GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 29, 2024

Rayann Burge
RSR Serenity LLC
47640 Gratiot Avenue
Chesterfield, MI 48051

RE: License #: AL500408375
Investigation #: 2024A0602011
Sandalwood Village III

Dear Ms. Burge:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan.

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.

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 (248) 975-5053.

Sincerely,

Cindy Berry, Licensing Consultant
Bureau of Community and Health Systems
3026 West Grand Blvd
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 860-4475

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL500408375
Investigation #:	2024A0602011
Complaint Receipt Date:	12/26/2023
Investigation Initiation Date:	12/27/2023
Report Due Date:	02/24/2024
Licensee Name:	RSR Serenity LLC
Licensee Address:	47640 Gratiot Avenue Chesterfield, MI 48051
Licensee Telephone #:	(586) 949-6220
Administrator:	Rayann Burge
Licensee Designee:	Rayann Burge
Name of Facility:	Sandalwood Village III
Facility Address:	47640 Gratiot Avenue Chesterfield, MI 48051
Facility Telephone #:	(586) 949-6220
Original Issuance Date:	11/01/2021
License Status:	REGULAR
Effective Date:	02/28/2023
Expiration Date:	02/27/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
Understaffed during the midnight shift.	Yes
Fire alarms are broken.	No
Additional Findings	Yes

III. METHODOLOGY

12/26/2023	Special Investigation Intake 2024A0602011
12/27/2023	Special Investigation Initiated - Telephone Call made to the home.
12/28/2023	Inspection Completed On-site Interviewed the administrator/licensee designee, Donitia Strickland, Resident A, Resident B, and Resident C.
12/29/2023	Contact – Document received Received requested documents.
01/12/2024	Contact – Telephone call made Message left for staff member Cassandra Knight.
01/12/2024	Contact – Telephone call made Call made to staff member, Latoya Caradine, number has been disconnected.
01/12/2024	Contact – Telephone call made Message left for staff member, Alexis Thompson.
02/22/2024	Contact – Telephone call made Message left for staff member, Cassandra Knight.
02/22/2024	Contact – Telephone call made Message left for staff member Alexis Thompson.
03/11/2024	Contact – Telephone call made Message left for staff member, Cassandra Knight.

03/11/2024	Contact – Telephone call made Message left for staff member, Alexis Thompson.
03/11/2024	Contact – Telephone call made Interviewed staff member Shantinique Person.
03/13/2024	Contact – Telephone call made Spoke with the new licensee designee, Rayann Burge by telephone.
03/20/2024	Inspection Completed On-site Spoke with Ms. Person, reviewed resident files.
03/23/2024	APS Referral Adult Protective Services (APS) referral made.
03/25/2024	Exit Conference Held with the licensee designee, Rayann Burge by telephone.

ALLEGATION:

- **Understaffed during the midnight shift.**
- **Fire alarms are broken.**

INVESTIGATION:

On 12/26/2023, a complaint was received and assigned for investigation alleging that the facility is understaffed during the midnight shift and the fire alarms are broken.

On 12/28/2023, I conducted an unannounced on-site investigation at which time I interviewed the licensee designee/administrator, Donitia Strickland, Resident A, Resident B, and Resident C. Ms. Strickland denied that the facility is understaffed. She said there are 13 residents residing in the facility and two staff members working during each midnight shift. If a staff member does not show for their scheduled shift, she will work the shift herself or find a replacement. Ms. Strickland stated that the fire alarm system is not broken. Resident B suffers from sundowners and would pull the fire alarm causing it to go off. Resident B did this on more than one occasion. The fire alarm has since been enclosed in a clear plastic box, preventing Resident D from pulling it.

On 12/28/2023, during the unannounced on-site investigation I interviewed Resident A privately in her room. Resident A stated she has resided in the facility for a few months and had no idea if the facility is understaffed during the midnight shift as she is asleep during that time. Resident A went on to state that she has heard the fire alarm go off, but she is not aware if it is broken or not.

On 12/28/2023, during the unannounced on-site investigation I interviewed Resident B privately in her room. Resident B stated she never sees any midnight staff because she is not scheduled to be there. She said she never heard the fire alarm go off. Resident B did not seem to fully understand the questions that were being asked of her and presented as being confused. I was unable to obtain any further information from her.

On 12/28/2023, during the unannounced on-site investigation I interviewed Resident C privately in her room. Resident C stated she does not stay at the facility. She goes home at night to be with her mother and father and the rest of her family. Resident C presented as being confused and was unable to explain why she does not stay at the facility. Resident C stated that she has heard the fire alarm go off but only when they must do a fire drill.

On 12/29/2023, I received a copy of the resident registry, staff schedules dated 12/10/2023 thru 12/30/2023, the employee roster with telephone numbers. According to the resident registry there are 13 residents residing in the facility. The staff schedules dated 12/10/2023 thru 12/30/2023 documents that there are two staff members working during each midnight shift.

