



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

November 30th, 2023

Marina Galu
American House Wyoming
5812 Village Dr SW
Wyoming, MI 48519

RE: License #: AH410402896
Investigation #: 2024A1021008
American House Wyoming

Dear Marina Galu:

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 #:	AH410402896
Investigation #:	2024A1021008
Complaint Receipt Date:	10/25/2023
Investigation Initiation Date:	10/26/2023
Report Due Date:	12/24/2023
Licensee Name:	AH Wyoming Subtenant LLC
Licensee Address:	STE 1600 One Towne Square Southfield, MI 48076
Licensee Telephone #:	(248) 827-1700
Administrator:	Tamara Monks
Authorized Representative:	Galu Marina
Name of Facility:	American House Wyoming
Facility Address:	5812 Village Dr SW Wyoming, MI 48519
Facility Telephone #:	(616) 421-2675
Original Issuance Date:	11/05/2020
License Status:	REGULAR
Effective Date:	05/05/2023
Expiration Date:	05/04/2024
Capacity:	166
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident B found covered in urine.	Yes
Facility has insufficient staff.	Yes
Residents do not receive showers.	Yes
Residents are not appropriately fed.	No
Additional Findings	No

III. METHODOLOGY

10/25/2023	Special Investigation Intake 2024A1021008
10/26/2023	Special Investigation Initiated - Letter referral sent to APS
10/26/2023	Inspection Completed On-site
10/30/2023	Contact-Documents Received Received shower documentation
10/31/2023	Contact-telephone call made Interviewed culinary director
11/02/2023	Contact-document received Received menus
11/30/2023	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 B received inconsistent care.

INVESTIGATION:

On 10/25/2023, the licensing department received a complaint with allegations Resident B was found covered in urine and the bed was full of urine. The complainant alleged this occurred on 10/02/2023.

On 10/26/2023, the allegations in this report were sent to centralized intake at Adult Protective Services (APS).

On 10/26/2023, I interviewed administrator Tami Monks at the facility. Ms. Monks reported Resident B is independent with toileting. Ms. Monks reported the main assistance Resident B requires is assistance with escorts as she gets tired walking to meals and activities. Ms. Monks reported the main assistance caregivers provide Resident B is to remind her of activities and mealtimes. Ms. Monks reported at times Resident B prefers to stay in bed and caregivers must encourage her to get up. Ms. Monks reported Resident B is continent of urine.

On 10/26/2023, I interviewed Resident B at the facility. Resident B reported she likes living at the facility and everyone treats her well. Resident B reported no concerns with bathroom issues. Resident B was well dressed, and I did not smell any urine on Resident B.

On 10/27/2023, I interviewed Relative B1 by telephone. Relative B1 reported Resident B does require Depends at night due to nighttime incontinence. Relative B1 reported often Resident B does not have Depends on and staff do not assist with Depend usage. Relative B1 reported she has come in and observed wet clothes in the bathroom due to a nighttime incontinence. Relative B1 reported she has observed Resident B's bed to have urine in it.

I reviewed Resident B's service plan. The service plan read,

“Continent of bladder. Independent. (Resident B) does not require assistance with toileting.” (Resident B) can dress/undress and select clothing but may need to be reminded/supervised. Staff to report changes in dressing needs to the nurse.”

I reviewed Resident B's daily log. The log read,

“10/02: good day no concerns.”

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 B does require the use of Depends during the nighttime hours. However, this information was not detailed in the service plan.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Facility has insufficient staff.

INVESTIGATION:

The complainant alleged during second shift on 10/23/2023, there was insufficient staff in the building. The complainant alleged on 10/20/2023, there was only one medication technician in the facility.

Ms. Monks reported there are 66 residents in assisted living and 10 residents in memory care. Ms. Monks reported the facility has two 12-hour shifts. Ms. Monks reported there is to be eight caregivers per shift with three medication technicians and five resident care aids. Ms. Monks reported there is also a wellness manager on each floor that can assist if needed. Ms. Monks reported the facility is currently using agency staff but have decreased the use of agency. Ms. Monks reported when the schedule is posted staff are encouraged to pick up additional shifts. Ms. Monks reported if additional shifts are not picked up, then agency staff is called. Ms. Monks reported if there is a staff shortage, management will call staff that are not working, encourage staff to stay over, and call agency staff. Ms. Monks reported management will also come in to work. Ms. Monks reported the staff schedule is reflected that a caregiver or medication technician is assigned to work a specific floor, however, the entire facility is their responsibility. Ms. Monks reported on the first floor there is 21 residents but the majority of the residents are independent and require very little assistance. Ms. Monks reported the facility will have the first shift caregiver or medication technician assist with care and medications on second floor as the second floor is the “heavier” floor. Ms. Monks reported on 10/20/2023, on first shift a caregiver called in which resulted in one caregiver and one medication technician on the second floor instead of two caregivers on the second floor. Ms. Monks reported on 10/20/2023, there was three medication technicians for each shift. Ms. Monks reported on 10/23/2023, on second shift there was a staff shortage with two agency workers did not show up for their shift. Ms. Monks reported the assistant wellness director worked 6:30p-2:00am primarily on the memory care floor. Ms. Monks reported an agency caregiver came in at 12:00am to work on the second floor. Ms. Monks reported there was one medication technician on the first floor, one caregiver on the second floor for the entire shift, one caregiver on the second floor 12:00p-6:30a, one medication technician and one caregiver on the third floor, and one caregiver on the third floor until 2:00am.

