



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

October 25, 2017

Teresa Fowler
Lifeshouse Prestige Commons Operations LLC
P.O. Box 120143
Grand Rapids, MI 49528-0143

RE: License #: AL500302889
Investigation #: 2017A0986016
Prestige Commons I

Dear Mrs. Fowler:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Roeiah Epps".

Roeiah Epps, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(586) 256-1776

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL500302889
Investigation #:	2017A0986016
Complaint Receipt Date:	08/22/2017
Investigation Initiation Date:	08/22/2017
Report Due Date:	10/21/2017
Licensee Name:	Lifehouse Prestige Commons Operations LLC
Licensee Address:	P.O. Box 120143 Grand Rapids, MI 49528-0143
Licensee Telephone #:	(616) 464-6122
Administrator:	Teresa Fowler
Licensee Designee:	Teresa Fowler
Name of Facility:	Prestige Commons I
Facility Address:	33503 23 Mile Road Chesterfield Twp., MI 48047
Facility Telephone #:	(586) 725-9300
Original Issuance Date:	05/26/2011
License Status:	REGULAR
Effective Date:	11/26/2015
Expiration Date:	11/25/2017
Capacity:	18
Program Type:	AGED; ALZHEIMERS PHYSICALLY HANDICAPPED

II. ALLEGATION(S)

	Violation Established?
<ul style="list-style-type: none"> • There is a lack of training for staff members. • Staff members are forced to sign statements, which indicate they have training that they do not have. 	Yes
<ul style="list-style-type: none"> • Residents are neglected at the facility. • Staff members are not seeking timely medical treatment, residents have poor hygiene; residents' are restrained to take their medications and receive Morphine when they don't need it. 	No
Additional Findings	Yes

III. METHODOLOGY

08/22/2017	Special Investigation Intake 2017A0986016
08/22/2017	Special Investigation Initiated - Telephone APS worker Karen Patyi and Complainant
08/22/2017	APS Referral Adult Protective Services (APS) worker Karen Patyi
08/23/2017	Inspection Completed On-site Interviewed staff members Donna Cooper, Neteria Johnson, Marlene Warnsley, Daniele Reed and administrator Trina Anderson
10/18/2017	Contact - Document Received BFS fire inspection report
10/18/2017	Contact - Document Sent BFS inspection report sent to licensee designee Terri Fowler and administrator
10/18/2017	Exit Conference Email licensee designee and administrator Terri Fowler
10/23/2017	Contact - Telephone call made Resident A's adult niece (AN)

ALLEGATIONS:

- **There is a lack of training for staff members.**
- **Staff members are forced to sign statements, which indicate they have training that they do not have.**

INVESTIGATION:

On 8/22/17, I interviewed the complainant. Complainant stated the allegations are true because she was formerly employed at the facility. Complainant stated management does not assure that all staff members understand their responsibilities prior to going on the schedule. Complainant explained this makes it difficult for other direct care workers who have to work with untrained staff while trying to care for 20 residents.

On 8/23/17, I conducted an unannounced joint investigation at the facility with Macomb County APS worker Karen Patyi. I interviewed staff members Donna Cooper, Neteria Johnson, Marlene Warnsley, Daniele Reed and administrator Trina Anderson; and observed several residents. During my onsite inspection, I observed all direct care staff providing timely and appropriate personal care to all residents.

On 8/23/17, Trina Anderson stated she had recently taken on her position as the administrator and was informed by Sheri Emery (who was present) from the corporate office that because staff members' files are in disarray, all staff members do not have verification of training. Consequently, no staff members' training records or files were given to me for my review. Ms. Anderson stated staff members are required to complete training before they are placed on the schedule. Ms. Anderson stated to her knowledge, no staff members are forced to sign documents which indicate they have been trained when they have not. Ms. Anderson stated a staff member was recently terminated and she believes the complaint was made as a form of retaliation and has no merit.

On 8/23/17, Daniele Reed, the facility's nurse, stated the allegations are not true. Ms. Reed stated all staff members are trained prior to going on the schedule and are not forced to sign any documents which indicate they have been trained when they are not.

On 8/23/17, staff members Donna Cooper, Neteria Johnson, Marlene Warnsley corroborated management's account that staff members are required to sign documents that they have received training they have not. Further, staff members sign documentation as a confirmation they have obtained required training.

APPLICABLE RULE	
R 400. 15204	Direct care staff; qualifications and training.
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing

	assigned tasks, which shall include being competent in all of the following areas: (d) Personal care, supervision, and protection.
ANALYSIS:	<p>On 8/22/17, complainant stated all staff members are required to sign documentation as evidence they have completed required trainings. According to facility administrator Ms. Anderson, facility nurse Ms. Reed and staff members Ms. Cooper, Ms. Warnsley, and Ms. Johnson, these allegations are not true. In addition, I observed all direct care staff members providing timely and adequate personal care to all the residents during my onsite inspection.</p> <p>However, during my 8/23/17 onsite inspection, no staff members' file was given to me for review to confirm that staff members have completed all required training for personal care, supervision and protection of the residents.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATIONS:

- **Residents are neglected at the facility.**
- **Staff members are not seeking timely medical treatment, residents have poor hygiene; residents' are restrained to take their medications and receive Morphine when they don't need it.**

INVESTIGATION:

On 8/22/17, Complainant stated residents are not provided timely personal care and left in soiled diapers for extended periods of time and staff do not obtain medical treatment when residents need it. Resident A died a couple of weeks ago due to staff members not obtaining timely medical treatment. Residents are restrained to take their medications on a daily basis.

