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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

October 9, 2024

Tracey Holt Hearthside Assisted Living 1501 W. 6th Ave. Sault Ste. Marie, MI 49783

> RE: License #: AH170271455 Investigation #: 2024A1035082

> > Hearthside Assisted Living

#### Dear Tracey Holt:

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 (517) 284-9730.

Sincerely,

Jennifer Heim, Licensing Staff

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

(313) 410-3226

enclosure

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

# I. IDENTIFYING INFORMATION

License #:	AH170271455
Investigation #:	2024A1035082
mvestigation #.	2024A1033002
Complaint Receipt Date:	09/09/2024
	00/00/0004
Investigation Initiation Date:	09/09/2024
Report Due Date:	11/09/2024
Licensee Name:	Superior Health Support Systems
Licensee Address:	Suite 120
Licensee Address.	1501 W. 6th Ave.
	Sault Ste. Marie, MI 49783
	(000) 000 0000
Licensee Telephone #:	(906) 632-9886
Administrator:	Tracey Holt
Authorized Representative:	Tracey Holt
Name of Facility:	Hearthside Assisted Living
rume of Fuomity.	Treathload Accided Living
Facility Address:	1501 W. 6th Ave.
	Sault Ste. Marie, MI 49783
Facility Telephone #:	(906) 635-6911
r domey recognisms m	(666) 666 6611
Original Issuance Date:	08/01/2006
Licence Status:	REGULAR
License Status:	REGULAR
Effective Date:	11/03/2023
Expiration Date:	11/02/2024
Capacity:	64
Program Type:	AGED

#### II. ALLEGATION(S)

Violation	
Established?	)

Resident A was forced to take shower.	Yes
Additional Findings	No

#### III. METHODOLOGY

09/09/2024	Special Investigation Intake 2024A1035082
09/09/2024	Special Investigation Initiated - Letter
09/11/2024	Contact - Face to Face
12/2/2024	Inspection Complete BCAL Sub-Compliance
12/16/2024	Exit Conference:

### **ALLEGATION:**

Resident A was forced to take a shower.

#### **INVESTIGATION:**

On September 9, 2024, the Department received a complaint forwarded from Adult Protective Services (APS) which read:

"Staff was dragging Resident A and being verbal and physically abusive. Resident A was physically abused by 3 staff members. On Thursday there were jokes being made about what happened to Resident A."

On September 11, 2024, an onsite investigation was conducted. While onsite I interviewed Staff Person (SP)1 who states Resident A refused a shower two times, the facility policy are to make Residents take a shower at least once a week. SP1 provided video surveillance of events for writer, Officer Brooks, and Joelene Bellinger Adult Protective Service to review. SP1 unable to produce a policy to support this practice.

While onsite I interviewed SP2 states she was asked to assist with the shower. Resident A had declined two shower and needed to take a shower. SP2 states she assisted SP1 "armed and armed" Resident A guiding her out of the recliner and guided

her down the hall towards the shower. SP3 grabbed a wheelchair related to Resident A being resistant and starting to lower to the ground.

While onsite I interviewed SP4 who states she assisted with the shower where Resident A became happy when they got her in the shower.

While onsite I interviewed SP5 who states she was just passing by during the event and had nothing to do with the incident.

While onsite myself and Officer Brooks interviewed Resident A who states she feels her rights had been violated. Resident A states "by definition I technically had been abused but don't feel it was their intent to abuse me." Resident A states she feels safe in home and the staff provide good care. Resident A states she is afraid of showers and has a fear of falling. Resident A continues to state "I was resistant I did not want a shower, and I pushed back. I think they violated my right to refuse."

Through interview Resident A states, she primarily takes sponge baths and a full shower on occasion. Resident A states "I don't get dirty sitting around doing nothing." Resident A voiced concerns related to becoming cold in the shower and falling.

On September 24, 2024, a phone interview was conducted with SP3 who states she assisted with giving shower to Resident A. Resident A was resistant to begin with then became happy during shower.

Through record review and interview Resident A services plan was developed upon admission without interviewing Resident A. Service plan states "Doesn't like showers, would like bed baths 2xwk." Resident A is A&Ox3 with reported forgetfulness. Resident A is able to make needs known and answers questions appropriately.

Through record review Resident A moved into Hearthside Assisted Living August 2, 2024. Facility unable to provide Activities of Daily Living Log (ADL Log) for the month of August. ADL log for September indicates Resident A received a shower 9/3/24 with two staff members initials and 9/9/2024. Documentation 9/4/2024 indicates Resident A states she "does not feel safe and no longer wants to live here" Resident A requested pain medications related to shoulder pain. Staff person noted new red areas on back and neck. No documentation was noted on alternate methods of assisting Resident A with shower or ADL care. No documentation noted on shower refusals and methods taken to provide ADL care.

Through video review it was noted that two staff members placed their arm under Resident A's arms forcing her to a standing position guiding her out of the common area and down the hall. SP3 grabbed a wheelchair and brought in the direction SP1, SP2, and Resident A. Resident A observed in wheelchair being wheeled down the hall backward into a room.

APPLICABLE RULE	
MCL 333.20201	Policy describing rights and responsibilities of patients or residents; adoption; posting and distribution; contents; additional requirements; discharging, harassing, retaliating, or discriminating against patient exercising protected right; exercise of rights by patient's representative; informing patient or resident of policy; designation of person to exercise rights and responsibilities; additional patients' rights; definitions.
	(2) The policy describing the rights and responsibilities of patients or residents required under subsection (1) shall include, as a minimum, all of the following:  (e) A patient or resident is entitled to receive adequate and appropriate care, and to receive, from the appropriate individual within the health facility or agency, information about his or her medical condition, proposed course of treatment, and prospects for recovery, in terms that the patient or resident can understand, unless medically contraindicated as documented in the medical record by the attending physician or a physician's assistant to whom the physician has delegated the performance of medical care services.
ANALYSIS:	Through record review and interview, Resident A's rights had not been honored. Based on the information noted above this allegation has been substantiated.
CONCLUSION:	VIOLATION ESTABLISHED

# IV. RECOMMENDATION

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

10/09/2024

Jennifer Heim, Health Care Surveyor Date Long-Term-Care State Licensing Section

Approved By:

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12/02/2024

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