



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 3, 2024

Lisa Sikes
Care Cardinal Kentwood
4352 Breton Rd. SE
Kentwood, MI 49512

RE: License #: AH410413166
Investigation #: 2023A1010043
Care Cardinal Kentwood

Dear Mrs. Sikes:

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) 241-1970.

Sincerely,

A handwritten signature in blue ink that reads "Lauren Wohlfert".

Lauren Wohlfert, Licensing Staff
Bureau of Community and Health Systems
350 Ottawa, N.W. Unit 13, 7th Floor
Grand Rapids, MI 49503
(616) 260-7781
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH410413166
Investigation #:	2023A1010043
Complaint Receipt Date:	02/28/2023
Investigation Initiation Date:	03/02/2023
Report Due Date:	04/30/2023
Licensee Name:	CSM Kentwood LLC
Licensee Address:	4352 Breton Road SE Kentwood, MI 49512
Licensee Telephone #:	(312) 837-0704
Administrator:	Diana Billow
Authorized Representative:	Lisa Sikes
Name of Facility:	Care Cardinal Kentwood
Facility Address:	4352 Breton Rd. SE Kentwood, MI 49512
Facility Telephone #:	(616) 281-5170
Original Issuance Date:	05/11/2018
License Status:	REGULAR
Effective Date:	11/11/2022
Expiration Date:	11/10/2023
Capacity:	103
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Staff did not wear personal protective equipment (PPE) when Resident D had Clostridioides Difficile (C.Diff).	No
Resident D requires care beyond what staff at the facility can provide.	No
Resident D is not receiving care consistent with her service plan.	No
Staff do not watch Resident D ingest her medication; it is left unsupervised in her room.	Yes

III. METHODOLOGY

02/28/2023	Special Investigation Intake 2023A1010037
03/02/2023	Special Investigation Initiated - Letter APS referral emailed to Centralized Intake
03/02/2023	APS Referral APS referral emailed to Centralized Intake
03/20/2023	Inspection Completed On-site
03/20/2023	Contact - Document Received Received resident service plan and staff notes
03/22/2023	Contact – Telephone call made Interviewed Witness 1 by telephone
01/03/2024	Exit Conference

ALLEGATION:

Staff did not wear personal protective equipment (PPE) when Resident D had Clostridioides Difficile (C.Diff).

INVESTIGATION:

On 2/28/23, the Bureau received the allegations from the online complaint system. The complaint read, “resident has c-diff and staff are not using proper PPE or infection control when caring for her.”

The complainant was anonymous; therefore I was unable to gather additional information.

On 3/2/23, I emailed an Adult Protective Services (APS) referral to Centralized Intake.

On 3/20/23, I interviewed administrator Chelsea Lindsey at the facility. Ms. Lindsey reported Resident D returned from the hospital with C.Diff. Ms. Lindsey stated Resident D was placed on C.Diff isolation in her room at that time. Ms. Lindsey explained Resident D’s physician evaluated her last week at the facility and determined she could be taken off C.Diff isolation.

Ms. Lindsey said while Resident D was on C.Diff isolation in her room, there was a three drawer Rubbermaid container filled with gloves, gowns, masks, and booties for staff to put on before they entered Resident D’s room outside of her door. Ms. Lindsey reported staff wore this PPE anytime they entered Resident D’s room. Ms. Lindsey explained there was also a red “bio hazard” disposal bin outside of Resident D’s door. Ms. Lindsey said staff removed their gloves, gowns, booties, and masks after exiting Resident D’s room and placed them in the “bio hazard” disposal bin. Ms. Lindsey reported proper infection control measures were taken.

On 3/20/23, I interviewed Resident D at the facility. Resident D stated staff wore gloves, gowns, and masks every time they entered her room while she had C.Diff.

On 3/20/23, I interviewed Staff Person 1 (SP1) at the facility. SP1’s statements were consistent with Ms. Lindsey and Resident D.

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.

ANALYSIS:	The interviews with Ms. Lindsey, SP1, and Resident D, revealed staff wore appropriate PPE while Resident D was on C.Diff isolation in her room. Staff had adequate access to PPE that was placed outside of Resident D's room and appropriately disposed of it after exiting the room.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident D requires care beyond what staff at the facility can provide.

INVESTIGATION:

On 2/28/23, The complaint read, “[Resident D] requires continuous nursing care AEB including suprapubic foley requiring regular flushes, wound dressing, c-diff, recent amputee, and diabetes.”

