



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 19, 2019

Manda Ayoub  
Pomeroy Living Rochester Assisted  
3466 South Blvd. W.  
Rochester Hills, MI 48309

RE: License #: AH630338700  
Investigation #: 2020A0585004  
Pomeroy Living Rochester Assisted

Dear Ms Ayoub:

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 "Brender Howard".

Brender Howard, Licensing Staff  
Bureau of Community and Health Systems  
51111 Woodward Avenue, 4<sup>th</sup> Floor, Suite 4B  
Pontiac, MI 48342  
(313) 268-1788  
enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH630338700
<b>Investigation #:</b>	2020A0585004
<b>Complaint Receipt Date:</b>	10/03/2019
<b>Investigation Initiation Date:</b>	10/09/2019
<b>Report Due Date:</b>	12/02/2019
<b>Licensee Name:</b>	Pomkal Rochester Assisted, LLC
<b>Licensee Address:</b>	Suite 100 25480 Telegraph Road Southfield, MI 48033
<b>Licensee Telephone #:</b>	(248) 354-7200
<b>Authorized Representative:</b>	Manda Ayoub
<b>Administrator:</b>	Sandra Haywood
<b>Name of Facility:</b>	Pomeroy Living Rochester Assisted
<b>Facility Address:</b>	3466 South Blvd. W. Rochester Hills, MI 48309
<b>Facility Telephone #:</b>	(248) 564-2200
<b>Original Issuance Date:</b>	05/22/2015
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	08/07/2019
<b>Expiration Date:</b>	08/06/2020
<b>Capacity:</b>	84
<b>Program Type:</b>	ALZHEIMERS/AGED

ALLEGATION(S)

	<b>Violation Established?</b>
There are no wipes for the residents.	No
Insufficient staff on duty.	Yes
The staff lack training.	No
There are bed bugs in one part of the building.	No
Additional Findings	No

**II. METHODOLOGY**

10/03/2019	Special Investigation Intake 2020A0585004
10/09/2019	Special Investigation Initiated - Telephone Called Adult Protective Service due to it being referred by them.
10/11/2019	APS Referral Received call from APS worker Tameia Kelly to discuss allegations.
10/22/2019	Inspection Completed On-site Completed with observation, interview and record review.
10/22/2019	Inspection Completed-BCAL Sub. Compliance
11/21/2019	Exit Conference Conducted with the authorized representative Manda Ayoub.

**ALLEGATION:**

**There are no wipes for the residents.**

**INVESTIGATION:**

On 10/2/19, the department received these complaints from adult protective services (APS) via the BCAL online complaint website. There was no listed complainant.

The complaint alleges that there were no wipes or pads for staff to use during the provision of care to the residents. It should be noted that there is no home for the aged licensing rule that requires wipe or pad usage during the provision of care.

On 10/22/19, I interviewed the administrator Sandra Haywood at the facility. Ms. Haywood stated that the facility is well stocked with supplies. She stated that the supplies are both in resident rooms and within the facility supply room.

On 10/22/19, I interviewed wellness nurse Chiquetta Bussey at the facility. Ms. Bussey stated that they historically kept all the wipes at the nurses' station, but the supplies were disappearing, so they moved them and put two packages at a time in each resident's room. Her statement coincided with Ms. Haywood that the rest of the wipes and other supplies are stored in the supply room.

An observation of the supplies in residents' room and in the supply, room coincided with Ms. Bussey's statement.

<b>APPLICABLE RULE</b>	
<b>R 325.1921</b>	<b>Governing bodies, administrators, and supervisors.</b>
	<b>(1) The owner, operator, and governing body of a home shall do all the following:</b>  <b>(a) Assume full legal responsibility for the overall conduct and operation of the home.</b>
<b>ANALYSIS:</b>	The facility is well stocked with supplies to meet the needs of the resident. This claim could not be substantiated.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Insufficient staff on duty.**

**INVESTIGATION:**

The complaint noted that there are concerns that the residents are not receiving proper care due to staff shortage and often there is only one aide to work the hallway. It notes that residents are not being changed often resulting in them laying in their own waste for long periods of time. It also read that on 10/1/19, there was no staff to work a hallway of residents, and staff had to be relocated.

