GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 3, 2024

Rachel Bartlett
Eden Fields Assisted Living And Memory Care
3567 Deep River Rd.
Standish, MI 48658

RE: License #:	AL060380538
Investigation #:	2024A0123053
	Eden Fields Memory Care

Dear Rachel Bartlett:

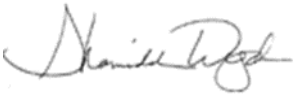
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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. 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) 643-7960.

Sincerely,



Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48607
989-395-6853

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL060380538
Investigation #:	2024A0123053
Complaint Receipt Date:	08/13/2024
Investigation Initiation Date:	08/14/2024
Report Due Date:	10/12/2024
Licensee Name:	Eden Fields Assisted Living And Memory Care
Licensee Address:	3567 Deep River Rd. Standish, MI 48658
Licensee Telephone #:	(989) 718-3117
Administrator:	Julie Illig
Licensee Designee:	Rachel Bartlett
Name of Facility:	Eden Fields Memory Care
Facility Address:	3567 Deep River Rd. Standish, MI 48658
Facility Telephone #:	(989) 718-3117
Original Issuance Date:	05/27/2016
License Status:	REGULAR
Effective Date:	11/27/2022
Expiration Date:	11/26/2024
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The facility is short staffed on third shift, with one person working.	Yes
Multiple staff persons are not providing residents with appropriate personal care. Staff are aggressive towards the residents. Staff have complained of the mistreatment to management, but management did not address the issues.	No
Staff are not properly med trained.	No
The kitchen staff do not cover up food in the refrigerator. There is cross contamination. Food is not dated. Staff reheat week old food.	No
Residents are not being fed balanced meals and are not provided snacks or water.	No
Soiled laundry is not washed regularly.	No
The furniture in the facility has a permanent urine smell due to not being cleaned properly or replaced.	No
Toilets in the facility are not flushing properly and continuously make noises.	No

III. METHODOLOGY

08/13/2024	Special Investigation Intake 2024A0123053
08/14/2024	Special Investigation Initiated - On Site I conducted an unannounced on-site at the facility.
08/15/2024	Contact - Document Received Requested documentation received.
08/21/2024	APS Referral APS referral completed.
08/23/2024	Inspection Completed On-site I conducted an unannounced follow-up on-site.
09/20/2024	Inspection Completed On-site An unannounced follow-up onsite was conducted.

09/28/2024	Contact- Document Received Requested documentation received from Administrator Illig.
09/30/2024	Contact- Telephone call made I interviewed staff Amy Hribek via phone.
10/01/2024	Contact- Document Received Requested documentation received from Administrator Illig.
10/01/2024	Contact- Telephone call made I left a voicemail requesting a return call from Relative 1.
10/01/2024	Contact- Telephone call made I left a voicemail requesting a return call from Relative 2.
10/01/2024	Contact- Telephone call made I left a voicemail requesting a return call from Relative 3.
10/01/2024	Contact- Telephone call received I spoke with Relative 3 via phone.
10/01/2024	Contact- Telephone call received I spoke with Relative 1 via phone.
10/01/2024	Exit Conference I spoke with administrator Julie Illig.

ALLEGATION: The facility is short staffed on third shift, with one person working.

INVESTIGATION: On 08/14/2024, I conducted an unannounced on-site at the facility. I interviewed manager Julie Illig. Julie Illig stated that there are currently about 14 residents in this facility. Julie Illig stated that the facility is staffed with one staff person on third shift, and there is also one staff that is a floater who works between this facility and the adjacent facility, but the floater mainly works in this facility. Julie Illig stated that Resident C has to be transferred via Hoyer Lift.

During this on-site, I completed a walkthrough of the facility and entered multiple resident bedrooms. Multiple residents were observed during this on-site. No issues were noted.

On 08/15/2024, I received a copy of the facility's staff schedule for 07/22/2024 thru 08/25/2024. The schedule shows that the shifts for direct care staff are 6:00 am to 2:00 pm, 2:00 pm to 10:00pm, and 10:00 pm to 6:00 am. There are two staff that work first and second shifts. Third shift scheduling shows one staff on shift, with another staff person designated as a "float" for 10:00 pm to 6:00 am. The schedule

also shows that the staff work assigned shifts in both this facility and the adjacent facility on different days. The facility has a nurse, a cook, and an activities staff.

