STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

MARLON I. BROWN, DPA
DIRECTOR

March 3, 2025

Michael Dyki
Blossom Springs
3215 Silverbell Rd.
Oakland Twp, MI 48306

RE: License #: AH630396969
Investigation #: 2025A1019036

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.

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,

Elizabeth Gregory-Weil, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 347-5503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630396969
Investigation #:	2025A1019036
Complaint Receipt Date:	02/14/2025
Investigation Initiation Date:	02/18/2025
Report Due Date:	04/16/2025
Licensee Name:	Blossom Ridge, LLC
Licensee Address:	3005 University Drive Auburn Hills, MI 48326
Licensee Telephone #:	(248) 340-9400
Administrator and Authorized representative:	Michael Dyki
Name of Facility:	Blossom Springs
Facility Address:	3215 Silverbell Rd. Oakland Twp, MI 48306
Facility Telephone #:	(248) 601-0505
Original Issuance Date:	11/23/2020
License Status:	REGULAR
Effective Date:	08/01/2024
Expiration Date:	07/31/2025
Capacity:	56
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Resident A's service plan is not being followed.	Yes
Additional Findings	Yes

III. METHODOLOGY

02/14/2025	Special Investigation Intake 2025A1019036
02/18/2025	Special Investigation Initiated - Letter Notified APS of the allegations.
02/18/2025	APS Referral
02/27/2025	Inspection Completed On-site
02/27/2025	Inspection Completed-BCAL Sub. Compliance

ALLEGATION:

Resident A's service plan is not being followed.

INVESTIGATION:

On 2/14/25, the department received a complaint alleging that Resident A was not receiving agreed upon care including overnight checks, toileting and getting her up and dressed for the day. The complaint alleged that this occurred on multiple dates from 1/31/25-2/12/25. The complaint alleged that Resident A is to be checked on overnight every two hours but not woken up, to be toileted only between the hours of 10:30pm-11:30pm and 2:00am-3:00am (unless requested by the resident or Relative A) and woken up and dressed daily between 7:30am-8:30am. Per the complaint, all of the above is outlined in Resident A's service plan.

On 2/27/25, I conducted an onsite inspection. I interviewed administrator and authorized representative (AR) Michael Dyki and Employee 1 at the facility. The AR and Employee 1 reported that Relative A is very particular about the care Resident A receives and has made several requests that they have worked to accommodate. Employee 1 confirmed that Relative A has asked that Resident A be toileted overnight twice (once before shift change around 10:30pm-11:30pm and again

between 2:00am-3:00am) and reported that staff are to conduct “peek ins” without waking the resident overnight every two hours. Employee 1 reported that Relative A will often change her mind as to when she wants Resident A checked and toileted and that facility staff are confused on what is expected. Employee 1 reported that Resident A is continent and has a call pendant to use when assistance is needed but also reported that Resident A has some cognitive limitations and cannot always use her pendant appropriately.

Employee 2 was interviewed at the facility. Employee 2 reported that she was informed on 2/1/25 that Relative A wanted Resident A to be put on a toileting schedule and requested two overnight bathroom trips at 10:30pm before shift change between second and third shift and again at 2:00am. Employee 2 reported that she only works first shift and cannot confirm if staff are following that instruction, but Employee 2 reported that Resident A is continent and her brief is usually dry when she assists the resident with toileting tasks. Employee 2 confirmed that Resident A should receive safety checks every two hours and confirmed Relative A’s preference to have Resident A up and dressed between 7:30am-8:30am. Employee 2 reported that Relative A often makes demands of staff and that staff are fearful to care for Resident A because Relative A may “berate” them if they don’t do precisely what she wants or if they are not on time with care at the exact time she wants things done.

While onsite, I requested to review Resident A’s service plan. Employee 1 provided a service plan that was updated on 2/15/25. Because the complainant’s allegations took place from 1/31/25-2/12/25 and before the most recent service plan update, I requested to also review the previous version. Employee 1 provided a second service plan that was updated on 11/5/24. The following observations were made.