The facility floor plan comprises two units on one floor. The units are assisted living and memory care. All residents' rooms and bathrooms are outfitted with a pull cord system that summons staff for assistance by means of an audible alarm throughout the facility. The memory care unit is a locked unit with entry by a key fob.

On 10/22/19, I requested from Ms. Haywood the facility resident census, staff work schedule for the previous 120 days and the detailed event report (call light audit) for selected dates.

Ms. Haywood stated that she was new to the facility and had only been there for a week. Ms. Haywood stated that the care needs of the residents were being met. She stated that the facility is fully staffed. She stated that they are in the process of hiring extra staff.

Ms. Bussey stated there are three hallways with two resident care aides and a medication technician on each. She stated that they caught seven people sleeping on the night shift and terminated all of them. She stated that they have been allowing the dayshift staff to pick-up extra hours. She stated that there are enough staff to care for the needs of the residents. She stated that medication technicians also assist with personal care. She stated that she has heard that the midnight shift was not changing the residents on established frequency. She stated that it was an issue with coverage, and she moved additional staff time 15 to 30 minutes to stay over to ensure adequate coverage.

On 10/22/19, I interviewed resident care aide Samantha Williams at the facility. She stated that there are two caregivers and one medication technician working on the assisted living side. She stated that medication technicians assist with personal care of residents. She stated that care aides respond to call lights no later than five minutes.

On 10/22/19, I interviewed medication technician/care aide Tameka Parks at the facility. Ms. Parks' statement coincided with Ms. William that medication technician assist with personal care of the residents.

On 10/22/19, I interviewed Resident M at the facility. Resident M stated that it does appear there is a staff turnover. She stated there that is not enough staff to care for her. She stated that staff do not check on her throughout the day and sometimes they only come in once. In addition, She stated that there supposed to be two persons to transfer her or assist her with toileting but often there are only one.

The service plan for Resident M read she was admitted to the facility on 8/31/19 with diagnoses that includes urinary tract infection, muscle spasm, rheumatoid arthritis, major depressive disorder and deep veins of unspecified of lower extremity. It also read, resident requires total assistance with dressing, two-person assistance for bathing, and is incontinent of bowels and bladder. The plan read that resident does

not walk independently and to check in with resident to make sure all needs are met before dinner.

On 10/22/19, I observed Resident N at the facility. Resident appeared happy and clean. No signs of distress noted. Resident N was not able to be interviewed due to her health issues.

The service plan for Resident N read that she was admitted to the facility on 5/3/19 with diagnoses that include hypertension, atrial fibrillation and flutter, dementia, and heart failure. It also read that Resident N requires one-person assistance for transfers. She can make her needs known. It also read that she needs assistance to use toilet and that she is a fall risk.

On 10/22/19, I interviewed Resident O at the facility. Resident O stated that the service was nasty. He stated that he has pushed the button for an hour, and no one comes. He stated that he fell in the bathroom and laid on the floor for over two hours.

The service plan for Resident O read that he was admitted into the facility on 8/14/19 with diagnoses that include diabetes mellitus, and edema. The plan read that assistance is needed to use toilet and maintain bladder continence. It also read that assistance is needed to transfer onto the toilet.

I reviewed the detailed event report which noted the following:

10/08	01:22 AM	63 minutes response time
10/08	05:20 AM	38 minutes response time
10/08	05:50 AM	35 minutes response time
10/08	02:21 PM	27 minutes response time
10/08	02:36 PM	35 minutes response time
10/08	02:50 PM	28 minutes response time
10/08	06:02 PM	29 minutes response time
10/08	06:04 PM	33 minutes response time
10/08	07:27 PM	26 minutes response time
10/08	07:40 PM	139 minutes response time
10/08	08:43 PM	77 minutes response time
10/08	09:09 PM	47 minutes response time
10/08	09:12 PM	43 minutes response time
10/14	09:37 AM	29 minutes response time
10/14	12:00 PM	30 minutes response time
10/14	12:48 PM	40 minutes response time
10/14	03:54 PM	33 minutes response time
10/14	06:31 PM	26 minutes response time
10/14	07:27 PM	46 minutes response time
10/14	07:45 PM	27 minutes response time
10/19	05:56 AM	42 minutes response time

