



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 21, 2019

Laurie Labie
Enriched Living, LLC
242 Highlander Dr. N.E.
Rockford, MI 49341

RE: License #:	AS410391964
Investigation #:	2019A0356027
	Enriched Living

Dear Ms. Labie:

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 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. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Elliott".

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410391964
Investigation #:	2019A0356027
Complaint Receipt Date:	04/01/2019
Investigation Initiation Date:	04/02/2019
Report Due Date:	05/31/2019
Licensee Name:	Enriched Living, LLC
Licensee Address:	242 Highlander Dr. N.E. Rockford, MI 49341
Licensee Telephone #:	(586) 295-1674
Administrator:	Laurie Labie
Licensee Designee:	Laurie Labie
Name of Facility:	Enriched Living
Facility Address:	929 Maplerow Ave. NW Walker, MI 49534
Facility Telephone #:	(586) 295-1674
Original Issuance Date:	04/20/2018
License Status:	REGULAR
Effective Date:	10/20/2018
Expiration Date:	10/19/2020
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL, ALZHEIMERS AGED, TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
Staff have been told by management at the facility to ignore Resident A.	No
The facility is understaffed	No
Additional Finding	Yes

III. METHODOLOGY

04/01/2019	Special Investigation Intake 2019A0356027
04/02/2019	Special Investigation Initiated - Telephone Chelsea Towns, Kent County APS.
04/02/2019	APS Referral
05/09/2019	Inspection Completed On-site Interviewed Staff #1 & Residents A, B, C, D, E.
05/09/2019	Contact - Telephone call made Annie Paganelli, home manager.
05/09/2019	Contact - Document Sent Licensee Laurie Labie, text sent.
05/10/2019	Contact - Telephone call received Licensee Laurie Labie.
05/10/2019	Contact - Telephone call made Interview staff #2.
05/13/2019	Contact - Document Received staff schedule sent by L. Labie.
05/14/2019	Contact - Document Sent Request sent for Resident documents to L. Labie.
05/14/2019	Contact - Telephone call made Interview Staff #3.
05/14/2019	Contact - Telephone call received Staff #4.

05/15/2019	Contact-Document Sent Resident Documents
05/15/2019	Contact-Telephone call made Staff #4.
05/16/2019	Contact-Document Sent Bob Patterson, Kent Co. Network 180 Recipient Rights.
05/17/2019	Contact-Telephone Call Made Staff #2
05/17/2019	Contact-Document Received Person Centered Plan
05/20/2019	Exit Conference Licensee, Laurie Labie

ALLEGATION: Staff have been told by management at the facility to ignore Resident A.

INVESTIGATION: On 04/01/2019, I received a BCAL (Bureau of Children and Adult Licensing) Online Complaint. The complainant reports staff at the facility have been instructed to “ignore” Resident A. The complainant does not expound with any more details. The complainant is anonymous.

On 04/02/2019, I interviewed Chelsea Towns, Kent County Adult Protective Services Worker (APS). APS denied this complaint for investigation.

On 05/09/2019, I conducted an unannounced inspection and interviewed Staff #1 in the office area of the facility. Staff #1 stated she has never been told by Licensee, Laurie Labie or Home Manager, Annie Paganelli to ignore Resident A and she has never heard anything of that nature from other staff.

On 05/09/2019, I interviewed Resident A at the facility. Resident A stated she is not ignored by staff and has never heard staff or any of the residents say that she should be ignored.

On 05/09/2019, I interviewed Resident’s B, C, D & E at the facility. Resident’s B, C, & D all state staff do not ignore Resident A, nor have they heard anyone in the facility state that Resident A should be ignored. Resident E is not able to provide information pertinent to this investigation.

On 05/09/2019, I interviewed Annie Paganelli, Home Manager via telephone. Ms. Paganelli stated Resident A is not ignored by staff nor has she has ever heard that

staff have been told to ignore Resident A. Ms. Paganelli stated she did not instruct staff to ignore Resident A.

On 05/10/2019, I interviewed Staff #2 via telephone. Staff #2 stated she does not ignore Resident A and has never been instructed to ignore Resident A by Licensee Laurie Labie or any other staff.

