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 #:	AL060380540
Investigation #:	2024A0123052
	Eden Fields Assisted Living

Dear Rachel Bartlett:

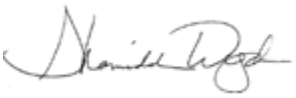
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 #:	AL060380540
Investigation #:	2024A0123052
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 Assisted Living
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.	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
Residents are not being fed balanced meals and are not provided snacks or water.	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
Toilets in the facility are not flushing properly and continuously make noises.	No
Soiled laundry is not washed regularly.	No

III. METHODOLOGY

08/13/2024	Special Investigation Intake 2024A0123052
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 Received requested documentation.
10/01/2024	Exit Conference I spoke with administrator Julie Illig.

ALLEGATION: The facility is short staffed on third shift.

INVESTIGATION: On 08/14/2024, I conducted an unannounced on-site at the facility. I interviewed administrator Julie Illig. She stated that there are about 18 residents who reside in the facility. The facility is staffed with one staff person on third shift, and there is also one staff that is a floater on third shift who works between this facility and the adjacent facility. She stated that the floater staff works mostly in the adjacent facility. Staff Illig stated that there are three residents in the facility who require the use of a Hoyer lift at times (Resident B, Resident C, and Resident D). Resident A uses a sit-to-stand.

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. Residents appeared clean and appropriately dressed.

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 "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 19 residents in the facility.

Assessment Plans for AFC Residents were reviewed for Resident A, Resident B, Resident C, and Resident D.

Resident A's assessment plan dated 01/26/2024 notes that Resident A cannot move independently in the community and requires a one-staff assist with all personal care tasks except eating/feeding. Resident A has cerebral palsy, utilizes as sit to stand, Hoyer lift, and motorized chair. For *controls aggressive behavior* and *gets along with others* it notes "*varies on behavior*."

Resident B's assessment plan dated 01/11/2024 notes that Resident B cannot move independently in the community. Resident B uses a wheelchair and amigo. Resident B requires staff assistance with all personal care except eating/feeding. Resident B requires a one-person assist or Hoyer Lift assist for bathing and toileting.

Resident C's assessment plan dated 02/08/2024, notes that Resident C cannot move independently in the community, uses a wheelchair, and requires staff assistance with most personal care tasks. For toileting, Resident C requires a one-person assist and Hoyer use as needed.

Resident D's assessment plan dated 02/02/2024 notes under *Moves Independently in Community* "*wheels self in wheelchair at times*." For *walking/mobility*, Resident D uses a wheelchair and Hoyer. The assessment notes that Resident D is independent with eating/feeding but requires staff assistance for other personal care tasks. For toileting, it states "*Hoye*r."

On 08/23/2024, I conducted an unannounced follow-up visit. I interviewed staff Hailey Burr. She stated that she has not worked third shift in a long time. She stated that there is one staff that works on third shift in this facility, and a floater staff.

On 08/23/2024, I interviewed nurse Gina Dewald. Nurse Dewald Nurse Dewald stated that there is a staff person on third shift, plus one floater. She stated that staff are supposed to provide a two-person assist for Hoyer lifts.

On 09/20/2024, I conducted a follow up on site. I observed 14 residents sitting at the dining room tables eating lunch. No issues were noted.

On 09/20/2024, I conducted an unannounced on-site at the facility. I conducted the following interviews staff and residents:

Resident A stated that staff are meeting their personal care needs. Resident A stated that they have a call button in their bathroom by the toilet, and one by their bed. Resident A stated that staff response as soon as they can, and if another resident is having an emergency they may have to wait longer. Resident A stated that two staff work each shift, but in the past Resident A stated that they would see only one staff working on night shift.

Resident B was interviewed and stated that staff respond quickly when Resident B needs assistance. Resident B stated that they rarely use their call button. Resident B denied knowing how many staff work per shift. Resident B stated that their personal care needs are being met, they don't need help very often, and can transfer to their wheelchair on their own. Resident B stated that staff are pleasant, and "*they (staff) do well to have their hands full.*"

Resident C was interviewed and stated that they think three to four staff work each shift. Resident C stated that they have a call button they use and staff responds

timely, but at times staff are busy helping other residents. Resident C stated that staff take good care of Resident C, and their personal care needs are being met.

Staff Amber Jones was interviewed. She 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. She stated that she believes it is two staff on each shift now. She stated that there are four residents in the facility who require a two person assist. There are about six residents who use a wheelchair, three use a Hoyer lift, including Resident B who uses a Hoyer lift as needed. She stated that Resident A and Resident C cannot ambulate independently. She stated that she does not know how fire drills are done on third shift.

