complainant was anonymous. The complaint indicated Resident A fell and busted her head open. She got staples because the staff was not taking care of her. The anonymous complainant indicated that she recently went to the facility and Resident A was all bruised up, they said she fell. They give resident's medication to other residents that it is not prescribed to. They are giving too much medication to some residents to keep them asleep. The med cart is missing a lot of medications. The staff are hitting the residents back when the residents get combative. The facility is extremely understaffed, and they do not have enough washers and dryers. Staff have no breaks and no fresh water. The facility accepts residents they are not capable of taking care of. They are not following diets. Staff put double briefs on the residents. Staff are having sexual relationships with one another in front of the residents. The facility is very dirty and never cleaned.

On 03/09/23, I initiated my investigation by conducting an unscheduled onsite investigation. I interviewed executive director Jenny Smith, business office manager Amanda Azar, director of nursing Stephanie Jackson, and staffing development coordinator Stephanie Coles.

On 03/09/23, I interviewed director of nursing, Stephanie Jackson. Ms. Jackson started in her position in October 2022. Ms. Jackson stated the ratio for staffing is 1 staff per 15 residents during waking hours. During sleeping hours, the staffing ratio is 1 staff per 20 residents. Randall Residence of Auburn Hills is a large facility. They have four cottages on their campus. If there is only 1 staff on a shift, there is always a floating staff available to assist as needed in any cottage. Staff have radios and can ask for assistance at any time. Typically, each facility is staffed with two to three staff per shift.

On 03/09/23, I interviewed executive director, Jenny Smith and business office manager, Amanda Azar. Ms. Smith and Ms. Azar consistently stated the staffing ratio is 1 staff per 15 residents, during waking hours and 1 staff per 20 residents during sleeping hours. Ms. Smith and Ms. Azar stated they are never out of compliance with staffing ratios. Typically, each facility is staffed with a med tec and two direct care staff during waking hours which exceeds the required staffing ratio. Ms. Smith and Ms. Azar stated they are not aware of any residents who have sustained unexplained injuries.

On 03/09/23, I interviewed staffing development coordinator, Stephanie Coles. Ms. Coles is responsible for scheduling staff. Ms. Coles stated during waking hours there is usually a med tec and a direct care staff scheduled on shift. Staff wear radios and if they

require assistance, they can radio for a floating staff to come and assist them as needed.

On 04/03/23, I reviewed an overview of how many direct care staff worked on each shift in February 2023 and March 2023. The following dates and times had one direct care staff on shift. All other shifts had two or three direct care staff.

- 7:00 am – 3:30 pm (02/10/23, 02/14/23, 03/05/23, 03/06/23, 03/23/23, 03/24/23)
- 3:00 pm – 11:30 pm (02/22/23 & 03/11/23)
- 11:00 pm – 7:30 am (02/05/23, 02/10/23, 02/14/23, 02/19/23, 03/01/23, 03/05/23, 03/12/23, 03/19/23, 03/20/23)

On 04/03/23, I reviewed AFC Assessment Plans for Resident A – Resident N. The following is relevant information:

- Resident A requires hands on assistance with actives of daily living (grooming, dressing and hygiene.) Resident A uses a wheelchair with an alarm, she is a 1-person transfer/ assist. She has a history of falls. Resident A has episodes of agitation and requires continues monitoring for intake while eating/feeding.
- Resident B uses a walker and requires stand by assistance while bathing. Resident B has an unsteady gait and is at risk of falls.
- Resident C uses a wheelchair, she is a 1:1 assist, she requires an escort. Resident C is at risk of falls. While eating/feeding Resident C is a 1:1 assist. Resident C requires hands on assistance with actives of daily living (toileting, bathing, grooming, dressing and hygiene).
- Resident D uses a walker and a wheelchair, she requires an escort when ambulating and is dependent on staff to transfer. Resident D requires hands on assistance with actives of daily living (toileting, bathing, grooming, dressing and hygiene).
- Resident E requires stand by assistance while bathing and during personal hygiene.
- Resident F uses a walker and a wheelchair as needed she requires staff assistance with transferring. Resident F requires hands on assistance with actives of daily living (grooming, dressing and hygiene) she often resists care.
- Resident G uses a wheelchair, he has an unsteady gait. Resident G requires hands on assistance with actives of daily living (toileting, bathing, grooming, dressing and hygiene).
- Resident H requires stand by assistance with actives of daily living (bathing, grooming, dressing and hygiene).
- Resident I requires stand by assistance with actives of daily living (toileting, bathing, grooming, dressing and hygiene).
- Resident J uses a walker as needed. Resident J requires hands on assistance with actives of daily living (toileting, bathing, grooming, dressing and hygiene)
- Resident K requires hands on assistance with actives of daily living (toileting, bathing, grooming, dressing and hygiene).

