

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

May 21, 2024

Angela Tuck Tucks Health Services LLC 7236 Pawnee Trail Rogers City, MI 49779

> RE: License #: AL710406406 Investigation #: 2024A0360015

> > Golden Beach Manor

Dear Angela Tuck:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

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 (866) 865-0006.

Sincerely,

Matthew Soderquist, Licensing Consultant Bureau of Community and Health Systems 931 S Otsego Ave Ste 3

Gaylord, MI 49735 (989) 370-8320

enclosure

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

I. IDENTIFYING INFORMATION

| License #: | AL710406406 |
|--------------------------------|---------------------------|
| | |
| Investigation #: | 2024A0360015 |
| Complaint Receipt Date: | 04/11/2024 |
| Complaint Neceipt Date. | 04/11/2024 |
| Investigation Initiation Date: | 04/12/2024 |
| | |
| Report Due Date: | 06/10/2024 |
| | |
| Licensee Name: | Tucks Health Services LLC |
| Licenses Address: | 18955 Us 23 N |
| Licensee Address: | Millersburg, MI 49759 |
| | Williersburg, Wil 49739 |
| Licensee Telephone #: | (989) 351-8091 |
| | (111) |
| Administrator/Licensee | Angela Tuck |
| Designee: | |
| | |
| Name of Facility: | Golden Beach Manor |
| Facility Address: | 18955 Us 23 N |
| acinty Address. | Millersburg, MI 49759 |
| | mmereseng, m |
| Facility Telephone #: | (989) 351-8091 |
| | |
| Original Issuance Date: | 03/01/2022 |
| Lianna Otatura | DECLUAR |
| License Status: | REGULAR |
| Effective Date: | 09/01/2022 |
| Liiotivo Buto. | 30/01/2022 |
| Expiration Date: | 08/31/2024 |
| | |
| Capacity: | 20 |
| _ | |
| Program Type: | DEVELOPMENTALLY DISABLED |
| | MENTALLY ILL |
| | AGED, ALZHEIMERS |

II. ALLEGATION(S)

| Violation | |
|--------------|--|
| Established? | |

| Resident A was not cared for properly. | No |
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III. METHODOLOGY

| 04/11/2024 | Special Investigation Intake 2024A0360015 |
|------------|--|
| 04/12/2024 | Special Investigation Initiated - On Site |
| 04/12/2024 | Inspection Completed On-site Resident A, DCS Laura Patterson |
| 04/12/2024 | Contact - Telephone call made Relative A |
| 04/29/2024 | Inspection Completed On-site DCS Jamie Splan |
| 05/02/2024 | Contact - Telephone call received Licensee Angie Tuck |
| 05/07/2024 | APS Referral online |
| 05/21/2024 | Exit Conference |

ALLEGATION:

Resident A was not cared for properly.

INVESTIGATION:

On 4/12/24, I conducted an unannounced onsite inspection at the home. Direct care staff (DCS) Laura Patterson stated the home is down to eight residents as they are working on closing. Ms. Patterson stated Resident A has been very well taken care of and she has no concerns about her care. She stated Resident A was taken to the hospital about one month ago and was diagnosed with an infection and prescribed

an antibiotic. Ms. Patterson stated she was not aware of any issues other than that. She stated Resident A does not have a guardian and Relative A1 has been acting as the resident's designated representative. Ms. Patterson provided me with a copy of Resident A's written assessment plan.

I then interviewed Resident A. Resident A was oriented to time, place, and person. She stated she is aware that the facility is closing and is working with Relative A1 to find another place to live. She stated the care in the home was very good. She stated she does not like to take showers and prefers a sponge bath which she receives multiple times a week. Resident A had clean clothes and clean bedding. She stated the staff do her laundry. Resident A stated she receives at least three meals a day and plenty of food. She stated all the staff meet her needs and many go above and beyond to make her feel comfortable. Resident A stated she has no concerns about her personal care in the home.

On 4/12/24, I contacted Relative A1 and left a message. As of the completion of this report, Relative A1 has not returned my call.

On 4/29/24, I conducted another unannounced onsite inspection at the home. Direct care staff Jamie Splan stated there are now only four residents at the home and they are all planning on moving by May 1st. She stated Resident A moved last week. Ms. Splan stated she was unaware of where Resident A moved. Ms. Splan stated she had no concerns about Resident A's personal care while in the home.

On 5/2/24, I received a phone call from the licensee designee Angela Tuck. Ms. Tuck stated Resident A moved two weeks ago. She stated her family did not tell her where she moved to. She stated she had no concerns about Resident A's personal care while in the home. Ms. Tuck stated all the residents have now moved and she will be submitting a request in writing to close the license.

| APPLICABLE RU | ILE |
|---------------|---|
| R 400.15305 | Resident protection. |
| | (3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act. |
| ANALYSIS: | The complaint alleges Resident A was not cared for properly. Interviews with DCS Ms. Patterson, Ms. Splan, licensee designee Angela Tuck and Resident A all revealed no concern with the provision of personal care in the home. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

On 5/21/24 I conducted an exit conference with the licensee designee Angela Tuck. Ms. Tuck concurred with the findings of the investigation.

IV. RECOMMENDATION

I recommend no change in the status of the license.

| Mount. Eff A | 5/8/24 |
|--|--------|
| Matthew Soderquist Licensing Consultant | Date |

Approved By:

Russell Misias 5/14/24

Russell B. Misiak Date Area Manager