GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 6, 2023

Lijo Antony
Meadows Assisted Living, Inc.
71 North Avenue
Mt. Clemens, MI 48043

RE: License #: AL500388683
Investigation #: 2023A0604017
Meadows Assisted Living II

Dear Mr. Antony:

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,

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 West Grand Blvd Ste 9-100
Detroit, MI 48202
(248) 285-1703

enclosure

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

## I. IDENTIFYING INFORMATION

| | |
|---|---|
| **License #:** | AL500388683 |
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| **Investigation #:** | 2023A0604017 |
| | |
| **Complaint Receipt Date:** | 03/28/2023 |
| | |
| **Investigation Initiation Date:** | 03/28/2023 |
| | |
| **Report Due Date:** | 05/27/2023 |
| | |
| **Licensee Name:** | Meadows Assisted Living, Inc. |
| | |
| **Licensee Address:** | 71 North Avenue<br>Mt. Clemens, MI 48043 |
| | |
| **Licensee Telephone #:** | (586) 461-2882 |
| | |
| **Administrator:** | Lijo Antony |
| | |
| **Licensee Designee:** | Lijo Antony |
| | |
| **Name of Facility:** | Meadows Assisted Living II |
| | |
| **Facility Address:** | 75 North Avenue<br>Mt. Clemens, MI 48043 |
| | |
| **Facility Telephone #:** | (586) 461-2882 |
| | |
| **Original Issuance Date:** | 12/06/2018 |
| | |
| **License Status:** | REGULAR |
| | |
| **Effective Date:** | 06/06/2021 |
| | |
| **Expiration Date:** | 06/05/2023 |
| | |
| **Capacity:** | 20 |
| | |
| **Program Type:** | AGED |

## II. ALLEGATION(S)

| | **Violation Established**? |
|---|---|
| The facility is allowing staff who have work permits from other countries to reside in basement at the facility. | No |
| Staff had to sign documentation stating that they would not report anything to the state. | No |
| The facility is understaffed at night. There is only staff at night. | No |
| When residents fall, the facility does not take them to the emergency room. | No |
| There are residents who need assistance with eating. If they do not eat food it is taken away. | No |
| Lijo Antony improperly inserted a catheter in one of the patients and caused him to bleed and did not send the resident to the hospital. | No |
| Residents who require lift assist left in beds in urine because insurance will not cover equipment. | No |
| Residents are not getting activities or physical therapy. | No |
| Additional Findings | Yes |

## III. METHODOLOGY

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| 03/28/2023 | Special Investigation Intake<br>2023A0604017 |
| 03/28/2023 | Special Investigation Initiated - Letter<br>Email to Adult Protective Services (APS) Worker, Emily Poley.<br>Open APS case assigned to Vernece Warren |
| 03/28/2023 | Contact - Document Sent<br>Email to APS Worker, Vernece Warren. Received return email. |
| 03/30/2023 | Inspection Completed On-site<br>Completed unannounced onsite investigation. Interviewed Licensee Designee, Lijo Antony, Jennifer Hiller, Kaylee Bell, Tatiana Franklin, Resident C, Resident D and Resident E. |

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| 04/03/2023 | Contact - Document Received<br>Email from Vernece Warren |
| 04/04/2023 | Contact - Document Sent<br>Email to Vernece Warren |
| 04/06/2023 | Contact - Document Sent<br>Email to Lijo Antony requesting documents |
| 04/06/2023 | Contact - Document Received<br>Received return email from Lijo Antony. Will send documents next week. |
| 04/10/2023 | Contact - Document Received<br>Email from Lijo Antony with staff schedules, staff list, resident register and incident reports |
| 04/13/2023 | Contact - Document Received<br>Email from Vernece Warren. APS will not be substantiating. |
| 04/14/2023 | Contact - Document Sent<br>Email to Vernece Warren |
| 04/14/2023 | Contact - Document Received<br>Email from Vernece Warren |
| 04/27/2023 | Contact - Document Received<br>Email from Vernece Warren. Sent return email. |
| 04/28/2023 | Contact - Document Received<br>Email from Vernece Warren. Sent return email. |
| 05/17/2023 | Contact- Document Sent<br>Email to Lijo Antony requesting employee files and employee name. Received return email. |
| 05/23/2023 | Contact- Document Sent<br>Email to Lijo Antony re: employee files. Received return email. Scanner down and will send tomorrow |
| 05/24/2023 | Contact- Document Sent<br>Email to Lijo Antony. Received email from Lijo Antony with employee files. |
| 05/25/2023 | Contact- Document Sent<br>Email to and from Lijo Antony |