On 8/23/17, during my onsite inspection, I interacted and observed several residents receive personal care and engage with social activities. None of the residents appeared to have poor hygiene or were restrained to receive their medications.

On 8/23/17, staff member Donna Cooper stated the allegations are not true. Ms. Cooper stated staff members seek medical attention whenever a resident requires it. Ms. Cooper stated she has not found residents recently in urine soaked briefs, but admits this was an issue earlier in the year when I conducted my previous investigation. Ms. Cooper stated she does not believe staff members neglected Resident A or any of the residents. Moreover, staff members seek medical care and treatment as soon as residents require it. Ms. Cooper stated she has never witnessed or observed any

resident being administered Morphine who did not need it, nor has she ever seen a resident being restrained to take their medication. Furthermore, only residents who receive hospice care currently receive Morphine.

On 8/23/17, staff member Marlene Warnsley, corroborated Ms. Cooper's explanation of the allegations. Ms. Warnsley confirmed that staff providing timely personal care to the residents has improved since my previous investigation earlier in the year. Ms. Warnsley also stated she has never witnessed or observed any resident being administered Morphine who did not need it, nor has she ever seen a resident being restrained to take their medication. In addition, only residents who receive hospice care currently receive Morphine. Ms. Warnsley also stated Resident A was very ill when he was admitted to the facility and health constantly declined. Resident A was taken to the hospital several times and was never neglected based on her interpretation.

On 8/23/17, facility nurse Daniele Reed stated Resident A obtain medical treatment often during his time at the facility. Ms. Reed stated Resident A was in the hospital often due to his health declining. Ms. Reed stated she does not believe any of the allegations are true and has never witnessed or observe any staff member mistreatment any of the residents or provide them with poor quality of care.

On 8/23/17, facility administrator Trina Anderson also corroborated Ms. Reed's explanation of Resident A's medical care and treatment at the facility. Ms. Reed also gave me Resident A's file for review as evidence of the medical treatment he received during his time at the facility.

On 10/23/17, I interviewed Resident A's adult niece (AN). AN stated Resident A did not reside at the facility for two months before he died. AN stated Resident A was very ill when he was admitted to the facility and was frequently in and out of the hospital. AN stated she visited Resident A at the facility weekly, and her husband visited the facility several times during the week. AN stated each visit to the facility was always unannounced and she never witnessed or observed staff members providing neglectful care to Resident A. Further, she does not believe the staff member's caused her uncle's death, and emphasized he liked the facility and the staff members during his short time at the facility.

APPLICABLE RULE	
R 400.15305	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:	<p>According to the complainant, all residents are neglected at the facility and do not receive timely medical treatment or personal care in addition to being restrained to take their medications. However, Resident A's adult niece, facility nurse Ms. Reed, facility administrator Trina Anderson and staff members Ms. Cooper and Ms. Warnsley stated these allegations are not true.</p> <p>During my 8/23/17 unannounced onsite inspection, I did not observe any residents to have poor hygiene or being restrained to receive their medications.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDING:

INVESTIGATION:

On 10/18/17, I received an email from the Bureau of Fire Safety (BFS) inspection report regarding the 9/21/17 annual fire safety inspection. The following BFS fire safety violations were found and noted:

- Fire drills – Out Of Compliance. Fire Drills Missing for the following: February 2017, June 2017, July 2017, and August 2017. This was during the transfer of management companies. Facility will be conducting 3 drills per month till [sic] Re-inspection for 1 for every shift. For a total of 6 drills;
- Elevator license – Unavailable for review;
- FIRE ALARM – Annual completed on 4-14-16. No further Documentation available. Annual report required;
- System was service [sic] with invoice dated in April 2017. All smoke detectors are due for sensitivity testing. At this time the system is in trouble, from a HVAC unit duct detector;
- Fire sprinkler – Annual report was unavailable, last quarterly inspection was dated 7-20-17 by RAPID FIRE PROTECTION. System is in service;
- Emergency lighting – Log book was incomplete. Monthly checks shall be logged and then an annual 90 minute test shall be conducted and reported;
- Fire extinguishers – Annual inspection completed and in compliance;
- Boiler – License set to expire in 11-26-17.

On 10/18/17, I conducted the exit conference with Marcia Curtiss, regional director of operations on behalf of the corporation in licensee designee Teresa Fowler's absence. Ms. Curtiss stated that she would be working with the facility to assure the corrections are made timely and submit a corrective action plan right away. Ms. Curtiss explained that Ms. Fowler would be out of the office until 10/25/17.

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	On 9/21/17, BFS found several fire safety violations which pose as a safety risk to the residents and occupants of the facility.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon the licensee submitting an acceptable corrective action plan, I recommend that the special investigation be closed with no change to the license.

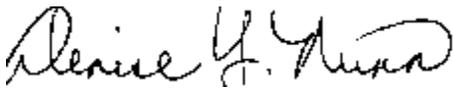


10/23/17

Roeiah Epps
Licensing Consultant

Date

Approved By:



10/25/2017

Denise Y. Nunn
Area Manager

Date