



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 10, 2024

Rita Kumar
Riverdale Assisted Living and Memory Care LLC
Suite 300
28592 Orchard Lake Rd.
Farmington Hills, MI 48334

RE: License #: AL500402308
Investigation #: 2024A0617018
Riverdale Assisted Living & Memory Care

Dear Ms. Kumar:

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.

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,

A handwritten signature in black ink, appearing to be the initials 'EJ' with a stylized flourish.

Eric Johnson
Adult Foster Care Licensing Consultant
Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
3026 Cadillac Place, Ste 9-100
Detroit, MI 48202 .

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL500402308
Investigation #:	2024A0617018
Complaint Receipt Date:	03/05/2024
Investigation Initiation Date:	03/05/2024
Report Due Date:	05/04/2024
Licensee Name:	Riverdale Assisted Living and Memory Care LLC
Licensee Address:	Suite 300 28592 Orchard Lake Rd. Farmington Hills, MI 48334
Licensee Telephone #:	(586) 493-7300
Administrator:	Rita Kumar
Licensee Designee:	Rita Kumar
Name of Facility:	Riverdale Assisted Living & Memory Care
Facility Address:	44315 N. Gratiot Clinton Twp., MI 48036
Facility Telephone #:	(586) 493-7300
Original Issuance Date:	05/31/2023
License Status:	REGULAR
Effective Date:	11/30/2023
Expiration Date:	11/29/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Residents are not properly being cared for by direct care staff members.	No
Resident medications are missing.	Yes
Residents are not receiving meals regularly	Yes

III. METHODOLOGY

03/05/2024	Special Investigation Intake 2024A0617018
03/05/2024	Special Investigation Initiated - Face to Face Conducted an unannounced onsite investigation
03/05/2024	Contact - Document Sent Email sent to the Complainant
03/05/2024	Inspection Completed On-site I conducted an unannounced investigation of the Riverdale Assisted Living & Memory Care facility. I interviewed staff Daquita Harris, Essie Shaw, Aliyyah Wells, facility head nurse Amanda Zanetti, administrator Laurie Russell, and Optimal Care Home Nurse Lisa Burdt. I also interviewed Resident A, B, C, and D. Other residents were unable to answer questions due to cognitive disabilities.
03/05/2024	Exit Conference with Licensee Designee Rita Kumar
03/29/2024	Contact - Document Received Received an email from Ms. Russell indicating that she has resigned from her position as Administrator
04/04/2024	Contact - Telephone call made Teams meeting with LD Ms. Rita Kumar
05/03/2024	Contact - Document Sent- Email sent to Ms. Kumar

ALLEGATION: Residents are not properly being cared for by direct care staff members.

INVESTIGATION:

On 03/05/24, I received a complaint on the Riverdale Assisted Living & Memory Care facility. The complaint stated that the facility is hiding a lot of things including residents being beaten up by other residents, causing injuries. The facility terminates employees who report anything to the families or anyone else. Residents have fallen and been on the floor for the whole night, no meals provided to many residents, medications missing, many residents moved out due to poor care, residents developed wounds, fire drills not happening, staff has no training and is understaffed.

With regards to the allegations of residents being beaten up by other residents, please reference special investigations #2024A0617005 dated 12/19/23 and CAP dated 01/31/2024.

On 03/05/24, I conducted an unannounced investigation of the Riverdale Assisted Living & Memory Care facility. I interviewed staff Daquita Harris, Essie Shaw, Aliyyah Wells, facility head nurse Amanda Zanetti, administrator Laurie Russell, and Optimal Care Home Nurse Lisa Burdt. I also interviewed Residents A, B, C, and D. Other residents were unable to answer questions due to cognitive disabilities.

I interviewed staff Aliyah Wells. According to Ms. Wells, there have not been any resident falls or injuries that she is aware of. Ms. Wells stated that the facility is understaffed, and two staff members cannot adequately and properly care for all the residents. The residents have cognitive impairments that require a lot of attention and care, which makes it difficult for just two staff members. According to Ms. Wells, staff is required to toilet and dress all residents while several other residents need assistance feeding, supervise the residents, clean the facility, do laundry, and pass medications. Ms. Wells stated that typically there is one medication technician and one care worker staffed per shift.

I interviewed staff Essie Shaw. According to Ms. Shaw, there have not been any resident falls or injuries that she is aware of. Ms. Shaw stated that the facility is understaffed, and two staff members cannot adequately and properly care for all the residents. Ms. Shaw stated residents have cognitive impairments that require a lot of attention and care, which is difficult with only two staff members. Ms. Shaw believes adding another care worker on shift would help a lot. Ms. Shaw stated that she has not participated in any emergency drills at the facility.