On 05/14/2019, I interviewed Staff #3 via telephone. Staff #3 stated she does not ignore Resident A. Staff #3 stated she redirects Resident A when she continually requests items such as pop, cigarettes and mints after 8:00PM. Staff #3 stated she does not ignore Resident A and always tends to her needs.

On 05/15/2019, I interviewed Staff #4 via telephone. Staff #4 stated she does not ignore Resident A. Staff #4 stated staff have been instructed to ignore Resident A's requests for items such as pop, cigarettes and mints after 8:00PM. Staff #4 stated she does not ignore Resident A and always tends to her needs.

On 05/20/2019, I interviewed and then conducted an Exit Conference with Licensee, Laurie Labie via telephone. Ms. Labie stated she did not instruct staff to ignore Resident A. Ms. Labie stated she agrees with the analysis and conclusion of this applicable rule.

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:	<p>The complainant reported staff at the facility have been instructed by management at the facility to ignore Resident A.</p> <p>Resident A stated she is not ignored by staff and has never heard staff or any of the residents say that she should be ignored.</p> <p>Resident's B, C, & D all stated staff do not ignore Resident A, nor have they heard anyone in the facility state that Resident A should be ignored.</p> <p>Staff #1, #2, # & #4 all stated they do not ignore Resident A nor have they been instructed to ignore Resident A.</p> <p>Ms. Paganelli & Ms. Labie stated Resident A is not ignored by staff and both denied ever instructing staff to do so.</p>

	Based on investigative findings, there is insufficient evidence to support a rule violation that Resident A is being ignored by staff at the facility.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: The facility is understaffed.

INVESTIGATION: On 04/01/2019, I received a BCAL (Bureau of Children and Adult Licensing) Online Complaint. The complainant reports the facility is understaffed.

On 04/02/2019, I interviewed Chelsea Towns, Kent County Adult Protective Services Worker. APS denied this complaint for investigation.

On 05/09/2019, I conducted an unannounced inspection and interviewed Staff #1 in the office area of the facility. Staff #1 stated this facility is never understaffed. Staff #1 stated there is always an employee at the facility and the ratio is 1:5 at this time for 3 shifts a day. Staff #1 stated all residents are able to transfer and ambulate, none of the residents require a 2 person assist and therefore and the facility is adequately staffed at all times.

On 05/09/2019, I interviewed Resident A, B, C & D at the facility. Resident A, B, C, & D all stated there is always a staff person at the facility. Resident A, B, C & D all stated they are able to move about the facility on their own and do not need the assistance of 2 staff. Resident E is not able to provide information pertinent to this investigation. There are 5 total residents in this facility.

On 05/09/2019, I interviewed Annie Paganelli, Home Manager and Laurie Labie, Licensee via telephone. Ms. Paganelli stated there is shift staff and there is always one staff person to currently 5 residents. Ms. Paganelli and Ms. Labie stated there is sufficient staff at the facility at all times.

On 05/10/2019, I interviewed Staff #2 via telephone. Staff #2 stated there are adequate staff at the facility at all times.

On 05/13/2019, I received and reviewed the staff schedule for the month of April 2019 from Ms. Labie. The staff schedule document shifts mainly from 8:00AM-4:00PM, 4:00PM-10:00PM & 10:00PM-8:00AM and on some dates the shift time is 7:00AM-3:00PM, 3:00PM-10:00PM & 10:00PM-8:00AM. The staff schedule documents one staff on duty per shift.

On 05/15/2019, I received and reviewed Resident A, B, C, D & E's Assessment Plans for AFC Residents. The Resident Assessment Plans document that all residents are ambulatory, no residents require assistance from staff with ambulation or transfers and there are no residents that require a 2 person assist.

On 05/14/2019, I interviewed Staff #3 via telephone. Staff #3 stated there are adequate staff at the facility at all times.

On 05/15/2019, I interviewed Staff #4 via telephone. Staff #4 stated there are adequate staff at the facility at all times.

