



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 24, 2024

Catherine Reese
Vibrant Life Senior Living, Superior Township, LLC
4488 Jackson Road Ste 2
Ann Arbor, MI 48103

RE: License #: AL810390848
Investigation #: 2024A0122010
Vibrant Life Senior Living, Superior 1

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) 284-9720.

Sincerely,

A handwritten signature in black ink that reads "Vanita Bouldin". The signature is written in a cursive, flowing style.

Vanita C. Bouldin, Licensing Consultant
Bureau of Community and Health Systems
22 Center Street
Ypsilanti, MI 48198
(734) 395-4037

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL810390848
Investigation #:	2024A0122010
Complaint Receipt Date:	01/12/2024
Investigation Initiation Date:	01/18/2024
Report Due Date:	03/12/2024
Licensee Name:	Vibrant Life Senior Living, Superior Township, LLC
Licensee Address:	4488 Jackson Road Ste 2 Ann Arbor, MI 48103
Licensee Telephone #:	(734) 819-7790
Administrator:	Catherine Reese
Licensee Designee:	Catherine Reese
Name of Facility:	Vibrant Life Senior Living, Superior 1
Facility Address:	1900 N. Prospect Road Ypsilanti, MI 48198
Facility Telephone #:	(734) 765-0505
Original Issuance Date:	10/18/2019
License Status:	REGULAR
Effective Date:	04/18/2022
Expiration Date:	04/17/2024
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident A was put in a wheelchair and pushed against a table to restrain her movements.	Yes

III. METHODOLOGY

01/12/2024	Special Investigation Intake 2024A0122010
01/18/2024	Special Investigation Initiated - On Site Completed an interview with Josh Reese, Executive Director and Jen Delano, RN.
01/23/2024	APS Referral made.
01/23/2024	Telephone call made. Completed interview with Guardian A.
01/23/2024	Contact – Document received. Photographs of Resident A.
01/23/2024	Exit Conference Discussed my findings with Catie Reese, Licensee Designee.

ALLEGATION: Resident A was put in a wheelchair and pushed against a table to restrain her movements.

INVESTIGATION: On 01/17/2024, I completed an interview with Jen Delano, RN on staff and Josh Reese, Executive Director. Ms. Delano stated that she received a report from Guardian A, that Resident A was placed in a wheelchair at the dinner table, and she didn't like Resident A "to be restrained." Both Ms. Delano and Mr. Reese confirmed that Resident A was not prescribed the use of a wheelchair by her primary care physician. Ms. Delano reported Resident A's wrist was broken in May 2023 and Guardian A requested Resident A be placed in the wheelchair so that her wrist could be elevated while sitting at the table.

Per Ms. Delano and Mr. Reese, Resident A's wrist has healed but staff continued to place her in the wheelchair. Ms. Delano and Mr. Reese stated that once this information was brought to their attention, they educated staff and stopped the staff from using the wheelchair with Resident A.

On 01/18/2024, I reviewed Resident A's file. Resident A's Health Care Appraisal dated 01/13/2023 documents that she is "fully ambulatory." There is medical documentation that Resident A was treated for an injury due to a fall in May 2023, however, a statement from Trinity Health IHA Medical Group Hand Surgery – Ann Arbor dated 05/30/2023 states the following: "It is my medical opinion that," Resident A, "should be using her left hand/arm to mobilize as tolerated. There are no restrictions to her left arm. Please focus on getting her out of bed/out of chair and walking 5x times daily."

On 01/23/2024, I completed an interview with Guardian A. Guardian A reported that Resident A is ambulatory, has no gait issues, and is not prescribed a wheelchair by her primary care physician. Guardian A further reported in the past she has requested to borrow a wheelchair from the facility while Resident A is being transported to an appointment, but she never requested nor approved of wheelchair use for Resident A for any other reason.

On 01/23/2024, I reviewed two photographs documenting Resident A sitting in a wheelchair. The photographs show that when Resident A is in the wheelchair she is pushed up against a ledge or a table.

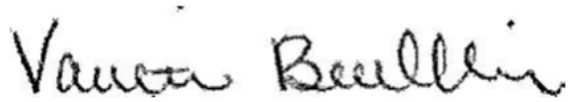
On 01/23/2024, I completed an exit conference with Catie Reese, licensee designee. I discussed my findings with Ms. Reese, and she agreed with them. Ms. Reese stated she would submit a corrective action plan to address the rule violation found.

APPLICABLE RULE	
R 400.15306	Use of assistive devices.
	(1) An assistive device shall only be used to promote the enhanced mobility, physical comfort, and well-being of a resident. (2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee. (3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

ANALYSIS:	<p>Resident A was placed in a wheelchair and pushed up against a table to restrain her movements.</p> <p>On 01/18/2023, both Josh Reese and Jen Delano, confirmed that they had received reports that Resident A was placed in a wheelchair to restrain her movements. Both reported staff had been educated not to place Resident A in a wheelchair as she does not have the assistive device prescribed to her by her primary care physician.</p> <p>Resident A's Health Care Appraisal dated 01/13/2023 documents that she is "fully ambulatory."</p> <p>On 01/23/2024, I completed an interview with Guardian A. Guardian A reported that Resident A is ambulatory, has no gait issues, and is not prescribed a wheelchair by her primary care physician.</p> <p>On 01/23/2024, I reviewed two photographs documenting Resident A sitting in a wheelchair. The photographs show that when Resident A is in the wheelchair she is pushed up against a ledge or a table.</p> <p>Based upon my investigation I find that an assistive device, a wheelchair was used to restrain Resident A's movements. The assistive device was not prescribed by her primary care physician; therefore, it was not used to promote the enhanced mobility, physical comfort, and well-being of a resident.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt and approval of a corrective action plan I recommend no change in the status of the license.



Vanita C. Bouldin
Licensing Consultant

Date: 01/23/2024

Approved By:



Ardra Hunter
Area Manager

Date: 01/24/2024