GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 25, 2023

Brandy Shumaker
Oliver Woods Retirement Village LLC
Suite 200
3196 Kraft Ave SE
Grand Rapids, MI 49512

RE: License #: AL780258989
Investigation #: 2023A0584021
Oliver Woods 1

Dear Ms. Shumaker:

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.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9727.

Sincerely,

Candace Coburn, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

## I. IDENTIFYING INFORMATION

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|---|---|
| **License #:** | AL780258989 |
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| **Investigation #:** | 2023A0584021 |
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| **Complaint Receipt Date:** | 01/12/2023 |
| | |
| **Investigation Initiation Date:** | 01/13/2023 |
| | |
| **Report Due Date:** | 03/13/2023 |
| | |
| **Licensee Name:** | Oliver Woods Retirement Village LLC |
| | |
| **Licensee Address:** | Suite 200<br>3196 Kraft Ave SE<br>Grand Rapids, MI 49512 |
| | |
| **Licensee Telephone #:** | (810) 334-8809 |
| | |
| **Administrator:** | Dan Marchione |
| | |
| **Licensee Designee:** | Brandy Shumaker |
| | |
| **Name of Facility:** | Oliver Woods 1 |
| | |
| **Facility Address:** | 1310 W. Oliver Street<br>Owosso, MI 48867 |
| | |
| **Facility Telephone #:** | (989) 729-6060 |
| | |
| **Original Issuance Date:** | 04/16/2004 |
| | |
| **License Status:** | REGULAR |
| | |
| **Effective Date:** | 08/29/2021 |
| | |
| **Expiration Date:** | 08/28/2023 |
| | |
| **Capacity:** | 20 |
| | |
| **Program Type:** | PHYSICALLY HANDICAPPED<br>AGED |

## II. ALLEGATION(S)

| | **Violation Established**? |
|---|---|
| According to Resident A, food served to residents is cold, improperly handled, and not appropriate. | No |
| Resident A was charged for Adult Foster Care services not delivered. | No |
| Staff turnover is excessive and training is inadequate. | No |
| Resident B's medications were found on the facility floor multiple times and the wound on his bandage was not changed for four days. | No |
| The facility is not treating their bedbug infestation. During treatment of pest infestation, Resident E's belongings were improperly cared for and ruined by facility staff members. | No |
| Additional Finding | Yes |

## III. METHODOLOGY

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| 01/12/2023 | Special Investigation Intake - 2023A0584021 |
| 01/13/2023 | Special Investigation Initiated – Telephone interview with Complainant. |
| 01/18/2023 | Contact – Updated allegations received via email on original intake. |
| 01/27/2023 | Inspection Completed On-site.<br><br>Face to face interviews with Administrator Dan Marchione, Wellness coordinator Arielle Radick, direct care staff members Shelby Morse and Leigh Ann Wagner, and Residents A, B, C, D. |
| 02/13/2023 | Contact – Email received from Casey Elliott, Director of Environmental Health, Shiawassee County Health Department. |
| 02/27/2023 | Contact - Telephone call interview with Relative E 1. |
| 02/28/2023 | Contact - Document received of new allegations added to this special investigation. |
| 03/14/2023 | Inspection Completed On-site.<br><br>Face to face interviews with Resident E, F, G, H, I. |

**ALLEGATION:**

**According to Resident A, food served to residents is cold, improperly handled, and not appropriate.**

**INVESTIGATION:**

On 1/12/2023, the Bureau of Community and Health Systems (BCHS) received the above allegation via the BCHS online complaint system.

On 1/13/2023, I conducted a telephone interview with Complainant, who confirmed the allegation.

On 1/27/2023, I conducted an unannounced investigation at the facility during lunch time service. I observed 12 residents and two facility staff members in the dining room area and also observed the kitchen area where food was already prepared and ready for serving. The food prepared appeared to be of proper form, consistency, and temperature. I observed warm food in large steel serving trays, which were housed in hot water to keep the temperature of the food warm. Facility staff members serving food, as well as the cooks, were wearing plastic gloves on their hands when handling food. I visited each table and asked the residents about the meal. Each resident stated the food tasted good and was of proper temperature.

I interviewed Resident A who stated she is a member of a facility committee that reviews menus and makes suggestions about the facility's food service. Resident A stated the food is not of good quality for the price she pays for living at the facility and is sometimes served cold. However, Resident A acknowledged that if the food was cooler than desired, facility staff members would heat it up. When asked to provide examples of "poor quality food", Resident A stated she would prefer fresh fish instead of frozen. Resident A acknowledged that a nutritious variety of food is offered at each meal. Resident A stated since she has been on the food quality committee, facility management staff members have accepted suggestions but have made little changes. Resident A stated she does not have any concerns regarding facility staff members handing of food.