A copy of the facility's *Resident Register* was reviewed and shows that there are 17 residents currently in the facility.

On 08/15/2024, I obtained copies of *Assessment Plan for AFC Residents* for Resident A, Resident B, and Resident C. Resident A's assessment plan dated 02/07/2024 notes that Resident A does not *follow instructions*, c*ontrols aggressive behaviors*, or *gets along with others* depending on Resident A's behaviors. Resident A is independent with most personal care needs, but requires stand by assistance for bathing as needed, and reminders to put cleaning clothing on.

Resident B's assessment plan dated 01/11/2024 notes that Resident B is alert to surroundings "*at moments*." Resident B requires personal care assistance with all personal care needs and requires at least a one assist for most personal care. Resident B uses a wheelchair at times. Resident B's *Health Care Appraisal* dated 08/05/2024 notes that Resident B has Alzheimer's, has a cognitive deficit, significant confusion, speech nonsensical, intermittent behaviors, and requires assistance with ADL's (i.e. activities of daily living). It also notes Resident B is unable to make needs known, requires prompts/cues, and frequent redirection.

Resident C's assessment plan dated 02/04/2024, notes that Resident C has left side paralysis and cannot move independently in the community. Resident C uses a wheelchair. Resident C does and does not follow instructions and understands verbal communication depending on their behavior. Resident C requires assistance with all personal care tasks. Resident C needs assistance with eating sometimes. Resident C uses a wheelchair and Hoyer Lift for mobility. Resident C's *Health Care Appraisal* dated 07/01/2024 notes that Resident C has vascular dementia and memory loss.

On 08/23/2024, I conducted an unannounced follow-up visit. I interviewed staff Hailey Burr. She stated that there is one staff on third shift, plus a floater staff. Staff Burr stated that Resident A displays aggressive behaviors at times.

On 08/23/2024, I interviewed nurse Gina Dewald. Nurse Dewald stated that there is a staff person on third shift, plus one floater. Nurse Dewald stated that staff are supposed to provide a two-person assist for Hoyer lifts. Nurse Dewald stated that Resident C uses a Hoyer Lift and is on hospice. Nurse Dewald stated that she is not a part of the direct care staff ratio but does fill in shifts at times for back up. She stated that she is a nurse.

On 09/20/2024, I conducted a follow up on site. I observed 12 residents in the common area of the facility. They appeared clean and appropriately dressed. Residents were not interviewed due to the facility being a memory care facility, and each resident being diagnosed with dementia and/or Alzheimer's. Resident A and

Resident B were observed sitting on the couch. I observed Administrator Illig interacting with both residents, but their verbal skills appeared limited.

On 09/20/2024, I interviewed staff Amber Jones during my on-site. Staff Jones stated that there are two staff on first and second shift, and that on third shift, it used to be one staff on shift, with a floater staff.

On 09/26/2024, I made a follow-up call with Administrator Illig. Administrator Illig confirmed that each resident that currently resides in this facility has dementia/Alzheimer's to some degree.

On 09/30/2024, I interviewed staff Amy Hribek via phone. Staff Hribek stated that she works second shift at the facility, part time. Staff Hribek stated that she sometimes will work until midnight to cover a shift. Staff Hribek stated that during the day there are two direct care staff on shift. During third shift, one staff is on shift, plus a floater staff. Staff Hribek stated that there are about 16 residents residing in the facility currently. When asked which residents would needs assistance in the event of a fire drill, she stated that there are at least four residents who would need to be guided, as she does not think they would know what to do in a fire drill.

On 10/01/2024, I spoke with Resident C's Relative 3 via phone. Relative 3 stated that they have seen two to three staff during their visits. Relative C stated they wish there was more staffing but understands that staffing is different in adult foster care homes. Resident C needs are met. Resident C also receives hospice services. Relative 3 stated that Resident C was sent to the hospital a couple of months ago. When asked if a staff person accompanied Resident C, Relative 3 said there was no staff with Resident C, and that Relative 3 does not think the facility generally sends staff with residents who go to the emergency room. Relative 3 stated that they are happy with the care Resident C receives, and that if they weren't Resident C would have been pulled out long ago. Relative 3 stated that staff mean well, and they love the residents.