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|---|---|
| 05/25/2023 | Exit Conference<br>TC to Licensee Designee, Lijo Antony |

**ALLEGATION:**

- **The facility is allowing staff who have work permits from other countries to reside in basement at the facility.**
- **Staff had to sign documentation stating that they would not report anything to the state.**
- **The facility is understaffed at night. There is only staff at night.**

**INVESTIGATION:**

I received a complaint regarding Meadows Assisted Living II on 03/28/2023. It was alleged the facility is allowing people who have work permits from other countries to reside at the facility. The workers will sleep in the empty rooms or in the basement. Staff had to sign documentation stating that they would not report anything to the state. If staff report anything, they are suspended or fired. At night, the facility is understaffed, there is only staff at night, but staff members are told to lie and say that have enough staff. When residents fall, the facility does not take them to the emergency room. Michelle, who is the nurse, will check their vitals and state that they are fine. Sometimes, they do not inform anyone of residents' injuries. Some residents need assistance with eating. The food is provided to the resident and if they do not eat their food is just taken away. Residents are not getting activities or physical therapy and sometimes they are locked in a memory care room. Lijo, who is the manager, states that he is a medical professional. Lijo improperly inserted a catheter in one of the patients and caused him to bleed and did not send the resident to the hospital until he could not stop the bleeding. Some residents medical insurance does not pay for certain medical equipment. If the equipment is at the facility, those residents are not allowed to use the equipment. Therefore, residents who requires lift assistance are left in their bed in their own urine because their medical insurance does not cover the equipment. Yesterday, a resident who fell passed away because she received no medical attention after a fall.

On 03/30/2023, I completed an unannounced onsite investigation. I interviewed Licensee Designee, Lijo Antony, Jennifer Hiller, Kaylee Bell, Tatiana Franklin, Resident C, Resident D and Resident E.

On 03/30/2023, I interviewed Facility Manager, Jennifer Hiller. Ms. Hiller stated that allegation regarding resident who passed away yesterday involves a resident who resided at Meadows Assisted Living I (Resident F). Resident F was on hospice. She also indicated that residents who need assistance with eating and memory care reside on Meadows I side. On 03/30/2023, I informed intake that the complaint contains allegations involving Meadows I XH500424122, which has an HFA exemption. Ms. Hiller stated that there are no staff that live at the facility or who live in the basement.

She stated that there is no document that staff sign that states that will not report issues to the state. Ms. Hiller stated that they never have one staff for both sides of building. They always have one to two staff plus a med tech.

On 03/30/2023, I interviewed Licensee Designee, Lijo Antony. He stated that staff are not asked to sign a document indicating that they will not report incidents to the state. He stated that I could ask staff present now if they have signed such a document. On 03/30/2023, I interviewed Staff, Kaylee Bell. She stated that she was not asked to sign a document stating that she would not report anything to the state. On 03/30/2023, I interviewed Staff, Tatiana Franklin. Ms. Franklin stated that she does not remember seeing a document stating that she would not report anything to the state. Mr. Antony stated that there are no staff living at the facility. I observed the basement of Meadows Assisted Living with Mr. Antony and did not observe any sleeping areas. He stated that they always have at least one staff per side. He stated that there was one four-hour period previously where there was only one staff that he was cited for when AFC Licensing Consultant, LaShonda Reed, completed a special investigation.