On 05/20/2019, I conducted an Exit Conference with Licensee, Laurie Labie via telephone. Ms. Labie states she agrees with the analysis and conclusion of this applicable rule.

APPLICABLE RULE	
R 400.14206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	<p>The complainant reports the facility is understaffed.</p> <p>Staff #1, #2, #3, #4 stated there is always an employee at the facility for 3 shifts a day. Staff #1, #2, #3, #4 stated all residents are able to transfer and ambulate and none of the residents require a 2 person assist.</p> <p>Resident A, B, C & D each stated there is always a staff person at the facility.</p> <p>Ms. Paganelli and Ms. Labie stated there is sufficient staff at the facility at all times.</p> <p>The staff schedule documents one staff on duty per shift.</p> <p>Resident Assessment Plans supports a 1:5 staff ratio as none of the residents require a 2 person assist.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDING

INVESTIGATION: On 05/14/2019, I interviewed Staff #3 via telephone. Staff #3 stated she believes the complaint regarding “ignore” Resident A, references the staff communication log written in March 2019. Staff #3 stated an entry was made by Staff #2, stating Resident A should not be allowed to have pop or cigarettes after a certain time and if she asks for them to “ignore” Resident A. Staff #3 stated all staff refer to the daily communication log to keep up to date on the daily activities of the

residents. Staff #3 stated she never has to deny Resident A pop or cigarettes as Resident is easily re-directable and so she redirects Resident A and does not have to deny her anything.

On 05/15/2019, I interviewed Staff #4 via telephone. Staff #4 stated Resident A asked for a soda, so she gave Resident A a soda and a former staff told Staff #4 that Resident A cannot have that. Staff #4 stated she was directed to the communication log where it was documented by Staff #2 that after 8PM, Resident A is not allowed to have drinks but can have water only with her medications. In addition; the communication log stated if Resident A asks for soda, cigarettes or mints when it's not time, staff are to "ignore" Resident A. Staff #4 stated she thinks the entry was not meant in a malicious way but rather it was worded poorly. Staff #4 stated nevertheless, they follow this plan of not giving Resident A anything to eat or drink after 8PM.

On 05/15/2019, I received and reviewed Resident A's Assessment Plan for AFC Residents dated 05/24/2018 and signed by Resident A and Ms. Labie. The Assessment Plan does not document any special instructions in regard to Resident A's ability to have food or drink after 8PM. The Assessment Plan does not document any special instructions regarding Resident A's restrictions with pop, cigarettes or mints.

On 05/16/2019, once I had more information regarding the nature of the complaint, that staff are told to "ignore" Resident A, I re-interviewed Staff #1 via telephone. Staff #1 stated Resident A's mints, cigarettes and pop are "rationed out" because if that wasn't done, Resident A would eat all her mints, drink all her pop and smoke all her cigarettes one right after the other because her short-term memory is poor. Staff #1 stated if Resident A "can have it, I give it to her but if she has had her allotment for the day, I won't." Staff #1 stated she does not give Resident A anything to eat or drink after 8PM per Resident A's "care plan." Staff #1 stated she has not seen Resident A's "care plan" but thinks this is documented in a plan.

On 05/16/2019, I interviewed Licensee Laurie Labie via telephone. Ms. Labie stated none of the staff have been told to ignore Resident A or to deprive her of any of the things she likes. Ms. Labie states the facility keeps a reminder list posted in the facility for Resident A to check on how many drinks, cigarettes and mints she has had to assist her with her memory and hopefully keep her from requesting these items continuously from staff. Ms. Labie states Ms. Paganelli has worked very hard with Resident A's case manager on putting together a plan however, she is not certain that the plan is complete and on file at the facility for staff to review. Ms. Labie stated all of the parameters set for Resident A at the facility on the reminder list is a guidance not mandatory, it's not a restriction but a suggestion.

