



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 30, 2024

Raemicon Asugui
Trinity Elderly Services LLC
11631 Canterbury Dr
Warren, MI 48093

RE: License #: AS500413074
Investigation #: 2024A0990012
Trinity Elderly Care

Dear Mr. Asugui:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(586) 676-2877
enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT
THIS REPORT CONTAINS SEXUALLY EXPLICIT LANGUAGE**

I. IDENTIFYING INFORMATION

License #:	AS500413074
Investigation #:	2024A0990012
Complaint Receipt Date:	03/04/2024
Investigation Initiation Date:	03/04/2024
Report Due Date:	05/03/2024
Licensee Name:	Trinity Elderly Services LLC
Licensee Address:	11631 Canterbury Dr Warren, MI 48093
Licensee Telephone #:	(586) 202-9205
Administrator:	Raemicon Asugui
Licensee Designee:	Raemicon Asugui
Name of Facility:	Trinity Elderly Care
Facility Address:	11631 Canterbury Dr Warren, MI 48093
Facility Telephone #:	(586) 202-9205
Original Issuance Date:	10/04/2022
License Status:	REGULAR
Effective Date:	04/03/2023
Expiration Date:	04/02/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Rico Asugui, licensee designee/direct care staff, digitally penetrated Resident A's vagina and anus multiple times.	No
Resident A has pressure sores because the staff are not caring for her needs.	No
Resident A is only being fed twice per day and the meal is just cold tater tots. She is also currently impacted.	No

III. METHODOLOGY

03/04/2024	Special Investigation Intake 2024A0990012
03/04/2024	APS Referral Adult Protective Services (APS) complaint initiated at intake.
03/04/2024	Special Investigation Initiated - Telephone I called and emailed APS worker Debra Johns.
03/04/2024	Contact - Face to Face I conducted an unannounced onsite investigation. I interviewed the licensee designee Rico Asugui. I observed three nonverbal residents. I requested Resident A's resident record.
03/08/2024	Contact - Telephone call received I conducted a phone interview with Debra Johns, APS Specialist.
03/13/2024	Contact - Document Received I received additional allegations.
03/14/2024	Contact - Document Received I reviewed Resident A's resident record.
03/14/2024	Contact - Telephone call made I conducted a phone interview with Relative A.
04/02/2024	Contact - Document Received I received an email from Ms. Johns.

04/05/2024	Contact - Telephone call made I left a detailed message with Detective Wells. Detective Wells left me a voice message in return on 04/08/2024.
04/05/2024	Contact - Telephone call made I left a text message with Relative B requesting a call back because the voice mail box was full.
04/05/2024	Contact - Telephone call made I conducted a phone interview with Relative C.
04/05/2024	Contact - Telephone call made I conducted a phone interview with Relative D.
04/05/2024	Contact - Telephone call received I conducted a phone interview with Relative B.
04/10/2024	Contact - Telephone call made I left a brief message for Detective Wells.
04/15/2024	Contact - Telephone call made I conducted a brief phone interview with Relative A.
04/15/2024	Contact - Telephone call made I conducted a phone interview with Resident A.
04/16/2024	Contact - Telephone call made I left a brief message for direct care staff Carlo.
04/16/2024	Contact - Document Sent I emailed Ms. Johns and Ms. Howard from APS.
04/16/2024	Contact - Document Received I received a response form Ms. Johns. ADD
04/16/2024	Contact - Telephone call made I left a detailed message to Rachel Cantu, nurse from Residential Hospice.
04/16/2024	Contact - Document Received I received several photos from Relative A and conducted a phone interview.
04/17/2024	Contact - Telephone call made I left a detailed voice message with Detective Wells.

