



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 1, 2023

Jennifer Hescott
Provision Living at Livonia
33579 8 Mile Road
Livonia, MI 48152

RE: License #: AH820405630
Investigation #: 2024A1019016
Provision Living at Livonia

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 #:	AH820405630
Investigation #:	2024A1019016
Complaint Receipt Date:	11/15/2023
Investigation Initiation Date:	11/15/2023
Report Due Date:	01/15/2024
Licensee Name:	AEG Livonia Opco, LLC
Licensee Address:	1610 Des Peres Road, Suite 385 St. Louis, MO 63131
Licensee Telephone #:	(314) 272-4980
Administrator:	Matthew Cortis
Authorized Representative:	Jennifer Hescott
Name of Facility:	Provision Living at Livonia
Facility Address:	33579 8 Mile Road Livonia, MI 48152
Facility Telephone #:	(248) 665-8688
Original Issuance Date:	03/09/2022
License Status:	REGULAR
Effective Date:	09/09/2023
Expiration Date:	09/08/2024
Capacity:	58
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Residents often miss their shower days.	Yes
Additional Findings	No

III. METHODOLOGY

11/15/2023	Special Investigation Intake 2024A1019016
11/15/2023	Special Investigation Initiated - Letter Notified APS of the allegations.
11/15/2023	APS Referral
11/15/2023	Contact - Document Sent Emailed administrator requesting documentation, correspondence is ongoing.
11/20/2023	Contact - Document Received Requested documentation received from administrator.
11/21/2023	Contact - Telephone call received Call received from administrator; interview conducted.
11/21/2023	Inspection Completed-BCAL Sub. Compliance

The complainant identified some concerns that did not identify a licensing rule or statute governing a home for the aged. The complaint also included one or more allegations that are already being investigated under special investigation report (SIR) 2024A0784006.

ALLEGATION:

Residents often miss their shower days.

INVESTIGATION:

On 11/15/23, the department received an anonymous complaint alleging that residents are not receiving showers as scheduled. No resident names were provided and did not list dates that this was alleged to have occurred on. Due to the anonymous nature of the complaint, additional information could not be obtained.

Email and phone correspondence was held with administrator Matthew Cortis. Per Mr. Cortis, resident service plans should identify the frequency that bathing tasks should be completed weekly, along with how much staff assistance each resident requires (independent, stand by assistance, one person staff assist, etc.). Mr. Cortis stated that facility staff are expected to document bathing activities in their electronic record system "Matrix" and on a separate paper log. I requested a census and observed there to be 53 residents at the facility. Mr. Cortis stated that 45 of the 53 residents require some level of assistance with bathing and provided. Of those who require staff assistance, I randomly selected six residents to review service plans, Matrix documentation and shower log records for the previous six week period (10/1/23-1/15/23).

The following observations were made:

- Resident A is two receive at least two showers per week and requires the assistance of two staff to perform bathing activities. The Matrix documentation identified that Resident A received bathing assistance on 10/4/23, 10/8/23 and 10/25/23. No supplemental paper documentation was provided.
- Resident B is two receive at least two showers per week and requires the assistance of two staff to perform bathing activities. The Matrix documentation identified that Resident A received bathing assistance on 11/15/23. No supplemental paper documentation was provided.
- Resident C is two receive at least two showers per week and requires the assistance of one staff to perform bathing activities. The Matrix documentation identified that Resident A received bathing assistance on 10/10/23, 10/13/23 and 11/03/23. No supplemental paper documentation was provided.
- Resident D is two receive at least two showers per week and requires the assistance of two staff to perform bathing activities. The Matrix documentation identified that Resident A received bathing assistance on 10/2/23, 10/9/23 and 10/24/23. No supplemental paper documentation was provided.

- Resident E is to receive at least two showers per week and requires the assistance of two staff to perform bathing activities. The Matrix documentation identified that Resident E received bathing assistance on 10/2/23, 10/9/23, 10/12/23, 10/16/23, 10/19/23, 10/30/23, 10/31/23, 11/1/23, 11/2/23, 11/6/23, 11/9/23, 11/12/23, 11/13/23, 11/14/23 and 11/15/23. No supplemental paper documentation was provided.
- Resident F is to receive at least two showers per week and requires the assistance of one staff to perform bathing activities. The Matrix documentation identified that Resident F received bathing assistance on 10/2/23, 10/9/23, 10/12/23, 10/18/23, 10/19/23, 10/26/23, 10/31/23, 11/1/23, 11/7/23, 11/9/23, 11/12/23, 11/14/23 and 11/15/23. No supplemental paper documentation was provided.

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:	Facility staff failed to follow service plan instruction pertaining to the frequency of bathing residents.
CONCLUSION:	VIOLATION ESTABLISHED

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:	Facility staff failed to ensure that all residents bathe at least weekly.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no changes to the status of the license at this time.



11/27/2023

Elizabeth Gregory-Weil
Licensing Staff

Date

Approved By:



12/01/2023

Andrea Moore
Area Manager

Date