GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 17, 2024

Taylor Darby
Providence Park Senior Living, L.L.C.
38525 Woodward Avenue
Bloomfield Hills, MI 48304

RE: License #: AH630361856
Investigation #: 2025A1027016
Rose Senior Living at Providence Park

Dear Licensee:

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 877-458-2757.

Sincerely,

Jessica Rogers

Jessica Rogers, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 285-7433

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630361856
Investigation #:	2025A1027016
Complaint Receipt Date:	12/04/2024
Investigation Initiation Date:	12/04/2024
Report Due Date:	02/03/2025
Licensee Name:	Providence Park Senior Living, L.L.C.
Licensee Address:	38525 Woodward Avenue Bloomfield Hills, MI 48304
Licensee Telephone #:	(248) 686-5500
Authorized Representative/ Administrator:	Taylor Darby
Name of Facility:	Rose Senior Living at Providence Park
Facility Address:	47400 Heritage Drive Novi, MI 48374
Facility Telephone #:	(248) 513-8900
Original Issuance Date:	02/15/2018
License Status:	REGULAR
Effective Date:	08/01/2024
Expiration Date:	07/31/2025
Capacity:	172
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident A lacked care and was dehydrated.	No
Resident A was unable to return to the facility.	Yes
Additional Findings	No

III. METHODOLOGY

12/04/2024	Special Investigation Intake 2025A1027016
12/04/2024	Special Investigation Initiated - Letter Email sent to Taylor Darby requesting documentation for Resident A
12/04/2024	Contact - Telephone call made Telephone interview with Employee #1
12/04/2024	Contact - Document Received Email received with requested documentation
12/16/2024	Inspection Completed - BCAL Sub. Compliance
12/17/2024	Exit Conference Conducted by email with Taylor Darby

ALLEGATION:

Resident A lacked care and was dehydrated.

INVESTIGATION:

On 12/4/2024, the Department received a complaint through the online system alleging that Resident A became severely dehydrated on 10/10/2024, was hospitalized for one week, and subsequently lost the ability to walk, experiencing rapid cognitive decline. The complaint claimed that dehydration and inadequate care from the facility staff contributed to a decline in his quality of life.

On the same day, I conducted a telephone interview with Employee #1, who explained that Resident A moved into the home on 7/1/2024, tested positive for COVID-19 on 10/6/2024, and was hospitalized on 10/10/2024 due to a significant

decrease in food and fluid intake. Employee #1 reported that before the COVID-19 diagnosis, Resident A had been doing well. On 10/6/2024, Resident A's physician was informed of the positive test result, and Paxlovid treatment was started that day.

Employee #1 stated that water was provided to residents with all meals, at 10:00 AM, in the afternoon, and upon request; however, staff could not force residents to drink.

Resident A's face sheet indicated that he moved into the home on 6/29/2024, and Relative A1 was listed as his healthcare and responsible party. The service plan, updated on 7/1/2024, noted that Resident A may need encouragement to select menu items and that he required black coffee first thing in the morning. He was on a regular diet.

An incident report dated 10/10/2024 at 5:00 PM read that at approximately 5:05 PM, care staff informed the nurse that Resident A had a decline in both food and fluid intake, as well as urine output. Upon assessment, Resident A was found to be very fatigued. The nurse called certified nurse practitioner (CNP), who ordered that Resident A be sent to the emergency department for further evaluation and treatment. 911 was called at 5:23 PM, and Resident A was transported to Ascension Providence Hospital emergency room. The report noted vital signs as follows: B/P 95/64, P 81, R 16, T 99.0. The report also read that Resident A's physician was notified at 5:05 PM and the power of attorney at 5:30 PM.

