



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 1, 2023

Paul Carlson
Bowman Place
1215 N. Elm Street
Three Rivers, MI 49093

RE: License #: AH750378305
Investigation #: 2023A1021073
Bowman Place

Dear Paul Carlson:

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

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the authorized representative and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action. Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

Kimberly Horst

Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH750378305
Investigation #:	2023A1021073
Complaint Receipt Date:	07/06/2023
Investigation Initiation Date:	07/07/2023
Report Due Date:	09/05/2023
Licensee Name:	Bowman AID OPCO LLC
Licensee Address:	Ste 3700 330 N. Wabash Chicago, IL 60611
Licensee Telephone #:	(312) 725-7010
Administrator:	Abigail Mulholland
Authorized Representative:	Paul Carlson
Name of Facility:	Bowman Place
Facility Address:	1215 N. Elm Street Three Rivers, MI 49093
Facility Telephone #:	(269) 279-0088
Original Issuance Date:	04/25/2017
License Status:	REGULAR
Effective Date:	10/25/2022
Expiration Date:	10/24/2023
Capacity:	61
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Resident fell and no interventions were put in place.	No
Facility has insufficient staffing.	No
Medication Administration Record (MAR) incomplete.	Yes
Residents do not receive showers.	No
Facility is dirty.	No
Additional Findings	No

III. METHODOLOGY

07/06/2023	Special Investigation Intake 2023A1021073
07/07/2023	Special Investigation Initiated - Letter referral sent to APS
07/11/2023	Inspection Completed On-site
08/01/2023	Exit Conference

The complainant identified some concerns that were not related to home for the aged licensing rules and statutes. Therefore, only specific items pertaining to homes for the aged provisions of care were considered for investigation. The following items were those that could be considered under the scope of licensing.

ALLEGATION:

Resident fell and no interventions were put in place.

INVESTIGATION:

On 07/06/2023, the licensing department received a complaint with allegations the facility had a resident fall, and no interventions were put into place. The complainant was unable to provide a resident name.

On 07/07/2023, the allegations in this report were sent to centralized intake at Adult Protective Services (APS). APS opened the case for investigation.

On 07/11/2023, I interviewed administrator Abigail Mulholland at the facility. Ms. Mulholland reported at times residents do fall. Ms. Mulholland reported when a fall occurs, the facility reviews the fall and implement interventions to prevent future falls. Ms. Mulholland reported interventions can include increase assistance, increase checks, and more time spent in common areas. Ms. Mulholland denied allegation that interventions were not put in place for resident falls.

On 07/11/2023, I interviewed staff person 1 (SP1) at the facility. SP1 reported there have been a few falls, but nothing concerning. SP1 reported when a fall occurs, the facility has the resident spend more time in the common areas or increase staff assistance. SP1 reported no concerns with resident falls.

On 07/11/2023, I interviewed SP2 at the facility. SP2 reported no concerns with the frequency of falls at the facility. SP2 reported interventions are put into place to prevent future falls.

On 07/11/2023, I interviewed SP4 at the facility. SP4 reported the facility has two residents that have a history of falls. SP4 reported the facility has implemented increased time in common area, increased staff assistance, and keeping lights on in the room. SP4 reported no concerns with falls at the facility.

On 07/11/2023, I interviewed Resident A at the facility. Resident A reported her husband slid out of the recliner chair a few days ago. Resident A reported the facility has implemented a night light so that Resident A can see better. Resident A reported the facility quickly addresses falls.

I reviewed incident reports completed for June and July falls. There were six falls in June with no injuries. After each fall the facility implemented interventions to prevent future falls. A few examples of interventions were increased rounding, taking resident to meals, increased lighting in room, and assistance with ambulation.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.
ANALYSIS:	Interviews conducted and review of documentation revealed lack of evidence to support the allegation interventions were not put in place following each resident fall.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Facility has insufficient staffing.

INVESTIGATION:

The complainant alleged the facility has insufficient staffing. The complainant alleged that SP5 has been sleeping on the job.

Ms. Mulholland reported there are 28 residents in the facility and only 11 residents require hands on assistance. Ms. Mulholland reported on first shift there are four floor staff, second shift three floor staff, and third shift two care staff. Ms. Mulholland reported within the past months the facility has used agency staff for three shifts because the facility was actively training new staff. Ms. Mulholland reported the facility will be hiring in the next weeks for as needed staff. Ms. Mulholland reported when the schedule is developed, there are no open shifts. Ms. Mulholland reported the facility has a mandation policy and the staff member that will be mandated is reflected on the schedule. Ms. Mulholland reported management will work the floor, if needed. Ms. Mulholland reported the facility has sufficient staff to meet the needs of the residents.

SP1 reported there is sufficient staff on the floor to meet the needs of the residents. SP1 reported the facility could use more floor staff because employees are often mandated due to staff shortages. SP1 reported no knowledge of employees sleeping on the job.

SP2 reported floor staff meet the needs of the residents with the current staffing ratios. SP2 reported no concerns with staffing. SP2 reported no knowledge of employees sleeping on the job.

