



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 3, 2026

Catherine Reese
The Lodge of Durand Memory Care, LLC
5720 Williams Lake Road
Waterford, MI 48329

RE: License #: AL780360986
Investigation #: 2026A0577014
Lodge of Durand MC South

Dear Ms. Reese:

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) 335-5985.

Sincerely,

Bridget Vermeesch

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL780360986
Investigation #:	2026A0577014
Complaint Receipt Date:	01/05/2026
Investigation Initiation Date:	01/05/2026
Report Due Date:	03/06/2026
Licensee Name:	The Lodge of Durand Memory Care, LLC
Licensee Address:	5720 Williams Lake Road Waterford, MI 48329
Licensee Telephone #:	(989) 288-6561
Administrator:	Christine Marosi
Licensee Designee:	Catherine Reese
Name of Facility:	Lodge of Durand MC South
Facility Address:	8800 E. Monroe Road Durand, MI 48429
Facility Telephone #:	(989) 288-6561
Original Issuance Date:	10/21/2015
License Status:	REGULAR
Effective Date:	04/21/2024
Expiration Date:	04/20/2026
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Residents' cost of care has increased without a new <i>Resident Care Agreement</i> being provided and signed.	Yes
Resident A's brief is not being changed in a timely manner causing chronic urinary tract infections.	No

III. METHODOLOGY

01/05/2026	Special Investigation Intake, 2026A0577014
01/05/2026	Special Investigation Initiated, Interview with Complainant.
01/05/2026	Contact - Telephone call made, Interview with Complainant.
01/05/2026	Contact - Document Sent Christine Marosi, Admin, requested Resident AFC Forms.
01/06/2026	Contact - Telephone call made Tara Evans, NP with Advanced Medical House Calls.
01/06/2026	Contact - Document Received Complainant via email send financial documents.
01/07/2026	Contact - Telephone call made, Relative A1 interview.
01/08/2026	Contact - Telephone call made, Relative B1
01/08/2026	Contact - Document Received Relative B1, via email sent financial documents.
01/08/2026	Contact - Document Received Christine Marosi, Admin, received Resident AFC forms.
01/22/2026	Inspection Completed On-site
01/22/2026	Inspection Completed-BCAL Sub. Compliance
01/23/2026	APS Referral
01/23/2026	Contact - Telephone call made, Interviews with DCS.
01/23/2026	Exit Conference with licensee designee Catherine Reese.

ALLEGATION: Residents' cost of care has increased without a new *Resident Care Agreement* being provided and signed.

INVESTIGATION:

On January 05, 2026, a complaint was filed alleging that residents' monthly cost of care fee increased more than the 5% as agreed upon in each residents' *Resident Contract*. The complaint reported Resident A moved into the facility on May 18, 2025, and Resident A's monthly cost of care fee was \$3000 per month. The complaint alleged that the *Resident Contract* stated that the monthly cost of care fee can only be raised 5% at the time of the anniversary of the resident's admission date. The complaint reported that the facility issued a notice documenting Resident A's monthly cost of care fee would increase in January 2026 and the new amount would be announced at that time. The complaint reported that on December 16, 2025, a notice was sent saying Resident A's monthly cost of care fee would increase to \$4,450. The complaint stated this amount was later negotiated down to \$3700 a month, which is still higher than the 5% cap as agreed to in the *Resident Contract*.

On January 05, 2025, I interviewed Complainant who reported that upon a resident's admission, the resident and responsible parties sign an *AFC Resident Care Agreement* and a *Resident Contract* acknowledging the monthly cost of care fee. Complainant reported that on November 06, 2025, a memo was sent to all residents and responsible parties notifying a cost of care increase starting in January 2026. Complainant reported that the increased amount was not included in the November 06, 2025 memo. Complainant reported that on December 15, 2025, Resident A received an *AFC Resident Care Agreement* with a monthly cost of care fee increase from \$3000 per month to \$4450 per month beginning in January 2026. Complainant reported the *AFC Resident Care Agreement* was not signed and returned prior to January 2026 due to Resident A and the responsible party wanting to negotiate the increase. Complainant reported that on January 01, 2026, an invoice was received documenting that on January 05, 2026, this invoice will be paid by ACH payment on January 05, 2026. Complainant reported that on January 05, 2026, the invoice was paid by ACH payment in the amount of \$4450 despite a new *AFC Resident Care Agreement* not being signed by all responsible parties or permission for the increased amount to be taken out of the bank account.