On 05/17/2019, I re-interviewed Staff #2 via telephone. Staff #2 stated she is not certain who wrote in the communication log to ignore Resident A's requests for mints, cigarettes and pop after 8:00PM. Staff #2 acknowledged she read the

communication log on March 27, 2019 when Staff #4 brought the documentation to her (Staff #2's) attention. Staff #2 states she agrees the way the communication was worded was not the best way information could have been relayed. Staff #2 stated items such as pop, mints and cigarettes are restricted because Resident A will forget and ask over and over to have those items until they are gone. Staff #2 stated staff know to redirect Resident A or remind Resident A that she needs to wait until it's time to have special items. Staff #2 states the facility has a chart for Resident A to check to help remind her when she can have those items. Staff #2 stated there is a PCP (Person Centered Plan) on file at the facility for Resident A and stated this plan has been in place for the entire time she (Staff #2) has worked at this facility (which has been approximately 3 months). Staff #2 states the PCP documents Resident A will only drink ½ can of pop and 3 cups of coffee a day. Resident A states she does not ignore Resident A but "redirects" Resident A when she is not able to have items such as mints, cigarettes and pop.

On 05/17/2019, I received and reviewed the PCP document dated 04/02/2019, signed by Kelli Bandstra, LMSW, case manager through MI Choice Waiver services. The PCP documents since 02/23/2017 with no end date, 'Staff will oversee and cue her (Resident A) as needed, (Resident A) will only drink ½ can of pop and three cups of coffee per day.' '(Resident A) will report that she is able to complete the reminder list 6 days a week, (Resident A) will check the reminder list 2 times each day as needed, staff will encourage reminders.'

On 05/16/2019, I received and reviewed the page of the communication log dated 03/27/2019. The communication log documented the following: '(Resident A) is not to have drinks after 8PM please. She may have water with meds but that's it. If (Resident A) repeatedly asks for pop, mints or cigarettes when it's not time for them please ignore-if it becomes too much she knows better. Also, (Resident A's) pop stays downstairs.'

On 05/20/2019, I conducted an Exit Conference with Licensee, Laurie Labie. Ms. Labie stated Resident A had a Mi Choice care plan prior to the 04/02/2019 care plan written by Mi Choice Waiver that spelled out the parameters of Resident A's use of coffee, pop, cigarettes as staff are handling it now. Unfortunately, the new care plan dated 04/02/2019 does not continue to specify those parameters. Ms. Labie acknowledged that the assessment plan does not document any parameters regarding Resident A's use of pop, mints or cigarettes. Ms. Labie states she will submit an acceptable corrective action plan and will update Resident A's assessment plan and try to get better documentation on the MI Choice Waiver care plan.

APPLICABLE RULE	
R 400.14303	Resident care; licensee responsibilities.

	<p>(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.</p>
<p>ANALYSIS:</p>	<p>Staff #1 stated she does not give Resident A anything to eat or drink after 8PM per Resident A's "care plan."</p> <p>Staff #2 stated the staff communication log documents Resident A should not be allowed to have mints, pop or cigarettes after a certain time and if she asks for them to ignore it.</p> <p>Staff #3 & #4 stated the communication log documents if Resident A asks for soda, cigarettes or mints when it's not time, staff are to ignore Resident A.</p> <p>The communication log documented: '(Resident A) is not to have drinks after 8PM. If (Resident A) repeatedly asks for pop, mints or cigarettes when it's not time for them please ignore-if it becomes too much she knows better.'</p> <p>Resident A's Assessment Plan does not document any special instructions in regard to Resident A's ability to have food or drink after 8PM. The Assessment Plan does not document any special instructions regarding Resident A's restrictions with pop, cigarettes or mints.</p> <p>Resident A's PCP documents Resident A will only drink ½ can of pop and three cups of coffee per day and staff will encourage reminders.</p> <p>Based on investigative findings, there is sufficient evidence to support a rule violation that staff are following differing versions of an assessed need for Resident A that is not documented at all in the resident assessment plan or properly documented in Resident A's PCP.</p>
<p>CONCLUSION:</p>	<p>VIOLATION ESTABLISHED</p>

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend the current status of the license remain unchanged.

Elizabeth Elliott

05/21/2019

Elizabeth Elliott
Licensing Consultant

Date

Approved By:

Jerry Hendrick

05/21/2019

Jerry Hendrick
Area Manager

Date