



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 24, 2024

Rose Spano
Brookdale Senior Living Communities, Inc.
105 Westwood Place
Brentwood, TN 37027

RE: License #: AL230079864
Investigation #: 2024A1024052
Brookdale Delta AL

Dear Rose Spano:

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 responsible party 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 (616) 356-0183.

Sincerely,

A handwritten signature in black ink that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health System
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL230079864
Investigation #:	2024A1024052
Complaint Receipt Date:	09/04/2024
Investigation Initiation Date:	09/06/2024
Report Due Date:	11/03/2024
Licensee Name:	Brookdale Senior Living Communities, Inc.
Licensee Address:	105 Westwood Place Brentwood, TN 37027
Licensee Telephone #:	(615) 221-2250
Administrator:	Rose Spano
Licensee Designee:	Rose Spano
Name of Facility:	Brookdale Delta AL
Facility Address:	7323 Delta Commerce Lansing, MI 48917
Facility Telephone #:	(517) 327-5566
Original Issuance Date:	03/17/1998
License Status:	REGULAR
Effective Date:	07/03/2023
Expiration Date:	07/02/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED

II. ALLEGATION(S)

	Violation Established?
Resident A sits in soiled adult diapers for an extended timeframe.	No
Resident A does not receive medications as prescribed.	Yes
Additional Findings	Yes

III. METHODOLOGY

09/04/2024	Special Investigation Intake 2024A1024052
09/06/2024	APS Referral already involved
09/06/2024	Special Investigation Initiated – Telephone with Adult Protective Specialist (APS) Holly Frank
09/19/2024	Inspection Completed On-site with direct care staff members Ann Smith, Deb Iahman, Amanda Stanke, Jalen Fletcher, Kimaria Sumner and Resident A
09/25/2024	Contact-Telephone call made with authorized representative Mary North
10/22/2024	Contact - Telephone call made with Relative A1
10/22/2024	Exit Conference with authorized representative Mary North and executive director Ann Smith
10/22/2024	Inspection Completed-BCAL Sub. Compliance
10/22/2024	Corrective Action Plan Requested and Due on 11/06/2024

ALLEGATION: Resident A sits in soiled adult diapers for an extended timeframe.

INVESTIGATION:

On 9/4/2024, I received this complaint through the Bureau of Community and Health Systems (BCHS) online complaint system. This complaint alleged Resident A sits in soiled adult diapers for an extended timeframe.

On 9/6/2024, I conducted an interview with APS Specialist Holly Frank who stated that she investigated this allegation and found no substantial evidence to support this claim.

Holly Frank stated Resident A reported to her that she performs her activities of daily living independently and although she has occasional accidents due to incontinence, she denies any issues with performing toileting task or receiving assistance from staff when needed.

On 9/19/2024, I conducted an onsite investigation at the facility with direct care staff members Ann Smith, Deb lahman, Amanda Stanke, Jalen Fletcher, and Kimaria Sumner who denied this allegation and stated that they no knowledge of Resident A sitting in soiled adult incontinence briefs for an extended timeframe. These staff members also stated Resident A performs her own personal care needs independently and will ask for help if she needs assistance. In addition, these staff members stated over the past couple of months Resident A has been in and out of the psychiatric hospital due to her exhibiting unusual manic behaviors which included two incidents of her voluntarily urinating on herself without notifying staff members however staff members were able to assist Resident A in a timely manner during both incidents due to routine checks performed by staff members. Deb lahman stated Resident A will try to seek attention from staff members by demonstrating negative behaviors when she is not able to get in touch with her relatives. Deb lahman, Amanda Stanke, Jalen Fletcher, Kimaria Sumner all stated although Resident A is independent in performing her own toileting task and that staff members conduct routine hourly checks to ensure sure Resident A is not in need of personal care assistance.

While at the facility, I also conducted an interview with Resident A who denied this allegation and stated she does not have any issues with changing her adult incontinence briefs. Resident A stated she has accidents occasionally because she is incontinent but she can change herself or will seek assistance if needed. Resident A stated she likes living in the facility and has no concerns.

While at the facility I also reviewed Resident A's *Personal Service Plan* (assessment plan) which stated that Resident A is incontinent of the bladder but does not require bathroom assistance. It further stated that Resident A is independent with all toileting task and hygiene. It stated Resident A use incontinence products which she can manage herself.

On 10/22/2024, I conducted an interview with Relative A1 who stated that he visits Resident A regularly and have never seen or heard any of issues regarding Resident A sitting in soiled adult diapers or not getting her toileting needs met. Relative A1 stated Resident A has been experiencing some psychological issues which she has been hospitalized for and this is something she continues to deal with which includes relocating to an alternative facility equipped to manage her mental health needs. Relative A1 stated he has no concerns for the facility.

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 my investigation which included interviews with APS Specialist Holly Frank, direct care staff members Ann Smith, Deb lahman, Amanda Stanke, Jalen Fletcher, Kimaria Sumner, Resident A, Relative A1 and review of Resident A's assessment plan, there is no evidence Resident A sits in soiled adult diapers for an extended timeframe. Ann Smith, Deb lahman, Amanda Stanke, Jalen Fletcher, Kimaria Sumner all stated they had no knowledge of Resident A sitting in soiled adult diapers for an extended timeframe and stated Resident A performs her own personal care needs independently and will ask for help if she needs assistance. Deb lahman, Amanda Stanke, Jalen Fletcher, Kimaria Sumner also all stated although Resident A is independent in performing her own toileting task, staff members conduct routine hourly checks to ensure sure Resident A is not in need of personal care assistance. Resident A and Relative A1 also denied this allegation and report no concerns. In addition, according to Resident A's assessment plan Resident A is independent with all toileting task and uses incontinence products which she is able to manage herself.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Resident A does not receive medications as prescribed.