Additionally, Complainant reported the *Resident Contract* signed upon admission stated that any monthly fee adjustment may only occur on the annual anniversary date of admission and cannot exceed 5%. Complainant reported the monthly fee or cost of care increase for 2026 is a 48% increase.

On January 06, 2026, I received an email from Complainant with an attachment that contained the November 06, 2025, memo from the facility to residents and families notifying residents and families that there will be a monthly cost of care fee increase on January 01, 2026, and the increase will be reflected on the January 2026 invoice which

will be received in December 2025. The email also contained a copy of an *AFC Resident Care Agreement* which was received on December 15, 2025, documenting Resident A's new cost of care being \$4450 beginning in January 2026.

On January 07, 2026, I interviewed Relative A1 who reported on December 15, 2025, Relative A1 received a copy of an *AFC Resident Care Agreement* reflecting Resident A's new monthly cost of care fee beginning in January 2026. Relative A1 reported Relative A1 did not sign or return the *AFC Resident Care Agreement* prior to January 2026 because Relative A1 did not agree with the new monthly fee and believed the cost of care increase was excessive. Relative A1 reported wanting to wait to speak with someone at the facility to see if the cost of care increase could be negotiated to a lower price. Relative A1 reported on January 05, 2026, the monthly cost of care fee of \$4450 was taken from Relative A1's bank account without a signed *AFC Resident Care Agreement* or permission for the increased amount to be taken out of the bank account.

On January 08, 2026, I interviewed Relative B1 who reported Resident B is a MI Choice Waiver recipient which assists in paying the monthly cost of care fee for Resident B. Relative B1 reported in January 2025, Resident B's monthly fee was \$100 a month above Resident B's social security income. Relative B1 confirmed approving an ACH payment increase and agreed to make this monthly payment on behalf of Resident B. Relative B1 reported in June 2025, all residents and responsible parties received a memo from the licensee notifying all parties of a \$100 monthly cost of care fee increase taking effect in July 2025. Relative B1 reported at this time no new *AFC Resident Care Agreement* was provided to Resident B or Relative B1 to reflect the \$100 cost of care increase beginning in July 2025. Relative B1 stated Resident B's ACH payment was increased from \$100 a month to \$150 a month without a signed *AFC Resident Care Agreement* or permission for the increased amount to be taken out of the bank account. Relative B1 reported being unsure why Resident B's cost of care only increased by \$50 instead of \$100 as the memo stated. Relative B1 reported in November 2025 another memo was received by residents and responsible parties notifying all parties of another cost of care increase beginning in January 2026. Relative B1 reported the memo did not specify the increased cost of care amount only that there would be an increase. Relative B1 reported a new *AFC Resident Care Agreement* reflecting the increased cost of care amount for January 2026 was not received. Relative B1 stated receiving an invoice from the facility dated January 01, 2026, with a cost of care amount of \$2370.52 and the invoice will be paid by ACH payment on January 10, 2026. Relative B1 reported that the personal amount Resident B is now responsible for paying increased \$650 per month from 2025 to 2026.

On January 08, 2026, Relative B1 emailed me a copy of the January 2026 invoice which documented Resident B's monthly cost of care being \$2370.52. Relative B1 also emailed a copy of the memo from June 03, 2025, which stated, "we are writing to inform you of an upcoming adjustment to our monthly rent beginning July 2025 with an increase of \$100 a month. The change is necessary due to the continued rise in food costs which has significantly impacted our operating expenses."

On January 08, 2026, I contacted administrator Christine Marosi and request copies of the *Resident Register*, a copy *Resident Funds Part II* forms for 2025, *AFC Resident Care Agreements* for 2025 and 2026 for all residents. Via email I received copies of the requested forms which documented the following:

- 1) Resident A- was admitted on May 18, 2025, with the *AFC Resident Care Agreement* completed as follows:
 - a. 2025 *AFC Resident Care Agreement* signed April 24, 2025, documented a monthly cost of care fee of \$3000. Resident A's *Resident Funds Part II* reflected a charge of \$3000 a month from May 2025-December 2025. No *Resident Funds Part II* for January 2026 was received due to no payments being received at the time of the request.
 - b. No updated *AFC Resident Care Agreement* were received reflecting any change in Resident A's monthly cost of care fee.