On 10/01/2024, I spoke with Resident A's Relative 1 via phone. Relative 1 stated that when visiting Relative 1 sees at least two staff working, and Relative 1 visits every other week.

On 10/01/2024, I obtained copies of four of the facility's fire drills since January 2024. Two of the drills were completed on third shift. 01/23/2024 at 4:00 am, a drill was completed. There were 11 residents and two staff. The evacuation time was 8 minutes 54 seconds. On 05/08/2024 at 1:30 am, two staff were present as well as 12 residents and the evacuation time was 7 minutes and 58 seconds. On 08/12/2024 at 11 am, it took 10 minutes and 27 seconds with three staff and 16 residents, and on 09/07/2024 at 8:30 pm it took 11 minutes and 57 seconds with two staff and 17 residents.

On 10/01/2024, I conducted an exit conference with designated person/administrator Julie Illig. I informed Administrator Illig of the findings and conclusion. Julie Illig stated that she will address the issue with increasing staffing with management.

APPLICABLE RULE	
R 400.15206	**Staffing requirements.**
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	On 08/14/2024, I conducted an unannounced on-site at the facility. I interviewed administrator Julie Illig. She stated that there is on staff on during third shift, and a floater staff that works between this facility and the adjacent facility. She reported that each resident in the facility has some degree of dementia/Alzheimer's. A copy of the staff schedule was reviewed during this course of this investigation which confirms one staff is scheduled to work, along with a designated floater staff. The staff schedule was from 07/22/2024 through 08/25/2024. I conducted two follow-up on-sites on 08/23/2024 and 09/20/2024. Staff Hailey Burr, Staff Gina Dewald, and Staff Amber Jones all confirmed there is one staff on third shift, with a floater staff. On 09/30/2024, I interviewed Staff Amy Hribek via phone. She also confirmed there is one staff on third shift, and a floater staff. Copies of some of the facility's fire drills were reviewed. The fire drill evacuation times were documented to be 7 minutes and 58 seconds or longer. Based on staff interviews, documentation obtained during the course of this investigation, including assessment plans, health care appraisals, fire drills, and the resident register, there is a preponderance of evidence that the current staffing level is not sufficient based on current resident care needs in the facility.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION: Multiple staff persons are not providing residents with appropriate personal care. Staff are aggressive towards the residents. Staff have complained of the mistreatment to management, but management did not address the issues.

INVESTIGATION: On 08/14/2024, I conducted an unannounced on-site at the facility. I interviewed manager Julie Illig. Julie Illig denied the allegations and denied that any allegations have been brought to her attention about staff mistreating residents.

On 08/23/2024, I conducted an unannounced follow-up visit. I interviewed staff Hailey Burr. Staff Burr denied the allegations. Staff Burr stated that Resident A can be aggressive, but there have been no complaints from Resident A's family.

On 08/23/2024, I conducted an unannounced follow-up visit. I interviewed staff Hailey Burr. Staff Burr denied the allegations. Staff Burr stated that she is not aware of staff being physically aggressive with residents or not providing appropriate personal care. Staff Burr stated that personal care needs are being met, but that sometimes residents aren't cooperative.

On 08/23/2024, I interviewed nurse Gina Dewald. Nurse Dewald stated that she is not a direct care staff person and does not work the floor. If back up staff is not available however, she does fill in. Nurse Dewald denied the allegations. Nurse Dewald stated that she has no knowledge of staff being negligent, refusing care, or staff mistreating or being physically aggressive towards residents.

On 09/20/2024, I conducted an unannounced on-site at the facility. I conducted the following interviews with staff Amber Jones and staff Tristan Cousins.

Staff Amber Jones was interviewed. Staff Jones denied having any knowledge of staff being physically aggressive with residents. Staff Jones denied knowledge of any staff not providing personal care to residents or neglecting their job duties. Staff Jones denied ever refusing care to any residents.

Staff Tristan Cousins was interviewed. Staff Cousins stated that she has worked in the facility for seven years as both a direct care worker and a cook. Staff Cousins denied seeing any abuse or neglect against the residents.