03/13/2024	Contact – Document Received I received additional allegations.
03/05/2027	Contact - Document Received I received an email from Ms. John and Stephanie Howard from APS.
04/23/2024	Contact – Telephone call made I conducted a phone interview with Detective Wells from Warren Police Department.
04/23/2024	Contact – Telephone call made I called Ms. Cantu, no answer received.
04/23/2024	Contact – Telephone call made I conducted a phone interview with Ms. Howard, APS. Ms. Howard said that her investigation is still pending awaiting the law enforcement investigation.
04/23/2024	Exit conference I conducted an exit conference with Ms. Asugui.

ALLEGATION:

Rico Asugui, licensee designee/direct care staff, digitally penetrated Resident A’s vagina and anus multiple times.

INVESTIGATION:

On 03/04/2024, I received the complaint via email. In addition to the above allegation, it was reported that over the past week, and most recently on February 29, 2024, around 8:00 p.m., while Ric Asugui, licensee designee/direct care staff, was changing her, he digitally penetrated her vagina and rectum. Mr. Asugui was confronted about this and admitted to doing it to clean Resident A thoroughly. Resident A is out of the home.

On 03/04/2024, I called and emailed APS worker Debra Johns. Ms. Johns responded via phone call. Ms. Johns said that there are currently two APS investigators assigned to the Trinity Elderly Care adult foster home. Ms. Johns is assigned to investigate the home, and Stephanie Howard is the assigned APS worker addressing the sexual abuse allegation. Ms. Johns said that there are two complaints involving Resident A. The first one is regarding allegations of pressure sores and the care that she is receiving, and the second one is relating to sexual abuse. According to Ms. Johns, APS has implemented in their assignment of investigations that an APS worker is assigned to an adult foster care facility, and she is assigned to Trinity Elderly Care.

Ms. Johns said that Resident A moved out of the home. Ms. Johns said that she interviewed Mr. Asugui, and he denied penetrating Resident A's vaginally or her rectum. Ms. Johns said there is somewhat of a language barrier, and how Ms. Asugui describes how he cleans her can be misconstrued. Ms. Johns said that there is a detective assigned to the sexual abuse allegations. Ms. Johns interviewed the other residents' relatives in the home, and there are no safety concerns currently. Ms. Johns said that Resident A was receiving hospice care services. Ms. Johns said that Mr. Asugui said that Resident A's guardian was three months behind on her rent.

On 03/04/2024, I conducted an unannounced onsite investigation. I interviewed Rico Asugui, the licensee designee/direct care staff. I observed three nonverbal residents. I requested Resident A's resident record. Mr. Asugui is aware of the sexual abuse allegations. Mr. Asugui said that Stephanie Howard interviewed him from APS on March 2, 2024. Mr. Asugui noted he only has male caregivers and has had difficulty retaining female staff. Mr. Asugui pointed out that his last female staff person resigned due to Resident A's "demanding behavior." Mr. Asugui described Resident A as a "complainer" and was in much discomfort most of the time. Mr. Asugui said that Resident A demanded that no one touch her feet. Mr. Asugui said that Resident A's guardian, Relative A, is aware that there are only male staff members and signed the *Resident Care Agreement* authorizing Resident A to receive assistance with ADLs from staff of the opposite gender. Resident A said that Carlo was the only caregiver who cleaned Resident A other than himself.

Mr. Asugui described that Resident A has a somewhat big appetite, which causes her to have large bowel movements. To decrease the large bowel movements, he began limiting the food at dinner and after-dinner snacks (at 7 p.m.). Mr. Asugui said Resident A usually has significant bowel movements around 10 p.m.-12 a.m. Mr. Asugui said that they serve dinner at 5:30 p.m. Mr. Asugui said he would clean her before bedtime, 8 p.m. Mr. Asugui described that Resident A's bowel movements consistency was "creamy," which made it difficult for her to be cleaned. Mr. Asugui said that most times, the feces in her adult diaper would rise to above her navel area. Mr. Asugui said he would clean her by positioning her on the side with a wedge between her thighs and wiping her with a diaper wipe from front to back. Mr. Asugui would change to a clean wipe from front to back after each wipe. Mr. Asugui said that due to the consistency of the feces, he had to ensure that she was cleaned thoroughly by having the labia folds open because there would be feces inside of that area. Mr. Asugui denied inserting his fingers inside Resident A's vagina or rectum. Mr. Asugui said that Resident A would express discomfort, but he said he was not rough or insensitive and would show her the unclean diaper wipe because it took a lot of time to clean her. Mr. Asugui said that Resident A had a larger bottom, and he would have to clean the buttocks area and demonstrate with his hands. Mr. Asugui also encouraged Resident A to clean herself, which she did not want to do. Resident A had at least one bowel movement per day at night. During the day, she would change twice due to being wet.