I attempted to interview Resident B, who was unable or unwilling to answer questions.

I interviewed Residents C and D, who both stated they had no complaints about the quality, amount, and temperature of the food.

I interviewed facility administrator Dan Marchione, who stated that he is aware of the food quality committee Mr. Marchione stated all residents' suggestions have been forwarded to the kitchen staff, as well as to facility management staff members.

I interviewed the facility's Wellness Director Arielle Radick, who stated she was aware of the concerns of a few residents regarding the type of food purchased and served. Ms. Radick stated she provides resident feedback regarding food to the facility kitchen staff.

I reviewed the facility menus for the months of December 2022 and January 2023, as well as training information for the facility cook Cody Root. Documentation on the menus listed a diverse variety of food served each day which meets the *Appendix I: Recommended Dietary Allowances, Revised 1980* contained in the publication entitled *Basic Nutrition Facts: A Nutrition Reference, Michigan Department of Public Health publication no. H-808, 1/89*. Mr. Root's training documentation confirmed he was qualified by training to be responsible for food service.

I interviewed Mr. Root, who stated he is very diligent in making sure there are a variety of choices at each meal and he is very careful to keep food at the correct temperatures for safety. According to Mr. Root, facility staff members wear gloves when directly handling food.

I interviewed direct care staff members Shelby Root and Leigh Ann Wagner. Both Ms. Root and Ms. Wagner stated they protect food quality by not touching food directly with bare hands and wearing gloves as often as needed. Both Ms. Root and Ms. Wagner confirmed that when a resident's meal is not warm enough they reheat the meal for them.

On 3/14/2023, I made an additional unannounced investigation at the facility and interviewed Residents E, F, G, H, I. Residents E, F, G, H, I all stated they receive a variety of nutritious food to choose from at mealtimes and had no concerns regarding their meals or facility staff members' handing of food.

| **APPLICABLE RULE** | |
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| **R 400.15313** | **Resident nutrition.** |
| | **(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.**<br>**(2) Meals shall meet the nutritional allowances recommended pursuant to the provisions of "Appendix I: Recommended Dietary Allowances, Revised 1980" contained in the publication entitled "Basic Nutrition Facts: A Nutrition Reference," Michigan Department of Public Health publication no. H-808, 1/89. This publication may be obtained at cost from The Division of Research and Development, Michigan Department of Public Health, P.O. Box 30195, Lansing, Michigan 48909.** |

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| **ANALYSIS:** | According to my investigation, which consisted of multiple resident and facility staff members' interviews, an observation of lunch service, as well as a review of documents pertaining to the allegations, there is not enough evidence to substantiate the allegation that food served to residents is consistently cold, improperly handled, and not appropriate. It has been established the facility created a resident-lead committee to make recommendations on food/meals, and to report any food related concerns to kitchen staff members to improve resident satisfaction and to correct any deficiencies within the facility's food service program. |
| **CONCLUSION:** | **VIOLATION NOT ESTABLISHED** |

**ALLEGATION:**

**Resident A was charged for Adult Foster Care services not delivered.**

**INVESTIGATION:**

The above allegation was also indicated in the written complaint filed with the BCHS on 01/12/2023.

During my unannounced investigation at the facility on 1/27/2023, I interviewed Mr. Marchione regarding the allegation. Mr. Marchione stated invoices are given to residents for extra services received at the facility's beauty parlor or for special activities. According to Mr. Marchione, these extra services are not included in the basic fee for Adult Foster Care services. Fees for these extra services are provided to residents prior to their participation and resident participation is not required. Mr. Marchione stated that any error on invoices provided to residents would immediately be corrected.

On 1/27/2023, I interviewed Resident A who stated she was responsible for her own finances and receives invoices for extra services provided outside of the basic fee for services she pays. Resident A stated she recently received an invoice for a service that was not provided to her. According to Resident A, she notified management staff members of the error and the error was corrected. Resident A stated she had never paid for any services she did not received at the facility.

| APPLICABLE RULE | |
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| **R 400.14315** | **Handling of resident funds and valuables.** |
| | **(11) A licensee shall obtain prior written approval from a resident and his or her designated representative before charges are made to a resident's account.**<br>**(12) Charges against the resident's account shall not exceed the agreed price for the services rendered and goods furnished or made available by the home to the resident.** |
| **ANALYSIS:** | According to my investigation, which consisted of an interview with administrator Dan Marchione and Resident A, there is no evidence Resident A paid for services not received. It has been established Resident A recently received an invoiced for a service she did not receive in error. According to Resident A, the error was immediately corrected. |
| **CONCLUSION:** | **VIOLATION NOT ESTABLISHED** |

**ALLEGATION:**

**Staff turnover is excessive and training is inadequate.**

**INVESTIGATION:**

The allegation was also included in the written complaint filed with the BCHS on 01/12/2023.

