GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 30, 2024

Amanda Kruczynski
Straits Area Senior Living Community
255 S. Airport Rd.
St. Ignace, MI 49781

RE: License #: AH490411476
Investigation #: 2025A1021006
Straits Area Senior Living Community

Dear Amanda Kruczynski:

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.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the authorized representative and a date.

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) 284-9730.

Sincerely,
Kimberly Horst

Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH490411476
Investigation #:	2025A1021006
Complaint Receipt Date:	10/15/2024
Investigation Initiation Date:	10/16/2024
Report Due Date:	12/14/2024
Licensee Name:	Straits Area Senior Living Community, Inc.
Licensee Address:	2979 County Road 413 McMillan, MI 49853
Licensee Telephone #:	(906) 984-2030
Administrator:	Annabelle Cosibitt
Authorized Representative:	Amanda Kruczynski
Name of Facility:	Straits Area Senior Living Community
Facility Address:	255 S. Airport Rd. St. Ignace, MI 49781
Facility Telephone #:	(906) 984-2030
Original Issuance Date:	05/15/2023
License Status:	REGULAR
Effective Date:	11/15/2023
Expiration Date:	11/14/2024
Capacity:	48
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Resident A did not receive timely medical attention.	Yes
Additional Findings	No

III. METHODOLOGY

10/15/2024	Special Investigation Intake 2025A1021006
10/16/2024	Special Investigation Initiated - Telephone interviewed Authorized representative
10/17/2024	Contact - Document Received Received Resident A documents
10/21/2024	Contact-Telephone call made Interviewed SP1
10/30/2024	Exit Conference

ALLEGATION:

Resident A did not receive timely medical attention.

INVESTIGATION:

On 10/15/2024, the licensing department received a complaint with allegations Resident A had an untreated urinary tract infection (UTI). The complainant alleged on 09/22/2024, staff charted Resident A was red in her private area. The complainant alleged on 10/04 and 10/05 staff charted that same resident was still red and had a rash going down her inner thighs. The complainant alleged on 10/12, a urinalysis analysis (UA) was sent out but on 10/14, there was still no diagnosis for Resident A.

On 10/16/2024, I interviewed authorized representative Amanda Kruczynski by telephone. Ms. Kruczynski reported Resident A recently started on medication for a UTI. Ms. Kruczynski reported it took a few days to get the medication started as the facility was waiting to get ahold of Relative A1 and Resident A's physician. Ms. Kruczynski reported the facility wanted to see what Relative A1 wanted to do before going to the physician. Ms. Kruczynski reported it was unclear Resident A's behaviors were from a medical condition or because a new resident moved into the

facility. Ms. Kruczynski reported after a few days of waiting, the physician was contacted for an order.

On 10/17/2024, I received correspondence from administrator Annabelle Cosibitt. Ms. Cosibitt reported,

> *"The first documentation related to (Resident A) in September was on the 14th when it was observed and placed into communications that (Resident A) had redness to her groin area and to place cream on the areas. The next documentation was September 27th related to "behaviors" that (Resident A) started having. On October 8th it was noted by Amanda that (Resident A) appeared to be scratching the tops of her legs/thigs again. I was made aware and assessed the tops of her legs on the 8th and recommended over the counter lotion or A&D ointment to help with the dryness of her legs. Staff started applying the A&D ointment. On October 12th it was noted that (Resident A) had redness/rash in her groin and she appeared to be digging in her groin. It was also communicated to Amanda during the weekend that she wasn't feeling well and seemed sluggish. Her behaviors were different and increased. On October 14th Amanda called (Resident A's) doctor getting an order for a urinalysis which was collected and delivered to lab by Amanda on the 14th. Yesterday (Resident A) was started on an antibiotic for UTI. As of today, (Resident A) remains clear of any redness, rash, or scratches upon Amanda's assessment. "(Resident A) does have a history of disruptive behaviors/outbursts which wax and wane. (Resident A) has the medical condition of restless leg syndrome (RLS) which can keep (Resident A) up at night and add to increased disruptive behaviors. On August 20th (Resident A) had a medication change to help with symptoms of RLS. On September 23rd dosing was increased, and an additional medication was added to help with agitation at night. On October 8th, Benadryl was also added to her MAR to help with sleep if needed. As mentioned above, (Resident A's) behavior was different, more sluggish, and (Resident A) seemed not to feel well and the PCP was contacted. There were 7 calls made and documented to (Relative A1) since September 14th related to concerns about (Resident A) with no answer/response. Six of these calls have been made between October 2nd – 14th. This is very common that (Relative A1) does not respond to calls."*

On 10/21/2024, I interviewed staff person 1 (SP1) by telephone. SP1 reported in the first part of October 2024, Resident A was not acting herself and management was made aware. SP1 reported again on 10/11/2024, Resident A had increased behaviors and was not acting herself. SP1 reported staff encouraged management to get a UA test ordered. SP1 reported on 10/12 and 10/13, staff contacted management regarding Resident A's behavior and staff were to contact Relative A1. SP1 reported Relative A1 did not answer the phone. SP1 reported on Monday 10/14/2024, in the afternoon, management finally called the PCP office to get the UA test ordered. SP1 reported Resident A's physician does not see Resident A in the facility. SP1 reported for a UA test, management must contact the office to get the

test ordered. SP1 reported Resident A had increased behaviors and redness was noted for days prior to the ordering of the UA test.

I reviewed Resident A's progress notes. The notes read,

"09/14: Resident is extremely red in crotch area and on legs. Please be checking and applying cream often.
09/27: Resident was yelling with her eyes closed and when staff asked what she was doing she said she was sleeping but when staff asked fi she knew she was yelling she smiled and acted like she knew she shouldn't be doing that. She said she wouldn't yell anymore. Called (Relative A1) no answer.
10/02: Screamed in her room most of the shift. When staff asked, she said her knees were jumpy, and she wanted to go to bed. Staff offered alternatives to screaming, like walking around, coloring, or drinking some water. (Resident A) would listen and go back to screaming a few minutes later. Called (Relative A1) no answer.
10/08: Resident was yelling multiple different times. About her blanket being on the ground, about "nothing." She wanted me to stay in her room with her. She was having a hard time sleeping but said it wasn't her legs she just wasn't tired. Called (Relative A1). Resident is still really red and now has a rash on her inner thighs.
10/10: Continues to scream and yell over unnecessary things. Yelling loud down the hall. Called (Relative A1) but no answer.
10/11: (Resident A) sits on her floor and yells, "I can't get up!!" She does it over and over. Called (Relative A1) but no answer.
10/14: Continuing to scream and cry. Not pulling her cord. Behavior getting worse. Called (Relative A1) no answer.
10/15: (Resident A) is now taking an antibiotic for her UTI for 7 days and her Bactrim will be on hold till after."

APPLICABLE RULE	
R 325.1921	**Governing bodies, administrators, and supervisors.**
	(1) The owner, operator, and governing body of a home shall do all of the following: **(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.**
For Reference: R 325.1901	**Definitions.**
	(p) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm,

	humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.
ANALYSIS:	Interviews conducted and review of documentation revealed Resident A exhibited increased behaviors and redness was noted as early as 09/14/2024. The facility provided over the counter ointment and contacted Relative A1 multiple times with no return call. Resident A's PCP was not contacted until the afternoon hours of 10/14/2024 for a UA test order. The facility did not act in a timely manner to ensure the protection and safety of Resident A.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

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

Kimberly Horst 10/21/2024

Kimberly Horst Date
Licensing Staff

Approved By:

Andrea L. Moore 10/30/2024

Andrea L. Moore, Manager Date
Long-Term-Care State Licensing Section