



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 4, 2023

Jody Linton
Red Cedar Senior Living Holdings, LLC
150 East Broad Street
Columbus, OH 43215

RE: License #: AH330405755
Investigation #: 2024A1021015
Red Cedar Lodge

Dear Jody Linton:

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 #:	AH330405755
Investigation #:	2024A1021015
Complaint Receipt Date:	11/17/2023
Investigation Initiation Date:	11/21/2023
Report Due Date:	1/17/2024
Licensee Name:	Red Cedar Senior Living Holdings, LLC
Licensee Address:	150 East Broad Street Columbus, OH 43215
Licensee Telephone #:	(614) 221-1818
Administrator:	Abi Mulholland
Authorized Representative:	Jody Linton
Name of Facility:	Red Cedar Lodge
Facility Address:	210 Dori Lane Lansing, MI 48912
Facility Telephone #:	(517) 348-0226
Original Issuance Date:	10/07/2022
License Status:	REGULAR
Effective Date:	04/07/2023
Expiration Date:	04/06/2024
Capacity:	155
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Resident D did not have a service plan upon admission.	Yes
Facility made changes to Resident E and F service plan and did not communicate these changes to the residents.	Yes
Additional Findings	Yes

III. METHODOLOGY

11/17/2023	Special Investigation Intake 2024A1021015
11/21/2023	Special Investigation Initiated - On Site
12/04/2023	Exit Conference

ALLEGATION:

Resident D did not have a service plan upon admission.

INVESTIGATION:

On 11/17/2023, the licensing department received a complaint with allegations Resident D moved into the facility and the facility had no service plan or appropriate documents for Resident D.

On 11/21/2023, I interviewed administrator Abi Mulholland at the facility. Ms. Mulholland reported Resident D admitted to the facility on 11/11/2023. Ms. Mulholland reported the community relations manager came into the facility to assist with the move in process. Ms. Mulholland reported a preadmission assessment was done on 11/06 and the service plan was updated on 11/15. Ms. Mulholland reported Resident D administers her own medications and therefore no medications are needed in the facility computer system.

On 11/21/2023, I attempted to interview Resident D at the facility but was unable to do so.

I reviewed the service plan that was in place at the time of admission. There was no documentation that the service plan was developed with Resident D.

APPLICABLE RULE	
R 325.1922	Admission and retention of residents.
	(2) The admission policy shall specify all of the following: (c) That the individual seeking admission and his or her authorized representative, if any, shall participate in the development of the individual's service plan.
ANALYSIS:	Review of documentation revealed no documentation to support that the service plan was developed and communicated with Resident D.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Facility made changes to Resident E service plan and did not communicate these changes to Resident E.

INVESTIGATION:

The complainant alleged Resident E level of care was changed and the changes were not communicated to Resident E.

Ms. Mulholland reported Resident E's service plan did change but there was no financial increase in the care provided. Ms. Mulholland reported the facility had an interim clinical support manager revise the service plan. Ms. Mulholland reported the facility updated the care notes, but no level of care was changed. Ms. Mulholland reported on 11/15, staff person 1 (SP1) updated the care plan from eight items to 19 items. Ms. Mulholland reported some of the additions included nail care, evacuation assistance, transportation assistance, communication as resident reads Braille, activity preference, and toileting assistance as needed. Ms. Mulholland reported care staff would be able to view these changes in the system. Ms. Mulholland reported on 11/16, the service plan was changed again to include 14 items. Ms. Mulholland reported last week, SP2 spoke with Resident E and Resident F on the service plan changes.

On 11/21/2023, I interviewed Resident E at the facility. Resident E reported he requires assistance with going to activities as he is blind, and he and Resident F can not operate the motorized wheelchair. Resident E reported last week, employees came into his room and reported they were to assist with laying out his clothes and assistance with showering. Resident E reported he questioned the staff member, and it was reported there were changes to the service plan. Resident E reported he does not require this level of assistance. Resident E reported he was not aware of

these changes and no facility representative have provided the service plan to him or to Resident F.

On 11/21/2023, I interviewed Resident F at the facility. Resident F reported they still have not seen the service plan and only have been told the changes were removed.

The facility could not provide any documentation that service plan changes were communicated to Resident E.

APPLICABLE RULE	
R 325.1922	Admission and retention of residents.
	(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.
ANALYSIS:	Interviews conducted and review of documentation revealed Resident E's service plan was changed and the changes were not communicated to the resident.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

Review of Resident D's documents revealed Resident D admitted to the facility on 11/11/2023 but the admission agreement was not signed until 11/24/2023.

APPLICABLE RULE	
R 325.1922	Admission and retention of residents.
	(3) At the time of an individual's admission, a home or the home's designee shall complete a written resident admission contract between the resident, the resident's authorized representative, or both, and the home. The resident admission contract shall, at a minimum, specify all of the following: (a) That the home shall provide room, board, protection, supervision, assistance, and supervised personal care consistent with the resident's service plan. (b) The services to be provided and the fees for the services.

	<p>(c) The notice to be provided by the home to the resident, the resident's authorized representative, or both, upon any change in fees.</p> <p>(d) The transportation services that are provided, if any, and the fees for those services.</p> <p>(e) The home's admission and discharge policy.</p> <p>(f) The home's refund policy.</p> <p>(g) The resident's rights and responsibilities, which shall include those rights and responsibilities specified in section 20201(2) and (3), MCL 333.20201(2) and (3) of the public health code and section 20202, MCL 333.20202, of the code.</p>
ANALYSIS:	The facility did not have an admission agreement for Resident D until 13 days after admission to the facility. Therefore, the facility did not act in accordance with this licensing rules.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

Ms. Mulholland reported Resident D is on hospice services. Review of Resident D's service plan read,

"Other services: Ashely nurse."

Review of Resident D's service plan also read,

"Dinning: Partially independent

Ambulation: Partially independent

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:	Review of Resident D's service plan revealed lack of detail on Resident D's involvement with hospice services. In addition, the service plan did not include specific information on the level and type of assistance Resident D required.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

Review of Resident D’s progress notes revealed Resident D required assistance getting out of bed as Resident D was sleeping on an air mattress until her family could bring her a bed.

Ms. Mulholland reported the facility does not provide beds to the residents.

While onsite I inspected Resident D’s room and found no bed was provided to Resident D.

APPLICABLE RULE	
R 325.1934	Furniture.
	(1) A home shall provide an individual bed at least 36 inches wide, with comfortable springs in good condition and a clean protected mattress not less than 5 inches thick, or 4 inches thick if of synthetic construction.
ANALYSIS:	Observations made and interviews conducted revealed the facility did not provide Resident D with a bed.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Kimberly Horst

11/30/2023

Kimberly Horst
Licensing Staff

Date

Approved By:

Andrea L. Moore

12/04/2023

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

Date