STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

MARLON I. BROWN, DPA
DIRECTOR

October 3, 2024

Sydney Pugh
SJ Flower House LLC
208 Cramner Rd
Charlotte, MI 48813

RE: License #: AL080418111
Investigation #: 2024A1024048
SJ Flower House

Dear Sydney Pugh:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan was required. On September 4, 2024, you submitted an acceptable written corrective action plan.

It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. 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 (616) 356-0183.

Sincerely,

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT
THIS REPORT CONTAINS QUOTED PROFANITY

I. IDENTIFYING INFORMATION

License #:	AL080418111
Investigation #:	2024A1024048
Complaint Receipt Date:	08/08/2024
Investigation Initiation Date:	08/09/2024
Report Due Date:	10/07/2024
Licensee Name:	SJ Flower House LLC
Licensee Address:	208 Cramner Rd Charlotte, MI 48813
Licensee Telephone #:	(269) 274-8437
Administrator:	Julie Jordan
Licensee Designee:	Sydney Pugh
Name of Facility:	SJ Flower House
Facility Address:	9950 S Clark Rd Nashville, MI 49073
Facility Telephone #:	(269) 274-8437
Original Issuance Date:	06/12/2024
License Status:	TEMPORARY
Effective Date:	06/12/2024
Expiration Date:	12/11/2024
Capacity:	15
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Resident adult incontinence briefs are not changed as needed.	No
Staff member Tiffany Zimmer calls Resident A derogatory names.	No
Resident B was not given a medication as prescribed.	Yes

III. METHODOLOGY

08/08/2024	Special Investigation Intake 2024A1024048
08/09/2024	Special Investigation Initiated – Telephone with direct care staff Tiffany Zimmer
08/09/2024	Contact - Telephone call made with administrator Julie Jordan
08/09/2024	Contact - Telephone call received with direct care staff member Jasmine Vallard
08/09/2024	Contact - Document Sent- Faculty's *Incident Report*
08/20/2024	Contact - Telephone call made with Jodie Poyer from Hospice of Lansing
09/03/2024	Inspection Completed On-site with home care nurse Lisa Flower, licensee designee Sydney Pugh, direct care staff members Kaylee Capers, Sandy Hill, and Resident B. C, D and E
09/03/2024	Contact - Document Received- *Medication Physician Orders* for Resident B
09/03/2024	Exit Conference with licensee designee Sydney Pugh
09/03/2024	Inspection Completed-BCAL Sub. Compliance
09/03/2023	Corrective Action Plan Requested and Due on 09/13/2024
09/04/2024	Corrective Action Plan Received
09/04/2024	Corrective Action Plan Approved

ALLEGATION: Resident adult incontinence briefs are not changed as needed.

INVESTIGATION:

On 8/8/2024, I received this complaint through the Bureau of Community and Health Systems (BCHS) online complaint system. This complaint alleged residents are not changed as needed.

On 8/9/2024, I conducted an interview with direct care staff members Tiffany Zimmer and Jasmine Vallard and administrator Julie Jordan. Tiffany Zimmer stated she works part-time at the facility and works on weekends. Tiffany Zimmer stated she has never seen any residents left in soiled or dirty incontinence briefs. Tiffany Zimmer stated all residents are changed based on their shower and toileting schedule, changed as needed and checked every two hours to see if changes are needed. Tiffany Zimmer stated she typically changes residents when she wakes them up and before and after they eat meals which is three times per day. Tiffany Zimmer stated to her knowledge staff members are attending to resident personal care needs adequately and all residents are being changed as required.

Jasmine Vallard stated she has no knowledge of any resident having issues with getting changed as required and she believes staff members are following the shower schedule adequately and is consistent with providing routine checks of the residents every two hours. Jasmine Vallard further stated she recently received a phone call from a former employee who stated that they are trying to "pull up dirt" on the facility to get the facility in trouble. Therefore Jasmine Vallard believes this complaint is being made from a disgruntled employee who is making false accusations against the facility.

Julie Jordan stated she has not seen any resident not changed as required and all staff members respond to resident personal needs adequately. Julie Jordan stated there is a direct care staff member who works daily that specifically comes in to assist staff members with showering the residents and there are also home help providers that assist with showering and changing residents who participate in additional community services.

On 8/20/2024, I conducted an interview with Jodie Poyer from Hospice of Lansing who stated that she regularly visits the facility to visit and assist residents who are her patients and has found no issues with residents not being changed regularly. Jodie Poyer stated she is usually out to the facility about two to three times a week and there are other hospice staff members such as bath aids that comes out at least four times a week. Jodie Poyer stated she regularly observes many residents in the facility including residents who does not participate in hospice services when they are out in the common areas and has never found any concerns nor has she received any complaints made regarding residents in the facility.

On 9/3/2024, I conducted an onsite investigation at the facility with home care nurse Lisa Flower, licensee designee Sydney Pugh, direct care staff members Kaylee Capers,

Sandy Hill, and Resident B, C, D and E. Lisa Flower stated she was the original licensee of the facility and the current property owner. Lisa Flower stated she also provides home help nursing services to some of the residents in the facility and she has not found that residents are not getting changed adequately. Lisa Flower stated she believes staff members are attending to resident personal care needs routinely and she does not have any concerns.