- Resident L requires hands on assistance with actives of daily living (grooming, dressing and hygiene). Resident L has an unsteady gait and requires standby assistance while ambulating.
  - Resident M requires hands on assistance with actives of daily living (toileting, bathing, grooming, dressing and hygiene).
  - Resident N requires hands on assistance with actives of daily living (toileting, bathing, grooming, dressing and hygiene).
- \*Resident A - N require medication administration.

On 04/03/23, I reviewed Resident A's Ascension Providence Rochester hospital discharge paperwork dated 01/23/23 and 12/18/23. On both dates Resident A was seen in the emergency room due to a fall. In an incident report dated 02/25/23, Resident A fell while walking down the hallway and sustained a bruise on her shoulder.

On 04/10/23, I completed a telephone interview with direct care staff Capricia Green. Ms. Green started her employment in November 2022. She works first shift from 7:00 am – 3:30 pm. Ms. Green stated there have been occasions where she has worked on shift alone, which is not adequate staffing. Ms. Green stated there are residents who require one on one staff assistance and if she is the only staff on shift it can be difficult to meet the needs of all the residents. Ms. Green stated she assures that all the residents personal care is completed but if the appropriate number of staff were on each shift residents could have companionship in addition to having their personal care needs meet. Ms. Green stated she is aware that Resident A fell. Resident A walks leaned over to one side which can cause her to fall.

On 04/10/23, I completed a telephone interview with direct care staff Briasha Wilson. Ms. Wilson started her employment four months ago. She works first shift, 7:00 am – 3:30 pm. Ms. Wilson stated the facility is consistently understaffed. There are residents who require one on one assistance with tasks such as eating/feeding. If there is only one staff on shift that staff is unable to assist all the residents with their needs. Ms. Wilson was unaware of Resident A's fall. She has no information regarding how Resident A fell.

On 04/10/23, I completed a telephone interview with direct care staff Zakiyra Thomas. Ms. Thomas started her employment eight months ago. She works third shift, 11:00 pm – 7:30 am. Ms. Thomas stated the staffing at the facility is good. There are always at least two staff on shift.

On 04/11/23, I completed a second unannounced, onsite investigation. I interviewed Resident A, C, D, F, H, I, J, K, L, N, Resident L's family member, direct care staff Christie Chandler and Yasmine Garcia.

On 04/11/23, I interviewed direct care staff Christie Chandler. Ms. Chandler stated she has only been working at the facility for a couple of weeks. She works first shift 7:00 am – 3:30 pm. Ms. Chandler stated staffing at the facility is sufficient. There are always two to three staff on shift.



On 04/11/23, I interviewed direct care staff Yasmine Garcia. Ms. Garcia started her employment in January 2023. She works first shift 7:00 am – 3:30 pm. She stated the facility is often short staffed. There should be a med tech and two direct care staff on shift and this does not always happen.

On 04/11/23, I interviewed Residents A, C, D, F, I, J, K and N. They were unable/unwilling to answer questions related to this allegation. I observed Resident A. She had no visible injuries or bruising.

On 04/11/23, I interviewed Resident H. Resident H reported staffing is good. There are enough staff on each shift, he has no concerns.

On 04/11/23, I interviewed Resident L and Resident L's family member. They consistently stated the facility is understaffed usually on the weekends. They are satisfied with the care Resident L is receiving however, they would like to see sufficient staff on each shift.

<b>APPLICABLE RULE</b>	
<b>R 400.15206</b>	<b>Staffing requirements.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	Based on the information gathered through my investigation there is sufficient information to conclude that there is not 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 assessment plan. During February 2023 and March 2023 there were 17 instances when there was only one direct care staff on a shift. Resident A requires continues monitoring while eating. Resident B requires stand by assistance while bathing. Resident C uses a wheelchair, she is a 1:1 assist, she requires an escort. Resident C is a 1:1 assist while eating. Resident D uses a walker and a wheelchair, she requires an escort when ambulating and is dependent on staff to transfer. Resident F requires staff assistance with transferring. Residents E, H, and I require stand by assistance with actives of daily living. Resident G, J, K, L, M and N require hands on assistance with actives of daily living. All 14 residents, (Resident A - N) require medication administration.