I interviewed Optimal care Home Nurse Lisa Burdt. According to Ms. Burdt, she comes to the facility three to four times a week and provides care to residents. Ms. Burdt stated she believes the facility is severely understaffed. Ms. Burdt stated that due to the resident's needs, more care and supervision is needed. During lunch

time, I observed Ms. Burdt passing out juice and assisting with feeding the residents because the facility did not have enough staff to adequately feed all the residents who required assistance.

During the onsite investigation, I interviewed Resident A. Resident A had no issues or concerns to report with regards to her care or the care of any of her housemates.

During the onsite investigation, I interviewed Resident B. Resident B stated that staff can be hard to find sometimes as she has mobility challenges. Resident B stated that the facility could use more staff and she has not participated in any emergency evacuation drills.

During the onsite investigation, I interviewed Resident C. Resident C had no issues or concerns to report with regards to his care or the care of any of his housemates.

During the onsite investigation, I interviewed Resident D. Resident D had no issues or concerns to report with regards to his care or the care of any of his housemates.

I interviewed head nurse Amanda Zanetti. According to Ms. Zanetti, she did not know where the fire drill records were located and did not know the dates when any fire drills were completed. Ms. Zanetti stated that all incident reports (IRs) are documented electronically and kept in their operating system. There were no physical copies of the incident reports. Ms. Zanetti stated that she would have to leave the facility and go back to her office to look through the system to find and print any possible incident reports. Ms. Zanetti left the facility to look for and print any incident reports. When she returned, she provided me with three incident reports from February 2024. Ms. Zanetti stated that those incident reports were all she could find for the last 90 days. One of the IRs included Resident A falling on 2/10/24. According to that report, Resident A was found on the floor in her room, and she was unable to explain what happened. It was unclear how long Resident A was on the floor before staff found her. The incident report did not indicate that Resident A's guardian or family was contacted. Ms. Zanetti stated that she believes that the facility needs more staffing to properly give the residents the care they need. Ms. Zanetti stated that she has advocated for more staff to management multiple times without success.

I interviewed administrator Laurie Russell. According to Ms. Russell, fire drills are completed regularly and the drills along with all of the resident and employee files are offsite in either her office or Ms. Zanetti's office. Ms. Russell stated that she is unaware of any resident falls and would have to check the system. Ms. Russell denied the allegations that staff were not trained and stated that all medication techs are properly trained. We left the facility to go to Ms. Russell and Zanetti's offices to review staff and resident files. Ms. Russell nor Ms. Zanetti were able to produce any of the requested documents including required staff and resident files, fire drills and menus.

At the conclusion of the onsite investigation, I requested several documents be emailed to me due to them not being available onsite. As of 5/3/24, the documents have not been received. The requested documents were as follows:

- List of employees
- Staff training, including medication training
- Menus for January 2024 to March 2024
- Fire drills
- Staff schedule for March 2024
- Resident Registry
- Resident ID forms
- Assessment plans
- Health care appraisals.

APPLICABLE RULE	
R 400.15204	Direct care staff; qualifications and training.
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: <ul style="list-style-type: none"> (a) Reporting requirements. (b) First aid. (c) Cardiopulmonary resuscitation. (d) Personal care, supervision, and protection. (e) Resident rights. (f) Safety and fire prevention. (g) Prevention and containment of communicable diseases.
ANALYSIS:	During the onsite investigation Ms. Russell stated all staff have proper trainings and qualifications. However, Ms. Russell was not able to provide the requested staff files for me to review.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15208	Direct care staff and employee records.
	(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: <ul style="list-style-type: none"> (a) Name, address, telephone number, and social security number.