On 10/25/2023, I interviewed staff person 3 (SP3) at the facility. SP3 reported she worked on 10/20/2023 on the second floor. SP3 reported the floor typically has two caregivers but a caregiver called in sick. SP3 reported the facility found a replacement worker around 1:00pm.

I reviewed the staffing assignment sheet for 10/20/2023 for first shift. The staffing assignment sheet revealed there was one employee on the second floor that called in ill.

I reviewed the staffing assignment sheet for 10/23/2023 for second shift. The sheet revealed there was one employee on first floor, one employee on second floor, one employee that came in at midnight to work on the second floor, two employees on third floor, and one employee on third floor that worked until 2:00am.

I reviewed the staffing assignment sheet for second shift on 10/20/2023. The staffing assignment sheet revealed there was a medication technician that called in ill that was assigned to the second and third floor. Per Ms. Monks, SP4 administered medications from 7:30-11:00pm.

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:	Review of staffing assignment sheets revealed on multiple occasions the facility did not have the number of staff in the building as set forth by their expectations.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Residents do not receive showers.

INVESTIGATION:

The complainant alleged residents do not receive showers.

On 10/26/2023, I interviewed the administrator Marylyn Leavitt at the facility. Ms. Leavitt reported resident showers are reflected in the care plan. Ms. Leavitt reported in each resident room a sign is posted when they are to receive a shower. Ms. Leavitt reported caregivers are to complete a written shower sheet and complete it in

the computer system. Ms. Leavitt reported if a resident refuses a shower, caregivers are to attempt two more times. Ms. Leavitt reported if a shower is not completed or charted on the computer system, management will get notified. Ms. Leavitt reported residents receive required showers.

On 10/26/2023, I interviewed SP2 at the facility. SP2 reported residents do receive showers. SP2 reported residents will refuse showers but caregivers will attempt a few more times before charting the resident refused.

On 10/26/2023, I interviewed Resident C at the facility. Resident C reported she is happy to be living at the facility. Resident C reported no concerns with lack of care at the facility.

I reviewed shower documentation for Resident D. The documentation revealed Resident D was scheduled for showers every Tuesday and Friday. I reviewed Monthly Task Log for showers for September and October. The documentation revealed Resident D received a shower on 09/20, 09/24, 10/10, 10/13, 10/20, and 10/27.

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:	Review of Resident D's shower documentation revealed Resident D did not receive a weekly shower from 09/01-09/20 and 09/24-10/10.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Residents are not appropriately fed.

INVESTIGATION:

The complainant alleged that residents are not adequately fed. The complainant alleged during some mealtimes the lunch and dinner meals are changed. The complainant alleged one evening residents received cottage cheese and fruit for dinner.

On 10/31/2023, I interviewed facility culinary director by telephone. The director reported the menus are set by the corporate office and signed by a licensed dietitian. The culinary director reported she is limited on what she can change on the set menus. The culinary director reported there is an alternate menu that changes every five weeks, and this menu is resident driven and the residents assist with the development of this menu. The culinary director reported this menu can include wings, chili, country bowl, and fried shrimp. The culinary director reported in the summer months, there was a dinner served that was cottage cheese, assorted fruit, and a muffin, but if a resident wants additional food, they can order off the alternate menu.

On 10/26/2023, I interviewed Resident C at the facility. Resident C reported she receives three meals a day. Resident C reported the meals are decent.

I reviewed the menu for 04/30/2023-05/06/2023. The menu revealed on 05/01/2023, the dinner meal was fruit and cottage cheese plate, blueberry muffin, and melon salad. The residents could also order from the always available menu which included grilled chicken, baked fish, hamburger, chef salad, grilled cheese, and hot dog. The menu was signed by a registered dietitian.

APPLICABLE RULE	
R 325.1951	Nutritional need of residents.
	A home shall meet the food and nutritional needs of a resident in accordance with the recommended daily dietary allowances of the food and nutrition board of the national research council of the national academy of sciences, adjusted for age, gender, and activity, or other national authority acceptable to the department, except as ordered by a licensed health care professional.
ANALYSIS:	Interviews conducted and review of menus revealed lack of evidence to support the allegation residents are not appropriately fed.
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

11/02/2023

Kimberly Horst
Licensing Staff

Date

Approved By:

Andrea L. Moore

11/30/2023

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

Date