	<p>Due to the needs of the residents who reside in this facility one staff is unable to provide the services specified in the resident's assessment plans and adequately attended to the supervision, personal care, and protection of all the residents.</p> <p>Resident A fell on 01/23/23, 12/18/23, and 02/25/23. Resident A's assessment plan indicates Resident A is at risk of falls. She requires hands on assistance with activities of daily living, uses a wheelchair, and requires assistance with transfers. The facility does not have sufficient direct care staff on duty at all times to assure the supervision, personal care, and protection of Resident A.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### **ALLEGATION:**

**Staff have been putting two adult briefs on residents who are incontinent.**

#### **INVESTIGATION:**

On 03/09/23, I interviewed the director of nursing Stephanie Jackson, executive director Jenny Smith, business office manager Amanda Azar, and development coordinator Stephanie Coles. Ms. Jackson, Ms. Smith, Ms. Azar, and Ms. Coles consistently stated that they recently became aware that direct care staff were double briefing residents. Since becoming aware of this issue, the director of nursing, Ms. Jackson has addressed the concern by in servicing the direct care staff and informing them that putting two briefs on a resident is inappropriate and not allowed. Staff were informed that if a resident was found wearing two briefs the staff who put it on them would be written up. Ms. Jackson, Ms. Smith, Ms. Azar, and Ms. Coles stated it was explained that staff were putting two briefs on residents who tend to leak through their brief.

On 04/10/23, I completed telephone interviews with direct care staff Capricia Green, Briasha Wilson and Zakiyra Thomas. On 04/11/23, I interviewed direct care staff Christie Chandler and Yasmine Garcia. Ms. Green, Ms. Wilson, Ms. Thomas, Ms. Chandler, and Ms. Garcia consistently stated that they have observed residents wearing double briefs. When this occurs, they report it to the director of nursing, Stephanie Jackson. All staff consistently stated they have been informed that putting more than one brief on a resident is not allowed.

On 04/11/23, I interviewed Residents A, C, D, F, H, I, J, K, L, N. They had no information to provide regarding this allegation.

<b>APPLICABLE RULE</b>	
<b>R 400.15303</b>	<b>Resident care; licensee responsibilities.</b>
	<b>(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.</b>
<b>ANALYSIS:</b>	Based on the information gathered through my investigation there is sufficient information to conclude that inadequate personal care was being provided to residents. It was consistently stated that direct care staff were double briefing residents which is unacceptable. Once becoming aware of this issue, the director of nursing, Stephanie Jackson completed an in-service with the direct care staff and advised them that putting more than one brief on a resident was not acceptable.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### **ALLEGATION:**

**Staff are having sexual relationships with one another in front of the residents.**

#### **INVESTIGATION:**

On 03/09/23, I interviewed executive director Jenny Smith, business office manager Amanda Azar, director of nursing Stephanie Jackson, and staffing development coordinator Stephanie Coles. They consistently stated that they had no knowledge of any staff having sexual relationships with one another at the facility and/or in front of residents.

On 04/10/23, I completed telephone interviews with direct care staff Capricia Green, Briasha Wilson, and Zakiyra Thomas. Ms. Green, Ms. Wilson, and Ms. Thomas consistently stated that they have no knowledge of any staff having sexual relationships with one another at the facility and/or in front of residents.

On 04/11/23, I interviewed direct care staff Christie Chandler and Yasmine Garcia. Ms. Chandler and Ms. Garcia consistently stated they have no knowledge of any staff having sexual relationships with one another at the facility and/or in front of residents.

On 04/11/23, I interviewed Residents A, C, D, F, I, J, K and N. They were unable/unwilling to answer questions related to this investigation.

On 04/11/23, I interviewed Resident H and Resident L. Both residents report no knowledge of staff having sexual relationships with one another at the facility.