	<p>(b) The professional or vocational license, certification, or registration number, if applicable.</p> <p>(c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.</p> <p>(d) Verification of the age requirement.</p> <p>(e) Verification of experience, education, and training.</p> <p>(f) Verification of reference checks.</p> <p>(g) Beginning and ending dates of employment.</p> <p>(h) Medical information, as required.</p> <p>(i) Required verification of the receipt of personnel policies and job descriptions.</p>
ANALYSIS:	During the onsite investigation Ms. Russell stated all staff have proper trainings, qualifications and required employee records. However, Ms. Russell was not able to provide the requested staff files for me to review.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15316	Resident records.
	<p>(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:</p> <p>(a) Identifying information, including, at a minimum, all of the following:</p> <p>(i) Name.</p> <p>(ii) Social security number, date of birth, case number, and marital status.</p> <p>(iii) Former address.</p> <p>(iv) Name, address, and telephone number of the next of kin or the designated representative.</p> <p>(v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.</p> <p>(vi) Name, address, and telephone number of the preferred physician and hospital.</p> <p>(vii) Medical insurance.</p> <p>(viii) Funeral provisions and preferences.</p> <p>(ix) Resident's religious preference information.</p> <p>(b) Date of admission.</p>

	<p>(c) Date of discharge and the place to which the resident was discharged.</p> <p>(d) Health care information, including all of the following:</p> <ul style="list-style-type: none"> (i) Health care appraisals. (ii) Medication logs. (iii) Statements and instructions for supervising prescribed medication, including dietary supplements and individual special medical procedures. (iv) A record of physician contacts. (v) Instructions for emergency care and advanced medical directives. <p>(e) Resident care agreement.</p> <p>(f) Assessment plan.</p> <p>(g) Weight record.</p> <p>(i) Resident funds and valuables record and resident refund agreement.</p> <p>(j) Resident grievances and complaints.</p>
ANALYSIS:	During the onsite investigation, staff were unable to provide me resident files including assessment plans and health care appraisals. Ms. Russell and Ms. Zanetti stated that the files were off site in their respective offices, however the files were unable to be located.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15318	Emergency preparedness; evacuation plan; emergency transportation.
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.
ANALYSIS:	During the onsite investigation, staff were unable to provide me records of the facility's emergency and evacuation practices. Ms. Russell and Ms. Zanetti stated that the files were off site in their respective offices, however the files were unable to be located.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Resident medications are missing.

INVESTIGATION:

According to Ms. Wells, Ms. Zanetti, and Ms. Russell, there are no issues the residents' medications. All staff denied allegations of resident medications missing. During the onsite investigation, I completed medication audits with head nurse Ms. Zanetti. The medication errors found are as follows:

- The medication log for Resident E's medication Amlodipine tab 5mg was not signed/ initialed on 2/26.
- The medication log for Resident E's medication Hydralazine 25mg was not signed/ initialed on 2/2.
- The medication log for Resident E's medication Vitamin D2 50000-unit cap was not signed/ initialed on 2/5 and 2/12.
- The medication log for Resident C's medication Aripiprazole 2mg was not signed/ initialed on 2/9.
- The medication log for Resident C's medication Aripiprazole 2mg was not signed/ initialed on 2/9.
- The medication log for Resident G's medication Lorazepam 0.5mg was not signed/ initialed on 2/2 (2pm).
- Resident G's medications Ibuprofen tab 800MG and Verapamil tab 80MG were missing.
- The medication log for Resident H's medication Clopidogrel tab 75mg was not signed/ initialed on 2/12, 2/13, 2/14
- The medication log for Resident H's medication Semglee Inj 100u/ml was not signed/ initialed on 2/12

APPLICABLE RULE	
R 400.15312	Resident medications.
	(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 the 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:	During the onsite investigation, I completed medication audits with head nurse Ms. Zanetti. The medication errors found are as follows: <ul style="list-style-type: none"> - Resident G's medications Ibuprofen tab 800MG and Verapamil tab 80MG were missing.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15312	Resident medications.
	<p>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</p> <p style="padding-left: 40px;">(a) Be trained in the proper handling and administration of medication.</p> <p style="padding-left: 40px;">(b) Complete an individual medication log that contains all of the following information:</p> <p style="padding-left: 80px;">(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p>

ANALYSIS:	<p>During the onsite investigation Ms. Russell stated all staff have proper trainings and qualifications. However, Ms. Russell was not able to provide the requested staff files for me to review to confirm staff were trained in medication administration.</p> <p>During the onsite investigation, I completed medication audits with head nurse Ms. Zanetti. The medication errors found are as follows:</p> <ul style="list-style-type: none"> - The medication log for Resident E's medication Amlodipine tab 5mg was not signed/ initialed on 2/26. - The medication log for Resident E's medication Hydralazine 25mg was not signed/ initialed on 2/2. - The medication log for Resident E's medication Vitamin D2 50000-unit cap was not signed/ initialed on 2/5 and 2/12. - The medication log for Resident F's medication Aripiprazole 2mg was not signed/ initialed on 2/9. - The medication log for Resident F's medication Aripiprazole 2mg was not signed/ initialed on 2/9. - The medication log for Resident G's medication Lorazepam 0.5mg was not signed/ initialed on 2/2 (2pm). - The medication log for Resident H's medication Clopidogrel tab 75mg was not signed/ initialed on 2/12, 2/13, 2/14 - The medication log for Resident H's medication Semglee Inj 100u/ml was not signed/ initialed on 2/12
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Residents are not receiving meals regularly.