On 1/27/2023, I interviewed Residents A, C, and D. All residents confirmed they do not have complaints regarding the care or services provided to them by direct care staff members.

On 3/14/2023, I interviewed Residents E, F, G, H, I, whose statements regarding the care and services they receive in the facility were consistent with the statements Residents A, C, and D provided to me on 01/12/2023.

On 5/17/2023, Mr. Marchione provided me with a copy of the facility schedule from January 1, 2023, through May 2023. Documentation on the schedules appeared to indicate a sufficient number of direct care staff. Mr. Marchione also provided me with documentation of the successful completion of required training for each direct care staff member indicated on the schedules. Mr. Marchione denied the allegation that staff turnover was excessive and stated that from January 2023 to March 2023, only two direct care staff members were replaced.

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| **R 400.15204** | **Direct care staff; qualifications and training.** |
| | **(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:**<br>**(a) Reporting requirements.**<br>**(b) First aid.**<br>**(c) Cardiopulmonary resuscitation.**<br>**(d) Personal care, supervision, and protection.**<br>**(e) Resident rights.**<br>**(f) Safety and fire prevention.**<br>**(g) Prevention and containment of communicable diseases.** |
| **ANALYSIS:** | According to my investigation, which consisted of interviews with multiple residents and Mr. Marchione, as well as a review of documents pertaining to the allegation, there is not enough evidence to substantiate the allegation there is an excessive turnover of staff and training is not adequate. |
| **CONCLUSION:** | **VIOLATION NOT ESTABLISHED** |

**ALLEGATION:**

**Resident B's medications were found on the facility floor multiple times and the wound on his bandage was not changed for four days.**

**INVESTIGATION:**

The allegation Resident B's medications were found on the facility floor multiple times was included in the written complaint filed with the BCHS on 01/12/2023.

On 1/13/2023, I conducted a telephone interview with Complainant, who clarified that while at the facility, they saw a pill on the floor in the room of Resident B. Complainant stated they did not have an exact date this occurred and they told Mr. Marchione about the incident.

On 01/18/2023, via the BCHS on-line complaint system, I received an additional complaint alleging that the bandage on Resident B's wound had not been changed for four days.

During my unannounced investigation on 01/24/2023, I attempted to interview Resident B and he was unable or unwilling to answer questions. Resident B appeared clean and well groomed. I did not observe a bandage on Resident B.

I interviewed Mr. Marchione and Ms. Radick regarding the allegation a pill was found on Resident B's bedroom floor. Both Mr. Marchione and Ms. Radick stated they did not recall ever receiving this information. Mr. Marchione and Ms. Radick also stated they did not have knowledge of Resident A's bandage not being changed in four days nor were there ever any physician's orders for Resident B to receive wound care.

Ms. Radick provided me with the facility's internal incident reports for my review. There was no documentation on the internal incident reports indicating medication was ever found on Resident B's bedroom floor.

Ms. Radick also provided me with Resident B's medication administration records (MARs) for December 2022 and January 2023. Documentation on the MARs indicated that all medications were given to Resident B as directed. There was no documentation on the MARs indicating a pill that fell or was unaccounted for.

I requested and reviewed Resident J, K, and L's December 2022 and January 2023 MARs. None of the MARs reviewed had missing documentation or explanations of medication not properly passed.

I interviewed Mr. Marchione, Ms. Radick, Ms. Root and Ms. Wagner. Ms. Root and Ms. Wagner both stated they understand to how to properly document medication administration exceptions and do not recall any incidents of medication being found on Resident B's floor. Both Ms. Root and Ms. Wagner stated they were not aware of the allegation a pill was found on Resident B's bedroom floor. Ms. Root stated she changed the last dressing on Resident B's elbow in December 2022. Ms. Wagner stated she had not provided wound care for Resident B.