On 3/20/23, Ms. Lindsey reported Resident D currently receives outside in home services through Care Team to dress her wounds, including on her recent leg amputation. Ms. Lindsey said Resident D also has a wound around where her suprapubic catheter is placed. Ms. Lindsey stated Resident D's suprapubic catheter is maintained through outside in home nursing services. Ms. Lindsey was unable to recall the exact name of the outside in home nursing service provider. Ms. Lindsey said staff at the facility empty Resident J's catheter bag and clean the area around where her suprapubic catheter is placed.

Ms. Lindsey stated resident D requires the assistance from two staff persons to transfer. Ms. Lindsey reported Resident D is also receiving physical and occupational therapy services through Care Team. Ms. Lindsey said nursing staff with the Care Team see Resident D once a week and physical and occupational therapy staff see resident D twice a week. Ms. Lindsey stated with these outside services in place, the facility can meet Resident D's care needs.

Ms. Lindsey provided me with a copy of Resident D's service plan for my review. The *BLADDER* section of the plan read, “Is continent of bladder via super pubic cath. Requires assistance with urinal being emptied and cleaned. The *CATHETER* section of the plan read, “18 French Suprapubic-Latex Free 18 French. Tandem 360 to change monthly. *CATHETER*: Changer as per Physician's Orders. Tandem 360 orders my supplies and changes my catheter. *CATHETER*: I require a one person assist with my catheter (ordering/refilling supplies, cleansing, changing). *CATHETER*: Report leaking/pain/concerns to Nurse. Empty every shift and as needed. When turning me make sure that my catheter is not kinked, and the urine is flowing.”

On 3/20/23, Resident D's statements regarding the outside in home services she receives were consistent with Ms. Lindsey. Resident D stated when needed, the nurse at the facility changed the dressings on her wounds. Resident D said care staff at the facility empty her catheter bag and reposition her in bed when she requests. Resident D said she was "satisfied" with the care she receives from staff at the facility.

Resident D showed me the pendant she wears around her neck. Resident D reported the response time after she pushes her pendant has improved since she returned from the facility after her leg was amputated. Resident D said the longest she has had to wait was approximately a half hour, however the general wait time is five to ten minutes.

On 3/21/23, I received a copy of the facility's new "Assistive Device" policy via email from Ms. Lindsey. The revised policy allows bedside assistive devices in the facility. I observed the policy outlined instructions for staff to monitor and maintain the devices to ensure resident safety. The policy also read the device must be ordered by the resident's physician and installed per the manufacturer's instructions.

On 3/22/23, I interviewed Witness 1 (W1) by telephone. W1 reported he is at the facility once a week to change the dressings on the wound on Resident D's coccyx and the stage II wound near where her catheter is placed. W1 stated he also provides care to maintain Resident D's catheter that is in place, and he monitors the area where Resident D recently had her leg amputated.

W1 reported Resident D requires placement in a skilled nursing facility. W1 explained due to Resident D's recent amputation, she requires services from a multidisciplinary care team that a skilled nursing facility provides. W1 said Resident D relies on staff to assist her to reposition in bed. W1 stated since the facility does not allow bedside assistive devices, Resident D does not have the independence to move in her bed. W1 said the twice weekly physical and occupational therapy services have been "suspended" because the facility will not allow Resident D to have any bedside assistive devices.

W1 stated Resident D is also often left soiled when he arrives at the facility and he has to change her as a result. W1 is concerned regarding skin breakdown and more wounds on Resident D because of being left soiled. W1 stated Resident D is on several medications and he has observed staff lack the knowledge regarding when her prescribed as needed medications should be utilized. W1 reported he has had to educate staff at the facility regarding these medications. W1 said several of the staff at the facility are primarily Spanish speaking only and there have been language barriers regarding Resident D's care. W1 stated it appears the facility has not addressed how to navigate the language barrier between Resident D and the Spanish speaking staff.

On 6/15/23, Ms. Lindsey reported Resident D’s service plan was updated. Ms. Lindsey stated she and management staff have been monitoring Resident D’s condition and will assess whether continued placement in the facility is adequate to meet Resident D’s care needs. Ms. Lindsey said if it is determined care staff can no longer meet Resident D’s care needs, an alternate placement will be sought. Ms. Lindsey reported that since the facility’s assistive devices policy was updated, Resident D can now utilize a bedside assistive device to increase her mobility in bed.

