



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 21, 2024

Sharon Cuddington
Trinity Continuing Care Services
Suite 200
20555 Victor Parkway
Livonia, MI 48152

RE: License #:	AL610260125
Investigation #:	2025A0356006
	Sanctuary at the Oaks #2

Dear Ms. Cuddington:

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 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. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Elliott".

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL610260125
Investigation #:	2025A0356006
Complaint Receipt Date:	09/13/2024
Investigation Initiation Date:	09/13/2024
Report Due Date:	11/12/2024
Licensee Name:	Trinity Continuing Care Services
Licensee Address:	20555 Victor Parkway Suite 200 Livonia, MI 48152
Licensee Telephone #:	(810) 989-7492
Administrator:	Julie Treakle
Licensee Designee:	Sharon Cuddington
Name of Facility:	Sanctuary at the Oaks #2
Facility Address:	2nd Floor 1740 Village Drive Muskegon, MI 49442-4282
Facility Telephone #:	(231) 672-2700
Original Issuance Date:	04/21/2005
License Status:	REGULAR
Effective Date:	11/23/2023
Expiration Date:	11/22/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED, ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The facility is insufficiently staffed.	No
Resident A's personal care is not attended to by staff at the facility.	Yes

III. METHODOLOGY

09/13/2024	Special Investigation Intake 2025A0356006
09/13/2024	Special Investigation Initiated - Telephone Anonymous complainant.
09/13/2024	Contact - Document Received
09/25/2024	APS Referral Ken Beckman, APS worker.
10/09/2024	Inspection Completed On-site
10/09/2024	Contact - Face to Face Julie Treakle, administrator and Christie Vojtko, RN.
10/09/2024	Contact - Document Received Facility documents.
10/22/2024	Contact - Face to Face Julie Treakle, admin and Angela Hicks, RN. Reviewed documents.
11/14/2024	Contact - Face to Face Residents A, B, C and Staff, Damyeya Wallace, Myeisha Anderson and Tina Howell.
11/14/2024	Contact-Telephone call made Michelle Nelson-Senior Resources, social worker. Relative #1
11/19/2024	Exit conference-Sharon Cuddington, Licensee Designee.

ALLEGATION: The facility is insufficiently staffed.

INVESTIGATION: On 09/13/2024, I received a LARA-BCHS (Bureau of Community Health Systems) complaint. The complainant reported that the facility is insufficiently staffed.

On 09/13/2024, I interviewed the complainant via telephone. The complainant reported the facility is does not have enough staff on duty and when staff call in, management does not step in or find other staff to cover for the staff that calls in.

On 10/09/2024, I conducted an unannounced inspection at the facility and interviewed Julie Treakle, administrator and Christi Vojtko, RN in the office. Ms. Treakle and Ms. Vojtko stated there are 18 residents and two staff working the floor on first and second shifts and one staff on third shift. Ms. Treakle and Ms. Vojtko stated there are no residents who require two-person assists in this facility. Residents are mobile and do not require a high level of care. Ms. Treakle and Ms. Vojtko acknowledged that staff turnover and staff call-ins are a constant issue, but they have enough staff to cover shifts and make sure resident care and supervision needs are met.

On 10/09/2024, I reviewed staff schedules, and the schedules documented two staff on 1st and 2nd shifts and one staff on 3rd shift.

On 10/22/2024, I conducted an inspection at the facility and reviewed Residents A through R's assessment plans with Angela Hicks, RN. The assessment plans document the residents have varying degrees of ambulation and none of the residents require a two-person assist to complete any of their ADLs (activities of daily living) or the use of a Hoyer lift to transfer. The assessment plans document some residents require one-person assistance with showering, bathing, grooming, personal hygiene and/or dressing but none are documented as requiring more staff than a one-person assist. The assessment plans do not document that any of the residents require a higher level of supervision.

On 10/22/2024, I reviewed Residents A through R's Resident Care Agreements. The Resident Care Agreements document residents shall receive basic services as described and documented in the assessment plan. The Resident Care Agreement does not document any additional services provided at the facility beyond the care documented on the residents assessment plan.

On 11/14/2024, I interviewed Resident A & C in their rooms at the facility. Resident A & C stated staff check on them but are not always readily available to provide care or do not return in a timely manner or at all to provide care such as showering and toileting.

On 11/14/2024, I interviewed Resident B in her room at the facility. Resident B stated she is satisfied with the care she receives in the facility and staff are available when she needs assistance.

On 11/14/2024, I interviewed Direct Care Worker (DCW) Damyeya Wallace, 2nd shift at the facility. Ms. Wallace stated there are always two staff on duty on this shift and 1st shift and one staff on duty for 3rd shift and resident care needs are being met.

