GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

October 23, 2023

David Benjamin
A&D Charitable Foundation Inc
3150 Enterprise Dr
Saginaw, MI 48603

RE: License #: AH730401359
Investigation #: 2023A1019073
Community Village

Dear Licensee:

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. Failure to submit an acceptable corrective action plan will result in disciplinary action. 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.

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,

Elizabeth Gregory-Weil, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 347-5503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH730401359
Investigation #:	2023A1019073
Complaint Receipt Date:	09/07/2023
Investigation Initiation Date:	09/08/2023
Report Due Date:	11/07/2023
Licensee Name:	A&D Charitable Foundation Inc
Licensee Address:	3150 Enterprise Dr Saginaw, MI 48603
Administrator:	Robin Rappley
Authorized Representative:	David Benjamin
Name of Facility:	Community Village
Facility Address:	3200 Hospital Rd Saginaw, MI 48603
Facility Telephone #:	(989) 792-5442
Original Issuance Date:	03/18/2020
License Status:	REGULAR
Effective Date:	09/18/2022
Expiration Date:	09/17/2023
Capacity:	90
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
The facility is understaffed.	Yes
Additional Findings	No

III. METHODOLOGY

09/07/2023	Special Investigation Intake 2023A1019073
09/08/2023	Special Investigation Initiated - Letter Notified APS of the allegations.
09/08/2023	APS Referral
09/11/2023	Contact - Document Sent Emailed administrator requesting additional information and documentation; correspondence is ongoing.
09/27/2023	Inspection Completed BCAL Sub. Compliance

ALLEGATION:

The facility is understaffed.

INVESTIGATION:

On 9/7/23, the department received a complaint alleging that there are not enough staff at the facility. The complaint read that there are only three caregivers working to tend to 80 residents, some that require the use of Hoyer lifts. Due to the anonymous nature of the complaint, additional information could not be obtained.

During follow up correspondence with administrator Robin Rappley, licensing staff requested a resident roster, staff schedules, explanation of employee coverage procedures and emergency call pendant response data. Ms. Rappley promptly provided all requested information. I observed 79 residents listed on the resident roster and per Ms. Rappley, four residents use a Hoyer lift that require two staff to operate. Ms. Rappley described desired staffing levels at the current census and

acuity level as seven care givers, which include med passers (two for each of the three wings and one additional float person) but reports that they can operate with 4-5 care staff on duty if needed. When there is an unexpected call off or a no call no show, Ms. Rappley stated that shift mandates are sometimes used and attested that she has come in to provide coverage. Ms. Rappley acknowledged that staffing has been challenging, admitting that there are times that staff leave their shift before the supervisor realizes that there was a call off, and staff not staying for their mandation. Ms. Rappley also stated that she has had to temporarily stop admitting residents due to employee call offs.

Facility schedules were reviewed for a six-week period (8/1/23-9/14/23). Based on the documentation supplied by Ms. Rappley, I observed repeated instances of less than the desired seven staff per shift, and several instances where there were less than four staff on duty. For example, there were only three staff on duty for part or all of second shift on 8/28/23, 9/7/23, 9/8/23 and only two staff on duty for part of second shift on 9/6/23 and 9/11/23. There were only three staff on duty for part or all of third shift on 8/13/23, 8/25/23, 8/26/23, 8/27/23, 9/6/23, 9/9/23 and 9/10/23.

Ms. Rappley stated that there is a resident emergency call pendant system that alert to staff phones, however the facility currently only has three phones so not all staff can carry them. Ms. Rappley attested that without the phones, staff do not know that pendants have been pressed. Call pendant response data was reviewed for a six-week period (8/1/23-9/14/23). Out of more than 1100 pendant alerts, there were almost 700 instances of excessive response times (15 minutes or more). When asked about oversight of call response times, Ms. Rappley stated that management has not been reviewing them and stated that she had only gained access to the data as of 9/28/23.

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:	Attestations from the facility administrator combined with review of schedules, coverage procedures and call pendant response data are evidence that the facility is insufficiently staffed.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon approval of an acceptable corrective action plan, I recommend the status of the license remain unchanged.

09/29/2023

Elizabeth Gregory-Weil Date
Licensing Staff

Approved By:

10/22/2023

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