On 03/30/2023, I interviewed Resident C. Resident C stated that there are one to two staff per shift. Resident C did not report any concerns.

On 03/30/2023, I interviewed Resident D. He stated that he gets help with the things that the needs. He did not report any concerns.

On 03/30/2023, I interviewed Resident E. She gets help with everything. She stated that usually one staff assists her, however, there are two staff when she is in the bathroom.

On 04/10/2023, I observed staff schedules for February and March 2023. The schedules indicate that there are two caregivers scheduled from 7:00 am- 3:00 pm, two caregivers scheduled from 3:00 pm- 11:00 pm and a Staff/Med Tech scheduled from 7:00 am- 7:00 pm and one scheduled from 7:00 pm- 7:00 am.

On 05/24/2023, I received employee files requested from Lijo Antony for Gerri Orzel, Twana Franklin and Amaria Palmer. Mr. Antony had identifying information for staff on file. All three staff had application on file, two reference checks, copy of driver's license/state identification, copy of social security card, medical/TB test and fingerprinting clearances.

| **APPLICABLE RULE** | |
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| **R 400.15206** | **Staffing requirements.** |
| | **(1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 15 residents during waking hours or less than 1 direct care staff member to 20 residents during normal sleeping hours.** |

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| **ANALYSIS:** | There is not enough information to determine that the facility does not have adequate staffing. Staff schedules indicate that that there are three staff scheduled during the day and evenings and one staff scheduled at night. |
| **CONCLUSION:** | VIOLATION NOT ESTABLISHED |

| **APPLICABLE RULE** | |
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| **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:**<br>**(a) Name, address, telephone number, and social security number.**<br>**(b) The professional or vocational license, certification, or registration number, if applicable.**<br>**(c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.**<br>**(d) Verification of the age requirement.**<br>**(e) Verification of experience, education, and training.**<br>**(f) Verification of reference checks.**<br>**(g) Beginning and ending dates of employment.**<br>**(h) Medical information, as required.**<br>**(i) Required verification of the receipt of personnel policies and job descriptions.** |
| **ANALYSIS:** | There is not enough information to determine that staff from other countries are living and working at the facility. I did not observe any living areas in the basement. I reviewed employee files for Gerri Orzel, Twana Franklin and Amaria Palmer. Mr. Antony had identifying information for staff. All three staff had application on file, two reference checks, copy of driver's license/state ID, copy of social security card, medical/TB test and fingerprinting clearances. |
| **CONCLUSION:** | VIOLATION NOT ESTABLISHED |

**ALLEGATION:**

- **When residents fall, the facility does not take them to the emergency room.**
- **There are residents who need assistance with eating. If they do not eat food it is taken away.**
- **Lijo Antony improperly inserted a catheter in one of the patients and caused him to bleed and did not send the resident to the hospital.**
- **Residents who require lift assist left in beds in urine because insurance will not cover equipment.**
- **Residents are not getting activities or physical therapy.**

**INVESTIGATION:**

On 03/30/2023, I interviewed Facility Manager, Jennifer Hiller. Ms. Hiller stated that they have two residents who require lift assist at Meadows Assisted Living II. Resident A and Resident B are both currently at the hospital. She stated that Resident A went to the hospital over the weekend due to pain. She stated that he has a catheter, however, she is unaware of an incident where Lijo Antony inserted it incorrectly. Resident B is at the hospital for congestive heart failure. Ms. Hiller stated that residents receive medical attention when required. They will call for resident to be transported to the hospital. She stated that they do not have a Michelle who works for Meadows. The med tech will assess residents to see if they need to be sent out to the hospital. Ms. Hiller stated that they have an activity director at Meadows Assisted Living as well as have outside entertainers who come to the facility. The activity director works Mondays, Wednesdays, Fridays and every other weekend. They do activities such as exercise, trivia and coordination games. Ms. Hiller stated that they have a therapy room onsite for residents. Physical therapy is provided by a company called Care Masters that is paid for through insurance. There are no residents who need assistance with eating at Meadows Assisted Living II.