Mr. Asugui said that Resident A became incontinent and non-ambulatory after she had a stroke on May 31, 2023. Resident A had a stroke because she went on a "hunger

strike" because Relative A did not allow her to attend a graduation ceremony. As a result, Resident A had to be taken to the hospital because she was lethargic. Resident A was admitted to Ascension Macomb-Oakland Hospital for medical treatment. When Resident A was discharged from the hospital, Relative A enrolled Resident A in hospice care on June 5, 2023. The hospice staff would come weekly. Residential Hospice was the provider until November 29, 2023. Before Resident A's stroke, she could independently walk and use the toilet. The hospice nurse's name was Rachel Cantu, and prior to the hospice services ending, staff from Residential Hospice would give Resident A showers or bed baths. Resident A became a two-person assist after her stroke. Resident A also has swallowing difficulty after the stroke.

Mr. Asugui said Resident A moved out of the home abruptly on March 1, 2024. Relative A arrived at the house and told that she was moving Resident A, but she did not specify why. Mr. Asugui said that Resident A lived in the home for three years, and as of recently, Relative A has fallen on hard times financially and has not paid Resident A's basic fee since November 16, 2023, and currently owes \$3,400. Mr. Asugui brought to my attention that he called and inquired how the discharge process works in February 2023, which I had explained to him at that time. A month or so ago, Mr. Asugui informed Relative A verbally that he would like to discharge her for nonpayment of the basic fee. Mr. Asugui said he assisted Relative A with gathering Resident A's belongings. Relative A did not mention the allegations and was not informed of them until the next day by APS worker Ms. Howard.

On 03/08/2024, I conducted a phone interview with Debra Johns, APS Specialist. Ms. Johns was informed of the interview with Mr. Asugui. Ms. Johns said that Resident A is at a new adult foster care facility, and Detective Well, from Warren Police Department is assigned to the sexual abuse allegations. I informed Ms. Johns about my interview with Mr. Asugui.

On 03/13/2024, I received additional information. Resident A is currently in the hospital at Troy Beaumont Hospital with an unknown diagnosis. Resident A uses a wheelchair, is impacted, and has pressure wounds. Resident A's licensed adult foster home is not caring for her needs. Resident A is only fed twice daily; the meal is just cold tater tots.

On 03/14/2024, I received an email from Ms. Howard. Resident A was placed at Four Brothers adult foster home from 03/07/2024 to 03/11/2024. Ms. Howard interviewed Resident A at Four Brothers, and she disclosed that Mr. Asugui would place his finger in her vagina and rectum. Resident A stated that it was painful and purposeful. Ms. Howard said that Resident A stated that she would not define it as being sexual. However, she believes that he was trying to harm her. Ms. Howard said that Relative A filed a police report, and sexual abuse advocates completed an interview and assessment on Resident A. Resident A is suffering from post-traumatic stress disorder (PTSD) from the alleged abuse from the previous group home. As a result, Resident A is reluctant to receive care by changing her briefs at the new adult foster care home. The Four Brothers home manager, Irene, said Resident A would be discharged from the home as she refused services.

Ms. Howard said that during her interview with Resident A, she disclosed that she was in pain in her genital area, which led to her refusal of services. Ms. Howard said that Resident A refuses to allow male caregivers to assist. Resident A has been taken to Troy Beaumont Hospital because she was in pain. Ms. Howard said that she advised Relative A to speak with the hospital social worker to assist with finding Resident A an alternative placement. Ms. Howard received another neglect referral regarding Trinity Elderly Care, but it was denied for investigation.