INVESTIGATION:

During the onsite investigation I observed a daily menu posted in the dining area of the facility. The menu posted included options for breakfast (Scrambled Eggs, Hash Browns, Fresh Fruit, English Muffin), lunch (Corn Chowder, Texas BBQ chicken salad, assorted fruit, veggies in salad, fresh biscuit) and dinner (Baked Meatballs with gravy, parsley noodles, seasoned cauliflower, baked roll, chocolate marshmallow cake).

Ms. Russell stated that menus are created daily as the food is brought in from an offsite source. She was unable to provide me any menus other than the current one posted for the day. Also, there was not a list of residents or special menus for

residents who require an alternate menu. It is unknown if any of the residents require a special diet. Ms. Russell stated that she would have to look at the system to find out, but the offsite kitchen staff would know. Ms. Russell stated that there are no issues with adequate and nutritious food being provided to the residents.

During the onsite investigation, I interviewed Resident A. Resident A had no issues or concerns to report with regards to the meals and food being provided at the facility.

During the onsite investigation, I interviewed Resident B. Resident B had no issues or concerns to report with regards to the meals and food being provided at the facility.

During the onsite investigation, I interviewed Resident C. Resident C stated that he had no concerns with regards to the meals and food being provided at the facility.

During the onsite investigation, I interviewed Resident D. Resident D stated that he had no concerns with regards to the meals and food being provided at the facility.

During the onsite investigation, I observed food be brought in for the resident's lunch. The residents all ate in the dining room except for one resident who remained in their bedroom. It appeared that all residents had enough to eat and drink.

According to Ms. Shaw, Ms. Wells and Ms. Zanetti, there are no issues with adequate and nutritious food being provided to the residents.

On 05/03/24, I conducted an exit conference with Licensee Designee Rita Kumar to discuss the findings of this report. Ms. Kumar stated that they have already began working on correcting issues at the facility. She will wait for the report to review and if she has any questions she will reach out.

APPLICABLE RULE	
R 400.15313	Resident nutrition.
	(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.

ANALYSIS:	<p>During the onsite investigation I observed a daily menu posted in the dining area of the facility. The menu posted included options for breakfast (Scrambled Eggs, Hash Browns, Fresh Fruit, English Muffin), lunch (Corn Chowder, Texas BBQ chicken salad, assorted fruit, veggies in salad, fresh biscuit) and dinner (Baked Meatballs with gravy, parsley noodles, seasoned cauliflower, baked roll, chocolate marshmallow cake).</p> <p>Ms. Russell stated that menus are created daily as the food is brought in from an offsite source. She was unable to provide me any menus other than the current one posted for the day. Also, there was not a list of residents or special menus for residents who require an alternate menu. It is unknown if any of the residents require a special diet. Ms. Russell stated that she would have to look into the system to find out, but the offsite kitchen staff would know.</p>
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15313	Resident nutrition.
	(5) Records of menus, including special diets, as served shall be provided upon request by the department.
ANALYSIS:	<p>During the onsite investigation I observed a daily menu posted in the dining area of the facility. The menu posted included options for breakfast (Scrambled Eggs, Hash Browns, Fresh Fruit, English Muffin), lunch (Corn Chowder, Texas BBQ chicken salad, assorted fruit, veggies in salad, fresh biscuit) and dinner (Baked Meatballs with gravy, parsley noodles, seasoned cauliflower, baked roll, chocolate marshmallow cake).</p> <p>Ms. Russell stated that menus are created daily as the food is brought in from an offsite source. She was unable to provide me any menus other than the current one posted for the day. Also, there was not a list of residents or special menus for residents who require an alternate menu. It is unknown if any of the residents require a special diet. Ms. Russell stated that she would have to look into the system to find out, but the offsite kitchen staff would know.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

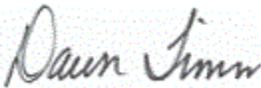


05/03/24

Eric Johnson
Licensing Consultant

Date

Approved By:



07/10/2024

Dawn Timm
Area Manager

Date