During the onsite investigation on January 22, 2026, administrator Christine Marosi reported Resident A's *AFC Resident Care Agreement* has not been signed for 2026 and Resident A's monthly cost of care fee has been invoiced and paid in the amount of \$4450 for January 2026. Ms. Marosi provided me with a copy of Resident A's *Resident Funds Part II* for January 2026 reflecting Resident A was charged \$4450 and the payment received was in the amount of \$3700.

- 1) Resident B- was admitted on March 20, 2025, with the *AFC Resident Care Agreement* completed as follows:
 - a. 2025 No *AFC Resident Care Agreement* or *Resident Funds Part II* were received.
 - b. 2026 *AFC Resident Care Agreement* was signed on January 08, 2026, with the cost of care broken down as follows: \$2079.48-MI Choice Waiver, \$1359-social security, and \$150 personal payment.
- 2) Resident C-was admitted on August 26, 2025, with the *AFC Resident Care Agreement* completed as follows:
 - a. 2025 *AFC Resident Care Agreement* signed January 10, 2025, with a monthly cost of care fee of \$4850 and the *Resident Funds Part II* reflecting \$4850 payments from January 2025-June 2025 and from July 2025-December 2025 the monthly cost of care fee was increased \$100 to \$4950. No updated *AFC Resident Care Agreement* was received for the cost of care increase in July 2025.
 - b. 2026 *AFC Resident Care Agreement* signed December 23, 2025, with a monthly cost of care fee of \$4400 and copies of *Resident Funds Part II* form reflected \$4400 billed and payment received in January 2026.
- 3) Resident D-was admitted on December 18, 2023, with the *AFC Resident Care Agreement* completed as follows:
 - a. 2025 *AFC Resident Care Agreement* signed on February 04, 2025, with a monthly cost of care fee of \$6000 and *Resident Funds Part II* reflecting the

\$6000 from January 2025-June 2025 and from July 2025-December 2025 the cost of care was increased to \$6100 per month. No updated *AFC Resident Care Agreement* was received for the cost of care increase in July 2025.

- b. 2026 *AFC Resident Care Agreement* was signed on December 18, 2025, with the monthly cost of care fee of \$ 6100. A copy of the Resident D's *Resident Funds II* form reflected the monthly cost of care fee billed and payment received for \$6100 in January 2026.
- 4) Resident E- was admitted on March 19, 2025, with the *AFC Resident Care Agreement* completed as follows:
- a. 2025 *AFC Resident Care Agreement* signed on March 21, 2025, with a monthly cost of care fee of \$2000 and *Resident Funds Part II* reflecting the \$2000 monthly cost of care was paid for January-December 2025.
 - b. 2026 *AFC Resident Care Agreement* was not received.

During the onsite investigation on January 22, 2026, administrator Christine Marosi reported Resident E's *AFC Resident Care Agreement* has not been signed for 2026 and Resident E's monthly cost of care fee was invoiced and paid for January 2026. Ms. Marosi provided me with a copy of Resident A's *Resident Funds Part II* for January 2026 which documented that Resident A was charged \$3450 and payment received for \$3450.

- 5) Resident F- was admitted on July 25, 2022, with the *AFC Resident Care Agreement* completed as follows:
- a. 2025 *AFC Resident Care Agreement* signed on February 16, 2025, with a monthly cost of care fee of \$3675. Resident F's *Resident Funds II* documented from January-August 2025 Resident F paid \$3675 a month and then from September-December 2025, Resident F paid \$3775 monthly cost of care. No updated *AFC Resident Care Agreement* was received for the cost of care increase in September 2025.
 - b. 2026 *AFC Resident Care Agreement* signed on December 23, 2025, with a cost of care of \$3775 monthly and Resident F's *Resident Funds Part II* reflected this amount was billed and paid for January 2026.
- 6) Resident G- was admitted on July 25, 2022, with the *AFC Resident Care Agreement* completed as follows:
- a. 2025 *AFC Resident Care Agreement* signed on February 16, 2025, with a monthly cost of care fee of \$3675. Resident F's *Resident Funds II* documented from January-August 2025 that Resident F paid \$3675 per month and from September-December 2025, Resident F paid \$3775 monthly for cost of care fee. No updated *AFC Resident Care Agreement* was received for the cost of care increase in September 2025.
 - b. 2026 *AFC Resident Care Agreement* signed on December 23, 2025, with a cost of care of \$3775 monthly and Resident F's *Resident Funds Part II* reflected this amount was billed and paid for January 2026.