On 03/30/2023, I interviewed Resident C. She stated that she is doing “ok”. She has lived at Meadows for over a year. She stated that she gets the help she needs. She can move, eat and shower on her own. Resident C stated that there are one to two staff per shift. She stated that she does not do activities. She is comfortable watching tv in her own room. Resident C did not report any concerns.

On 03/30/2023, I interviewed Resident D. He stated that the has lived at Meadows for four years. He stated that he gets help with the things that the needs. He can eat by himself with one hand. Resident D stated that he participates in activities a couple days a week. He did not report any concerns.

On 03/30/2023, I interviewed Resident E. She stated that she likes living at Meadows Assisted Living and she is doing good. She gets help with everything. She stated that usually one staff assists her, however, there are two staff when she is in the bathroom.

She stated there are a lot of activities and everyone is so nice. Resident E did not report any concerns.

On 03/30/2023, I interviewed Licensee Designee, Lijo Antony. Mr. Antony stated that protocol is for staff to call himself or Jen Hiller immediately if they believe a resident needs to be sent to hospital. If it is an emergency, they should call 911 immediately. If a resident falls and is on coumadin, aspirin or hit head they are sent to hospital automatically. Michelle is a visiting nurse practitioner who sees residents on Thursdays. There is a list kept of residents she needs to see during her visits. Mr. Antony stated that there are no residents at Meadows Assisted Living II that need assistance with eating. He stated that Michelle Chisnell is the activities director who works five days a week. She does group activities such as chair exercises and music. They also have table activities such as coloring and games when activities director is not there. Mr. Antony stated that Care Masters provides physical therapy onsite. I observed therapy room with Mr. Antony. He stated that every resident has access to their program through Medicare Part B. Mr. Antony stated that they own equipment to provide lift assistance to residents. Mr. Antony stated that he is a nurse, and he did insert catheter for Resident A. He stated that Resident A went to hospital in January 2023 and was sent back with a catheter. He consulted with Nurse Practitioner, Michelle, and everything was fine.

On 05/18/2023, I completed an online nursing license search on the LARA website. Lijo Antony is a Licensed Practical Nurse with an active license. The license issue date is 07/09/2009 and the license expiration date is 07/09/2024.

On 04/10/2023, I received incident reports by email from Licensee Designee, Lijo Antony. On 03/06/2023, Resident A was sent to hospital due to blood clots in urine and he felt kidney stones were coming out. On 02/10/2023, Resident A as sent to hospital due to blood being in foley catheter and altered mental status. I also reviewed incident report for Resident B dated 03/22/2023. Resident B was having a hard time breathing and was sent to Troy Beaumont.

On 04/13/2023, I received an email from APS Worker, Vernece Warren. Ms. Warren indicated that she followed up with family of Resident F. Resident did have a fall back in January, however, per daughter it was her own fault. She refused to ask for help to transfer while at the facility and prior when she resided with her daughter. She moved to facility because family would come home and find her on floor. She would not use her adaptive equipment while living with daughter, resulting in falls. Ms. Warren observed client receiving assistance with eating. She talked to a few clients and their families. All denied concerns and that their family members were not being fed or eating adequately. Unfortunately, the clients were in memory care and could not clarify what was occurring with their meals and feedings. Ms. Warren stated that she would not be substantiating allegations regarding Meadows Assisted Living.