On 09/30/2024, I interviewed staff Amy Hribek via phone. Staff Hribek stated that she has been working in the facility for about a year. Staff Hribek denied that she has witnessed or have knowledge of any staff mistreating, disrespecting, or showing physical aggression towards the residents. She denied having any knowledge of the staff not providing appropriate personal care to the residents.

On 10/01/2024, I spoke with Resident C's Relative 3 via phone. Relative 3 denied having knowledge of any staff being aggressive towards the residents and denied

that staff mistreat the residents. Relative 3 stated that staff have good hearts and are kind. Relative 3 stated that they are happy with the care Resident C receives, and that if they weren't Resident C would have been pulled out long ago. Relative 3 stated that staff mean well, and they love the residents.

On 10/01/2024, I spoke with Resident A's Relative 1 via phone. Relative 1 stated that they have never seen anything even remotely close to any allegations of mistreatment. Relative 1 stated that they have never seen staff physically grab any residents, and that Resident A has never had any unexplained bruising. Relative 1 stated that Resident A was aggressive, but once Resident A's medications were adjusted, Resident A has been calmer.

APPLICABLE RULE	
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:	On 08/14/2024, I conducted an unannounced on-site at the facility. Administrator Julie Illig denied the allegations. On 08/23/2024 and 09/20/2024, I conducted unannounced follow-up visits. I interviewed staff. Nurse Gina Dewald, staff Hailey Burr, staff Amber Jones, staff Tristan Cousins all denied the allegations. . On 09/30/2024, I interviewed staff Amy Hribek via phone. She denied the allegations. On 10/01/2024, I spoke with Relative 1 and Relative 3 who denied the allegations. There is no preponderance of evidence to substantiate a rule violation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: Staff are not properly med trained.

INVESTIGATION: On 08/14/2024, I conducted an unannounced on-site at the facility. I interviewed manager Julie Illig. She stated that only trained staff pass medications. They use an electronic Quick Mar for medication administration documentation.

On 08/23/2024, I conducted an unannounced follow-up visit. I interviewed staff Hailey Burr. Staff Burr stated that nurse Gina Dewald trained her on medication administration. Staff Burr stated that most staff are medication trained.

On 08/23/2024, I interviewed nurse Gina Dewald. Nurse Dewald denied the allegations. Nurse Dewald stated that she does the medication training, and staff Shannon Wiley has assisted at times. Nurse Dewald stated that no staff have touched the medication cart without being trained.

On 09/20/2024, I conducted an unannounced on-site at the facility. I interviewed staff Amber Jones and staff Tristan Cousins.

Staff Amber Jones stated that she is a trained med passer. Staff Jones stated that she was properly trained by staff Julie Illig. Staff Jones denied having any knowledge of a staff person passing medications without being trained.

Staff Tristan Cousins stated that she has worked in the facility for seven years as both a direct care worker and a cook. Staff Cousins stated that she is trained to pass medications and denied having any knowledge of any staff persons passing medications while not trained to do so.

On 09/30/2024, I interviewed staff Amy Hribek via phone. Staff Hribek stated that she was medication trained by Nurse Dewald. Staff Hribek stated that she job shadowed with the medication passer, got to know the residents first, and was properly medication trained. Staff Hribek denied having any knowledge of any staff passing medications that did not go through training.

On 10/01/2024, I spoke with Resident C's Relative 3 via phone. Relative 3 stated that staff pass medications as they are prescribed, and Relative 3 is not aware of any issues with Resident C's medications.

On 10/01/2024, I spoke with Resident A's Relative 1 via phone. Relative 1 stated that there has been no issues with Resident A's medication.

On 09/28/2024, and 10/01/2024, I received requested documentation. I received and cross-referenced copies of medication administration records (for Resident A, Resident B, and Resident C) from December 2023 and September 2024, as well as medication training check off lists for 29 different staff verifying that staff in the facility are medication trained.

On 09/30/2024, I conducted a follow-up phone call with Administrator Illig. Administrator Illig stated that when staff are in training for medication, they are in training mode in the electronic medication administration system. Administrator Illig stated that a trained medication passer signs off on any narcotic counting for a staff in training. Administrator Illig stated that staff in training pass medications to get the floor experience, and they also do a final exam quiz prior to being signed off on

medication training. Administrator Illig stated that refresher training is also completed once per year.