<b>APPLICABLE RULE</b>	
<b>R 400.15204</b>	<b>Direct care staff; qualifications and training</b>
	<b>(2) Direct care staff shall possess all of the following qualifications:</b> <b>(a) Be suitable to meet the physical, emotional, intellectual, and social needs of each resident.</b>
<b>ANALYSIS:</b>	Based on the information gathered through my investigation there is insufficient information to conclude that the direct care staff are not suitable to meet the physical, emotional, intellectual, and social needs of each resident. Executive director Jenny Smith, business office manager Amanda Azar, director of nursing Stephanie Jackson, staffing development coordinator Stephanie Coles, direct care staff, Capricia Green, Briasha Wilson, Zakiyra Thomas, Christie Chandler and Yasmine Garcia consistently stated that they have no knowledge of any staff having sexual relationships with one another at the facility and/or in front of residents. Resident H and Resident L denied witnessing any staff having sexual relationships with one another at the facility.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

#### **ALLEGATION:**

**Staff have been hitting the residents, popping them in the mouth, pushing them down, and allowing them to fall.**

#### **INVESTIGATION:**

On 03/09/23, I interviewed executive director Jenny Smith, business office manager Amanda Azar, director of nursing Stephanie Jackson, and staffing development coordinator Stephanie Coles. They consistently stated that they have never witnessed and/or heard about any staff hitting the residents, popping them in the mouth, pushing them down, and/or allowing them to fall. They all denied that they have ever hit a resident, popped them in the mouth, pushed them down and/or allowed a resident to fall.

On 04/10/23, I completed telephone interviews with direct care staff Capricia Green, Briasha Wilson, and Zakiyra Thomas. Ms. Green, Ms. Wilson, and Ms. Thomas consistently stated that they have never witnessed and/or heard about any staff hitting the residents, popping them in the mouth, pushing them down, and/or allowing them to fall.

On 04/11/23, I interviewed direct care staff Christie Chandler and Yasmine Garcia. Ms. Chandler and Ms. Garcia consistently stated that they have never witnessed and/or heard about any staff hitting the residents, popping them in the mouth, pushing them down, and/or allowing them to fall.

All direct care staff interviewed denied that they have ever hit the residents, popped them in the mouth, pushed them down, and/or allowed them to fall.

On 04/11/23, I interviewed Residents A, C, D, F, I, J, K and N. They were unable/unwilling to answer questions related to this investigation.

On 04/11/23, I interviewed Resident H and Resident L. Both residents denied that any staff has hit them, popped them in the mouth, pushed them down, and/or allowed them to fall.

<b>APPLICABLE RULE</b>	
<b>R 400.15308</b>	<b>Resident behavior interventions prohibitions.</b>
	<b>(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following: (b) Use any form of physical force other than physical restraint as defined in these rules.</b>
<b>ANALYSIS:</b>	Based on the information gathered through my investigation there is insufficient information to conclude staff have been hitting the residents, popping them in the mouth, pushing them down, and allowing them to fall. Resident H and Resident L denied the allegation. All staff interviewed denied the allegation. There were no reports of any staff hitting the residents, popping them in the mouth, pushing them down, and/or allowing them to fall.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

- **Staff are giving the wrong medication to residents to put them to sleep for the entire day.**
- **Staff are administering medication to residents that is not prescribed to them.**
- **The medication cart is missing medications.**

## **INVESTIGATION:**

On 03/09/23, I interviewed executive director Jenny Smith, business office manager Amanda Azar, director of nursing Stephanie Jackson, and staffing development coordinator Stephanie Coles. Ms. Smith, Ms. Azar, Ms. Jackson, and Ms. Coles consistently stated all resident medications are kept in the medication cart. The cart is locked, and the key is kept on the assigned med tec. Medications are administered by an assigned med tec. The facility uses an electronic medication administration record. Their pharmacy delivers medication to the facility. When medications are delivered, they are checked in by Ms. Jackson. All medications are administered as they are prescribed. The med cart is consistently stocked appropriately. Ms. Jackson completes audits of the med cart, monthly. There is no concern that medications are being administered incorrectly or being given to keep residents asleep. Ms. Coles and Ms. Jackson consistently stated that in their experience, staff are very conservative in medication administration. Most med tecs often do not want to pass medications PRN medications if they can be avoided.

On 03/09/23, I completed an unscheduled onsite investigation. I observed the medication cart. The cart was locked. The content of the cart was organized, medications were stored properly. I reviewed the physical medications and the medication administration record. There were no observed discrepancies between the medication administration record and the physical medications. The bubble packs of medication were in good condition. No residents at the facility appeared sedated or heavily medicated.