INVESTIGATION:

This complaint also alleged Resident A does not receive medications as prescribed. The complaint further stated Resident A gets the wrong medications.

On 9/6/2024, I conducted an interview with APS Specialist Holly Frank who stated that she investigated this allegation and found no substantial evidence to support this claim. Holly Frank stated that there have been no reported incidents by staff, Resident A or from family members regarding Resident A getting the wrong medications or not getting medications as prescribed.

On 9/19/2024, I conducted an onsite investigation at the facility with direct care staff members Ann Smith, Deb lahman, Amanda Stanke, Jalen Fletcher, and Kimaria Sumner who all stated they have no knowledge of Resident A not getting her medications as prescribed and stated that Resident A is compliant when taking her

medications without incident. These staff members also stated Resident A has had recent medication adjustments due to mental health and medical changes however all medications are administered according to physician's instructions.

While at the facility, I also conducted an interview with Resident A who stated that she takes a lot of medications, and she has not been given the wrong medications. Resident A stated she takes her medications as prescribed.

While at the facility I also reviewed Resident A's *Medication Administration Record* (MAR) for months July 204 to September 2024 and her medications in its original packaging. During my review I found that Resident A is prescribed to take Loperamide HCl Oral Capsule 2 MG as needed, Hydrocortisone External Cream 1% as needed, and Milk of Magnesia Oral Suspension 400 Mg as needed however these medications were not available in the facility for the department to review. I found no other medication errors.

On 10/22/2024, I conducted an interview with Relative A1 who stated that during this visit with Resident A he never seen or heard about any issues with Resident A receiving the wrong medications or not getting medications as prescribed.

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 my investigation which included interviews with APS Specialist Holly Frank, direct care staff members Ann Smith, Deb lahman, Amanda Stanke, Jalen Fletcher, Kimaria Sumner, Resident A, Relative A1 and review of Resident A's MAR and original medications there is evidence to support the allegation Resident A does not receive medications as prescribed. Ann Smith, Deb lahman, Amanda Stanke, Jalen Fletcher, and Kimaria Sumner, and Relative A1 all stated they have no knowledge of Resident A not getting her medications as prescribed and stated that Resident A is compliant when taking her medications without incident. During my review of Resident A's MAR from July 2024 to September 2024, I found that Resident A is prescribed to take Loperamide HCl Oral Capsule 2 MG as needed, Hydrocortisone External Cream 1% as needed, and Milk of Magnesia Oral Suspension 400 Mg as needed however these medications were not available in the facility for the department to review therefore Resident A would not be able to take these medications as prescribed since they are not available to her to take.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

While at the facility, Ann Smith stated that she is the new executive director as of April 2024 and acting as the new administrator and license designee for the facility. Ann Smith stated she has not had any communications with LARA for this appointment of administrator and licensee designee to be approved and it is unknown if anyone from the facility reported organizational changes.

On 9/25/2024, I conducted an interview with Mary North who stated that she is the authorized representative for other Brookdale properties that are Home for the Aged. Mary North stated she believes Ann Smith attempted to send appropriate forms to LARA to seek approval for administrator and licensee designee appointment however the form was not received.

APPLICABLE RULE	
R 400.15103	Licenses; required information; fee; effect of failure to cooperate with inspection or investigation; posting of license; reporting of changes in information.
	(5) An applicant or licensee shall give written notice to the department of any changes in information that was previously submitted in or with an application for a license, including any changes in the household and in personnel-related information, within 5 business days after the change occurs.
ANALYSIS:	Ann Smith stated that she is the new executive director as of April 2024 and acting as the new administrator and license designee for the facility. Ann Smith stated she has not had any communications with LARA for this appointment of administrator and licensee designee to seek approved and it is unknown if anyone from the facility reported organizational changes. It should be noted, no organizational changes were reported to LARA to reflect the facility's new licensee designee and administrator appointment therefore this facility currently does not have an administrator and licensee designee approved by the department.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

While at the facility, I reviewed Resident A's *Assessment Plan for AFC Residents* and noted it did not have any signatures or dates to verify that Resident A and the licensee designee reviewed the assessment plan together.

APPLICABLE RULE	
R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

ANALYSIS:	While at the facility, I reviewed Resident A's assessment plan which did not have any signatures or dates to verify that Resident A and the licensee designee reviewed the assessment plan together.
CONCLUSION:	VIOLATION ESTABLISHED

On 10/22/2024, I conducted an exit conference with authorized representative Mary North and Ann Smith. I informed Mary North and Ann Smith of my findings and allowed them an opportunity to ask questions and make comments.

IV. RECOMMENDATION

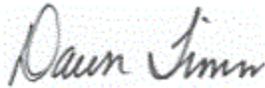
Upon an acceptable corrective action plan, I recommend the current license status remain unchanged.



Ondrea Johnson
Licensing Consultant

10/22/2024
Date

Approved By:



10/24/2024

Dawn N. Timm
Area Manager

Date