- 7) Resident H- was admitted on March 20, 2025, with the *AFC Resident Care Agreement* completed as follows:
- a. *2025 AFC Resident Care Agreement* signed on March 19, 2025, with a monthly cost of care fee of \$4850. Resident H's *Resident Funds II* documented that from January-August 2025, Resident H paid \$4850 monthly and from September-December 2025, paid \$4950 monthly. No updated *AFC Resident Care Agreement* was received for the cost of care increase in September 2025.
 - b. *2026 AFC Resident Care Agreement* signed on December 11, 2025, with a monthly cost of care fee of \$5350. Resident F's *Resident Funds Part II* reflected this amount was billed and paid for January 2026.

- 8) Resident I- was admitted on March 19, 2025, with the *AFC Resident Care Agreement* completed as follows:
- a. *2025 AFC Resident Care Agreement* was signed on January 15, 2025, with a monthly cost of care fee of \$5900. Resident I's *Resident Funds Part II* for 2025 documented that from January-July 2025, Resident I paid \$5900 monthly and then from August-December 2025 paid \$6000. No updated *AFC Resident Care Agreement* was received for the \$100 monthly cost of care fee increase that started in August 2025.
 - b. *2026 AFC Resident Care Agreement* was not received for 2026.

During the onsite investigation on January 22, 2026, administrator Christine Marosi reported Resident I's *AFC Resident Care Agreement* has not been signed for 2026 but Resident I's monthly cost of care had been invoiced and paid for January 2026.

- 1) Resident J- was admitted on November 29, 2022, with the *AFC Resident Care Agreement* completed as follows:
- a. *2025 AFC Resident Care Agreement* was signed on March 19, 2025, with a monthly cost of care fee of \$3725. Resident J's *Resident Funds Part II* for 2025 documented from January-July 2025, Resident J paid \$3725 per month and then from August-December 2025 paid \$3825. No updated *AFC Resident Care Agreement* was received for the \$100 monthly cost of care increase that started in August 2025.
 - b. *2026 AFC Resident Care Agreement* was signed on December 21, 2025, and documented a monthly cost of care fee of \$4100. Resident J's *Resident Funds Part II* reflected this amount was billed and paid for January 2026.

Upon my review of the residents' *Resident Funds Part II* forms that were received for 2025, the forms only reflected the payment amount received and did not reflect the amount invoiced/billed as required.

On January 22, 2026, I completed an unannounced onsite investigation and interviewed administrator Christine Marosi who reported that in June 2025 a memo was sent to notify all residents and responsible parties of a \$100 increase in the monthly cost of care fee due to the rise in food costs. Ms. Marosi reported a new *AFC Resident Care Agreement* was not sent with the memo or completed at the time of the increase because she did not realize this was required. Ms. Marosi reported in November 2025, residents and their responsible parties were notified of another monthly cost of care increase beginning January 01, 2026. Ms. Marosi reported the November 2025 memo did not provide the specific cost of care increase rather new, increased cost of care rates were individually provided to residents and responsible parties on December 15, 2025. Ms. Marosi stated a new *AFC Resident Care Agreement* was included reflecting the new monthly cost of care fee starting in January 2026. Ms. Marosi reported that residents and responsible parties are invoiced on the first of the month and payments are received by ACH payments on the fifth of every month. Ms. Marosi reported the cost of care increase took effect January 01, 2026, even for residents and responsible parties who had not returned the *AFC Resident Care Agreement*. Ms. Marosi reported she contacted the licensee's corporate office and explained that the increased cost of care payments cannot go into effect until the charges have been agreed upon, and the signed *AFC Resident Care Agreement* has been received. Despite notifying the licensee's corporate office, Ms. Marois stated payments for all residents were taken via ACH payment on January 05, 2026, for the new updated increased cost of care amount.