On 04/10/23, I completed a telephone interview with direct care staff Capricia Green. Ms. Green is a med tec. Ms. Green stated the med cart is kept locked. The key is kept with the assigned med passer on shift. The med cart is always appropriately stocked. She has no concerns that medications are being administered incorrectly. Ms. Green stated medication is not being given to residents to make the sleep.

On 04/10/23, I completed a telephone interview with direct care staff Briasha Wilson. Ms. Wilson stated she is not a med tec and therefore, does not have any information regarding this allegation.

On 04/10/23, I completed a telephone interview with direct care staff Zakiyra Thomas. Ms. Thomas stated she is not a med tec and therefore, does not have any information regarding this allegation.

On 04/11/23, I interviewed direct care staff Christie Chandler. Ms. Chandler is a med tec. Ms. Chandler stated the med cart is kept locked. The med cart is always appropriately stocked. She has no concerns that medications are being administered incorrectly or being given to residents to make them sleep.

On 04/11/23, I interviewed direct care staff Yasmine Garcia. Ms. Garcia stated she is not a med technician and therefore, does not administer medication. However, she does not suspect that medication is being administered incorrectly or being given to residents to keep them asleep.

On 04/11/23, I interviewed Residents A, C, D, F, I, J, K and N. They were unable/unwilling to answer questions related to this investigation.

On 04/11/23, I interviewed Resident L and Resident L's family member. Resident L and Resident L's family member consistently stated that Resident L is being given her medication as prescribed. Resident L has no concerns that medication is being administered incorrectly or to make residents sleep all day.

On 04/11/23, I interviewed Resident H. Resident H stated medication is administered as prescribed. Medication is not given to people to keep them asleep.

<b>APPLICABLE RULE</b>	
<b>R 400.15312</b>	<b>Resident medications.</b>
	<b>(2) Medication shall be given, taken, or applied pursuant to label instructions.</b>
<b>ANALYSIS:</b>	Based on the information gathered through my investigation there is insufficient information to conclude medications are not being given pursuant to label instructions. Resident H, Resident L, Resident L's family member, executive director Jenny Smith, business office manager Amanda Azar, director of nursing Stephanie Jackson, staffing development coordinator Stephanie Coles, direct care staff/ med technician Capricia Green and Christie Chandler denied the allegation. During the unscheduled, onsite investigation completed on 03/09/23, I reviewed the med cart. There were no observed discrepancies between the medication administration record and the physical medications on hand. No residents appeared sedated or heavily medicated.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

#### **ALLEGATION:**

**Special diets are not followed.**

## **INVESTIGATION:**

On 03/09/23, I interviewed executive director Jenny Smith, business office manager Amanda Azar, director of nursing Stephanie Jackson, and staffing development coordinator Stephanie Coles. Ms. Smith, Ms. Azar, Ms. Jackson, and Ms. Coles consistently stated when a resident is prescribed a special diet by their physician Ms. Jackson notifies the culinary staff. The culinary team prepares meals that meet each residents' dietary needs. There is no concern that any resident's prescribed diet is not being followed.

On 03/09/23, I interviewed director of hospitality, Jeffery Parrish. Mr. Parrish stated special diets are provided to him in writing on a diet sheet. They are then filed in a book that stays in the kitchen. All meals are prepared specifically for each resident's special dietary needs. The kitchen staff regularly prepares sugar free drinks and desserts for residents who require them.

On 03/09/23, I interviewed sous chef, Danielle Call. Ms. Call stated when a resident is prescribed a special diet the kitchen receives written notification. The script is then filed in a book that is kept in the kitchen. All special diets are followed, and preferences are honored. The kitchen regularly prepares sugar free drinks and desserts for residents who require them.

On 04/10/23, I completed telephone interviews with direct care staff Capricia Green, Briasha Wilson, and Zakiyra Thomas. Ms. Green, Ms. Wilson, and Ms. Thomas consistently stated special diets are always followed. The kitchen staff prepares the meals, and direct care staff serve the plates. When the kitchen staff hands the direct care staff a plate, they tell the direct care staff which resident the plate is for to assure that the plate is given to the right resident.

On 04/11/23, I interviewed direct care staff Christie Chandler and Yasmine Garcia. Ms. Chandler and Ms. Garcia consistently stated that special diets are always followed. There is a list of residents who have a special diet posted on the wall in the dining room. Kitchen staff and direct care staff assure that special diets are followed at each mealtime.

