



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 15, 2023

Catherine Reese
The Lodge of Durand Memory Care, LLC
5720 Williams Lake Road
Waterford, MI 48329

RE: License #: AL780360986
Investigation #: 2024A0584005
Lodge of Durand MC South

Dear Ms. 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 responsible party 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) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Candace Coburn". The signature is written in a dark ink and has a fluid, connected style.

Candace Coburn, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL780360986
Investigation #:	2024A0584005
Complaint Receipt Date:	10/19/2023
Investigation Initiation Date:	10/19/2023
Report Due Date:	12/18/2023
Licensee Name:	The Lodge of Durand Memory Care, LLC
Licensee Address:	5720 Williams Lake Road Waterford, MI 48329
Licensee Telephone #:	(989) 288-6561
Administrator:	Christine Marosi
Licensee Designee:	Catherine Reese
Name of Facility:	Lodge of Durand MC South
Facility Address:	8800 E. Monroe Road Durand, MI 48429
Facility Telephone #:	(989) 288-6561
Original Issuance Date:	10/21/2015
License Status:	REGULAR
Effective Date:	04/21/2022
Expiration Date:	04/20/2024
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Staffing ratio not adequate for the assessed needs of the residents.	Yes

III. METHODOLOGY

10/19/2023	Special Investigation Intake 2024A0584005.
10/19/2023	Special Investigation Initiated with an onsite investigation. Face to Face interviews with direct care staff Kelli St. James, Jenna Beard, and Rebecca Lucht and Christine Marosi, administrator.
10/19/2023	Contact - Face to Face interview with direct care staff Christine Marosi, administrator.
11/28/2023	Exit Conference with licensee designee Catherine Reese.

ALLEGATION:

Staffing ratio not adequate for the assessed needs of the residents.

INVESTIGATION:

On 10/19/2023, I conducted an unannounced onsite investigation at the facility. I requested and reviewed the Resident Register, which indicated 12 residents reside at the facility.

The facility was observed to be in good order. I observed 10 residents, who appeared to be clean, and well groomed.

I requested and reviewed the direct care staff schedule for the month of August 2023, and established each shift only had one direct care staff member responsible for the care and supervision of all 12 residents.

I reviewed all resident files in this facility and identified four residents in this facility required extra staff assistance according to their *Assessment Plan for AFC Residents (assessment plan)*.

Resident A is assessed to require staff assistance with eating, toileting, grooming, dressing, personal hygiene, and transferring to and from a Geri chair for mobility.

Resident B is assessed to require staff assistance with toileting, grooming, dressing, personal hygiene, and transferring to and from a wheelchair for mobility.

Resident C is assessed to require staff assistance with eating, toileting, grooming, dressing, personal hygiene, and transferring to and from a wheelchair for mobility.

Resident D is assessed to require staff assistance with eating, toileting, grooming, dressing, personal hygiene, and use of a Hoyer lift for transferring.

I requested and reviewed the facility's practice fire drill records. Documentation on the fire drill records indicated staff members evacuated all of the residents to the outside of the facility in 8 minutes.

I interviewed administrator Christine Marosi, who stated that for practice fire drills conducted during the facility's sleeping shift, a staff member from a separate but attached adult foster care facility, owned and operated by the licensee, assisted in the evacuation of residents to the outside of the facility.

I interviewed Kelli St. James, Jenna Beard, and Rebecca Lucht who all confirmed one direct care staff member is scheduled to work on all three shifts. According to Ms. St. James, Ms. Beard, and Ms. Lucht, an additional staff member, who is assigned the "medication passer", works at both the facility and the attached but separate facility, on all three shifts, and floats back and forth.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	Based upon my investigation, which consisted of interviews with direct care staff members, and the review of facility documentation pertinent to this investigation, it has been established one direct care staff member is scheduled to provide personal care and supervision to 12 residents on first, second, and third shift. The licensee also schedules an additional direct care staff member on all three shifts, who acts as a "medication passer", and "floats" between the facility and the separate but attached facility, also owned and operated by the licensee. This floating staff member cannot be counted in the facility's staffing ratio, as they cannot be in two places at the same time.

	Upon assessing the personal care and supervision needs indicated in each residents' assessment plan, it has been established one direct care staff member to 12 residents on all three shifts is not sufficient.
CONCLUSION:	VIOLATION ESTABLISHED

On 11/28/2023, I conducted an exit conference via mail with licensee designee Catherine Reese and shared the findings of this investigation.

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend no changes in the status of this license.



12/15/2023

Candace Coburn
Licensing Consultant

Date

Approved By:



12/15/2023

Michele Streeter
Area Manager

Date