APPLICABLE RULE	
R 325.1922	Admission and retention of residents.
	(9) A home shall not admit a resident who requires continuous nursing care services of the kind normally provided in a nursing home as specified in section 21711(3) of the code, MCL 333.21711(3), and section 21715(2), MCL 333.21715(2), of the code.
ANALYSIS:	The interview with Ms. Lindsey revealed Resident D’s service plan was reviewed and updated. Ms. Lindsey reported she and care staff continue to monitor Resident D to assess whether her care needs can be met by staff at the facility. Ms. Lindsey said if it is determined care staff can no longer meet Resident D’s care needs, an alternate placement will be sought. The interview with Resident D revealed she had no complaints regarding staff not meeting her care needs.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident D is not receiving care consistent with her service plan.

INVESTIGATION:

On 2/28/23, the complaint read, “[Resident D] did not receive the proper care of a leg wound which led to unnecessarily requiring the amputation of her lower extremity.”

On 3/20/23, Ms. Lindsey stated Resident D is currently receiving care from staff consistent with her service plan. Ms. Lindsey said Resident D had to have her leg amputated because she had an infection in her bone. Ms. Lindsey stated Resident D had a wound on her leg prior to its amputation. Ms. Lindsey reported Resident D was sent to the hospital anytime she complained of pain in her leg prior to its amputation.

Ms. Lindsey said in home services were in place prior to her leg amputation to treat and dress the wound on her leg. Ms. Lindsey stated to her knowledge, staff provided care consistent with Resident D’s service plan prior to its amputation.

I observed the *BATHING* section of Resident D’s service plan read, “Check skin with bath/shower and report any reddened/open areas to Nurse.” The *WOUND CARE* section of the plan read, “Wound Care by Visiting Nurse – The Care Team.” The *MOBILITY* section of the plan read, “AMBULATION: is NOT AMBULATORY. Non weight-bearing in right and left leg. I will be able to move about the community with a wheelchair and two person assist.” The *TRANSFERRING* section of the plan read, “Unable to get in and out of bed, chair, car, ect., without total physical assistance or cueing. I am a hooyer transfer.”

On 3/20/23, SP1 reported Resident D’s care needs are met consistent with her service plan.

On 3/20/23, Resident D reported she did go to the hospital anytime she complained of pain in her leg before it was amputated. Resident D stated the wound that was on her leg was also being treated by an outside in home service provider. Resident D denied concerns with her care prior to or after her leg was amputated. Resident D said she was “satisfied” with the care staff provide to her.

On 3/20/23, I reviewed the facility file. I received incident reports dated 1/3/23, 1/18/23, 1/26/23, 2/13/23 regarding Resident D having pain in her leg or not feeling well and getting sent to the hospital.

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:	The interviews with Ms. Lindsey, SP1, Resident D, along with review of Resident D’s service plan revealed she has received care consistent with her service plan. Resident D received medical attention anytime she experienced pain in her leg prior to its amputation. There is insufficient evidence to suggest Resident D did not receive care consistent with her plan.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Staff do not watch Resident D ingest her medication; it is left unsupervised in her room.

INVESTIGATION:

On 2/28/23, the complaint read, "Residents medications are left on counter, including Humalog and other medications that should be refrigerated."

On 3/20/23, Ms. Lindsey denied knowledge regarding staff leaving Resident medications without watching them ingest the medications when they are administered. Ms. Lindsey reported staff are trained to watch residents ingest all medications when they are administered.

On 3/20/23, I observed a small cup full of pills on Resident D's bedside table tray. Resident D stated staff entered her room this morning and set her medications down. Resident D said staff often bring her medications and do not watch her ingest them.

On 3/20/23, I interviewed SP2 at the facility. SP2 said she did give Resident D her medications at approximately 9:00 am this morning and did not watch her ingest them. The medications have been in Resident D's room for approximately two hours. SP2 said she was trained to watch residents ingest their medications when being administered, however she did not follow this practice with Resident D this morning.

I observed Resident D's service plan read, "I will be supported to take all medications safely and as ordered. Requires daily supervision of medication. Unable to self-inject or self-administer pre-poured medications."

APPLICABLE RULE	
R 325.1932	Resident medications.
	(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan.
ANALYSIS:	The interviews with Resident D and SP2, along with my observation of the medications left in Resident D's room, revealed Resident D's medications were left on her bedside table tray. Staff did not watch Resident D ingest her medications.
CONCLUSION:	VIOLATION ESTABLISHED

I shared the findings of this report with licensee authorized representative Lisa Sikes by telephone on 1/3/24.

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend the status of the license remain unchanged.



03/23/2023

Lauren Wohlfert
Licensing Staff

Date

Approved By:



01/03/2024

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

Date