On 03/09/23 and 04/11/23, I completed unscheduled, onsite investigations during lunch time. I reviewed the book of special diets. A weekly menu was posted which accommodated the special diets. Additionally, there was a sign on the wall in the dining room that listed each resident's special diet, food preferences, and allergies. The fridge and freezer were thoroughly stocked. I observed the resident eating lunch in the dining room. Resident K, N, C, F, and J are on a chopped diet. The food served to them during lunch was chopped.

On 04/11/23, I interviewed Residents A, C, D, F, I, J, K and N. They were unable/unwilling to answer questions related to this investigation.



On 04/11/23, I interviewed Resident L and Resident L's family member. Resident L is on a regular diet. Resident L stated the meals are good. She gets enough food to eat.

On 04/11/23, I interviewed Resident H. Resident H stated he is happy with the meals. He has no complaint.

<b>APPLICABLE RULE</b>	
<b>R 400.15313</b>	<b>Resident nutrition.</b>
	<b>(3) Special diets shall be prescribed only by a physician. A resident who has been prescribed a special diet shall be provided such a diet.</b>
<b>ANALYSIS:</b>	Based on the information gathered through my investigation there is insufficient information to conclude that special diets are not being followed. Sous Chef Danielle Call, director of hospitality, Jeffery Parrish, and director of nursing Stephanie Jackson denied the allegation. When a resident is prescribed a special diet, the kitchen receives written notification from Ms. Jackson. The script is then filed and followed. During my onsite investigations completed on 03/09/23 and 04/11/23, I reviewed the book of special diets. A weekly menu was posted which accommodated the prescribed diets. There was a sign on the wall in the dining room that listed each resident's special diet. The fridge and freezer were appropriately stocked to accommodate each resident's dietary needs. Resident K, N, C, F, and J are on a chopped diet. I observed the residents eating lunch in the dining room. These residents were served chopped meals.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

#### **ALLEGATION:**

- **They are not serving food on clean plates.**
- **Kitchen staff are prepping food without gloves and not washing their hands when returning to work.**

#### **INVESTIGATION:**

On 03/09/23, I interviewed director of hospitality, Jeffery Parrish. Mr. Parrish stated all kitchen staff are Serve Safe trained. The kitchen is stocked with powder and powder free gloves. The kitchen is equipped with a hand washing station. All staff follow proper hand washing procedures. The silverware is polished once a week. All dishes are washed, rinsed, and sanitized after each use. Glasses are scrubbed using a restaurant

grade “bar cup washer.” Glasses are regularly replaced because residents break them. More often than not, the glass wear is new. Mr. Parrish denied that any resident is being served food on unclean plates.

On 03/09/23, I interviewed sous chef, Danielle Call. Ms. Call stated all kitchen staff wear gloves when preparing and serving meals. All proper hand washing procedures are followed. All dishes are washed, rinsed, and sanitized after each use. Ms. Call denied that any resident is being served food on unclean plates.

On 03/09/23, I interviewed executive director Jenny Smith, business office manager Amanda Azar, and director of nursing Stephanie Jackson. Ms. Smith, Ms. Azar, and Ms. Jackson consistently stated the kitchen staff are always wearing gloves when preparing and serving food. The kitchen staff follow appropriate hand washing procedures. All dining wear is sanitary and in good condition. They have not observed any dishes to be unclean. All dining wear is washed and sanitized after each use.

I completed an unscheduled onsite investigation on 03/09/23 and 04/11/23. I observed the kitchen during lunch time. All kitchen staff were observed wearing gloves while serving lunch. The kitchen was clean and orderly. Proper dish sanitation was being used. I observed three sinks in the kitchen to wash, rinse, and sanitize dishes. There was also a dishwasher and a bar cup scrubber. I observed a hand washing station equipped with soap. There were multiple boxes of gloves that were open and easily accessible to staff. The dining wear was clean, sanitized, and in good condition. I observed residents eating lunch in the dining room. The plates, glasses, silverware, and tables all appeared clean and in good condition.