On 09/30/2024, I interviewed staff Amy Hribek via phone. Staff Hribek stated that she was medication trained by Nurse Dewald. Staff Hribek stated that she job shadowed with the medication passer, got to know the residents first, and was properly medication trained. Staff Hribek denied having any knowledge of any staff passing medications that did not go through training.

APPLICABLE RULE	
R 400.15312	**Resident medications.**
	(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: **(a) Be trained in the proper handling and administration of medication.**
ANALYSIS:	On 08/14/2024, I conducted an unannounced on-site visit. I interviewed administrator Julie Illig. She denied the allegations. On 08/23/2024, I conducted a follow-up on-site. I interviewed nurse Gina Dewald. She denied the allegations. Staff Hailey Burr also denied the allegations. On 09/20/2024, I conducted another follow-up on-site. I interviewed staff Amber Jones, and staff Tristan Cousins, Staff Jones and Staff Cousins denied the allegations. During the course of the investigation I reviewed medication administration records as well as verification of medication trainings for staff. On 09/30/2024, I interviewed staff Amy Hribek via phone. She denied the allegations. On 10/01/2024, I spoke with Relative 1 and Relative 3 who did not express any concerns regarding Resident A and Resident C’s medications. There is no preponderance of evidence to substantiate a rule violation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: The kitchen staff do not cover up food in the refrigerator. There is cross contamination. Food is not dated. Staff reheat week old food.

INVESTIGATION: On 08/14/2024, I conducted an unannounced on-site at the facility. I interviewed administrator Julie Illig. Jullie Illig denied the allegations. Staff Illig and I did a walk-through of the main kitchen in the adjacent facility. I observed food in the pantry, walk through refrigerator, and walk through freezer. Everything appeared to be clean. Food appeared to be properly packaged. Multiple food items in the refrigerator and freezer were dated and properly covered. A walk-thru was completed in this facility's warming kitchen as well. Food was observed in the freezer and refrigerator. Items in the cupboards were observed as well. No issues were noted.

On 08/23/2024, I conducted an unannounced follow-up visit. I interviewed staff Hailey Burr. Staff Burr denied the allegations. She stated that the kitchen serves food for this facility as well as the adjacent facility. She stated that the kitchen is maintained. There are two cooks and a dietary aide.

On 09/20/2024, I conducted an unannounced follow-up on site. I conducted a walkthrough of the facility's warming kitchen again, as well as the main kitchen in the adjacent facility. Expiration dates of various food items were checked. No issues were noted.

On 09/20/2024, I conducted an unannounced on-site at the facility. I interviewed staff Amber Jones and staff Tristan Cousins.

Staff Amber Jones denied there have been any issues with the food served. She stated that residents do have the option of eating leftovers if they do not want what is being served. She stated that fresh breakfast is served as well. She stated that staff will reheat food leftovers from the day before if needed, and there have been no complaints about the food from residents. She stated that prepared food is dated.

Staff Tristan Cousins denied the allegations. She denied that the facility keeps week old leftovers. She stated that everything that is five days old gets thrown out. She stated that there have been no major complaints from residents about the food, and no one has had food poisoning.

On 09/30/2024, I interviewed staff Amy Hribek via phone. She denied the allegations. She stated that she always sees stored food wrapped up. There has been no issues with food poisoning or anything. She stated she has never heard of the facility having week old food.

On 10/01/2024, I spoke with Resident C's Relative 3 via phone. Relative 3 stated that the food the facility serves is pretty good, and they have not noticed any issues with the food. Relative 3 stated they have personally consumed food served from the

facility, and Resident C has not complained about the food. Relative 3 denied having any knowledge of anyone getting sick after eating the food.

On 10/01/2024, I spoke with Resident A's Relative 1 via phone. Relative 1 denied having any concerns about the quality of the facility's food and stated that Resident A eats well.

