



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 2, 20234

Nicole Lumberg
Anthology of Northville
44600 Five Mile Rd
Northville, MI 48168

RE: License #: AH820399661
Investigation #: 2024A0585008
Anthology of Northville

Dear Ms. Lumberg:

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) 284-9730.

Sincerely,

Brender Howard, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street, P.O. Box 30664
Lansing, MI 48909
(313) 268-1788
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH820399661
Investigation #:	2024A0585008
Complaint Receipt Date:	11/30/2023
Investigation Initiation Date:	12/01/2023
Report Due Date:	1/30/2023
Licensee Name:	CA Senior Northville Operator, LLC
Licensee Address:	44600 Five Mile Rd Northville, MI 48168
Licensee Telephone #:	(312) 994-1880
Administrator:	Nicole Lumberg
Authorized Representative:	Michele Locricchio
Name of Facility:	Anthology of Northville
Facility Address:	44600 Five Mile Rd Northville, MI 48168
Facility Telephone #:	(248) 697-2900
Original Issuance Date:	08/12/2020
License Status:	REGULAR
Effective Date:	02/12/2023
Expiration Date:	02/11/2024
Capacity:	103
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Resident A had a wound on the top of his head that had maggots throughout.	Yes
Additional Findings	No

III. METHODOLOGY

11/30/2023	Special Investigation Intake 2024A0585008
12/01/2023	Special Investigation Initiated - Telephone Contacted administrator Nicole Lumberg to request documentation.
12/01/2023	APS Referral Allegations were sent from Adult Protective Services (APS).
12/01/2023	Contact - Telephone call made. Call APS worker Kimberly Richie to discuss allegations.
12/04/2023	Contact - Document Received Requested documents received.
12/05/2023	Contact - Document Sent Contacted administrator Nicole Lumberg to request additional documents.
12/06/2023	Contact - Document Received Additional documents received.
01/09/2024	Contact – Telephone call made. Contacted administrator Nicole Lumberg to request additional documents.
02/02/2024	Exit Conference. Conducted via email.

ALLEGATION:

Resident A had a wound on the top of his head that had maggots throughout.

INVESTIGATION:

On 11/30/2023, the department received the allegations from Adult Protective Services (APS) via the BCHS Online Complaint website. The complaint alleged that on 9/23/2023, the facility contacted 911 and reported a head injury on Resident [A]. The complaint alleged that emergency medical services (EMS) responded and observed Resident [A] with a wound on the top of his head that had maggots throughout.

On 12/1/2023, an onsite was completed at the facility. I interviewed administrator Nicole Lumberg at the facility. Ms. Lumberg stated that Resident A has head cancer, and he takes the bandage off. She stated that Resident A went to the hospital on 9/23/2023 and the area in his head was very moist. She said that Resident A was on hospice, and they did most of his care. She said that his head was constantly being cleaned and wrapped. She said the wound was being treated by hospice and as needed by nursing staff.

On 12/1/2023, I interviewed Employee #1 at the facility. Employee #1 stated that Resident A had a diagnosis of Squamous Cell Carcinoma of the Skin and hospice provided routine wound care to area.

On 12/1/2023, I attempted a call to the assigned APS worker, Kimberly Richie by telephone. A message was left. On 12/6/2023, I email Ms. Richie for information regarding her investigation. Ms. Richie sent an email stating that she was told by Ms. Lumberg that Resident A had a diagnosis of Squamous Cell Carcinoma of the Skin. She said that hospice provided routine wound care to area.

On 1/26/2024, an email was received from Ms. Richie that stated, "APS has substantiated the case for neglect. Client [Resident A] was admitted to the hospital when APS received the case. [Ms. Richie] spoke with nurse who reported the client [Resident A] arrived with maggots in his wound and was Covid positive. Client [Resident A] had a diagnosis squamous cell carcinoma of the head and neck and is said to have incurred an infection. APS has closed the case as the client is expired.

On 12/5/2023, I interviewed Relative A1 by telephone. Relative A1 stated that she appreciates the staff at the facility for the care they provided to Resident A. Relative A1 said that Resident A had head cancer and it wouldn't get any better. Relative A1 stated that staff provided care the best they could to Resident A. She stated that he had "bugs" coming from his wound that was in his head from the cancer. Relative A1 stated that she signed Resident A into hospice four to five weeks before he passed away.

Service plan for Resident A read, "admitted to the facility on 3/13/2023 with diagnoses of transient cerebral ischemic attack, cognitive communication, deficit, cutaneous myiasis, squamous cell carcinoma of skin of unspecified part of face, Parkinson's disease and dysphagia. Able to communicate effectively and make needs known without assistive device. Resident is not able to take medication without assistance. Resident requires daily patches, injections, medicated lotions creams or ointments. Staff member to assist resident with washing his hair when showering. During bathing and dressing, observe the skin for any changes such as bruises, rashes, tears and/or open wounds, and/all changes should be reported to nurse immediately.

Progress notes for Resident A read:

9/19/2023 – Resident refused the treatment for head today, will try again tomorrow.

9/25/2023 – Resident complained of pain in top scalp where overlapping skin exist. Resident scrapped overlapping skin and maggots started to come out of top scalp. Staff followed verbal physician orders to send resident to emergency department. Resident transported to hospital on 9/23.

9/27/2023 – Resident signed on with hospice.

9/28/2023 – Resident seen by hospice nurse, no issues or concerns.

9/29/2023 – Dressing change completed.

9/30/2023 – Resident pulled off his head wound dressing. New dressing applied scant drainage noted, hospice nurse to come see resident today related to fall this afternoon and on Monday.

10/01/2023 – Resident up in common area, head treatment completed two times. Resident is removing dressing and scratching at head, no ill effect from fall yesterday.

10/02/2023 – Dressing change completed. Resident complained of pain throughout the dressing change and complained of eye burning and irritation. Hospice nurse administered prn dose of morphine for pain.

10/03/2023 – Dressing change in place, no complain of pain or discomfort. Resident in bed throughout the day but down to community dining room for dinner, no complaint of pain or distress noted.

10/11/2023 – Resident hospice nurse in at this time to change resident head dressing...

10/18/2023 – Hospice nurse in this a.m. with hospice aide and completed resident's shower and also completed his wound dressings to his head with minimal distress to resident.

On 1/9/2024, additional documents including medication administration record (MAR) was requested from Ms. Lumberg. On 2/2/2024, Ms. Lumberg informed me that the MAR was no longer accessible to them.

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.
R 325.1901	Definitions.
	(t) "Service plan" means a written statement prepared by the home in cooperation with a resident, the resident's authorized representative, or the agency responsible for a resident's placement, if any, that identifies the specific care and maintenance, services, and resident activities appropriate for the individual resident's physical, social, and behavioral needs and well-being, and the methods of providing the care and services while taking into account the preferences and competency of the resident.
ANALYSIS:	The complaint alleged that Resident A had maggots throughout a wound on his head. The service plan notes that Resident A's skin and/or wound should be monitored, and all changes are to be reported to the nurse. Hospice services for Resident A were not signed onto until after his hospital visit of 09/23/2023. Therefore, this claim is substantiated.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.

Brender d. Howard

02/02/2024

Brender Howard
Licensing Staff

Date

Approved By:

Andrea L. Moore

02/02/2024

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

Date