On 04/10/23, I completed telephone interviews with direct care staff Capricia Green, Briasha Wilson, and Zakiyra Thomas. Ms. Green, Ms. Wilson, and Ms. Thomas consistently stated the kitchen staff wear gloves when preparing and serving food. The kitchen staff follow appropriate hand washing procedures. The dining wear is sanitary and in good condition. Ms. Green, Ms. Wilson, and Ms. Thomas denied that any residents have been served food on unclean dishes. All dining wear is washed and sanitized after each use.

On 04/11/23, I interviewed direct care staff Christie Chandler and Yasmine Garcia. Ms. Chandler and Ms. Garcia consistently denied that any resident has been served food on unclean plates. Ms. Chandler and Ms. Garcia stated the kitchen staff wear gloves when preparing and serving food and follow appropriate hand washing procedures. The dining wear is sanitary and in good condition.

On 04/11/23, I interviewed Residents A, C, D, F, I, J, K and N. They were unable/unwilling to answer questions related to this investigation. I observed Residents C, D, F, I, J, K and N eating lunch in the dining room. The dining wear being used by each resident was clean and in good condition. No food was served on dishes that appeared to be unclean.

On 04/11/23, I interviewed Resident L and Resident L's family member. Resident L stated she has no complaints with the cleanliness of the dining room or the dining room. Staff wear gloves when serving meals.

On 04/11/23, I interviewed Resident H. Resident H stated he has never been served food on an unclean plate.

<b>APPLICABLE RULE</b>	
<b>R 400.15402</b>	<b>Food service.</b>
	<b>(2) All food shall be protected from contamination while being stored, prepared, or served and during transportation to a facility.</b>
<b>ANALYSIS:</b>	Based on the information gathered through my investigation there is insufficient information to conclude that the kitchen staff are preparing food without gloves, not washing their hands when returning to work and/or serving food on dirty dishes. Sous Chef, Danielle Call and director of hospitality, Jeffery Parrish denied the allegations. Ms. Call and Mr. Parrish stated all kitchen staff wear gloves when preparing and serving meals. All proper hand washing procedures are followed. All dishes are washed, rinse and, sanitized after each use, and no resident is served food on a dirty plate. During two unscheduled onsite investigations, I observed all kitchen staff wearing gloves while serving lunch. The kitchen was clean and orderly. Proper dish sanitation was being used. I observed a hand washing station equipped with soap. The dining wear, silverware and tables appeared clean, sanitized, and were in good condition. Executive director Jenny Smith, business office manager Amanda Azar, director of nursing Stephanie Jackson, direct care staff Capricia Green, Briasha Wilson, Zakiyra Thomas, Christie Chandler and Yasmine Garcia consistently stated the kitchen staff are always wearing gloves when preparing and serving food. They have no concerns that any resident has been served food on unclean dishes. Resident L, Resident L's family member, and Resident H denied the allegation.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Staff do not have access to cleaning solutions to clean the building.**

## INVESTIGATION:

On 03/09/23, I interviewed executive director Jenny Smith, business office manager Amanda Azar, director of nursing Stephanie Jackson, and staffing development coordinator Stephanie Coles. Ms. Smith, Ms. Azar, Ms. Jackson and Ms. Coles consistently stated the facility has housekeeping staff. The housekeeper's sole responsibility is to clean the facility. If a direct care staff needs cleaning products, they can access the maintenance closet where cleaning supplies are kept and can use the products as needed. Additionally, the facility is stocked with hospital grade disinfecting wipes that are special ordered for direct care staff to use. It is consistently reported that the facility is always clean and smells fresh.

On 03/09/23 and 04/11/23, I completed an unscheduled, onsite investigation. I observed housekeeping staff cleaning the facility. Housekeeping staff had fully stocked carts with appropriate cleaning supplies and trash disposal. I observed disinfecting wipes, gloves, med cups, brooms, mops, and sanitization water that can be used to disinfect tables. The facility was odor free, clean, and organized.

On 04/10/23, I completed telephone interviews with direct care staff Capricia Green, and Briasha Wilson. On 04/11/23, I interviewed direct care staff Christie Chandler and Yasmine Garcia. Ms. Green, Ms. Wilson, Ms. Chandler, and Ms. Garcia consistently stated that they have access to items to clean the facility if the housekeeping staff is unavailable. In the maintenance closet they can access, a mop, a broom, a dustpan, disinfecting wipes, towels, gloves, and sanitizing water if needed.