During the onsite investigation, on January 22, 2026, I interviewed Relative H1 who reported he is Resident H's medical and financial durable power of attorney. Relative H1 reported that he received a memo in June 2025 regarding the \$100 cost of care increase due to increase food prices. Relative H1 reported he did not receive a new *AFC Resident Care Agreement* in June 2025 to reflect the \$100 increase, but the \$100 increase was added and paid through ACH payments. Relative H1 reported he received a memo in November 2025 stating another cost of care increase beginning in January 2026. Relative H1 reported Resident H had an annual care meeting in December 2025 and Relative H1 signed the updated *AFC Resident Care Agreement*

On January 16, 2026, via email Relative A1 reported that the cost of care amount for Resident A was negotiated to \$3700 a month and the *AFC Resident Care Agreement* will be signed and returned to the facility. During my onsite investigation on January 22, 2026, no *AFC Resident Care Agreement* had been signed for Resident A.

APPLICABLE RULE	
R 400.637	Handling of resident funds and valuables.
	(12) A licensee or administrator shall obtain prior written approval from a resident or a resident's designated representative before charges are made to a resident's account.

ANALYSIS:	<p>Based on my review of multiple <i>Resident Funds Part II</i> documents the following residents accounts were charged a cost of care increase of \$100 per month through the end of 2025 without prior written approval from the residents or a resident's designated representative: Resident C and Resident D's increase began in July 2025, Resident F, Resident I, and Resident J's increase began in August 2025, and Resident G and Resident H's increase began in September 2025. Starting in July 2025 through the end of 2025, Resident B was charged an increase of \$50 per month without prior written approval by the resident or the residents designated representative.</p> <p>Also, Resident A, Resident B, Resident E and Resident I's accounts were charged an additional monthly cost of care fee increase in January 2026 without prior written approval by the resident or the residents designated representative.</p> <p>The licensee or administrator did not obtain prior written approval from the residents or the residents designated representative before charges were made to residents' account.</p>
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.637	Handling of resident funds and valuables.
	(13) Charges against a resident's account must not exceed the agreed price for the services rendered and goods furnished or made available by the facility to the resident.
ANALYSIS:	<p>After July 2025, the residents accounts were charged a cost of care increase that exceeded the initial agreed upon amount designated in signed <i>AFC Resident Care Agreements</i> beginning in January 2025. The licensee did not provide the residents, or the residents designated representative, an updated <i>AFC Resident Care Agreement</i> to sign to reflect their agreement to the new price for services rendered by the facility to the residents beginning in July, August, and September 2025.</p>
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.637	Handling of resident funds and valuables.
	(9) A resident fund transaction over the amount specified in the resident care agreement must require the signature of the resident or resident's designated representative and the licensee or administrator.
ANALYSIS:	<p>Based on the information gathered during the investigation, after June 2025 Resident B, Resident C, Resident C, Resident F, Resident G, Resident H, Resident I, and Resident J were charged more than the amount specified in each resident's 2025 <i>AFC Resident Care Agreement</i>. An updated <i>AFC Resident Care Agreement</i> reflecting the increased monthly cost of care fee was not signed by the resident or the resident's designated representative and the licensee or administrator prior to these funds being taken out of residents' accounts through ACH payments.</p> <p>Also, in January 2026, Resident A, Resident B, Resident E and Resident I's <i>Resident Funds Part II</i> forms documented an increase in the monthly cost of care fee for 2026 which was over the amounts specified in the most recent <i>AFC Resident Care Agreement</i> for Resident A, Resident B, Resident E, and Resident I. An updated updated <i>AFC Resident Care Agreement</i> reflecting the increased monthly cost of care fee was not signed by the resident or the resident's designated representative and the licensee or administrator prior to these funds being taken out of residents' accounts through ACH payments.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Resident A's brief is not being changed in a timely manner causing chronic urinary tract infections.

INVESTIGATION:

The complaint received on January 05, 2026, alleged Resident A had several urinary tract infections (UTI) due to Resident A's incontinence briefs not being changed consistently and/or Resident A not being cleaned thoroughly during brief changes. The complaint reported Resident A was hospitalized due to a UTI.

On January 05, 2026, I interviewed Complainant who reported since Resident A has moved into the facility in May 2025, Resident A has had multiple UTIs. Complainant reported that when Resident A was residing at home, Resident A did not wear briefs but since moving into the facility Resident A is now wearing briefs. Complainant reported

Resident A can verbalize when she needs to go to the bathroom but requires assistance with toileting.