On 11/14/2024, I interviewed DCW Myeisha Anderson, 2nd shift worker at the facility. Ms. Anderson stated there are two people on this shift each day and the personal care needs of the residents are met.

On 11/14/2024, I interviewed DCW Tina Howell, 3rd shift worker at the facility. Ms. Howell stated there are always two staff on 1st and 2nd shifts and one DCW on 3rd shift and resident care needs are being met on her shift.

On 11/21/2024, I conducted an exit conference with Sharon Cuddington, Licensee Designee via telephone. Ms. Cuddington stated she understands and agrees with the information, analysis, and conclusion of this applicable rule.

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:	<p>The complainant reported the facility is insufficiently staffed.</p> <p>Resident A & C reported staff check on them but do not always provide timely care.</p> <p>Based on investigative findings through a review of resident assessment plans, resident care agreements, and staff & resident interviews, there is a preponderance of evidence to show there is sufficient direct care staff on duty to provide resident supervision and care according to the information documented on the resident care agreements and assessment plans. Therefore, a violation of this applicable rule is not established.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Resident A's personal care needs are not attended to.

INVESTIGATION: On 09/25/2024, I received a LARA-BCHS (Bureau of Community Health Systems) complaint. The complainant reported Resident A is a part of the Waiver Program and is supposed to be receiving assistance with showers twice a

week. The complainant reported that Resident A had one shower during the month of August and has not had any showers in September causing Resident A to develop a yeast rash on her lower abdomen that required medical treatment. The complainant reported that Resident A requests a shower when staff come in to assist with other things, and she is told that she will get a shower if there is time, but they never seem to have the time. The complainant reported Resident A has sought help from administrators, but this issue has not been resolved. Ken Beckman, Adult Protective Services worker has an open investigation.

On 10/09/2024, I conducted an unannounced inspection at the facility and interviewed Ms. Treakle and Ms. Vojtko, RN. Ms. Treakle and Ms. Vojtko stated Resident A's shower schedule is maintained by staff but Resident A refuses often. Staff continue to offer and attempt to give Resident A a shower according to her shower schedule.

On 10/22/2024, I reviewed the shower logs for August and September 2024. The Shower logs for August documented staff signatures that Resident A received a shower five times during the month. The August shower log documented Resident A refused a shower three times during the month. If Resident A was showered each day on her shower day, she would have received nine showers during the month of August. The shower log for September documented Resident A received a shower two times during the month and refused both times. If Resident A was showered each day on her shower day, she would have received eight showers during the month of September.

On 10/22/2024, I interviewed Angela Hicks, RN at the facility. Ms. Hicks stated staff attempt to keep Resident A's shower schedule, but she refuses care often. Ms. Hicks stated Resident A had a yeast rash on her lower abdomen that was being treated with Nystatin powder.

On 10/22/2024, I reviewed the assessment plan for Resident A. The assessment plan documented Resident A requires staff assistance with bathing and explains, 'full care 2x week, hour plus.'

On 11/14/2024, I interviewed Resident A in her room at the facility. Resident A was clean and dressed appropriately. Resident A stated she paid to have her hair washed at the beauty shop today because staff have not washed her hair in a while, and it needed washing. Resident A stated she requires standby assistance while showering. Resident A stated she is scheduled to receive a shower on Tuesday's and Friday's, but it does not always happen and that is why she paid to have her hair washed today. Resident A admitted there are times when she refused to take a shower when staff come to her room to assist her but, she is not refusing altogether, the showers she refuses is not because she does not want to take a shower, she would like to take a shower at a different time. Resident A stated often, staff either do not come to shower her at all or they check in and if she is not ready right then, they say they will come back and then never return to shower her. Resident A stated

a month ago she had all her shower items set out and they sat in the bathroom for four days and no one came to shower her. Resident A stated finally, staff put her shower items away and she still did not get a shower. Resident A stated she did not receive a shower the entire month of August and ended up with a serious yeast rash on her lower abdomen that required a trip to urgent care and prescription medication. Resident A stated she has not discussed this with the facility administrator but talks to Relative #1 about the issues she has at the facility.

On 11/14/2024, I interviewed Resident B in her room at the facility. Resident B stated she is satisfied with the care she receives in the facility and staff assist her with the ADL's she requires.

On 11/14/2024, I interviewed Resident C in her room at the facility. Resident C stated overall her care at the facility is adequate. Resident C stated she does not always get a shower per her shower schedule. Resident C stated her shower days are set for Tuesday, Thursday and Saturdays and her showers are not done because she "refuses sometimes" but also due to "staff not coming around" to assist her with showering. Resident C stated she has been stranded on the toilet for an hour before because she needed staff assistance, and it took forever for them to get there to assist her.

