GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 30, 2024

Rhandi Smith
Townehall Place of West Bloomfield
4460 Orchard Lake Road
West Bloomfield, MI 48323

RE: License #: AH630378427
Investigation #: 2024A1019043

Dear Licensee:

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.

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,

Elizabeth Gregory-Weil, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 347-5503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630378427
Investigation #:	2024A1019043
Complaint Receipt Date:	03/26/2024
Investigation Initiation Date:	03/26/2024
Report Due Date:	05/25/2024
Licensee Name:	Orchard Lake Senior Care, LLC
Licensee Address:	1000 Legion Place, Suite 1600 Orlando, FL 32801
Licensee Telephone #:	(407) 999-2400
Administrator and Authorized Representative:	Rhandi Smith
Name of Facility:	Townehall Place of West Bloomfield
Facility Address:	4460 Orchard Lake Road West Bloomfield, MI 48323
Facility Telephone #:	(248) 683-1010
Original Issuance Date:	11/16/2015
License Status:	REGULAR
Effective Date:	05/16/2023
Expiration Date:	05/15/2024
Capacity:	75
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
The facility is understaffed.	Yes
Menus change without notification.	No
Additional Findings	No

III. METHODOLOGY

03/26/2024	Special Investigation Intake 2024A1019043
03/26/2024	Special Investigation Initiated - Letter Notified APS of the allegations
03/26/2024	APS Referral
04/02/2024	Inspection Completed On-site
04/10/2024	Inspection Completed BCAL Sub. Compliance

ALLEGATION:

The facility is understaffed.

INVESTIGATION:

On 3/26/24, the department received a complaint alleging that the facility does not have enough staff, citing there only being one or two staff in the building on the weekend. Due to the anonymous nature of the complaint, additional information could not be obtained.

On 4/2/24, I conducted an onsite inspection. I interviewed administrator and authorized representative Rhandi Smith at the facility. Ms. Smith provided a resident roster which listed 27 residents at the facility. Ms. Smith reported that many of the residents are independent or need very little assistance with activities of daily living (ADLs), however there are seven residents who staff use a Hoyer lift on and require the assistance of two staff persons for transferring and some ADLs.

Ms. Smith reported that the minimum staffing levels consists of three care staff and one med tech per each shift. Ms. Smith reported that she began working at the facility on 3/4/24 and took over scheduling as of 3/31/24. Ms. Smith reported that she has made some changes in scheduling by removing the three eight-hour shift (first shift is 6:00am-2:00pm, second shift is 2:00pm-10:00pm and third shift 10:00pm-6:00am) model and replaced it with two twelve-hour shifts (day shift is 6:30am-6:30pm and evening shift is 6:30pm-6:30am). Despite the changes to the shifts, Ms. Smith reported that the number of scheduled staff has not changed. Ms. Smith reported that she has added a shift bonus to staff if they pick up extra hours and an additional bonus if they work an entire extra shift ($25 and $50, respectively). Ms. Smith reported that there is a staffing “group chat” that open shifts are posted on and reported that the facility utilizes a staffing agency for additional staffing support. Ms. Smith reported that all staff have a call pendant that they keep on their person, and she purchased new pagers and walkie talkies for staff to ensure they can respond promptly to call pendant alerts. In addition to the pager alerts, the concierge desk monitors pendant alerts in real time when staff are present at the desk. Ms. Smith reported that desirable staff response times to pendant alerts are within 15 minutes.

I requested call pendant response data to review, however Ms. Smith reported that the system does not allow her to pull any reports or review past data. I was only able to see active call pendant alerts and observed some excessive wait times, with one resident waiting over an hour.

Facility schedules were reviewed for the previous five-week period along with the agency staff shift report. Ms. Smith confirmed that the documentation provided would accurately reflect who worked each shift. I observed staffing at less than the minimum staffing levels attested to by Ms. Smith on the following dates and shifts: 4/6/24 (day shift, only two staff scheduled), 4/6/24 (evening shift, only three staff scheduled), 4/5/24 (day shift, only two staff scheduled), 4/5/24 (evening shift, only three staff scheduled), 4/3/24, (day shift, only two staff scheduled), 3/31/24 (day shift, only two staff scheduled), 3/30/24 (second shift, only two staff scheduled), 3/29/24 (second shift, only three staff scheduled), 3/27/24 (second shift, only three staff scheduled), 3/27/24 (third shift, only two staff scheduled), 3/26/24 (second shift, only three staff scheduled), 3/26/24 (third shift, only two staff scheduled), 3/22/24 (second shift, only two staff scheduled for the first hour of the shift, and three staff scheduled for the remaining hours), 3/21/24 (first shift, only three staff scheduled), 3/21/24 (second shift, only three staff scheduled for part of the shift), 3/20/24 (second shift, only three staff scheduled), 3/19/24 (third shift, only two staff scheduled), 3/18/24 (first and second shift, only three staff scheduled), 3/17/24 (second shift, only three staff scheduled), 3/16/24 (second shift, only two staff scheduled for the first hour and three staff scheduled for the remaining hours), 3/15/24 (second shift, only two staff scheduled for the first hour of the shift, and three staff scheduled for the remaining hours), 3/14/24 (second shift, only three staff scheduled for the first 2.5 hours of the shift), 3/13/24 (second shift, only three staff scheduled), 3/10/24 (only one staff scheduled for the first hour of the shift), 3/9/24

(second shift, only three staff scheduled), 3/9/24 (third shift, only two staff scheduled), 3/8/24 (first shift, only three staff scheduled), 3/8/24 (third shift, only two staff scheduled), 3/5/24 (first and shift, only three staff scheduled), 3/4/24 (first shift, only three staff scheduled), 3/4/24 (third shift, only two staff scheduled), 3/1/24 (first shift, only three staff scheduled)

APPLICABLE RULE	
R 325.1931	**Employees; general provisions.**
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.
ANALYSIS:	On numerous dates and shifts during the timeframe reviewed, staffing levels were below minimum levels described by facility management. At times, there were only two care staff present to care for all 27 residents, on three separate floors, with seven residents requiring two staff person assists. On two occasions, only one staff was present for part or all the shift.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

Menus change without notification.

INVESTIGATION:

The complaint alleged that menu items are changed without notifying staff of what is going to be served; no examples of were provided. Due to the anonymous nature of the complaint, additional information could not be obtained.

Ms. Smith reported that the facility utilizes a rotating five-week menu that is created in conjunction with a dietician. Ms. Smith reported that the weekly menus are posted in public areas of the facility. In addition to the weekly menus, Ms. Smith reports that there are menus on the dining room tables that feature two specials, and the “always available” items. Ms. Smith reported that if there are any changes to the posted weekly menus, the culinary director will reprint the menus to ensure that they accurately reflect what is being served. Ms. Smith reported that for the few residents who receive room trays instead of going to the dining room for meal service, staff will explain if there are any changes or substitutions to the menu before taking their order.

While onsite, I observed lunch being served. I observed the weekly menu posted in the front lobby and in the second-floor dining room, along with the daily features and always available menus on each individual dining room table.

APPLICABLE RULE	
R 325.1953	**Menus.**
	(1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served.
ANALYSIS:	Per facility management, menus are updated to reflect any changes that occur.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no changes to the status of the license at this time.

04/15/2024

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Elizabeth Gregory-Weil Date
Licensing Staff

Approved By:

04/30/2024

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