



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 10, 2025

Leslie Hooker
Douglas Cove Health and Rehabilitation
243 Wiley Rd.
Douglas, MI 49406

RE: License #: AH030295207
Investigation #: 2025A1021028
Douglas Cove Health and Rehabilitation

Dear Leslie Hooker:

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 (517) 284-9730.

Sincerely,

Kimberly Horst

Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---------------------------------------|--|
| License #: | AH030295207 |
| Investigation #: | 2025A1021028 |
| Complaint Receipt Date: | 01/15/2025 |
| Investigation Initiation Date: | 01/17/2025 |
| Report Due Date: | 03/14/2025 |
| Licensee Name: | Douglas MI OPCO LLC |
| Licensee Address: | 980 Sylvan Ave Englewood Cliffs, NJ 07632 |
| Licensee Telephone #: | (201) 928-7816 |
| Administrator: | Leslie Hooker |
| Authorized Representative: | |
| Name of Facility: | Douglas Cove Health and Rehabilitation |
| Facility Address: | 243 Wiley Rd. Douglas, MI 49406 |
| Facility Telephone #: | (269) 857-2141 |
| Original Issuance Date: | 04/30/2009 |
| License Status: | REGULAR |
| Effective Date: | 07/24/2024 |
| Expiration Date: | 07/31/2025 |
| Capacity: | 28 |
| Program Type: | AGED |

II. ALLEGATION(S)

| | Violation Established? |
|-------------------------------------|-----------------------------------|
| Facility smells like urine. | No |
| Insufficient staff at the facility. | Yes |
| Additional Findings | No |

III. METHODOLOGY

| | |
|------------|---|
| 01/15/2025 | Special Investigation Intake 2025A1021028 |
| 01/17/2025 | Special Investigation Initiated - Letter confirmed resident in HFA |
| 01/24/2025 | Inspection Completed On-site |
| 02/10/2025 | Exit Conference |

ALLEGATION:

Facility smells like urine.

INVESTIGATION:

On 01/15/2025, the licensing department received a complaint with allegations that the facility smells like urine.

On 01/24/2025, I interviewed authorized representative Leslie Hooker at the facility. The authorized representative reported there is a small number of residents that are incontinent and require assistance with the bathroom. The authorized representative reported she has not observed for the facility to have a strong smell of urine. The authorized representative reported she has not received concerns from residents or family members about the smell of the facility.

On 01/24/2025, I interviewed staff person 1 (SP1) at the facility. SP1 reported if he has smelt urine in the facility, it is due to a resident refusing to be changed. SP1 reported when this occurs, the staff member will re-approach or change staff member that is interacting with the resident. SP1 reported no concerns with the facility smelling like urine.

On 01/24/2025, I interviewed Resident B at the facility. Resident B reported no concerns with living at the facility. Resident B reported he is well taken care of at the facility.

On 01/24/2025, I walked through the facility. I did not smell any urine in the facility. I observed multiple residents in the facility. All the residents appeared to be well taken care of as they were out of bed, in clean clothes, and appeared to be clean. The facility was in good clean condition. I observed trash to be removed from the facility. In addition, residents were engaged with the staff members in activities and within their rooms.

| 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: | Interviews conducted and observations made revealed lack of evidence to support this allegation. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ALLEGATION:

Insufficient staff at the facility.

INVESTIGATION:

The complainant alleged on 11/22/2025, the medical examiner came to the facility, was not greeted by staff for over 10 minutes, and multiple call lights were going off.

The authorized representative reported that staffing has improved at the facility. The authorized representative reported the facility has 12-hour shifts with two employees on first shift and one employee on night shift. The authorized representative reported around this timeframe; the facility had 15-18 residents. The authorized representative reported there are no residents that require two person assist. The authorized representative reported there is one resident that requires assistance with toileting, one resident with behaviors, and two residents that require a full assist with dressing and bathing. The authorized representative reported the acuity is very low at the facility. The authorized representative reported that when a resident begins to require additional care, they are typically transferred to the attached skilled nursing facility. The authorized representative reported that when the schedule is developed, if there are any shift openings, staff can pick up the shifts. The authorized representative reported that if the shifts are not picked up, they are

offered to staff on the skilled nursing side that are trained in the home for the aged. The authorized representative reported management will also work the floor if needed. The authorized representative reported she has not received any complaints from residents, family members, or staff members on staffing levels.

SP1 reported the number of staff employed has increased and staffing has improved by management and skilled nursing staff are working the floor less. SP1 reported on second shift, there is only one shower that is to be completed and only two residents that require assistance getting ready for bed. SP1 reported when a new staff member starts working, management will assist on the floor to ensure the staff member is trained. SP1 reported resident needs are met and residents receive good care.

On 01/24/2025, I interviewed Resident A at the facility. Resident A reported staffing has improved as there were staff that were not good at doing the job of caregiver. Resident A reported the current employees care for the residents and do a good job of providing care.

Resident B reported no concerns with staffing levels at the facility.

I reviewed the staff schedule for 11/17/2024-11/30/2025. The schedule revealed the following shift shortages:

- 11/17/2024: Only one employee 6:00a-9:12a
- 11/19/2024: Only one employee 6:00a-8:15a
- 11/22/2024: Only one employee 6:00a-6:00p
- 11/23/2024: Only one employee 11:03-6:00a
- 11/24/2024: Only one employee 3:21-6:00p
- 11/25/2024: Only one employee 6:00a-1:30p

| | |
|------------------------|--|
| APPLICABLE RULE | |
| R 325.1931 | Employees; general provisions. |
| | (5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans. |
| ANALYSIS: | Interviews conducted revealed the facility is to have two caregivers on first shift. Review of staff schedule revealed there were multiple days on which there was only one staff member and therefore the facility was not meeting their staffing levels. |
| CONCLUSION: | VIOLATION ESTABLISHED |

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.

Kimberly Horst

01/31/2025

Kimberly Horst
Licensing Staff

Date

Approved By:

Andrea L. Moore

02/10/2025

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

Date