On, 09/30/2024, I interviewed staff Amy Hribek via phone. Staff Hribek stated that there are two direct care staff that work on the floor during the day, and usually there is one staff in the facility on third shift, with a staff that is a floater (that works between both this facility and the adjacent facility). Staff Hribek stated that she does not work third shift, but sometimes works through midnight when she has to cover a shift. She stated that there are about 19 residents currently residing in the facility. When asked if the staffing level on third shift is sufficient to evacuate the facility within 5 minutes, she stated that she does not think so. Staff Hribek stated that the facility does have sleds they use. Staff Hribek stated that there are about three residents who need help with their wheelchairs, at least two residents would need prompting, and one resident cannot see well. Staff Hribek stated that there are about four residents who require total assistance/high level of personal care and named Resident B, Resident C, Resident D, and Resident E. Staff Hribek stated that Resident E can ambulate independently in their wheelchair. Resident D can drive their own wheelchair but would needs assistance getting out of bed. Resident F needs assistance with their wheelchair as well. Resident A, Resident B, and Resident D uses Hoyer lift assistance, and Resident B can pivot with a two-person assist.

On 10/01/2024, I obtained copies of four of the facility's fire drills since January 2024. Each drill had 18 to 19 resident names noted. Each drill had a minimum of two staff participating. The quickest drill time recorded was 8 minutes and 27 seconds on 08/12/2024 at 11:00 am. Three staff participated in this drill. The longest drill took 11 minutes and 10 seconds and that was on 05/08/2024 at 1:30 am.

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 third shift, but mostly works in the adjacent facility. 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. A copy of the facility's *Resident Register* confirms there are 19 residents in the facility. I reviewed assessment plans for Resident A, Resident B, Resident C, and Resident D. All four residents require the use of a wheelchair and Hoyer lift. I conducted two follow-up on-sites on 08/23/2024 and 09/20/2024. Staff and residents were interviewed. Staff Hailey Burr, Staff Gina Dewald, and Staff Amber Jones all confirmed there is one staff on third shift, with a floater staff. Resident A, Resident B, and Resident C were interviewed and did not express any concerns regarding short staffing. 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 during the course of this investigation. The fire drill times were 8 minutes and 27 seconds or longer. Based on staff interviews, documentation obtained during the course of this investigation, including assessment plans, 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 administrator Julie Illig. Julie Illig denied the allegations and denied that any allegations have been brought to her attention about staff mistreating residents. Julie Illig stated that Resident A does not like staff Amber Jones, and when Resident A wants attention, and you don't respond to Resident A's liking, Resident A will take issue with it. Julie Illig stated that she had a meeting with Resident A and Staff Jones and they agreed that Staff Jones would not assist Resident A unless it was an emergency. Julie Illig stated that this agreement was done to appease Resident A.

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 denied the allegations. She stated that she has no knowledge of staff being negligent, refusing care, or staff mistreating or being physically aggressive towards residents. Nurse Dewald stated that Resident A refuses to work with staff Amber Jones, and that Staff Jones has never refused care to any residents.

On 09/20/2024, I conducted an unannounced on-site at the facility. I conducted the following interviews staff and residents:

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 stated that she has not provided personal care to Resident A since November 2023, after both she and Resident A agreed not to work together. Staff Jones stated that if she does provide Resident A with personal care, she gets a witness to be present because Resident A will make awful comments and target her with accusations.

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.

Resident A was interviewed. Resident A stated that they feel safe in the facility and that they get along with staff pretty good. Resident A denied seeing anyone being

aggressive in the facility. Resident A reported that their personal care needs are being met.

Resident B was interviewed. Resident B denied ever witnessing any inappropriate behavior such as physical aggression, yelling, etc. from staff towards residents. Resident B stated their care personal care needs are being met.

Resident C was interviewed. Resident C denied ever seeing any mistreatment or physical aggression towards residents in the facility. Resident C stated that staff takes good care of Resident C.

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. She 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.

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. Nurse Gina Dewald, staff Hailey Burr, staff Amber Jones, staff Tristan Cousins, Resident A, Resident B, and Resident C were interviewed and denied the allegations . On 09/30/2024, I interviewed staff Amy Hribek via phone. She 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 administrator 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 denied having any knowledge of staff passing medications without training.

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 conducted the following interviews staff and residents:

Staff Amber Jones was interviewed. Staff Jones stated that she is a trained med passer. She 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 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 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.

Resident A was interviewed. Resident A did not express any concerns about their medications. Resident A stated that staff pass medications timely.

Resident B was interviewed and denied having any issues with their medications.

Resident C was interviewed. Resident C denied having any issues with their medications.

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, Resident C, and Resident D) 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, staff Tristan Cousins, Resident A, Resident B, and Resident C. Staff Jones and Staff Cousins denied the allegations. Resident A, Resident B, and Resident C did not express any concern with their medications. 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. 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. Julie Illig stated that breakfast is breakfast of choice. During this on-site, I did a walkthrough of the facility and saw that the facility had a sufficient supply of food, and water pitchers were observed.

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 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.

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 a follow up on site. I observed 14 residents sitting at the dining room tables eating lunch. Juice, coffee, and water options were observed. Residents were eating burgers, green beans, and tater tots.

