



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 17, 2020

Carol Gardiner
Pleasant View Manor Inc
6153 Brown Road
Parma, MI 49269

RE: License #: AL380007066
Investigation #: 2020A0007017
Pleasant View Manor Inc

Dear Ms. Gardiner:

Attached is the Special Investigation Report for the above referenced facility. Due to the severity of the violations, disciplinary action against your license is recommended. You will be notified in writing of the department's action and your options for resolution of this matter.

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
301 E. Louis Glick Hwy
Jackson, MI 49201
(517) 262-8604

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL380007066
Investigation #:	2020A0007017
Complaint Receipt Date:	02/07/2020
Investigation Initiation Date:	02/07/2020
Report Due Date:	03/08/2020
Licensee Name:	Pleasant View Manor Inc
Licensee Address:	6153 Brown Road Parma, MI 49269
Licensee Telephone #:	(517) 531-4226
Administrator:	Carol Gardiner
Licensee Designee:	Carol Gardiner
Name of Facility:	Pleasant View Manor Inc
Facility Address:	6153 Brown Road Parma, MI 49269
Facility Telephone #:	(517) 531-4226
Original Issuance Date:	05/28/1985
License Status:	REGULAR
Effective Date:	08/08/2019
Expiration Date:	08/07/2021
Capacity:	16
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Concern that Carol Gardiner, Licensee Designee, is unable to properly care for the residents, due to her own failing health.	Yes
Additional Findings	Yes

III. METHODOLOGY

02/07/2020	Special Investigation Intake - 2020A0007017
02/07/2020	Special Investigation Initiated – Telephone call to APS Worker #1.
02/10/2020	Contact - Document Received - Additional information received.
02/10/2020	Inspection Completed On-site - Unannounced - Face to face contact with Ms. Serrano, Resident A, Resident B, two other residents, and two visitors.
02/11/2020	Contact - Face to Face contact with APS Supervisor #1. Status update provided.
02/11/2020	Contact - Telephone call made to the facility x2 - no answer; I was unable to leave a message.
02/11/2020	Contact - Telephone call made to Witness #1.
02/11/2020	Contact - Document Sent - Medical Clearance Form.
02/12/2020	Inspection Completed On-site - Unannounced - Face to face contact with Ms. Serrano, Family Member #1 and residents.
02/13/2020	Contact - Telephone call made to Ms. Serrano. Discussion.
02/13/2020	Contact - Document Received - Information from Witness #1.
02/13/2020	Contact - Face to Face with APS Supervisor #1. Status update provided.
02/13/2020	Contact - Telephone call made message left for Family Member #2.

02/13/2020	Contact - Telephone call received - discussion with Family Member #2.
02/14/2020	APS Referral made.
02/14/2020	Contact - Telephone call made - discussion with Family Member #2.
02/14/2020	Inspection Completed On-site - Unannounced - On-site inspection conducted with APS Worker #2. Face to face contact with Ms. Serrano, Case Manager #1, Resident A, Resident B, Resident D, Resident E, Resident F, Resident G, Resident I, and Resident J. Note: Face to face contact was not made with Resident H and Resident C. Resident C remains in the hospital.
02/14/2020	Contact - Telephone call made - discussion with Family Member #2.
02/14/2020	Contact - Face to Face with APS Supervisor #1. Status update regarding new homes for the residents.
02/17/2020	Contact - Telephone call received from Witness #1.
02/18/2020	Contact - Telephone call made to Witness #1.
02/18/2020	Contact - Face to Face with APS Supervisor #1 and APS Worker #3. Status update.
02/18/2020	Inspection Completed On-site unannounced - Face to face contact with Ms. Serrano, Resident A, Resident D, Resident F, and Resident I and visitors.
02/18/2020	Contact - Telephone call received from FM #2. Ms. Gardiner passed away this morning.
02/18/2020	Contact - Face to Face with APS Supervisor #1 and APS Worker #3. Status update provided.
02/18/2020	Contact - Telephone call received from Ms. Serrano. There are no more residents in the home.
02/26/2020	Exit Conference - The exit conference was not conducted, as Ms. Gardiner, Licensee Designee, passed away during the course of this investigation.

ALLEGATIONS:

Concern that Carol Gardiner, Licensee Designee, is unable to properly care for the residents, due to her own failing health.

INVESTIGATION:

As a part of this investigation, I reviewed the complaint for additional information. A summary of the complaint included the following:

Ms. Gardiner (68) is the licensee and primary caregiver, and she lives in the home fulltime. There is a lot of emotion tied to the business for Ms. Gardiner. The complainant believes that Ms. Gardiner is trying to hold on to the business, but because of this, she is being negligent to the residents. Ms. Gardiner is not in good health. Ms. Gardiner is currently in surgery. Ms. Gardiner's time may be limited, she will need to recover, and she will be on dialysis. Ms. Gardiner's husband, Mr. Gardiner became ill, and he may be put into a nursing home.

After surgery, Ms. Gardiner is going to be hospitalized for 2-3 days. Ms. Gardiner believes that once she is home, she will be able to get back to work. Ms. Gardiner only has one employee who is working herself while Ms. Gardiner is gone; her qualifications are unknown. There is no one else to step in, to take care of the residents, in case of an emergency. According to the complainant, the facility smells like urine, the food is awful, and the residents are chain smoking on the porch. Licensing should be made aware of the situation. Ms. Gardiner also told the complainant that she has the residents working in the facility to help take care of other residents. Stronger residents are helping pick up residents and shovel snow. This might be a violation. Allegations that Ms. Gardiner's mental health and memory is declining as well.