During the months of January 2024 and February 2024 I made several attempts to contact staff members identified on the employee roster provided by Ms. Strickland as working the midnight shift between the hours of 11 pm and 7 am. As of this date, I have not received a response.

On 3/11/2024, I interviewed staff member, Shantinique Person by telephone. Ms. Person identified herself as the home manager as of January 1, 2024. Ms. Person stated that Ms. Strickland no longer works for the company and Rayann Burge is now the licensee designee and administrator. According to Ms. Person, there are 13 residents residing at the facility and two staff members working during every midnight shift. Ms. Person said she believes a disgruntled employee made the complaint out of anger. She went on to state that to her knowledge the fire alarm system has never been broken. Resident B pulled the alarm (on more than one occasion) causing it to sound off. A cover was placed over the pull lever to prevent Resident B from accessing it.

On 3/13/2024, I spoke with Rayann Barge who is the new licensee designee and administrator. Ms. Barge stated she was appointed as the licensee designee and administrator on January 11, 2024, as Ms. Strickland no longer works for the company. I informed Ms. Barge of the allegations and was informed that the manager is responsible for creating the staff schedule and submitting it to the administrator for review. She went on to state there are always two staff members on every midnight shift. Ms. Barge stated she had no knowledge of the fire alarm system being broken. I requested that Ms. Barge send me copies of each resident’s assessment plan, health care appraisal, and an employee list with telephone numbers. Ms. Barge stated she was in the process of updating the resident files but would send what she had.

On 3/13/2024, I received the requested documents from Ms. Barge. Resident assessment plans were reviewed and documented the following:

Resident A – Fully ambulatory; dated 4/15/2022
Resident B – Uses wheelchair; dated 1/25/2024
Resident C – Uses wheelchair and walker; dated 8/4/2023
Resident D – Uses high back wheelchair; dated 2/12/2024
Resident E – Uses wheelchair for mobility with staff assist; dated 1/27/2023
Resident F – Uses wheelchair, walker and cane; dated 1/16/2024
Resident G – Fully ambulatory; dated 7/5/2022
Resident H – Uses wheelchair and walker; dated 1/9/2024
Resident I – Uses wheelchair; dated 3/24/2022
Resident J – Wheelchair bound; dated 12/30/2022
Resident K – Fully ambulatory; dated 4/27/2022
Resident L – Fully ambulatory; dated 2/22/2023
Resident M – Uses wheelchair and Hoyer lift; dated 2/12/2024

Resident health care appraisals were reviewed and documented the following:

Resident A – Fully ambulatory; dated 2/16/2023
Resident B – No health care appraisal provided
Resident C – No health care appraisal provided
Resident D – Wheelchair bound; dated 1/18/2023
Resident E – Uses wheelchair; dated 2/16/2023
Resident F – No health care appraisal provided
Resident G – Fully ambulatory; dated 2/16/2023
Resident H – Mobility/ambulatory status not documented; dated 1/16/2024
Resident I – Uses walker; dated 2/12/2022
Resident J – Uses wheelchair, bedbound; dated 12/13/2022
Resident K – Fully ambulator; dated 2/16/2023
Resident L – Fully ambulatory; dated 2/23/2023
Resident M – Wheelchair bound; dated 1/18/2023

On 3/20/2024, I conducted a second unannounced on-site investigation at which time I spoke with the facility manager, Shantinique Person and requested to review each resident file as well as the resident registry. I reviewed the files in the dining area of the facility. After reviewing the resident files, I determined that the resident assessment plans and health care appraisals documented the same as what was received from Ms. Strickland on 3/13/2024. According to the resident register, Resident N was listed as being admitted to the facility on 8/30/2022 with no discharge dated documented. Ms. Person stated Resident N passed away, but the register had not been updated.

APPLICABLE RULE	
R 400.15206	**Staffing requirements.**
	(1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 15 residents during waking hours or less than 1 direct care staff member to 20 residents during normal sleeping hours.
ANALYSIS:	Based on the information obtained during the investigation, there is sufficient information to determine that the facility is understaffed during the midnight shift between the hours of 11 pm and 7 am. According to Ms. Person, Resident D, Resident F, Resident J, and Resident M require a 2-person assist. Resident E and Resident I utilize wheelchairs and require staff standby assistance. Review of the health care appraisals document that Resident D, Resident J and Resident M are wheelchair bound. Resident B, Resident C, Resident E, Resident F, Resident H, and Resident I utilize either a walker and/or wheelchair. Resident A, Resident G, Resident K, and Resident L are fully ambulatory. According to the staff schedules dated 12/10/2023 thru 12/30/2023, there are only two staff members working during the midnight shift which is inadequate.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 400.15210	**Resident register.**
	A licensee shall maintain a chronological register of residents who are admitted to the home. The register shall include all of the following information for each resident: (b) Date of discharge (c) Place and address to which the resident moved, if known.