On 07/11/2023, I interviewed SP3 at the facility. SP3 reported there is sufficient staff but there could be more employees so that the current employees do not get burnt out from working so much. S3 reported no knowledge of employees sleeping on the job.

Resident A reported care staff are very attentive and quick to respond to her needs. Resident A reported no concerns with staff at the facility.

On 07/11/2023, I interviewed Resident B at the facility. Resident B reported there is always care staff to assist residents. Resident B reported no concerns with staff at the facility.

I reviewed the staff schedule for 06/30/2023-07/11/2023. The schedule reflected each shift a staff member had the potential to be mandated to stay over their shift end time. The schedule reflected the staffing guidelines as described by Ms. Mulholland.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.
ANALYSIS:	Interviews conducted and review of documentation revealed lack of evidence to support the allegation there is insufficient staff at the facility.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Medication Administration Record (MAR) incomplete.

INVESTIGATION:

The complainant alleged there are times the MAR is not completed when a medication is administered.

I reviewed 28 July 2023 resident MAR's. The following were noted:

Resident D:

Pantoprazole Tab 20mg tablet: no initials medication was administered on 07/05

Calmoseptine Ointment: no initials ointment was administered on 07/05

Nystatin Powder: no initials powder was administered on 07/05

Resident E:

Losartan Tab 100mg: no initials medication was administered on 07/10

Omeprazole Cap 40 mg: no initials medication was administered on 07/10

Oyster 500mg: no initials medication was administered on 07/10

GabapentinCap 300mg: no initials medication was administered on 07/10

Carvedilol Tab 312mg: no initials medication was administered on 07/10

Potassium 10mg: no initials medication was administered on 07/10

Resident F:

Metformin 500mg: no initials medication was administered on 07/07

Calcium 600mg: no initials medication was administered on 07/07

Resident G:

Primidone 50mg tablet: no initials medication was administered on 07/10

APPLICABLE RULE	
R 325.1932	Resident medications.
	<p>(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions:</p> <p style="padding-left: 40px;">(b) Complete an individual medication log that contains all of the following information:</p> <p style="padding-left: 80px;">(v) The initials of the person who administered the medication, which shall be entered at the time the medication is given</p>
ANALYSIS:	Review of Resident's MARs revealed multiple instances in which the medication technician did not initial the medication was administered.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Residents do not receive showers.

INVESTIGATION:

The complainant alleged residents do not receive showers.

Ms. Mulholland reported each resident is offered the opportunity to shower twice a week. Ms. Mulholland reported if a resident refuses a shower, the resident is to sign that they refused the shower. Ms. Mulholland reported she has not received any concerns of residents not receiving showers.

On 07/12/2023, I interviewed SP4 at the facility. SP4 reported she reviews the shower documentation and skin assessment. SP4 reported residents receive showers according to their service plan and shower schedule. SP4 reported residents have the right to refuse a shower. SP4 reported no concerns with residents not receiving showers.

SP1 reported residents receive showers. SP1 reported if a resident refuses a shower, another staff member will try to encourage the resident to shower. SP1 no concerns with residents not receiving showers.

Resident B reported staff assist her with showers and she receives two showers a week. Resident B reported no concerns with lack of showers.

I reviewed the facility shower log. The shower log revealed each day and shift there were residents scheduled for a shower. The log revealed a handful of residents that refused the shower or residents that requested a shower a different day.

APPLICABLE RULE	
R 325.1933	Personal care of residents.
	(2) A home shall afford a resident the opportunity and instructions when necessary for daily bathing, oral and personal hygiene, daily shaving, and hand washing before meals. A home shall ensure that a resident bathes at least weekly and more often if necessary.
ANALYSIS:	Interviews conducted and review of documentation revealed lack of evidence to support the allegation that residents do not receive showers.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Facility is dirty.

INVESTIGATION:

The complainant alleged the facility is dirty.

Ms. Mulholland reported the facility has a housekeeper three days a week and the office manager does housekeeping tasks two days. Ms. Mulholland reported if an employee sees something, they are to own it. Ms. Mulholland reported the facility works together to ensure the facility is clean.

Resident A reported things are going well at the facility. Resident A reported her room is kept clean by care staff.

I observed the common areas of the facility including the living area, dining area, hallways, and bathrooms. The common areas of the facility were clean as observed by the floors were vacuumed, there was no litter on the floor, and the facility smelt clean.

I observed multiple resident rooms and bathrooms. The rooms were tidy and clean. The bathrooms were also clean.

APPLICABLE RULE	
R 325.1979	General maintenance and storage.
	(1) The building, equipment, and furniture shall be kept clean and in good repair.
ANALYSIS:	While at the facility, I did not observe any cleanliness issues and therefore there is lack of evidence to support this allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

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

Kimberly Horst

07/12/2023

Kimberly Horst
Licensing Staff

Date

Approved By:

Andrea L. Moore

07/31/2023

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

Date