I reviewed documentation on Resident B's floor chart notes from November 2022 through January 27, 2023, which indicated he had a skin tear near his right elbow that required wound dressing "as needed". Documentation on Resident B's floor chart notes indicated Resident B's bandage was changed on 12/13/2022 and 12/15/2022, and again on 12/16/2022 by Dr. Patel. Documentation on Resident B's floor notes indicated Dr. Patel was in contact with facility staff members on 1/13/2023 and saw Resident B on 1/27/2023. There were no notes of concern documented by Dr. Patel regarding Resident B's wound or wound care provided to Resident B by direct care staff members.

| APPLICABLE RULE | |
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| **R 400.15312** | **Resident medications.** |
| | **(2) Medication shall be given, taken, or applied pursuant to label instructions.** |
| **ANALYSIS:** | According to my investigation, which consisted of interviews with multiple staff members, as well as a review of documents pertaining to the allegations, there is not enough evidence to substantiate the allegation Resident B's medications were found on the facility floor multiple times**.** |
| **CONCLUSION:** | **VIOLATION NOT ESTABLISHED** |

| APPLICABLE RULE | |
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| **R 400.15310** | **Resident health care.** |
| | **(1) A licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician or other health care professional with regard to such items as any of the following:**<br>**(d) Other resident health care needs that can be provided in the home. The refusal to follow the instructions and recommendations shall be recorded in the resident's record.** |
| **ANALYSIS:** | According to my investigation, which consisted of interviews with multiple staff members, as well as a review of documents pertaining to the allegations, documentation on Resident B's floor chart notes from November 2022 through January 27, 2023, indicated he had a skin tear near his right elbow that required wound dressing "as needed". There is not enough evidence to substantiate the allegation Resident B's bandages were not changed in four days. |
| **CONCLUSION:** | **VIOLATION NOT ESTABLISHED** |

**ALLEGATION:**

**The facility is not treating their bedbug infestation. During treatment of pest infestation, Resident E's belongings were improperly cared for and ruined by facility staff members.**

**INVESTIGATION:**

The written complaint filed with BCHS on 01/12/2023 indicated there are “instances of bedbugs and other insects”.

On 1/13/2023, Mr. Marchione provided me, via email, with a confirmation letter from Griffin Pest Solutions that documented:

“*On 2/7/2023, I inspected units 15,19,17,113,112,111,103 and 107, for possible bed bugs. I found live bed bugs in unit #18 and treatment is being scheduled. The other units, which include a couple of units that have been previously treated, I found no signs of live bed bugs. Sincerely, Jonathan Getz A.C.E*.”

On 02/26/2023, additional written information regarding this allegation was provided to the BCHS via the BCHS on-line complaint system. The additional information indicated that during a bedbug treatment, Resident C’s belongings were improperly cared for and ruined by facility staff members.

On 1/27/2023, I received and reviewed a copy of the invoice for pest and bed bug treatment that was conducted by Griffin Pest Solutions on 2/20/2023.

On 2/27/2023, I conducted a telephone interview with Relative E 1, who confirmed the allegation Resident E’s bedroom has live bed bugs and her personal belongings were ruined during the treatment.

On 3/14/2023, I conducted a face-to-face interview with Resident E. Resident E stated a visitor saw evidence of bed bugs on her bed skirt and reported this to the facility manager. Resident E stated the manager moved her to a new room so they could treat the room for the pests. Resident E confirmed her personal furniture was destroyed, along with some clothing, during the treatment process. However, according to Resident E, the facility compensated her for the destroyed items, which she was satisfied with. Resident E stated she will remain in her new bedroom and will not return to room #18 where the infestation was found.

Mr. Marchione provided a ledger documenting a credit given for damage to Resident E’s personal items in the amount of $800.00.

| **APPLICABLE RULE** | |
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| **R 400.5401** | **Environmental health.** |
| | **(5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner that continually protects the health of residents.** |

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| **ANALYSIS:** | According to my investigation, which consisted of interviews with Relative E 1 and Resident E, as well as a review of documentation relevant to this investigation, it has been established the facility has a program in place to treat the infestation of bedbugs. It has also been established facility management staff compensated Resident E for her destroyed items, that were ruined during the process. According to Resident E, she was satisfied with the resolution. |
| **CONCLUSION:** | **VIOLATION NOT ESTABLISHED** |

**ADDITIONAL FINDINGS:**

On 1/13/2023, I reviewed Resident B's file and established an *Assessment Plan for AFC Residents* (assessment plan) was due for an annual update on 12/27/2022. There was no updated assessment plan found in the file.

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| **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 licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.** |
| **ANALYSIS:** | According to my investigation, it has been established Resident B's assessment plan was not updated on or before 12/27/2022. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

On 4/7/2023, I conducted an exit conference with licensee designee Brandy Shumaker via email and shared with her the findings of this investigation.

## IV. RECOMMENDATION

After receiving an acceptable corrective action plan, I recommend no change in the status of this license.

5/25/2023

Candace Coburn — Date
Licensing Consultant

Approved By:

5/25/2023

Michele Streeter — Date
Area Manager