Sydney Pugh stated she has not heard any complaints regarding residents not getting changed nor has she seen any evidence of residents not being changed regularly. Sydney Pugh stated she has been working regularly with the residents and has observed all residents to be changed on their shower days, according to the toileting schedule, and/or as needed. Sydney Pugh stated there are two to five staff members working daily including one staff member that comes in specifically to conduct showering task for the residents. Sydney Pugh further stated there are some residents who also receive bathing and toileting assistance from hospice due to their health and complex personal needs therefore additional supportive services are in place to ensure all resident bathing and changing needs are met.

Kaylee Capers and Sandy Hill both stated they have no knowledge of any resident not being changed adequately and have no reason to believe that staff members are not following the shower and toileting schedule and conducting routine checks of the residents every two hours.

While at the facility, I also interviewed Residents B, C, D, and E who all stated that they have not experienced any issues with getting changed or with staff members not attending to their personal care needs.

I also reviewed the facility's shower schedule and toileting schedule for all residents and found no concerns.

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:	Based on my investigation which included interviews with direct care staff members Tiffany Zimmer, Jasmine Vallard, Kaylee Capers, and Sandy Hill, Residents B, C, D and E, hospice nurse Jodie Poyer, home care nurse Lisa Flower, administrator Julie Jordan, and licensee designee Sydney Pugh, along with my review of the facility's shower schedule and toileting schedule there is no evidence to support the allegation residents are not changed as needed. According to Tiffany Zimmer, Jasmine Vallard, Kaylee Capers, Julie Jordan and Sydney Pugh all residents are changed as required and there have not been any issues with residents getting changed, toileting and taking showers on a routine basis. Lisa Flower and Jodie Poyer both visit the facility regularly and have not observed or heard of any issues with residents not getting changed. Residents B, C, D, and E also all stated they are changed regularly and have no concerns. Therefore resident personal needs are attended at all times.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: Staff member Tiffany Zimmer calls Resident A derogatory names.

INVESTIGATION:

This complaint also alleged staff member Tiffany Zimmer calls Resident A derogatory names.

On 8/9/2024, I conducted an interview with direct care staff members Tiffany Zimmer, Jasmine Vallard and administrator Julie Jordan. Tiffany Zimmer denied this allegation and stated that she has never mistreated Resident A in any way. Tiffany Zimmer stated she has a very good relationship with Resident A who likes to play a role-playing game with her where Resident A plays like she is the queen of England and talks with a British accent. Tiffany Zimmer stated during this game there is a script where Resident A curses a lot and calls Tiffany Zimmer names because she is considered a pretend peasant. Tiffany Zimmer stated sometimes Resident A will call her a "cunt" and Tiffany Zimmer says in response she will say "if I'm a cunt your cunt" which is part of the role-playing script they use. Tiffany Zimmer stated Resident A created the game and enjoys playing this game with her therefore she plays along since Resident A finds it humorous and entertaining. Tiffany Zimmer stated this is the only time she has used swear words with Resident A however it is done at the request of Resident A and in a joking manner.

Jasmine Vallard stated she has not witnessed Tiffany Zimmer mistreat Resident A however she did observe a role-playing game between Tiffany Zimmer and Resident A where they spoke in British accents and swore at each other at which time she heard Tiffany Zimmer use a derogatory name towards Resident A. Tiffany Zimmer stated the

derogatory name was not used in malice and Resident A laughed when she said it. Jasmine Vallard stated Resident A likes to engage in pretend play with Tiffany Zimmer and believes Tiffany Zimmer has a good relationship with Resident A therefore they joke and play with one another a lot.

Julie Jordan stated she has never seen any staff member including Tiffany Zimmer mistreat Resident A and has not received any complaints made regarding Resident A being mistreated. Julie Jordan stated to her knowledge Tiffany Zimmer interacts well with all the residents including Resident A.

On 8/20/2024, I conducted an interview with Jodie Poyer from Hospice of Lansing who stated that she has no knowledge of any resident in the facility being mistreated and has not observed any negative interactions between residents and staff members.

On 9/3/2024, I conducted an onsite investigation at the facility with home care nurse Lisa Flower, licensee designee Sydney Pugh, direct care staff members Kaylee Capers, Sandy Hill who all stated that they have not heard or seen Tiffany Zimmer mistreat Resident A in any way and has not observed her having negative interactions with residents. It should be noted, Resident A was not available to be interviewed due to meeting with a provider during my onsite visit.

APPLICABLE RULE	
R 400.15308	**Resident behavior interventions prohibitions.**
	(1) A licensee shall not mistreat a resident and shall not permit the administrator, direct care staff, employees, volunteers who are under the direction of the licensee, visitors, or other occupants of the home to mistreat a resident. Mistreatment includes any intentional action or omission which exposes a resident to a serious risk or physical or emotional harm or the deliberate infliction of pain by any means.