On 11/14/2024, I interviewed Ms. Wallace, at the facility. Ms. Wallace stated staff provide care to the residents including providing Resident A and C with showers. Ms. Wallace stated staff check on all residents, including Resident A & C every two hours, and we ask Resident A if she wants a shower and sometimes, staff waits for Resident A to ask staff to take a shower because she refuses often or waits until shift change or the end of a shift to tell staff that she is ready to take a shower. Ms. Wallace stated she has offered to give Resident A a shower at 5:30p.m. even though her shift ends at 6:00p.m. just so Resident A has a shower.

On 11/14/2024, I interviewed Ms. Anderson, at the facility. Ms. Anderson stated Resident A can be difficult and refuses showers and personal care. Ms. Anderson stated there was a few weeks where Resident A did not take a shower because she refused every time staff offered.

On 11/14/2024, I interviewed Ms. Howell, at the facility. Ms. Howell stated she usually works 3rd shift, and showers are not given to residents on 3rd shift. Ms. Howell stated she has never seen residents dirty or with greasy hair however, she worked 1st shift for 1 ½ weeks and never saw showers being given to residents. Ms. Howell stated staff offer to shower the residents during their showering times but if they refuse, staff may not circle back around to re-check when residents are ready for showering. Ms. Howell stated there are good hands-on workers and others not, so it is possible that some resident showers are missed.

On 11/14/2024, I interviewed Relative #1, Resident A's relative via telephone. Relative #1 stated she thinks staff at the facility are trying but staff turnover is huge

and affecting Resident A's care. Relative #1 stated all last week, Resident A did not have a shower, and Resident A does not refuse showers as much as staff report she does. Relative #1 stated Resident A did not have a shower the entire month of August and while Resident A is not the easiest person to deal with, she knows she needs to take showers because she gets yeast rashes on her lower abdomen that get bad and recently, required evaluation and treatment at urgent care.

On 11/14/2024, I interviewed Michelle Nelson, Senior Resources Medicaid Waiver social worker/case manager for Resident A, via telephone. Ms. Nelson stated she requested a shower log for September, and it was signed by staff every day, documenting that a shower was given every day to Resident A. Ms. Nelson stated Senior Resources, Medicaid Waiver program pays the facility to provide a 70-minute shower to Resident A twice weekly, they do not pay the facility through the Medicaid Waiver program to provide a shower every day to Resident A. Ms. Nelson stated on 09/25/2024, she received a telephone call from Relative #1 who reported that Resident A had gotten one shower since August and Resident A had an open yeast rash on her abdomen due to lack of personal care. Ms. Nelson stated Resident A had to go to Urgent Care for treatment and medications due to the yeast rash. Ms. Nelson stated the rash indicated poor personal care because if the area was regularly washed and cleaned, Resident A would not have gotten it.

On 11/21/2024, I conducted an exit conference with Sharon Cuddington, Licensee Designee via telephone. Ms. Cuddington stated she understands the information, analysis, and conclusion of this applicable rule. Ms. Cuddington stated she will review the report and findings with the administrator Ms. Treakle and submit an acceptable corrective action plan.

APPLICABLE RULE	
R 400.14303	Resident care; licensee responsibilities.
	(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.
ANALYSIS:	<p>The complainant reported Resident A is a part of the Waiver Program and is supposed to be receiving assistance with showers twice a week, but staff are not giving Resident A showers as scheduled.</p> <p>Ms. Treakle, Ms. Vojtko and Ms. Hall stated staff try to maintain Resident A's shower schedule, but she refuses cares often.</p> <p>Shower logs document Resident A's showers and refusals but the logs do not document either a shower was given, or</p>

	<p>Resident A refused twice weekly as documented in Resident A's assessment plan.</p> <p>Resident A & C stated their shower schedule is not maintained by staff at the facility. Resident B reported her care is completed by staff at the facility.</p> <p>Ms. Wallace, Ms. Anderson and Ms. Howell stated staff try to maintain Resident A's showering schedule, but she often refuses.</p> <p>Relative #1 and Ms. Nelson stated Resident A does not receive showers as required.</p> <p>Based on investigative findings, there is a preponderance of evidence to show that Resident A is not receiving personal care in the way of regular showering as documented in her assessment plan and therefore, a violation of this rule is established.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

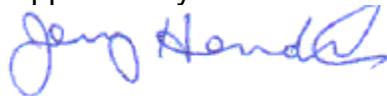


11/21/2024

Elizabeth Elliott
Licensing Consultant

Date

Approved By:



11/21/2024

Jerry Hendrick
Area Manager

Date