



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 12, 2023

Pamela Reese
Kauhale Otsego
700 Eley Street
Otsego, MI 49078

RE: License #: AH030413477
Investigation #: 2024A1021001
Kauhale Otsego

Dear Mrs. Reese:

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 #:	AH030413477
Investigation #:	2024A1021001
Complaint Receipt Date:	10/02/2023
Investigation Initiation Date:	10/03/2023
Report Due Date:	12/01/2023
Licensee Name:	Kauhale Otsego, LLC
Licensee Address:	72 Dorchester Square N Westerville, OH 43081
Licensee Telephone #:	(330) 289-0971
Administrator: Authorized Representative/	Pamela Reese
Name of Facility:	Kauhale Otsego
Facility Address:	700 Eley Street Otsego, MI 49078
Facility Telephone #:	(269) 694-1621
Original Issuance Date:	05/18/2023
License Status:	TEMPORARY
Effective Date:	05/18/2023
Expiration Date:	11/17/2023
Capacity:	56
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Facility pre-set medications.	Yes
Residents provided care inconsistent with service plan.	Yes
SP1 not trained in medication administration.	No
Facility has lack of clean towels and linens.	No
Facility is dirty and has bugs.	No
Additional Findings	Yes

III. METHODOLOGY

10/02/2023	Special Investigation Intake 2024A1021001
10/03/2023	Special Investigation Initiated - Telephone interviewed complainant
10/03/2023	APS Referral referral placed to APS
10/17/2023	Inspection Completed On-site
10/18/2023	Contact-Document Received Received documents
11/01/2023	Contact-Telephone call made Interviewed SP7
12/05/2023	Contact-Document Received Received facility policy on medications
12/12/2023	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:

Facility pre-set medications.

INVESTIGATION:

On 10/02/2023, the licensing department received a complaint with allegations the facility medication technicians are not dispensing medications properly and there are a lot of errors occurring.

On 10/03/2023, I interviewed the complainant by telephone. The complainant alleged medication technicians will stack medication cups on top of each other and will pre-set medications.

On 10/17/2023, I interviewed SP2 at the facility. SP2 reported medications are often pre-set because there is lack of staff to administer medications.

On 10/17/2023, I interviewed SP3 at the facility. SP3 reported it is common to pre-set medications and to stack medication cups on top of one another.

On 10/17/2023, I interviewed SP4 at the facility. SP4 reported medication technicians will pre-set medications, especially when they are very busy.

On 10/17/2023, I interviewed SP6 at the facility. SP6 reported there were occurrences of pre-setting medications, but those occurrences have decreased.

On 10/17/2023, I interviewed SP5 at the facility. SP5 reported a while ago SP6 was provided additional education on pre-setting medications as she brought two different resident medications at the same time. SP5 reported medication technicians are taught not to pre-set medications.

I reviewed the facility policy on medication administration. The policy read,

“Pre-setting medication is regarded as not taking reasonable precautions to ensure the medication is not taken by another resident.”

I reviewed facility medication administration training. The training read,

*“NO PRE-SETTING OF MEDICATION.
Prepare only ONE resident’s medication a time*

Pre-setting medications: you can only prepare one resident's medications at a time and they should be prepared no sooner than one hour before the scheduled administration time."

APPLICABLE RULE	
R 325.19321	Governing bodies, administrators, and supervisors.
	(1) The owner, operator, and governing body of a home shall do all of the following: (b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.
For Reference: R 325.1901	Definitions.
	(p) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.
ANALYSIS:	The facility lacks an organized program of protection as evidenced by multiple interviews conducted revealed facility culture of pre-setting medications. Review of medication administration training and medication administration policy revealed medication technicians are not to pre-set medications.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Residents provided inadequate care.

INVESTIGATION:

The complainant alleged Resident A is left in bed until 2:00pm with no breakfast. The complainant alleged Resident B does not want male caregivers, but the facility is not accommodating this preference. The complainant alleged there are residents that sit outside unsupervised.

SP5 reported Resident A has Parkinsons with dementia. SP5 reported Resident A tends to stay up very late and prefers to sleep in. SP5 reported caregivers will attempt to wake Resident A but he often refuses. SP5 reported the facility has two enclosed courtyards and a front patio. SP5 reported there is a group of women residents that like to sit out front when the weather is nice. SP5 reported the facility has a receptionist that is aware when the residents go outside. SP5 reported if there was an issue with the mobility of a resident sitting outside, the facility would address the resident sitting outside. SP5 reported no concerns with residents being outside.

SP4 reported Resident A does not like to get up in the morning and does not have a set schedule due to his diagnosis. SP4 reported the caregivers provide care to Resident A when he allows it. SP4 reported there are residents that sit outside and are independent and cognitively able to do so.

On 11/01/2023, I interviewed SP7 by telephone. SP7 reported the facility has one male caregiver that floats between the units. SP7 reported the male caregiver is aware certain residents and/or family members do not want male caregivers providing care. SP7 reported the facility will always try to accommodate this preference, but at times a male caregiver will provide care.