On 03/14/2024, I reviewed Resident A's resident record. Resident A's admission date to Trinity Elderly Care was 10/04/2022. I reviewed Resident A's *Resident Care Agreement*, and Relative A authorized Resident A to receive ADLs from staff of the opposite gender on 10/24/2023. I reviewed Resident A's *Assessment Plan*, and it is documented that she uses a wheelchair, needs total assistance with ADL, and is prescribed a hospital bed and walker. I reviewed Resident A's *Health Care Appraisal*, and she weighs 148 pounds and is diagnosed with cerebrovascular disease; she requires max assistance with transfers due to weakness; she is bedbound and has a regular diet. I reviewed the Ascension Macomb-Oakland Hospital discharge summary dated June 1, 2023. Resident A was diagnosed with cerebrovascular disease (stroke), dehydration, dysphagia (difficulty swallowing), and severe protein-calorie malnutrition.

On 03/14/2024, I conducted a phone interview with Relative A. Relative A said that Resident A told her on March 1, 2024, that Mr. Asugui inserted his fingers inside her vagina and rectum when he changed her. Relative A said that the way Resident A described how he did it was very tough. Relative A said that he admitted to doing this but only to clean her; Relative A said that Resident A told her that this happened two times, but he had been "rough" changing her for a while. Relative A said that Detective Wells from the Warren Police Department interviewed her and Resident A.

On 04/05/2024, I conducted a phone interview with Relative C. Relative C has no concerns regarding Resident C's care in the home. Resident C is always in a good mood. Relative C is aware that there is no female staff there and approved for members of the opposite sex to perform ADLs. Relative C said that Mr. Asugui is very attentive and provides good care.

On 04/05/2024, I conducted a phone interview with Relative D. Relative D is not concerned about the care Resident D is receiving in the home. According to Relative D, Resident D is very "opinionated" and would be expressive if things were not going well. Relative D is aware that there are no female staff and authorizes Resident D to receive ADLs from members of the opposite gender. Resident D is 96 years old with poor short-term memory.

On 04/05/2024, I conducted a phone interview with Relative B. Relative B has no concerns or issues with Resident B, who is cared for in the home. Resident B is always clean and content. Relative B visits frequently, and the house is clean. The residents

are always up and dressed and appear well cared for. Relative B said that there have been male and female staff working in the home, but primarily male.

On 04/15/2024, I conducted a brief phone interview with Relative A. Relative A said that Resident A is at a new adult foster care home called Genesis AFC1 in Madison Heights, MI. Relative A said that she has not spoken to Detective Wells regarding the criminal investigation, but they have exchanged calls. Resident A has been at the new placement for almost four weeks.

On 04/15/2024, I conducted a phone interview with Resident A. Resident A said that Ms. Asugui began inserting his fingers inside her rectum and vagina when he cleaned her up. Resident A said that she had a private bedroom and no witnesses. Resident A said that it would hurt when he cleaned her. Resident A described that she would scream each time. She would try to move his hands when he cleaned her, and the more she tried to move his hands, the harder he would do this. Resident A said that Mr. Asugui did not do this the entire time she lived there, but it started before she moved out. When she would try to stand up to him, he would show her the diaper wipe with feces on it, putting it in her face. He would say, "See, this is what I'm doing". Resident A said that she informed Detective Wells of this. Resident A noted that the other caregiver, Carlo, never inserted his fingers inside her vagina or rectum. Carlo was very gentle and helpful.

On 04/16/2024, I received several photos from Relative A and conducted a phone interview. Relative A said that a medical exam was completed on Resident A after she disclosed the sexual abuse. Relative A believes something happened to her because Resident A is still afraid to have male caregivers provide care for her.