ANALYSIS:	Based on the information obtained during the investigation, there is sufficient information to determine that the resident register was not updated with current information. On 3/20/2024 I reviewed the resident register and requested to review the files of each resident listed as currently residing at the facility. Although Resident N was listed with an admission date of 8/30/2022 and no discharge date, Ms. Person stated Resident N passed away but the register had not been updated.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 400.15301	**Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
ANALYSIS:	Based on the information obtained during the investigation, there is sufficient information to determine that resident assessment plans were not completed annually. On 3/20/2024, I reviewed the resident files and observed no current assessment plans for the following residents: Resident A dated 4/15/2022, Resident E dated 1/27/2023, Resident G dated 7/5/2022, Resident I dated 3/24/2022, Resident J dated 12/30/2022, Resident K dated 4/27/2022, and Resident L dated 2/22/2023.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 400.15301	**Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the

	resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing by the department.
ANALYSIS:	Based on the information obtained during the investigation, there is sufficient information to determine that resident health care appraisals were not completed annually or not completed at all. On 3/20/2024 I reviewed the resident files and observed no health care appraisals for Resident B, Resident C, and Resident F. I also observed no current health care appraisals for the following residents: Resident A dated 2/16/2023, Resident D dated 1/18/2023, Resident E dated 2/16/2023, Resident G dated2/16/2023, Resident H 1/16/2024, Resident I dated 2/12/2022, Resident J dated 12/12/2022, Resident K dated 2/16/2023, Resident L dated 2/23/2023 and Resident M dated 1/18/2023.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 400.15403	**Maintenance of premises.**
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	Based on the information obtained during the investigation, there is insufficient information to determine that the fire alarm system is broken. According to Ms. Strickland and Ms. Person, Resident B pulled the fire alarm lever a couple of times causing the fire alarm to sound off. The lever has been enclosed in a clear, hard plastic cover preventing her from access the lever. A review of the 2022 and 2023 fire safety inspection reports documented approval ratings.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS

INVESTIGATION:

On 3/20/2024, I conducted a second unannounced on-site investigation at which time I spoke with the facility manager, Shantinique Person in the front office where I observed a small female child who referred to Ms. Person as 'mom'. While in the office, I also observed two boxes filled with medication (in blister packs) on the floor. Ms. Person stated one of the boxes were resident medications for the month of April 2024 that was delivered and had not been placed in the medication cabinet. The other box contained medication that belonged to deceased residents and needed to be disposed of. Ms. Person said to dispose of old medication, there must be two staff members present and she has not had the time to get it done.

Ms. Person provided me with the resident files and resident registry as requested and escorted me to the dining area to review them. When I returned to the front office, the door was open, there was no staff member in the office and Ms. Person's daughter was going in and out of the office unsupervised. I waited at the office for Ms. Person to return. When she returned, I informed her that she left the office door open with resident medication accessible to everyone including the residents and her own daughter. She insisted that she always locks the door when she leaves out of the office.

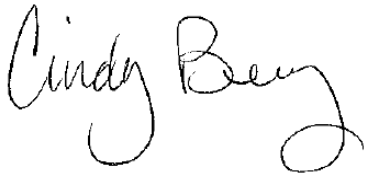
On 3/25/2024, I conducted an exit conference with the licensee designee, Rayann Burge by telephone. I informed Ms. Barge of the investigative findings and recommendation documented in this report. She stated she took over as the licensee designee and administrator in January, 2024 and had no knowledge of the issues at the facility. She stated that she is doing everything she can to correct the issues. The staff schedule has been updated with increased direct care workers on each shift. I also informed Ms. Barge that if any quality-of-care violations are cited during the six-month provisional license, the recommendation will change to a revocation.

APPLICABLE RULE	
R 400.15312	**Resident medication.**
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for he specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

ANALYSIS:	Based on the information obtained during the investigation, there is sufficient information to determine that resident medication was not stored in a locked cabinet or drawer. On 3/20/2024, I observed two boxes filled with medication (in blister packs) on the floor in the front office. Ms. Person stated one of the boxes was resident medications for the month of April 2024 that was delivered and had not been placed in the medication cabinet. The other box contained medication that belonged to deceased residents. Ms. Person said to dispose of old medication, there must be two staff members present and she has not had the time to get it done.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

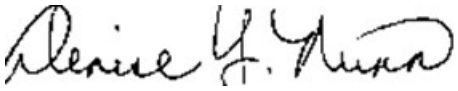
Contingent upon receiving an acceptable corrective action plan, I recommend that the license be modified to a six-month provisional license.



3/27/2024

Cindy Berry — Date
Licensing Consultant

Approved By:



03/29/2024

Denise Y. Nunn — Date
Area Manager