Review of chart notes read consistent with Employee #1's statements. A note dated 10/5/2024 at 4:55 PM indicated that Resident A reported feeling unwell and declined dinner. The on-call nurse and power of attorney were notified. A note from 10/6/2024 read Resident A tested positive for COVID-19, Paxlovid was prescribed, and his family was informed. A note from 10/8/2024 at 2:34 PM documented that Resident A was up and about with peers, showed no distress, had a very good appetite, and ambulated with a walker without difficulty. Another note from 10/8/2024 at 2:48 PM indicated that the CNP assessed Resident A the previous day and found him to be stable. A note from 10/9/2024 at 5:48 PM indicated that the CNP assessed Resident A and noted some increased fatigue and weakness, although his vital signs remained stable. The CNP ordered lab checks. A note from 10/10/2024 at 5:47 PM read consistent with the incident report.

APPLICABLE 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.

ANALYSIS:	A review of facility documentation revealed that Resident A tested positive for COVID-19 on 10/6/2024, and treatment was initiated. He was subsequently assessed by the CNP on 10/7/2024 and 10/9/2024. Given that the CNP evaluated him twice following the COVID-19 diagnosis and chart notes indicated staff monitored his vital signs, appetite, and sleep, there is insufficient evidence to support the claim that he lacked care or was dehydrated.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Resident A was unable to return to the facility.

INVESTIGATION:

On 12/4/2024, the Department received a complaint through the online system, stating that after Resident A's hospitalization, he was unable to return to the facility and was transferred to a new home.

On the same day, I conducted a telephone interview with Employee #1, who explained that after Resident A was transferred to the hospital, he required total assistance, including two-person assistance and a Hoyer lift. Employee #1 noted that the facility did not have a Hoyer lift, and that staff were not trained to use one. Employee #1 further stated that Administrator Taylor Darby, in conjunction with Resident A's family, determined that a 30-day notice would not be required due to his need for a higher level of care.

Resident A's admission contract, dated 6/25/2024 and signed by Relative A1, included the following policy regarding notification of a relative or other individual:

"Policy Concerning Notification of a Relative or Other Individual.

> *In the event of an emergency, significant change in a Resident's condition, or termination of residency, it is the policy of the Community to promptly notify your Responsible Party, a relative or other individual as identified in your file either by telephone or in writing. We are not responsible for any charges related to such transfer or relocation to a hospital or other appropriate facility. After transferring you to such hospital or other facility, we will provide your Responsible Party with written notice of cancellation if you will be unable to return to the Community. The written notice of cancellation shall include the reason for your transfer or discharge, and any appeal rights available to you."*

APPLICABLE RULE	
R 325.1922	**Admission and retention of residents.**
	(16) A home that proposes to discharge a resident for any of the reasons listed in subrule (15) of this rule shall take all of the following steps before discharging the resident: **(a) The home shall notify the resident, the resident's authorized representative, if any, and the agency responsible for the resident's placement, if any, not less than 24 hours before discharge. The notice shall be verbal and issued in writing. The notice of discharge shall include all of the following information:** **(i) The reason for the proposed discharge, including the specific nature of the substantial risk.** **(ii) The alternatives to discharge that have been attempted by the home, if any.** **(iii) The location to which the resident will be discharged.** **(iv) The right of the resident to file a complaint with the department.** **(b) The department and adult protective services shall be notified not less than 24 hours before discharge in the event of either of the following:** **(i) A resident does not have an authorized representative or an agency responsible for the resident's placement.** **(ii) The resident does not have a subsequent placement.** **(c) The notice to the department and adult protective services shall include all of the following information:** **(i) The reason for the proposed discharge, including the specific nature of the substantial risk.** **(ii) The alternatives to discharge that have been attempted by the home, if any.** **(iii) The location to which the resident will be discharged, if known.** **(d) If the department finds that the resident was improperly discharged, then the resident may return to the first available bed in the home that can meet the resident's needs as identified in the resident's service plan.** **(e) The resident shall not be discharged until a subsequent setting that meets the resident's immediate needs is located.**

ANALYSIS:	A review of the facility's admission contract revealed that the facility was required to provide a written notice of cancellation if the resident was unable to return to the community. This notice should include the reason for the transfer or discharge, as well as any available appeal rights. The facility did not follow their admission contract and this rule; therefore, this violation was substantiated.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

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

12/16/2024

Jessica Rogers Date
Licensing Staff

Approved By:

12/16/2024

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