On 04/23/2024, I conducted a phone interview with Detective Wells. Detective Wells said his investigation is still pending, and the lab results are being awaited. Detective Wells said that a rape kit was completed on Resident A. Detective Wells said that he does not think that anything will come back on the labs.

APPLICABLE RULE	
R 400.14305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	Based on the investigation, there is insufficient evidence to support that Mr. Asugui digitally penetrated Resident A's vagina and rectum while cleaning her. Resident A lived at the home for three years. Resident A had a stroke last spring that impacted her mobility and ability to independently toilet.

	<p>Mr. Asugui denied digitally penetrating Resident A. Mr. Asugui described that Resident A's feces consistency and the amount of it caused him to have to wipe her several times to clean. He said he would position her in a cleaning position and show her what he was doing. Mr. Asugui described Resident A as having a lot of pain and discomfort. Mr. Asugui received hospice services for five months and is a two-person transfer. Mr. Asugui said Resident A prefers to stay in bed rather than on the toilet or sit in her Gerri chair.</p> <p>Relative A moved Resident A out of the home when she became aware of the allegations. A pending law enforcement investigation is awaiting lab results. Detective Wells said he highly doubted any evidence would come back.</p> <p>In a review of Resident A's resident record, she had suffered a stroke, with weakness, and needs total assistance with ADLs. Relative B, Relative C, and Relative D denied having concerns about the care that Resident B, Resident C, and Resident D receive.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATIONS:

Resident A has pressure sores because the staff are not caring to her needs.

INVESTIGATION:

On 03/13/2024, more information was reported. Resident A is currently in the hospital at Troy Beaumont Hospital with an unknown diagnosis. However, she uses a wheelchair, is impacted, and has pressure wounds. Resident A's licensed adult foster home is not caring for her needs. They do not get her out of bed, and this has led to pressure wounds. Resident A is 80 years old.

On 03/04/2024, I interviewed Mr. Asugui. Mr. Asugui said that Resident A was ambulatory before her stroke last spring. After the stroke, she was no longer able to walk. Resident A began hospice services when she returned to the home on June 5, 2023. There was a home health aide from the Residential Hospice who came weekly to treat the wounds that she came back from the hospital with. Mr. Asugui said that Resident A has a Gerri chair but does not like to sit in it often and prefers to stay in bed. Mr. Asugui said that Resident A has a Gerri chair but does not like to sit in it often and prefers to stay in bed. Mr. Asugui said that one-time, Resident A passed out while sitting in her Gerri chair, and since then, she has not liked to sit in it. Residential Hospice services were giving Resident A showers. Still, they began giving her bed baths because she would complain about being uncomfortable sitting up. Mr. Asugui said that

the hospice services ended because Resident A improved. She received durable medical equipment and a hospital bed from the Residential Hospice; when the hospice services ended, they took the hospital bed, wheelchair, rolling table, and Gerri's chair. They told Relative A she needed to get these things through her insurance. Mr. Asugui said Relative A was having difficulty getting these things and debating with Residential Hospice. Mr. Asugui said that Resident A's primary care physician (PCP) refused to write a script for the durable medical equipment that the Residential Hospice took away from Resident A.

On 03/14/2024, I reviewed Resident A's resident record. I reviewed Resident A's *Assessment Plan*, and it is documented that she uses a wheelchair, needs total assistance with ADL, and is prescribed a hospital bed and walker. I reviewed Resident A's *Health Care Appraisal*, and she weighs 148 pounds and is diagnosed with cerebrovascular disease; she requires max assistance with transfers due to weakness; she is bedbound and has a regular diet.

On 03/14/2024, I conducted a phone interview with Relative A. Relative A said that Relative A was receiving palliative care for two bedsores. There was one significant sore on her tailbone and left glut. Relative A said that APS was investigating this because Mr. Asugui refused to allow Resident A out of bed. Relative A said that she would tell Mr. Asugui that Resident A needed to get out of bed to sit in her chair, and he would refuse. As a result, Relative A has muscle atrophy. Relative A said that the conversations about having her get out of bed happened two weeks before the sexual abuse allegations. Resident A has PTSD because of the abuse and is currently in the hospital. Resident A was moved to a four-brother adult foster home, but due to her PTSD and her pain level, he was discharged. Relative A does not currently have a permanent placement. Relative A has been in the hospital for three days. Relative A is not able to tolerate pain, and her bowel is impacted. Relative A is showing early signs of diverticulitis. Relative A said that she cannot tolerate much movement, and her bowels are impacted.