Regarding toileting, the service plan dated 11/5/24 read “*Bathroom equipped with adaptive devices for toileting activities (grab bars). Report any changes in toileting ability to Nurse. Requires assistance with peri-care. Resident is independent with toileting activities and is able to ask for assistance if needed. Uses incontinence products supplied by hospice.”* The service plan made no mention of a toileting schedule or specific times she is to be toileted during the night. Regarding waking up and getting dressed, the service plan read:

> *Needs assistance or repetitive verbal cues to complete dressing. Report any changes in ability to dress/undress to Nurse. Requires assistance with putting on and removing ted hose. Takes initiative and responsibility for dressing and undressing self without assistance. Resident sometimes gets confused whether it is morning or evening. Staff to orient resident on time of day when needed. Resident is able to call for assistance if needed.”*

The service plan made no mention to get Resident A up and dressed between 7:30am-8:30am. Regarding safety checks, the service plan read *“2- hour safety checks around the clock”.*

Relative A was interviewed at the facility. Relative A reported that she has had numerous communications with facility staff, including the AR, regarding her preferences for Resident A’s care (including the toileting times, safety checks and when to wake Resident A up). Relative A showed evidence on her cell phone of communications with the AR on these issues, including video via ring camera footage that supports her concerns of staff not always conducting the safety checks and staff not following the toileting schedule. Relative A reported that she was under the assumption that this information was outlined in Resident A’s service plan.

Employee 1 reported that due to Relative A’s preferences, she created a daily rounding checklist where staff are to document the overnight “peek ins”. I reviewed the log for the timeframe in question and found that overnight on 2/1/25, 2/2/25, 2/8/25 and 2/9/25, staff did not document that any checks were completed. Employee 1 reported that staff use a fob to gain access to the residents’ rooms and the fob entries are electronically recorded. Employee 1 reported that staff are also to press a button on the wall when they enter Resident A’s room to confirm their presence, and those entries are recorded on a *resident event report*. I reviewed the fob reader report and resident event report and for the timeframe in question and found that staff were not always conducting safety checks every two hours. The most notable absence observed was during third shift on the evening of 1/31/25 going into the morning of 2/1/25, where staff failed to check on Resident A from 11:18pm-6:51am.

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:	Resident A’s service plan did not specify that Resident A was on an overnight toileting schedule or direct staff to have her woken up and dressed as the complaint alleges. However, review of facility documentation and electronic records reveal that staff failed to conduct two-hour checks on several dates during the timeframe reviewed.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

As noted above, during interviews with facility staff and Relative A, it was expressed that there was an agreement to have Resident A on a nightly toileting schedule (bathroom trips to be completed between 10:30pm-11:30pm when shift change occurred and again between 2:00am-3:00am) and for Resident A to be woken up and dressed daily between 7:30am-8:30am. Written documentation of these preferences was observed on signage posted in Resident A's room and per Employee 1, there was additional notation of these expectations at the nurse's station. Staff confirmed that the toileting schedule was relayed to them on 2/1/25, however the service plan that was in place at that time was not updated to accurately reflect that information. Additionally, a review of the most recent service plan update from 2/15/25 reveals that it does not fully demonstrate these preferences and only includes the 2:00am overnight bathroom trip. The AR and Employee 1 acknowledged that all the above preferences should have been in Resident A's service plan and failed to provide a satisfactory explanation as to why they were omitted.

APPLICABLE RULE	
R 325.1922	**Admission and retention of residents.**
	(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.
ANALYSIS:	Staff acknowledged that Relative A requested a toileting schedule for Resident A and for her to be up and dressed at a certain time, however her service plan did not include this instruction.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no changes to the status of the license at this time.

02/28/2025

Elizabeth Gregory-Weil Date
Licensing Staff

Approved By:

03/03/2025

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