



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

April 11, 2018

Tamesha Porter  
Safe Haven Assisted Living of Three Rivers, LLC  
13415 Pleasant View  
Three Rivers, MI 49093

RE: License #: AS750388041  
Investigation #: **2018A0578021**  
**Safe Haven Assisted Living, LLC**

Dear Ms. Porter:

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 (616) 356-0183.

Sincerely,

A handwritten signature in black ink, appearing to read "Eli DeLeon". The signature is written in a cursive style with a large initial "E" and a long horizontal stroke at the end.

Eli DeLeon, Licensing Consultant  
Bureau of Community and Health Systems  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 251-4091

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS750388041
<b>Investigation #:</b>	2018A0578021
<b>Complaint Receipt Date:</b>	02/12/2018
<b>Investigation Initiation Date:</b>	02/12/2018
<b>Report Due Date:</b>	04/13/2018
<b>Licensee Name:</b>	Safe Haven Assisted Living of Three Rivers, LLC
<b>Licensee Address:</b>	13415 Pleasant View Three Rivers, MI 49093
<b>Licensee Telephone #:</b>	(517) 402-1802
<b>Administrator:</b>	Rebecca Roberts
<b>Licensee Designee:</b>	Tamesha Porter
<b>Name of Facility:</b>	Safe Haven Assisted Living, LLC
<b>Facility Address:</b>	118 W. Adams St. Three Rivers, MI 49093
<b>Facility Telephone #:</b>	(517) 402-1802
<b>Original Issuance Date:</b>	09/08/2017
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	03/08/2018
<b>Expiration Date:</b>	03/07/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	ALZHEIMERS AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Staff attempted to assist resident onto the commode that was next to her bed and the resident slipped from staff's arms and fell to the floor.	Yes
Staff are not certified to administer medications	No

## III. METHODOLOGY

02/12/2018	Special Investigation Intake 2018A0578021
02/12/2018	Special Investigation Initiated - Face to Face
02/13/2018	APS Referral Completed
02/28/2018	Contact-by telephone Interview with staff member Karra Boggs
04/09/2018	Exit conference -With Licensee Tamesha Porter

### **ALLEGATION:**

**Staff attempted to assist resident onto the commode that was next to her bed and the resident slipped from staff's arms and fell to the floor.**

### **INVESTIGATION:**

On 02/12/2018, I received this complaint through the BCAL on-line complaint system. Complainant alleged that a staff was working in the home with five residents at the time when she went to transfer Resident A from her bed to the commode that was next to her bed. Complainant reported the staff lost her grip and Resident A slipped and fell on her bottom and knees. Complainant stated the staff member was unable to assist Resident A up from the ground and had to notify emergency services. Once emergency services arrived, they assisted Resident A back into bed. Later it was determined Resident A incurred a broken leg during this fall. Complainant stated Resident A is a two person lift and added that staff are not certified to pass medications.

I reviewed the *AFC Incident/Accident Report* completed by Rebecca Roberts on 01/29/2018, which included the following information:

“During transfer to bedside commode, [Resident A] slipped from staff and fell to the floor. Karra (Boggs) checked [Resident A] for injuries and called for lift assistance. EMS arrived and assisted [Resident A] to bed. Checked for injuries, none noted at time.”

Corrective Measures identified on the *AFC Incident/Accident Report* stated that a Hoyer lift is to be used at times when transferring Resident A.

On 02/12/2018, I completed an unannounced on-site investigation at the facility and reviewed the allegations with administrator Rebecca Roberts. Ms. Roberts identified the staff member involved in the transfer of Resident A as Ms. Karra Boggs. Ms. Roberts stated Ms. Boggs was trained on how to use a Hoyer patient lift but did not do so on this day. Ms. Boggs denied Resident A required two people to transfer, stating the Hoyer lift was obtained to allow one staff to transfer Resident A.

While at the home, I reviewed a prescription for a Hoyer lift for Resident A, signed by Dr. Tahir Alvi. I reviewed the *Assessment Plan for AFC Residents* (assessment plan) completed for Resident A. The only assistive devices specified for Resident A’s use in Resident A’s assessment plan were a wheelchair and alarms. I also attempted to interview Resident A. However, Resident A was unable to be interviewed based on Resident A’s cognitive impairment and limited verbal skills. I observed Resident A to be neatly groomed and dressed appropriately for the weather.

On 02/12/2018, I received a phone call from the licensee, Ms. Tamesha Porter regarding my investigation at the facility. I reviewed the allegations with Ms. Porter, who replied that all her staff, including Ms. Boggs, are trained and tested regarding the use of the Hoyer lift. Ms. Porter reported that Ms. Boggs had only worked at the facility a few days, but her employment was terminated shortly after the event with Resident A. Ms. Porter was able to provide documentation of the training completed by Ms. Karra Boggs.

On 02/28/2018, I interviewed staff member Karra Boggs regarding the allegations. Ms. Boggs agreed she was working the day Resident A broke her leg. Ms. Boggs stated she was attempting to help Resident A from her bed to her commode when Resident A slipped out of her hands and fell on the ground. Ms. Boggs acknowledged that she was trained on how to use a Hoyer lift and added that she knew a Hoyer lift was to be use when transferring Resident A. Ms. Boggs could not identify why she didn’t use a Hoyer lift when transferring Resident A on 01/29/2018 which resulted in her fall and broken leg.

<b>APPLICABLE RULE</b>	
<b>R 400.14306</b>	<b>Use of assistive devices.</b>
	<b>(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident</b>

	<b>or the resident's designated representative and the licensee.</b>
<b>ANALYSIS:</b>	During an unannounced on-site investigation, the facility did not have the use of a Hoyer lift specified in Resident A's <i>AFC Assessment Plan</i> , and there was no indication the use of a Hoyer lift was agreed upon between Resident A, Resident A's guardian, or the licensee.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.14305.3</b>	<b>Resident protection.</b>
	<b>{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.</b>
<b>ANALYSIS:</b>	Interviews with staff member Karra Boggs stated that she was aware that Resident A required the use of a Hoyer lift when being transferred but failed to do so, resulting in injury to Resident A.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**Staff are not certified to administer medications.**

**INVESTIGATION:**

On 02/12/2018, I received a phone call from the licensee, Ms. Tamesha Porter regarding my visit to the facility. I reviewed the allegations with Ms. Porter, who replied that all her staff are trained and tested regarding medication procedures in the home. Ms. Porter was able to provide documentation of medication training completed by staff members Karra Boggs, Tori Schroeder, Jessica Marklovitz, and Brandi Sweet.

Ms. Boggs agreed that she was trained to pass medications but denied receiving certification to pass medications. Ms. Boggs described "certification" as something that was required at other places she worked before staff could pass medications.

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident Medications.</b>
	<b>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (a) Be trained in the proper handling and administration of medication.</b>
<b>ANALYSIS:</b>	Interviews with staff member Karra Boggs indicated that she acknowledged receiving training from the licensee regarding the handling and administration of medications. The licensee, Ms. Tamesha Porter, provided documentation of medication training provided to Ms. Karra Boggs as well as staff members Brandi Sweet, Tori Schroeder and Jessica Marklovitz
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable written plan of correction, it is recommended that this license continues on regular status.



04/09/2018

Eli DeLeon  
Licensing Consultant

Date

Approved By:



04/11/2018

Dawn N. Timm  
Area Manager

Date