On 04/05/2024, I interviewed Relative C. Relative C said that Resident C received services through Residential Hospice.

On 04/15/2024, I interviewed Resident A. Resident A said that Mr. Asugui refused to let her leave the bed. Resident A said that she would ask Mr. Asugui to allow her to sit in her Gerri chair, and he would not allow it. Resident A said, "I think he wanted me to die." Resident A said that she was "withering away." Resident A said that Relative A brought silver water cream and asked Mr. Asugui to apply it to her pressure sores, but he refused.

On 04/16/2024, I received several photos from Relative A and conducted a phone interview. Relative A said a medical exam was done when she left Trinity Elderly Care, but mainly for the sexual abuse allegations because Detective Wells referred them. Relative A said Resident A had a pressure sore on her tailbone, and both healed. Resident A was only allowed to get out of bed 1-2 times a week. The pressure sores

began in December 2023, and APS was investigating the pressure sores. Relative A said that Resident A still had a pressure wound in February 2024 before moving out.

I reviewed eight photos. Three photos were taken on December 19, 2023, of Resident A's buttocks by Relative A. According to the messages with the pictures, Relative A said that Mr. Asugui did not inform her of the pressure sores and learned about them through Residential Hospice. I observed healing sores on the tailbone. Relative A said that she worked on the wounds herself. I observed a pressure sore in the heel of a foot. Relative A said she discovered the pressure sores on the heels the first week of April 2024.

On 04/23/2024, I interviewed with Ms. Howard. Ms. Howard said that she received the allegations regarding the pressure sores in December 2023. Ms. Howard said that when she interviewed Resident A, she denied having sores and that they had healed. Ms. Howard said that Mr. Asugui told her in December that Resident A had pressure sores a month before. Ms. Howard is unaware of recent pressure sores.

On 04/23/2024, I interviewed Mr. Asugui. Mr. Asugui said that the pressure sores began when Resident A returned from the hospital after her stroke. Resident A was prescribed Calmoseptine Lotion® to apply to pressure wounds after cleaning. The pressure wounds were minor, and Ms. Cantu advised him Residential Hospice to clean the wound only with soap, water, wound cleanser spray, and oat dry. Mr. Asugui said in one week, the wounds healed. Six months after Resident A's hospital discharge, she began developing another wound and was actively in hospice care. Resident A's skin was susceptible. Mr. Asugui said that Resident A refused to sit in the Geri chair, and he would encourage her to do so. She would only sit up in the chair 2-3 times per week; Mr. Asugui said that Ms. Howard from APS interviewed Resident A, who was sitting in her chair. She had a rolling table because she also refused to get out of bed to eat her meals. Mr. Asugui said that Relative A wanted him to use silver water ointment. Still, he said he followed the medical instructions on treating the wounds. A medical professional did not prescribe the silver water ointment. The scars were healing, but due to Resident A's frailty and refusal to get out of bed, she was developing pressure wounds.

APPLICABLE RULE	
R 400.14310	Resident health care.
	(1) A licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician or other health care professional with regard to such items as any of the following: (d) Other resident health care needs that can be provided in the home. The refusal to follow the instructions and recommendations shall be recorded in the resident's record.