On 09/20/2024, I conducted an unannounced on-site at the facility. I conducted the following interviews with staff and residents:

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.

Resident A was interviewed and stated that three meals per day are served, some of the food is good, and the food is always fresh, never stale.

Resident B was interviewed. Resident B stated that the food is edible, and staff have been very good about offering alternative meals. Resident B stated that three meals are served per day, and the meals are balanced.

Resident C was interviewed. Resident C stated that three meals are served per day and there are always vegetables and fruit served with meals.

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.

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. Resident A, Resident B, and Resident C were interviewed and stated that they are provided three meals per day. On 09/30/2024, I interviewed staff Amy Hribek. She denied the allegations. 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. Julie Illig denied the allegations. Staff Illig and I did a walk-through of the kitchen. 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. Staff 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 Hailey denied the allegations. Staff Hailey stated that the kitchen serves food for this facility as well as the adjacent facility. Staff Hailey stated that the kitchen is maintained. There are two cooks and a dietary aide.

On 09/20/2024, I conducted a follow up on site. I observed 14 residents sitting at the dining room tables eating lunch. The kitchen was observed during this on-site. The kitchen appeared clean. Stored food was observed covered and dated. Expiration dates were observed to be okay. Canned goods were appropriately stored. No issues were noted. The facility's cook, staff Tristan Cousins was observed serving meals. Staff Cousins was observed wearing a hair net and gloves during this time.

On 09/20/2024, I conducted an unannounced on-site at the facility. I conducted the following interviews with staff and residents:

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

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

Resident A was interviewed and stated that three meals are served per day, some of the food is good, and that the food is always fresh, never stale.

Resident B was interviewed and stated that the food is edible. Resident B stated that staff are good about offering alternatives.

Resident C was interviewed. Resident C stated that he does not like some of the meals served but eats the food and does not complain.

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

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 food in the pantry, walk-thru 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. On 08/23/2024, and 09/20/2024, I conducted unannounced follow-up on-sites. I interviewed staff and residents. Resident A, Resident B, and Resident C were interviewed and did not express any concern regarding the food not being fresh. Staff Amber Jones, Staff Hailey Burr, administrator Julie Illig, and staff Tristan Cook denied the allegations. 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. On 09/30/2024, I interviewed staff Amy Hribek. She 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 administrator 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. She denied that there has been any issues with the toilets. She 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 the toilets.

On 09/20/2024, I conducted an unannounced on-site at the facility. I conducted the following interviews staff and residents:

Staff Amber Jones was interviewed, and she denied the allegation. Staff Jones stated that when there is a clogged toilet, staff addresses the issue.

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

Resident A was interviewed. Resident A stated that maintenance staff just fixed their toilet, and when there is something to be done, maintenance is usually right on it.

Resident B denied having any issues with their toilet. Resident B stated that staff just cleaned their bathroom. Resident B stated that sometimes their toilet does not flush well, but if you give it time, it will flush.

Resident C stated that they have had no issues with their toilet, and that the toilet always works.

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

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.

	Resident A, Resident B, and Resident C denied having any issues with their toilets. On 09/30/2024, I interviewed staff Amy Hribek. She denied the allegation. 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 administrator 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 facility. The laundry room appeared clean, and staff had loads of laundry going during this time. There was no smell of any 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 stated that Resident D's laundry is done daily due to incontinence. She denied that soiled laundry lays around the facility.

On 08/23/2024, I interviewed nurse Gina Dewald. She 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 conducted the following interviews staff and residents:

Staff Amber Jones was interviewed. Staff Jones denied having any knowledge of the allegations and stated that staff washes laundry daily.

Staff Tristian Cousins was interviewed. Staff Cousins stated that laundry is done all day, every day, and denied that staff neglects doing laundry.

Resident A stated that staff strips their bedding and does their laundry. Resident A stated that they always have clean clothing and bedding.

Resident B denied having any issues with laundry. Resident B stated that staff does their laundry one to two times per week.

Resident D stated that staff does their laundry and stated they've had no issues with their laundry.

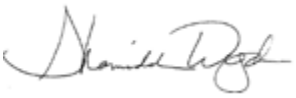
On 09/30/2024, I interviewed staff Amy Hribek via phone. Staff Hribek denied the allegations. Staff Hribek stated that laundry is washed regularly, and the facility does laundry non-stop.

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. Resident A, Resident B, and Resident D were interviewed and denied having any issues with laundry. On 09/30/2024, I spoke with staff Amy Hribek. She denied the allegations. 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

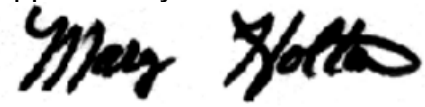
Contingent upon the receipt of an acceptable corrective action plan, I recommend continuation of the AFC large group home license (capacity 1-20).



10/03/2024

Shamidah Wyden Date
Licensing Consultant

Approved By:



10/03/2024

Mary E. Holton Date
Area Manager