I reviewed Resident A’s service plan. The service plan read,

“The resident uses disposable briefs. Assist resident with cleansing perineal area after each incontinence episode. Staff will toilet resident every two hours while awake.”

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 revealed Resident A prefers to sleep in and can be resistant to receiving care assistance. Also, interviews conducted revealed Resident B prefers no male caregivers. Review of Resident A and B’s service plans revealed this information was not detailed in the service plan.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

SP1 not trained in medication administration.

INVESTIGATION:

The complainant alleged SP1 is not trained in medication administration.

SP5 reported SP1 is the activity director but has been cross trained in medication administration. SP5 reported SP1 will administer medications if needed.

I reviewed SP1’s medication administration training. The documentation revealed SP1 successfully completed the *Med Pass Observation Competency Checklist*.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(6) The home shall establish and implement a staff training program based on the home’s program statement, the residents service plans, and the needs of employees, such as any of the following: (g) Medication administration, if applicable.
ANALYSIS:	Interviews conducted and review of documentation revealed SP1 was trained in medication administration.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Facility has lack of clean towels and linens.

INVESTIGATION:

The complainant alleged there are rarely ever clean linens and towels available.

On 10/17/2023, I interviewed authorized representative Pamela Reese at the facility. Ms. Reese reported the facility recently purchased more linens and towels as the facility was running low. Ms. Reese reported there is always clean linens and towels available. Ms. Reese reported most residents have supplies in their room and there are additional supplies located in closets throughout the facility.

SP2 reported there was an issue with lack of supplies available as the facility was running low on supplies. SP2 reported the storage closet is now full of clean towels and linens.

SP3 and SP4’s statements were consistent with those made by Ms. Reese and SP2.

APPLICABLE RULE	
R 325.1935	Bedding, linens, and clothing.
	(2) The home shall assure the availability of clean linens, towels, and washcloths. The supply shall be sufficient to meet the needs of the residents in the home. Individually designated space for individual towels and washcloths shall be provided.
ANALYSIS:	Interviews conducted revealed lack of evidence to support the allegation there is lack of clean towels and linen in the facility.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Facility is dirty and has bugs.

INVESTIGATION:

The complainant alleged the facility is very dirty and there are bugs in some of the residents' room.

Ms. Reese reported the facility has a full time and a part time housekeeper. Ms. Reese reported the facility was short staffed on housekeeping but is now fully staffed. Ms. Reese reported the housekeeper has a weekly schedule for cleaning. Ms. Reese reported third shift is also responsible for cleaning the facility. Ms. Reese reported Resident A likes to snack in his room and his room is to be vacuumed daily. Ms. Reese reported they had a small issue with ants in the summertime but there is no systemic issue with bugs in the facility.

SP2 reported the housekeeper, and the caregivers are responsible for cleaning the facility. SP2 reported no knowledge of issues with bugs.

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.

I observed Resident A's room. The bathroom was clean and tidy. Resident A's bed sheets were in the process of being changed. Resident A's floor had crumbs on it, but the janitor was in the process of cleaning the room.

APPLICABLE RULE	
R 325.1979	General maintenance and storage.
	(1) The building, equipment, and furniture shall be kept clean and in good repair.
ANALYSIS:	Interviews conducted and observations made revealed the facility was short housekeeper staff but has recently hired additional staff. 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

ADDITIONAL FINDINGS:

INVESTIGATION:

Inspection of Resident A's room revealed a ½ bedrail attached to Resident A's bed. Review of Resident A's service plan revealed this information on the use of the bedrail was omitted from the service plan.

APPLICABLE RULE	
R 325.1921	Governing bodies, administrators, and supervisors.
	(1) The owner, operator, and governing body of a home shall do all of the following: (b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.
For Reference: R 325.1901	Definitions.
	(p) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under

	the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.
ANALYSIS:	The service plan for Resident A lacked information about the devices related to purpose of use, staff responsibility to ensure devices were safe, and ongoing maintenance schedules. For instance, instruction regarding whether the resident could summon staff independently for help or require monitoring on a predetermined frequency was not defined. In addition, it lacked what staff were responsible for, and what methods were to be used in determining if the device posed a risk.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

Review of staff schedule for 10/01-10/08 revealed the number of staff scheduled to work was below the staffing ratios as described by Ms. Reese. Interviews conducted with SP7 revealed the staff schedule was not updated to reflect who worked. In addition, SP7 reported management will work the floor to cover for staff shortages.

APPLICABLE RULE	
R 325.1944	Employee records and work schedules.
	(2) The home shall prepare a work schedule showing the number and type of personnel scheduled to be on duty on a daily basis. The home shall make changes to the planned work schedule to show the staff who actually worked.
ANALYSIS:	The facility failed to make changes to the planned work schedule to show the staff who worked.
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

11/06/2023

Kimberly Horst
Licensing Staff

Date

Approved By:

Andrea L. Moore

12/11/2023

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

Date