ANALYSIS:	<p>Based on the investigation, there is insufficient evidence to support that the staff did not attend to Resident A's pressure wounds. Resident A suffered a stroke in May 2023, and as a result, she became non-ambulatory. Resident A returned to the home on June 5, 2023, receiving hospice care. According to Mr. Asugui, Resident A returned from the hospital with pressure wounds that healed within one week. Resident A developed more pressure wounds six months later. Mr. Asugui said that Ms. Cantu, the hospice nurse, gave him instructions on how to clean Resident A's wounds.</p> <p>There are conflicting statements between Resident A and Mr. Asugui regarding Resident A lying in bed. Resident A said that Mr. Asugui refused to let her leave the bed. Still, Mr. Asugui said that Resident A refused. Resident A moved out of the home on March 1, 2024. According to Relative A, the wounds healed in December 2023, but new wounds on Resident A's heels developed in the first week of April 2024.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATIONS:

Resident A is only being fed twice per day and the meal is just cold tater tots. She is also currently impacted.

INVESTIGATION:

On 03/04/2024, I conducted an unannounced onsite investigation with Mr. Asugui. Mr. Asugui said Resident A has a good appetite but was very particular about what she ate. He purchased almond milk for her because she did not drink regular milk. Mr. Asugui said three meals and snacks were given to each resident daily; Dinner is between 5:30 PM and 6 PM. There is a snack provided before bedtime, which is 8 PM. Mr. Asugui said that after Resident A's stroke, her appetite decreased but began to improve. Mr. Asugui described that Resident A has a somewhat big appetite, which causes her to have large bowel movements. To reduce the large bowel movements, he began to limit the amount of food and snacks given at dinner to 7PM. Dinner is served at 5:30PM. I observed an adequate food supply.

On 03/14/2024, I reviewed Resident A's resident record and *Resident Weight Record*; her weight at admission was 187 pounds. Her last weight was recorded on February 29, 2024, at 145 pounds. I reviewed the menu for March 2024. The meals were adequate and balanced.

On 03/14/2024, I conducted a phone interview with Relative A. Relative A said that Resident A told her that Mr. Asugui only fed her twice daily, consisting of tater tots. On 04/05/2024, I interviewed Relative C. Relative C said that the meals are adequate and, sometimes, the food quantity is "too much." Relative C expressed no concerns regarding the diet or food served at home.

On 04/05/2024, I interviewed with Relative D. Relative D said that the meals are adequate.

On 04/05/2024, I interviewed Relative B. Relative B said Resident B eats without problems. The meals are three times a day, and snacks. Relative B had no concerns about the meals or menu.

On 04/15/2024, I conducted a phone interview with Resident A. Resident A said that when she lived at Trinity Elderly Care, she did not eat much by her choice. Resident A said that she no longer desired to eat meat. Resident A said that Relative A would bring her meatless sausage. Resident A is allergic to cow milk and only drinks almond milk, which the home provided for her. Resident A said the food was ok, and she liked having breakfast every morning. Resident A denied that her food was cold and that the staff served less than three daily meals or denied her snacks.

On 04/23/2024, I conducted an exit conference with Mr. Asugui. Mr. Asugui denied that Resident A was fed only twice daily and only tater tots. Mr. Asugui said that per Resident A's requests for breakfast, she ate hash browns (bites) with ketchup and two eggs sunny side up. Mr. Asugui said that Resident A would request a peanut butter and jelly sandwich for lunch. Mr. Asugui said that Resident A's appetite was more significant than the other residents and that they provided whatever she requested to eat.

On 04/23/2024, I conducted an exit conference with Mr. Asugui. Mr. Asugui was informed of the findings and that the law enforcement investigation was pending.

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.
ANALYSIS:	Based on the investigation conducted, there is insufficient evidence to support that Resident A received only tater tots for meals. I observed the menus and food supply onsite and found them adequate. Resident A described eating a meatless diet and denied that she was not provided adequate meals. Mr. Asugui said that the tater tots were hash brown bites, which are potatoes that Resident A liked very much and requested.

	Relative B, Relative C, and Relative D denied having concerns with the meals or diet.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

I recommend no change in the license status.

L. Reed

04/23/2024

LaShonda Reed
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

07/30/2024

Denise Y. Nunn
Area Manager

Date