10/19 07:36 AM 27 minutes response time  
 10/19 07:39 AM 27 minutes response time  
 10/19 10:45 AM 58 minutes response time  
 10/19 01:02 PM 25 minutes response time

A review of the staff schedule notes the following:

10/1 there was two call ins on the midnight shift, 10/7 there was three call ins on the day shift and two call ins on the midnight shift, 10/8 two call ins day shift, 10/9 two call ins midnight shift, 10/14 two call ins afternoon shift, 10/19 two call ins afternoon shift, 10/20 days three call ins midnight shift.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<b>(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.</b>
<b>ANALYSIS:</b>	Resident interviews reveal a concern regarding the staffing levels and provision of care by one staff member when the service plan directs two for safe transfers. Interviews with Ms. Bussey reveal an unprecedented number of employees were terminated, leading to what appears to be scheduling challenges. Given this fact, along with review of the staff schedule showing frequent call off's by employees and 25 episodes of excessively long staff response times to residents call for assistance, the facility did not demonstrate compliance with this rule.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**The staff lack training.**

**INVESTIGATION:**

Ms. Bussey stated that staff are trained by her. She stated that medication technicians are trained by corporate. She stated that training included infection control, resident rights, personal/basic care, abuse, as well as other training pertaining to the caring for the elderly population.

On 10/22/19, I interviewed resident care aide Tameka Parks at the facility. She said her training consisted of resident rights, personal care, infection control, abuse, and transfers when first hired and in-service training on a frequent basis. She stated that her most recent in-service was last week.

Ms. Williams' statement coincided with Ms. Parks and Ms. Bussey about training staff receive.

A review of training documents, reveals that training was consistent to Ms. Bussey's statement.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<p><b>(6) The home shall establish and implements a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:</b></p> <p><b>(a) Reporting requirements and documentation.</b></p> <p><b>(b) First aid and/or medication, if any.</b></p> <p><b>(c) Personal care.</b></p> <p><b>(d) Resident rights and responsibilities.</b></p> <p><b>(e) Safety and fire prevention.</b></p> <p><b>(f) Containment of infectious disease and standard precautions.</b></p> <p><b>(g) Medication administration, if applicable.</b></p>
<b>ANALYSIS:</b>	Records reviewed and interview with staff reveal that training was consistent to provide care to meet the needs of the residents. This claim could not be substantiated.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**There are bed bugs in one part of the building.**

**INVESTIGATION:**

Ms. Bussey stated that nobody has reported to her about bugs being in the facility. She stated that staff are told to report all pest activity.

I interviewed the housekeeper Tracy Smith and April Worden and both stated that they have never seen any bed bugs at the facility. They stated that no one has reported any sighting of bed bugs or roaches to them.



Ms. Williams stated that she has never seen any bed bugs at the facility nor have anyone reported to her about seeing bed bugs.

Residents M, and O stated they have not witnessed any pest in their rooms or any other place in the building.

I selected random rooms at the facility to inspect for bed bugs and found none.

<b>APPLICABLE RULE</b>	
<b>R 325.1978</b>	<b>Insect and vermin control.</b>
	<b>(1) A home shall be kept free from insects and vermin.(2) Pest control procedures shall comply with MCL 324.8301 et seq.</b>
<b>ANALYSIS:</b>	Based on observation and interview with residents and staff, there is no evidence to support this claim.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

On 11/21/19, I shared the findings of this report with the licensee authorized representative Manda Ayoub.

### III. RECOMMENDATION

It is recommended that the status of the license remain unchanged.

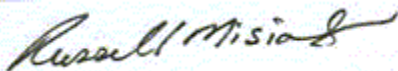


11/19/19

Brender Howard  
Licensing Staff

Date

Approved By:



11/19/19

Russell B. Misiak  
Area Manager

Date