APPLICABLE RULE	
R 400.15402	**Food service.**
	(2) All food shall be protected from contamination while being stored, prepared, or served and during transportation to a facility.
ANALYSIS:	On 08/14/2024, I conducted an unannounced on-site at the facility. I observed main kitchen in the adjacent facility, as well as the warming kitchen in this facility. Food in the pantry, walk-thru refrigerator, and walk through freezer was observed. Everything appeared to be clean. Food appeared to be properly packaged. Multiple food items in the refrigerators and freezers were dated and properly covered. On 09/20/2024, I conducted a follow-up on site and observed residents eating lunch. I conducted a second walk-thru of the kitchen as well, and no issues were noted. During the course of the investigation, I interviewed staff. Staff Amber Jones, Staff Hailey Burr, administrator Julie Illig, staff Tristan Cook, and staff Amy Hribek denied the allegations. On 10/01/2024, I spoke with Relative 1 and Relative 3 who did not express any concerns. There is no preponderance of evidence to substantiate a rule violation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: Residents are not being fed balanced meals and are not provided snacks or water.

INVESTIGATION: On 08/14/2024, I conducted an unannounced on-site at the facility. I interviewed administrator Julie Illig. Julie Illig denied the allegations. Julie Illig stated that the residents in the facility are fed the same meals as the residents in the adjacent facility. She stated that breakfast is breakfast of choice. Julie Illig stated that if she sees staff not wearing hair nets or gloves, she asks them to put them on.

On 08/23/2024, I conducted an unannounced follow-up visit. I interviewed staff Hailey Burr. Staff Burr denied the allegations. Staff Burr stated that the facility serves home cooked meals. Staff Burr stated that if a resident cannot eat something, they serve an alternative meal. Sometimes residents ask for peanut butter and jelly sandwiches. Staff Burr stated that lunch meals are larger than dinner. Staff Burr stated that snacks and water are provided. Staff Burr stated that a hot box is used to take hot food from the main kitchen to this facility.

On 08/23/2024, I interviewed nurse Gina Dewald. Nurse Dewald denied the allegations. Nurse Dewald stated that meals are provided are the same for this facility as well as the adjacent facility. Nurse Dewald stated that alternatives are offered, as residents have choice for substitutes. Nurse Dewald stated that staff provides water every two hours, and some residents have tumbler cups.

On 09/20/2024, I conducted an unannounced on-site at the facility. I interviewed staff Amber Jones and staff Tristan Cousins.

Staff Amber Jones denied the allegations. Staff Jones stated that residents are served three meals a day, plus snacks. They are provided with water, and there are pitchers of water in the refrigerator.

Staff Tristan Cousins was interviewed and denied the allegations. Staff Cousins, the cook of the facility stated that she prepares meals for 40 residents, for both this facility and the adjacent facility. Staff Cousins stated that if residents want substitutions they provide it. Staff Cousins stated that breakfast, lunch, and dinner are served daily.

During this on-site, I observed 12 residents in the common area of the home. Several were eating lunch. The food that I observed them eating, was the same meal served in the adjacent facility. A hot box the facility uses to transport food from the main kitchen to this facility was observed during this on-site. Juice, coffee, and water options were observed. Residents were eating burgers, green beans, and tater tots.

On 09/30/2024, I interviewed staff Amy Hribek via phone. Staff Hribek stated that she has not heard of any complaints from residents regarding the quality of the food served. Staff Hribek stated that a big meal is served at lunch, and a smaller one at dinner. Staff Hribek stated that the meals are balanced and nutritional. Some residents may want snacks if they don’t finish their meals, and water/drinks are always available.

On 10/01/2024, I spoke with Resident C’s Relative 3 via phone. Relative 3 stated that the food served is pretty good. Relative 3 stated that they have observed meals to be balanced. Relative 3 stated that the facility does more home cooking than canned cooking, and Relative 3 has not noticed any issues with the food. Relative 3

stated that they have personally eaten the meals served, and Resident C has not complained. Relative 3 stated that three meals and an evening snack are served.

On 10/01/2024, I spoke with Resident A's Relative 1 via phone. Relative 1 stated they do not know how many meals are served daily, but Relative 1 has visited after lunch and has seen staff provide snacks. Relative 1 stated that Resident A eats well.

APPLICABLE RULE	
R 400.15313	**Resident nutrition.**
	(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.
ANALYSIS:	On 08/14/2024, I conducted an unannounced on-site at the facility. Staff Julie Illig denied the allegations. On 08/23/2024 and 09/20/2024, I conducted unannounced follow-ups at the facility. I interviewed staff and residents. Staff Hailey Burr, staff Gina Dewald, staff Amber Jones, and staff Tristan Cousins denied the allegations. On 08/15/2024, I reviewed a copy of the facility's menu for August 2024. The menu appeared to provide a variety of different food options that varied daily. On 10/01/2024, I spoke with Relative 1 and Relative 3 who did not express any concerns regarding the allegations. There is no preponderance of evidence to substantiate a rule violation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: Soiled laundry is not washed regularly.