ANALYSIS:	Based on my investigation which included interviews with direct care staff members Tiffany Zimmer, Jasmine Vallard, Kaylee Capers, Sandy Hill, hospice nurse Jodie Poyer, home care nurse Lisa Flower, administrator Julie Jordan, and licensee designee Sydney Pugh there is no evidence to support the allegation staff member Tiffany Zimmer calls Resident A derogatory names. Kaylee Capers, Sandy Hill, Jodie Poyer, Lisa Flower, Julie Jordan and Sydney Pugh all stated they have not observed or heard of any complaints made regarding Resident A being mistreated by Tiffany Zimmer. Tiffany Zimmer denies this allegation and stated she has a very good relationship with Resident A and has only used swear words with Resident A when they are engaging in a pretend-play game that Resident A likes to engage in with her which Resident A finds to entertaining and humorous. Jasmine Vallard also confirms that Tiffany Zimmer has a good relationship with Resident A and engages in pretend role playing with Resident A that includes using swear words however she has never observed Tiffany Zimmer to mistreat or be mean to Resident A in any way.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: Resident B was not given a medication as prescribed.

INVESTIGATION:

This complaint also alleged Resident B was given a medication not as prescribed.

On 8/9/2024, I conducted an interview with direct care staff members Tiffany Zimmer and Jasmine Vallard who both stated that they have no knowledge that Resident B has not received any medications as prescribed and were not familiar with any medication errors that has taken place with residents.

I also conducted an interview with administrator Julie Jordan who stated on 6/14/2024 in the evening time she gave Resident B two as needed medications. Julie Jordan stated while administering these as needed medications, she realized that Resident B did not need to take the two medications because the medications were administered earlier that day and were prescribed "as needed" only and not a daily medication. Julie Jordan stated Resident B did not request the as needed medications however Julie Jordan stated she thought Resident B was supposed to take it along with her other evening medications. Julie Jordan stated she documented this as medication error on an incident report. Julie Jordan stated this is the only time Resident B took a medication not as prescribed.

On 8/9/2024, I reviewed the facility's *Incident Report* dated 6/14/2024 written by Julie Jordan which stated staff member Julie Jordan went to give Resident B her dinner pills

and as she put the pills in Resident B's mouth, she realized the Tylenol and Senna were as needed medications and did not need to be administered.

On 9/3/2024, I conducted an onsite investigation at the facility with licensee designee Sydney Pugh who stated that on 6/14/2024 she was notified by administrator Julie Jordan that she had given Resident B two as needed medications when administering Resident B's evening medications. Sydney Pugh stated Resident B usually asks for those two medications in the morning and did not ask for the medications when Julie Jordan administered them to her. Syndey Pugh stated she advised Julie Jordan to write an incident report since Resident B did not need to take the two medications that was given to her although she does have a standing order to take the medication when she needs them which is usually upon her request.

I also interviewed direct care staff members Kaylee Capers and Sandy Hill who both stated they have no knowledge of any resident, including Resident B, receiving the wrong medications or medications not as prescribed.

While at the facility, I also interviewed Resident B who state that she has never received the wrong medications and has always received her medications as prescribed. Resident B stated she has no concerns for the staff members, and she believes she receives good care.

While at the facility, I reviewed Resident B's Medication Administration Record (MAR) for June 2024, July 2024 and August 2024 along with her prescription medications in their original packaging from a locked in a cabinet. According to this MAR Resident B received Tylenol 500mg and Senna 50mg during the morning and evening on 6/14/24.

On 9/3/2024, I reviewed Resident B's *Medication Physician Standing Orders* dated 6/14/2024 signed by Dr. Ted Coy. According to this order, Resident B is prescribed to take Tylenol 500mg 1-2 tablets as needed for discomfort and Senna 50/8/6 mg 1 to 4 tablets as needed for constipation.

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:	Based on my investigation which included interviews with direct care staff members Tiffany Zimmer, Jasmine Vallard, Kaylee Capers, Sandy Hill, administrator Julie Jordan, licensee designee Sydney Pugh, Resident B, review of the facility's incident report, Resident B's MAR, physician orders, and Resident B's medications in their original packaging, there is evidence to support the allegation Resident B was given a medication not as prescribed. According to both Julie Jordan and Sydney Pugh, Resident B was administered two medications prescribed to take as needed, Tylenol 500mg and Senna 50mg, that was not requested by Resident B and that she did not need to take. According to Resident B's MAR, Resident B was administered Tylenol and Senna in the morning and evening on 6/14/2024.
CONCLUSION:	**VIOLATION ESTABLISHED**

On 9/3/2024, I conducted an exit conference with licensee designee Sydney Pugh. I informed Sydney Pugh of my findings and allowed her an opportunity to ask questions or make comments.

On 9/4/2024, I received and approved an acceptable corrective action plan.

IV. RECOMMENDATION

An acceptable corrective action plan was received; therefore, I recommend the current license status remain unchanged.

09/30/2024

Ondrea Johnson　　　　Date
Licensing Consultant

Approved By:

10/03/2024

Dawn N. Timm　　　　Date
Area Manager