GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 26, 2023

Denice Tiggs
Patrick Comm Living Facility, Inc.
7075 Jennings Rd.
Swartz Creek, MI 48473

RE: License #: AS250272749
Investigation #: 2023A0779045
Woodmoor Home

Dear Ms. Tiggs:

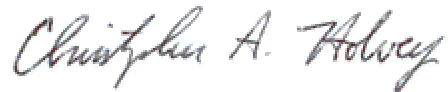
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (517) 643-7960.

Sincerely,



Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
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(517) 899-5659

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250272749
Investigation #:	2023A0779045
Complaint Receipt Date:	05/16/2023
Investigation Initiation Date:	05/16/2023
Report Due Date:	07/15/2023
Licensee Name:	Patrick Comm Living Facility, Inc.
Licensee Address:	7075 Jennings Rd. Swartz Creek, MI 48473
Licensee Telephone #:	(810) 655-3407
Administrator:	Denice Tiggs
Licensee Designee:	Denice Tiggs
Name of Facility:	Woodmoor Home
Facility Address:	7075 Jennings Rd. Swartz Creek, MI 48473
Facility Telephone #:	(810) 655-3407
Original Issuance Date:	03/17/2005
License **Status:**	REGULAR
Effective Date:	08/18/2022
Expiration Date:	08/17/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
On 5/9/23, the dining room furniture was soaked in urine and the facility smelled of urine.	Yes
A resident sleeps on a mattress with the springs exposed.	No

III. METHODOLOGY

05/16/2023	Special Investigation Intake 2023A0779045
05/16/2023	Special Investigation Initiated - Telephone Voicemail message was left for complainant.
05/22/2023	Inspection Completed On-site
05/23/2023	APS Referral Complaint was referred to APS centralized intake.
06/26/2023	Exit Conference Held with licensee designee, Denise Tiggs

ALLEGATION:

On 5/9/23, the dining room furniture was soaked in urine and the facility smelled of urine.

INVESTIGATION:

On 5/22/23, an on-site inspection was conducted. All the residents were viewed to be clean and well-groomed. The home was viewed to be clean and without any smell of urine or other significant odor.

On 5/22/23, home manager, Louise Harris, stated that all the residents have designated sitting/chairs at the dining room table. She stated that she was not aware of any dining room furniture being soaked in urine or smelling of urine. Ms. Harris reported that Resident A has a seizure disorder and that when she has a seizure, she will often urinate. Ms. Harris stated that they generally have a protective pad on places Resident A sits, including her dining room chair. She stated that they are frequently scrubbing

furniture that Resident A has urinated on and that they are in the process of trying to get a physician order to get Resident A adult briefs.

Ms. Harris pointed out what dining room chair is designated to Resident A. The chair was observed to have a cushioned seat and had a disposable protective pad on the cushion. Upon closer observation, the cushion of the chair was found to be damp to the touch, with a mild odor of urine. All the other dining room furniture was observed to be clean and odor free.

APPLICABLE RULE	
R 400.14403	**Maintenance of premises.**
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.
ANALYSIS:	On 5/22/23, a dining room chair that is designated for Resident A's use was observed. The chair had a disposable protective pad on it. The cushion, which was part of the chair itself, was found to be damp to the touch, with a mild smell of urine. This chair did not present a comfortable or clean appearance/condition.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

A resident sleeps on a mattress with the springs exposed.

INVESTIGATION:

During the on-site inspection on 5/22/23, home manager, Ms. Harris, stated that she was familiar with the mattress in question. She stated that the mattress belonged to Resident B. Ms. Harris reported that she was not aware that the mattress was broken until it was pointed out to her, as she does not usually make the resident's beds. Ms. Harris admitted the mattress was ripped at one of the seams but denied that any springs were exposed. She claimed that you had to look closely inside the rip to even see the spring. She stated that the spring was not exposed or sticking out of the mattress and did not pose any risk of danger or harm to Resident A. Ms. Harris reported that she called the home care company on 5/9/23, which is the same day this matter was brought to her attention and ordered a new mattress. She stated that a new mattress was delivered within a few days and that Resident A never obtained any injuries as a result of the ripped mattress.

During the on-site inspection, Resident B was viewed to be clean and well-groomed. Resident B's new mattress was observed to be in good condition. Resident B's assessment plan was reviewed and stated that she is non-mobile, non-verbal, utilizes a wheelchair and requires full assistance from staff for all her activities of daily living. Due to her cognitive deficiencies, Resident B was not able to be interviewed.

On 5/22/23, staff person, Deidra Tiggs, stated that she often changes the bedding on residents' beds and that she was not aware that Resident B's mattress had a rip in it. She confirmed that the rip was located at a seam in the mattress and that no springs were ever exposed and/or placed Resident B at risk of harm.

APPLICABLE RULE	
R 400.14410	**Bedroom furnishings.**
	(5) A licensee shall provide a resident with a bed that is not less than 36 inches wide and not less than 72 inches long. The foundation shall be clean, in good condition, and provide adequate support. The mattress shall be clean, comfortable, in good condition, well protected, and not less than 5 inches thick or 4 inches thick if made of synthetic materials. The use of a water bed is not prohibited by this rule.

ANALYSIS:	It was confirmed that Resident B had a mattress that had a rip at one of the seams, but that there were never any springs exposed that would have placed Resident B at risk of harm. Once the condition of the mattress was brought to the home's attention, home manager, Louise Harris, immediately ordered a new mattress. Resident A was not harmed as a result of the rip in her mattress. On 5/22/23, Resident A's new mattress was vied to be in good condition.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

On 6/26/23, an exit conference was held with licensee designee, Denise Tiggs. She was informed of the outcome of this investigation and that a written corrective action plan is required.

IV. RECOMMENDATION

Upon receipt of an approved written corrective action plan, it is recommended that status of this home's license remain unchanged.

6/26/2023

Christopher Holvey Date
Licensing Consultant

Approved By:

6/26/2023

Mary E. Holton Date
Area Manager