

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

December 23, 2024

Rebecca Schlink-Wolfgram Bavarian Comfort Care AL & MC LLC 5366 Rolling Hills Drive Bridgeport, MI 48722

> RE: License #: AH730412299 Investigation #: 2025A0585016 Bavarian Comfort Care AL & MC LLC

Dear Ms. Schlink-Wolfgram:

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,

Grander J. Howard

Brender Howard, Licensing Staff Bureau of Community and Health Systems 611 W. Ottawa Street, P.O. Box 30664 Lansing, MI 48909 (313) 268-1788 enclosure

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

#### I. IDENTIFYING INFORMATION

License #:	AH730412299
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Investigation #:	2025A0585016
Complaint Receipt Date:	11/21/2024
Investigation Initiation Date:	11/21/2024
Report Due Date:	01/21/2024
Licensee Name:	Bavarian Comfort Care AL & MC LLC
	Davarian Connon Care AL & MC LLC
Licensee Address:	Suite B
	3061 Christy Way
	Saginaw, MI 48603
Licensee Telephone #:	(989) 607-0001
•	
Administrator:	Zain Sikander
Authorized Depresentatives	Dohagaa Sahlink Walfaram
Authorized Representative:	Rebecca Schlink-Wolfgram
Name of Facility:	Bavarian Comfort Care AL & MC LLC
Facility Address:	5366 Rolling Hills Drive
	Bridgeport, MI 48722
Facility Telephone #:	(989) 777-7776
<b>/</b>	
Original Issuance Date:	01/24/2023
	0112112020
License Status:	REGULAR
Effective Deter	00/04/2024
Effective Date:	08/01/2024
Expiration Date:	07/31/2025
Capacity:	65
Program Type:	ALZHEIMERS
	AGED

# II. ALLEGATION(S)

	Violation Established?
Resident A was found with severe bruising around his neck and there are concerns about how his blood sugar is checked.	Yes
Staff is not incompetent.	No
Additional Findings	No

## III. METHODOLOGY

11/21/2024	Special Investigation Intake 2025A0585016
11/21/2024	Special Investigation Initiated - Letter Emailed the referral to Adult Protective Service (APS).
12/11/2024	Inspection Completed On-site Completed with observation, interview and record review.
12/11/2024	Inspection Completed – BCAL Sub. Compliance.
12/16/2024	Contact Document Received. Requested documents received from administrator.
12/23/2024	Exit Conference Conducted via email to the authorized representative Rebecca Schlink-Wolfgram and administrator Zain Sikander.

#### ALLEGATION:

Resident A was found with severe bruising around his neck and there is concern about how his blood sugar is checked.

#### **INVESTIGATION:**

On 11/21/2024, an anonymous complaint was received via BCHS complaint online. The complaint alleged that Resident A was found with severe bruising around his neck. The complaint alleged that Resident A was sent to the hospital, but nothing was found except a UTI. The complaint alleged that Resident A is a diabetic and there are concerns that his blood sugar is not being checked right. Due to the anonymous nature of this complaint, no additional information could be obtained. On 11/21/2024, a referral was made to Adult Protective Services (APS).

On 12/11/2024, an onsite was completed at the facility. I interviewed administrator Zain Sikander at the facility. He said that he has recently stepped in as the administrator and that he has taken over to get things straight. He explained that the facility house 35 residents and the facility have two 12-hour shifts which are from 7 am to 7 p.m. and 7 p.m. – 7 a.m.

On 12/11/2024, I interviewed Employee #1 at the facility. Employee #1 stated that Resident A was admitted to the facility on 7/24/2024. Employee #1 stated that Resident A is a fall risk. She said that Resident A had a fall and got bruising around his neck. Employee #1 stated that Resident A has a call pendant, but he will not use it to call for help. She said that all falls are documented. Employee #1 stated that Resident A's blood sugar is checked twice a day. She said that Resident A's blood sugar is checked before dinner and before bedtime.

I received the facilities' incident/accident report for Resident A provided by Employee #1 regarding his fall on 11/17/2024. The report read, showed that Resident A had a fall due to the wheelchair not being locked.

Service plan dated 10/04/2024 for Resident A read, "totally dependent on staff to provide assistance transfer in the case of fall. Fall prevention program in place. Staff to provide assistance with all transfers in order to prevent falls, does not remember to use pendant for assistance. Nurse to provide diabetic monitoring.

A review of 90-day blood sugar check for Resident A showed that on some days blood sugar was check one – four times a day.

APPLICABLE F	RULE
R 325.1931	Employees; general provisions.
	(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.
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

	<ul> <li>home, or when the resident's service plan states that the resident needs continuous supervision.</li> <li>(t) "Service plan" means a written statement prepared by the home in cooperation with a resident, the resident's authorized representative, or the agency responsible for a resident's placement, if any, that identifies the specific care and maintenance, services, and resident activities appropriate for the individual resident's physical, social, and behavioral needs and well-being, and the methods of providing the care and services while taking into account the preferences and competency of the resident.</li> </ul>
ANALYSIS:	The service plan notes that Resident A is totally dependent on staff to provide assistance with all transfers to prevent falls. Resident A fell out of his wheelchair due to wheels being not being locked.
	The Blood Sugar log for 90 days shows blood sugar check from 1-4 times a day.
	Based on the above stated facts, the facility did not follow the service plan in regard to the wheelchair being locked to prevent falls and according to the service plan Resident A's blood sugar should be monitored but did not show the frequency of monitoring. Therefore, the facility did not comply with this rule.
CONCLUSION:	VIOLATION ESTABLISHED

#### ALLEGATION:

#### Staff is incompetent.

#### **INVESTIGATION:**

The administrator stated that staff is being trained on both shifts. He said that they make sure that staff is competent to care for the needs of the residents. The administrator shared training documents with me for review.

Employee #1 stated that all staff are trained in providing care to residents. Employee #1's statement was consistent with the administrator.

Training documents were reviewed for Employee #2, Employee #3 and Employee #4. All three of the employees had the necessary training to care for the needs of the residents.

Employees were observed providing care to residents.

APPLICABLE RULE		
325.1931	Employees; general provision.	
	<ul> <li>(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:</li> <li>(a) Reporting requirements and documentation.</li> <li>(b) First aid and/or medication, if any.</li> <li>(c) Personal care.</li> <li>(d) Resident rights and responsibilities.</li> <li>(e) Safety and fire prevention.</li> <li>(f) Containment of infectious disease and standard precautions.</li> <li>(g) Medication administration, if applicable.</li> </ul>	
ANALYSIS:	There was no evidence to support this claim.	
CONCLUSION:	VIOLATION NOT ESTABLISHED.	

## IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend no changes in the status of this license.

render J. Howard

12/23/2024

Brender Howard Licensing Staff

Date

Approved By:

12/23/2024

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