On 04/10/23, I completed a telephone interview with direct care staff Zakiyra Thomas. Ms. Thomas stated direct care staff do not have access to cleaning products. If there was a mess that needed to be cleaned up and the housekeeping staff was not available, she would be unable to clean up the mess. Ms. Thomas stated she can access a broom, dustpan, and a mop in the maintenance closet.

<b>APPLICABLE RULE</b>	
<b>R 400.15403</b>	<b>Maintenance of premises.</b>
	<b>(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b>
<b>ANALYSIS:</b>	Based on the information gathered through my investigation there is insufficient information to conclude that direct care staff do not have access to cleaning solutions to clean the building. The facility has housekeeping staff who regularly clean the building. During my onsite, unscheduled investigation, I observed the housekeeping staff cleaning. The facility was odor free, clean, and organized. The housekeeping carts were

	stocked with cleaning supplies and proper waste disposal. I observed disinfecting wipes, gloves, med cups, brooms, mops, and sanitization water. Direct care staff, Capricia Green, Briasha Wilson, Christie Chandler, and Yasmine Garcia consistently stated that they have access to items to clean the facility if the housekeeping staff is unavailable.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

## **ALLEGATION:**

**The facility does not have enough washers and dryers.**

## **INVESTIGATION:**

On 03/09/23, I interviewed executive director Jenny Smith, business office manager Amanda Azar, director of nursing Stephanie Jackson, and staffing development coordinator Stephanie Coles. All staff interviewed consistently stated the facility has one washer and one dryer. There is a staff who is responsible for doing laundry. Additionally, any direct care staff can assist with laundry as needed. The washer in this facility (Cottage 2) went down for approximately one week. There was an issue with the motor. A service request was completed immediately. On 03/07/23, the washer was repaired. During the times the washer was out of services the resident's laundry was being washed in Cottage 3 and Cottage 4. Cottage 4 is not currently occupied and therefore the washer was easily accessible. There was never a time that any resident was unable to have their clothes laundered while the washer was out of service.

On 03/09/23, during the onsite investigation, I observed the washer and dryer. They were in working order.

On 04/10/23, I completed a telephone interview with direct care staff Capricia Green. Ms. Green stated the washers were down for one week. During that time laundry services got backed up. The resident's clothes were taken to Cottage 4 to be washed.

On 04/10/23, I completed a telephone interview with direct care staff Briasha Wilson. Ms. Wilson stated the washers were down for about a week. During that time the resident's clothes were being washed in other cottages. Everything was backed up. Laundry was not getting completed as fast as it usually does. Some residents borrowed clothes if needed. There were other residents who wore their pajamas if their clothes were being washed.

On 04/10/23, I completed a telephone interview with direct care staff Zakiyra Thomas. Ms. Thomas stated the washers were down for a week. The resident's clothes were taken to Cottage 4 to be washed. No residents went without clean laundry during that time.

On 04/11/23, I interviewed direct care staff Christie Chandler. Ms. Chandler stated her employment a few weeks ago and did not work at the facility during the time the washers were out of services.

On 04/11/23, I interviewed direct care staff Yasmine Garcia. Ms. Garcia stated she does not get the residents up and out of bed in the morning and therefore, she is not aware of what clothes are clean and what clothes are dirty. Ms. Garcia stated during the time that the washers were down laundry services got backed up. The resident's laundry was being washed in cottage 4.

On 04/11/23, I interviewed Residents A, C, D, F, H, I, J, K L, and N. They had no information regarding this allegation.

On 04/11/23, I held a face-to-face exit conference with executive director, Jenny Smith to review my findings. Ms. Smith acknowledged the rule violations and stated that she understands a corrective action plan is required.

<b>APPLICABLE RULE</b>	
<b>R 400.15404</b>	<b>Laundry.</b>
	<b>A home shall make adequate provision for the laundering of a resident's personal laundry.</b>
<b>ANALYSIS:</b>	Based on the information gathered through my investigation there is insufficient information to conclude that the facility did not make adequate provisions for the laundering of any resident's personal laundry. The washing machine in the facility was out of service for approximately one week. A repair was immediately initiated, and the machine was fixed. During the time that the washing machine was out of service the resident's clothes were laundered in Cottage 4.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

#### IV. RECOMMENDATION

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



04/14/2023

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Johnna Cade  
Licensing Consultant

Date

Approved By:



04/18/2023

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Denise Y. Nunn  
Area Manager

Date