| APPLICABLE RULE | |
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| **R 400.15305** | **Resident protection.** |
| | **(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.** |
| **ANALYSIS:** | There is not enough information to determine that residents do not receive assistance with eating. Licensee Designee, Lijo Antony and Jennifer Hiller both stated that no residents at Meadows Assisted Living II require assistance with eating. Resident C, Resident D and Resident E indicated that they get the assistance they need at facility. This allegation would involve Meadows I which has an HFA exemption.<br><br>There is not enough information to determine that Lijo Antony improperly inserted Resident A's catheter and he was not sent to hospital. Mr. Antony is a Licensed Practical Nurse. Resident A was at hospital at the time of investigation. Incident reports indicate that Resident A was sent to hospital on 02/10/2023 and 03/06/2023.<br><br>There is not enough information that residents that require lift assistance are left in urine because insurance will not cover equipment for lifts. Mr. Antony indicated that they own equipment. Also, Mr. Antony indicated that physical therapy is available to all residents through their Medicare Part B. A company called Care Masters has a therapy room onsite. |
| **CONCLUSION:** | VIOLATION NOT ESTABLISHED |

| APPLICABLE RULE | |
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| **R 400.15310** | **Resident health care.** |
| | **(4) In case of an accident or sudden adverse change in a resident's physical condition or adjustment, a group home shall obtain needed care immediately.** |
| **ANALYSIS:** | There is not enough information to determine that residents are not taken to the hospital for injuries such as falls. Licensee Designee, Lijo Antony and Jennifer Hiller stated that residents are assessed and transported to the hospital if necessary. |

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| | Resident A and Resident B were both hospitalized at the time of investigation due to changes in physical condition while at the facility. |
| **CONCLUSION:** | VIOLATION NOT ESTABLISHED |

| **APPLICABLE RULE** | |
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| **R 400.15317** | **Resident recreation.** |
| | **(1) A licensee shall make reasonable provision for a varied supply of leisure and recreational equipment and activities that are appropriate to the number, care, needs, age, and interests of the residents.** |
| **ANALYSIS:** | There is not enough information to determine that recreational activities are not available at Meadows Assisted Living II. Licensee Designee, Lijo Antony and Jennifer Hiller both stated that the facility has an activities director who does activities such as exercise, trivia and coordination games. The facility also welcomes outside entertainers and has table activities available such as games and coloring. Resident D and Resident E both confirmed that there were activities at the facility. Resident C stated that she prefers to stay in her own room. |
| **CONCLUSION:** | VIOLATION NOT ESTABLISHED |

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

On 04/10/2023, I received incident reports by email from Licensee Designee, Lijo Antony. On 03/06/2023, Resident A was sent to hospital due to blood clots in urine and he felt kidney stones were coming out. On 02/10/2023, Resident A as sent to hospital due to blood being in foley catheter and altered mental status. The incident reports state that they were sent to licensing, however, there is no record of the incident reports being reviewed or received.

I completed an exit conference with Licensee Designee, Lijo Antony, by phone on 05/25/2023. I informed him of the violation found. He stated that he found that incident reports were being sent to old fax number. I informed Mr. Antony that a copy of special investigation report would be sent once approved and that I would contact him if any changes or additional information was needed.

| APPLICABLE RULE | |
|---|---|
| **R 400.15311** | **Investigation and reporting of incidents, accidents, illnesses, absences, and death.** |
| | **(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following:**<br>**(b) Any accident or illness that requires hospitalization.**<br>**(c) Incidents that involve any of the following:**<br>**(ii) Hospitalization.** |
| **ANALYSIS:** | Incident reports dated 02/10/2023 and 03/06/2023 indicate that they were sent to licensing, however, there is no record of them being received. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

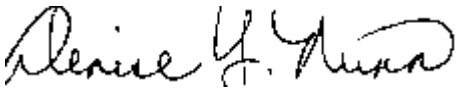
## IV. RECOMMENDATION

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

05/25/2023

Kristine Cilluffo Date
Licensing Consultant

Approved By:



06/06/2023

Denise Y. Nunn Date
Area Manager