INVESTIGATION: On 08/14/2024, I conducted an unannounced on-site at the facility. I interviewed manager Julie Illig. Julie Illig denied the allegations. Julie Illig stated that the facility has a housecleaner. Staff Illig and I did a walk-through of the laundry room. The laundry room appeared clean, and staff had loads of laundry going during this time. There was no smell of soiled laundry at the time, throughout the facility.

On 08/23/2024, I conducted an unannounced follow-up visit. I interviewed staff Hailey Burr. She denied that soiled laundry lays around the facility.

On 08/23/2024, I interviewed nurse Gina Dewald. Nurse Dewald denied the allegations. Nurse Dewald stated that staff know to put soiled laundry in the wash.

On 09/20/2024, I conducted an unannounced on-site at the facility. I interviewed staff Amber Jones and staff Tristan Cousins. Staff Amber Jones denied having any knowledge of the allegations and stated that staff washes laundry daily. Staff Tristian Cousins stated that laundry is done all day, every day, and denied that staff neglects doing laundry.

On 09/30/2024, I interviewed staff Amy Hribek via phone. Staff Hribek denied the allegations. Staff Hribek stated that laundry is washed regularly, and the facility does laundry non-stop.

On 10/01/2024, I spoke with Resident C's Relative 3 via phone. Relative 3 stated that they have never seen staff ignore anything that reeks of urine. Relative 3 stated that Resident C is incontinent and has never had a pressure ulcer.

On 10/01/2024, I spoke with Resident A's Relative 1 via phone. Relative 1 stated that their concerns about Resident A's bedding in the past have been addressed with Administrator Illig. Relative 1 stated that Resident A's bedding needed attention in the past. Relative 1 stated that they don't know how often bedding is changed, but their concern has not been a regular issue.

APPLICABLE RULE	
R 400.15404	**Laundry.**
	A home shall make adequate provision for the laundering of a resident's personal laundry.
ANALYSIS:	On 08/14/2024, I conducted an unannounced on-site at the facility. I did a walk-thru of the facility. No odors were noticed. The laundry room appeared clean, and staff had both the washers and dryers going with laundry at the time. Staff Julie Illig denied the allegations. On 08/23/2024, and 09/20/2024, I conducted unannounced follow-up visits. I interviewed staff and residents. Staff Hailey Burr, Staff Gina Dewald, Amber Jones, and Tristian Cousins denied the allegations. On 09/30/2024, I spoke with staff Amy Hribek. She denied the allegations. On 10/01/2024, I spoke with Relative 1 and Relative 3.

	Relative 1 stated they have never witness staff ignore anything reeking of urine. Relative 3 stated that their issues regarding laundry have been addressed in the past. There is no preponderance of evidence to substantiate a rule violation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: The furniture in the facility has a permanent urine smell due to not being cleaned properly or replaced.

INVESTIGATION: On 08/14/2024, I conducted an unannounced on-site at the facility. Staff Julie Illig was interviewed. She denied the allegations. She stated that no one has complained about the furniture.

During this on-site, I observed the furniture in the facility. No issues were noted. The furniture did not smell of urine. The facility appeared clean as well as the kitchen area. I did a walk-thru of multiple rooms in the facility as well as the hallway. No issues were noted.

On 08/23/2024, I conducted an unannounced follow-up visit. I interviewed staff Hailey Burr. Staff Burr denied the allegations.

On 08/23/2024, I interviewed nurse Gina Dewald. Nurse Dewald state that they have a professional company come and clean the carpet and furniture. Nurse Dewald stated that the facility has replaced furniture in the past, but no one has completely messed up a couch.

On 09/20/2024, I conducted an unannounced on-site at the facility. I interviewed staff Amber Jones and staff Tristan Cousins. Staff Amber Jones stated that if a resident has an accident on the furniture, the furniture is cleaned. Staff Tristan Cousins stated that the furniture gets cleaned when a resident has an accident.