On January 05, 2026, I interviewed Amy Laingsburg, RN with Advanced Medical House Calls. RN Laingsburg reported that Resident A has had a reoccurring UTI since being hospitalized in September 2025. RN Laingsburg reported prior to September 2025, Resident A's last UTI was in 2024 when Resident A lived by herself. RN Laingsburg reported Resident A was hospitalized due to needing IV antibiotics for the UTI because the bacteria was resistant to the oral antibiotics. RN Laingsburg reported that Resident A was slightly incontinent when she was admitted into the facility and within 6 weeks of being admitted, Resident A was wearing incontinence briefs. RN Laingsburg reported Resident A will tell you when she has to go to the bathroom, but only if someone is in the room with her; otherwise, Resident A will have an accident. RN Laingsburg reported that it is inconclusive why Resident A is having chronic UTIs so Resident A has been referred to a urologist. RN Laingsburg reported she does not believe the UTIs are caused by Resident A wearing briefs or from Resident A not being adequately cared for or cleaned after brief changes.

On January 08, 2026, via email from administrator Christine Marosi, I received a copy of Resident A's *Assessment Plan for AFC Residents* completed on May 04, 2025, and documented under section titled, "*Self Care Skill Assessment-Toileting*", it was marked "yes" and "Resident needs reminders for all toileting needs daily and as needed."

On January 22, 2026, during the onsite investigation I interviewed Michele Erber, Director of Resident Care, who reported Resident A has had four UTI's since being admitted to the facility on May 18, 2025. Ms. Erber reported Resident A has been seen and treated with an antibiotic for all UTI's by Advanced Medical House Calls who is Resident A's primary care physician (PCP). Ms. Erber reported three of the four UTIs occurred back to back so a referral to a urologist was made. Ms. Erber reported Resident A attended an appointment with the urologist on January 14, 2026, and the urologist reported Resident A may have a kidney stone that is causing the UTIs. Ms. Erber reported Resident A has a follow up urology appointment on January 22, 2026. Ms. Erber reported Resident A personal care needs include being checked and changed every two hours by direct care staff and at shift change, after every meal and before bedtime. Ms. Erber provided me a copy of Resident A's *Toileting Assistance Care History* which documented Resident A was checked every two hours at minimum.

During the onsite investigation I reviewed and received a copy of Resident A's Medication Administration Record (MAR) which documented Resident A was prescribed Keflex, 250mg, 1 capsule by mouth daily on January 14, 2026, and Bactrim DS Tablet, take 1 tablet by mouth two times a day from January 05, 2026, through January 14, 2026.

On January 22, 2026, I interviewed direct care staff (DCS) members TJ Hancock and Kathy Wertzbar who reported that the residents are checked and changed every two hours and after meals. DCS Wertzbar reported Resident A can often tell you when she needs to be toileted.

On January 23, 2026, I interviewed DCS members Denessa Potter and Anna Mickle who reported Resident A can verbalize sometimes when she must be toileted. DCS Potter and DCS Mickle reported that all residents, briefed or non-briefed are checked and changed every two hours, or provided reminders. DCS Mickle reported all residents are checked and/or changed or toileted at shift change and after every meal in addition to the two hours checks.

APPLICABLE RULE	
R 400.671	Resident care.
	(4) A licensee shall provide supervision, protection, and personal care as specified in a resident's assessment plan. A hospice service plan, do-not resuscitate order, or any other advance directive must be included as an addendum to the resident assessment and maintained with the assessment plan in the resident's record.
ANALYSIS:	Per Resident A's <i>Assessment Plan for AFC Residents</i> , Resident A requires assistance from direct care staff with toileting. During the investigation there was no evidence that Resident A's chronic UTIs were due to her incontinence brief not being changed frequently or that Resident A was not cleaned appropriately during a brief change. Based on interviews with direct care staff, RN Laingsburg, and my review of Resident A's <i>Toileting Assistance Care History</i> , Resident A's incontinence brief was checked and changed at least every two hours and Resident A was assisted to the toilet by direct care staff when requested. It has been determined that Resident A's personal care toileting needs were provided as specified in Resident A's <i>Assessment Plan for AFC Residents</i> .
CONCLUSION:	VIOLATION NOT ESTABLISHED