On 09/30/2024, I interviewed staff Amy Hribek via phone. Staff Hribek denied the allegations. Staff Hribek stated that the facility has a cleaner they can use to clean the furniture. Staff Hribek stated that she has personally cleaned the furniture a lot as some residents are incontinent.

On 10/01/2024, I spoke with Resident C's Relative 3 via phone. Relative 3 denied that the furniture smells of urine.

On 10/01/2024, I spoke with Resident A's Relative 1 via phone. Relative 1 denied that they have seen any issues with the furniture in the facility.

APPLICABLE RULE

R 400.15403	**Maintenance of premises.**
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.
ANALYSIS:	On 08/14/2024, I conducted an unannounced on-site at the facility. The living room and dining room of the facility was observed to be clean. There was no urine odor observed in the common areas of the home. The furniture did not appear to be soiled. Administrator Illig, Nurse Dewald, staff Hailey Burr, Staff Amber Jones, staff Tristan Cousins, and staff Amy Hribek were interviewed during the course of this investigation and they all denied the allegation. On 10/01/2024, I spoke with Relative 1 and Relative 3. They denied the allegations. There is no preponderance of evidence to substantiate a rule violation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: Toilets in the facility are not flushing properly and continuously make noises.

INVESTIGATION: On 08/14/2024, I conducted an unannounced on-site at the facility. I interviewed manager Julie Illig. She denied the allegations. She stated that all of the toilets flush. Staff or maintenance will plunge toilets when necessary.

During this on-site, I conducted a walkthrough of the facility and observed multiple toilets. No issues were noted.

On 08/23/2024, I conducted an unannounced follow-up visit. I interviewed staff Hailey Burr. I interviewed staff Hailey Burr. Staff Burr denied that there have been any issues with the toilets. Staff Burr stated that she will use the toilet plunger herself if needed.

On 08/23/2024, I interviewed nurse Gina Dewald. Nurse Dewald denied that there have been any complaints from residents regarding toilets.

On 09/20/2024, I conducted an unannounced on-site at the facility. I interviewed staff Amber Jones and Staff Tristan Cousins. Staff Amber Jones denied the allegation. She stated that when there is a clogged toilet, staff addresses the issue. Staff Tristian

Cousins stated that she has not heard of any issues with the toilets and stated that any toilet clogs get addressed.

On 09/30/2024, I interviewed staff Amy Hribek via phone. Staff Hribek denied the allegations and stated that there have been no issues with the toilets. Staff Hribek stated that the maintenance guy fixes things timely.

On 10/01/2024, I spoke with Resident C's Relative 3 via phone. Relative 3 denied that there have been any issues with Resident C's toilet or the public toilet that they have noticed.

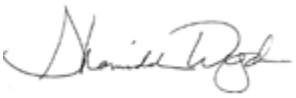
On 10/01/2024, I spoke with Resident A's Relative 1 via phone. Relative 1 denied that they has been any issues with Resident A's toilet. Relative 1 stated that the toilet works during their visits.

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:	On 08/14/2024, I conducted an unannounced on-site at the facility. During this on-site, I conducted a walkthrough of the facility and observed multiple toilets. No issues were noted. Staff Julie Illig denied the allegations. On 08/23/2024, and 09/20/2024, I conducted unannounced follow-up visits. I interviewed staff and residents. Staff Hailey Burr, Staff Gina Dewald, staff Amber Jones, and staff Tristan Cousins denied the allegations. Staff Amy Hribek was interviewed as well and denied the allegations. On 10/01/2024, I spoke with Relative 1 and Relative 3. There is no preponderance of evidence to substantiate a rule violation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

On 10/01/2024, I conducted an exit conference with designated person/administrator Julie Illig. I informed Administrator Illig of the findings and conclusions.

IV. RECOMMENDATION

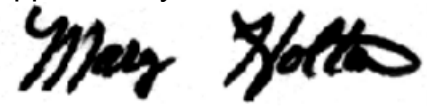
Contingent upon the receipt of an acceptable corrective action plan, I recommend continuation of the AFC large group home license (capacity 13-20).



10/03/2024

Shamidah Wyden — Date
Licensing Consultant

Approved By:



10/03/2024

Mary E. Holton — Date
Area Manager