It should be noted that there was a pending special investigation regarding the residents being neglected when this complaint was received. Please see SIR #2020A0007010 for additional information.

On February 7, 2020, I spoke with APS Worker #1 and she informed me that she was aware that Ms. Gardiner was going to have a procedure done. According to APS Worker #1, Ms. Gardiner told her she would not be able to work for about a week; however, Ms. Serrano, Direct Care Staff (Part-time Live-in Employee), would be there. APS Worker #1 was at the home last week and it did not smell of urine. According to APS Worker #1, APS Worker #2 also has a resident placed in the home.

On February 10, 2020, additional information was received. It was reported to LARA that on February 7, 2020, Ms. Gardiner underwent surgery at Hospital #1. Following the surgery, Ms. Gardiner suffered medical complications and continues to be hospitalized. Ms. Gardiner's physical health is declining, and she may be transferred

to another facility for a higher level of care. It's known who is providing care for the residents.

On this same day, it was also reported to LARA that Ms. Gardiner had been hospitalized and likely will not be able to return to the home in the foreseeable future, due to the critical nature of her illness. She provides care to twelve residents, who are currently left unattended.

On February 10, 2020, I conducted an unannounced on-site investigation and made face to face contact with Ms. Serrano, Direct Care Staff, Resident A, Resident B, two other residents, and two visitors. Upon arrival to the home, the outside smoking area was noted to smell of cigarette smoke. Once in the home, it was observed to be calm and quiet. Two female residents were sitting chatting and Ms. Serrano, Direct Care Staff, was working in the kitchen. I inquired about Ms. Gardiner's condition. Ms. Serrano informed me that the original plan was for Ms. Gardiner to have the procedure and be home by today (2/10/2020); however, she's had some complications. Ms. Serrano informed me that Ms. Gardiner was currently in the Intensive Care Unit (ICU). Ms. Serrano also informed me that she had a toothache but that it was manageable. I inquired about her plan, if she needed someone to replace her, and Ms. Serrano stated she didn't know what she would do. I informed her that if for some reason, she was unable to continue to care for the residents, she would need to contact APS and AFC Licensing immediately. Ms. Serrano agreed to this plan and she assured me that she would not leave the residents unattended.

We discussed what the residents had for breakfast and lunch that day and the plans for dinner. Ms. Serrano reported to have enough food to last about two weeks, and there was also food in the freezer. I observed food in the home.

Regarding the residents, Ms. Serrano informed me that most of the residents are independent and only require prompts with completing their hygiene, with the exception of Resident C. According to Ms. Serrano, Resident C has been in the hospital for the past two weeks, but she should be returning to the home soon. We discussed upcoming medical appointments for the other residents and Ms. Serrano stated that there were no appointments scheduled during the next ten days; however, there were at least three appointments scheduled towards the end of February. Ms. Serrano stated that she would see if her boyfriend could take them to the appointments. I informed her that he would need to meet the (volunteer) requirements first, and given the situation, this was not a viable solution. I informed her that he could not take the residents to their appointments. Ms. Serrano also suggested contacting the family members. I informed her that if they had already been involved and they have guardian's approval (if applicable), then this would be a better option; and case management was also an option (if applicable).

I inquired if the residents were providing care for each other, or shoveling the snow, and Ms. Serrano informed me that they were not.

While at the facility, I noted that there was a slight urine odor. Ms. Serrano informed me that she smelled it too; but she needed to figure out where the odor was coming from.

I interviewed Resident A and we discussed the food. She reported that the food was good, and she reported no concerns.

On February 11, 2020, I spoke to Witness #1. She informed me that Ms. Gardiner was currently in critical care and she was either going back into surgery or in recovery. Witness #1 explained that Ms. Gardiner was very sick and there were severe complications with her medical procedure.

On February 12, 2020, I conducted an unannounced on-site investigation and made face to face contact with Ms. Serrano and inquired about how Ms. Gardiner was doing. Ms. Serrano informed me that she had fluid around her heart, and she was unable to communicate.

Regarding resident care, Ms. Serrano reported that the residents were being cared for and ADLs were completed. Ms. Serrano stated that she made a grocery list of items she needed to prepare meals for the next several days. She stated she had two weeks' worth of meat in the freezer, but she would be needing more pasta, fruit, and vegetables to go along with the meals. Ms. Serrano planned to send her boyfriend to the store and purchase the food out of her own money.

While I was at the facility, I reviewed the files, gathering specific information regarding each resident. There was a total of eleven residents admitted into the home, and one resident (Resident C) was currently in the hospital.

As I was completing the file reviews, Family Member #1 (FM #1) (Ms. Gardiner's daughter) arrived at the home. I asked how FM #1 was doing and inquired about the health status of Ms. Gardiner. FM #1 stated that she wanted to respect her mother's privacy, as she didn't want to discuss the specifics. FM #1 expressed that she was concerned about her mothers' current condition and she was hopeful that her condition would improve. Regarding the business, FM #1 indicated that her main priority was her mother at that moment. FM #1 stated that in the past, she has helped her mother out with the home, by cleaning and visiting with the residents, but she has not provided any day to day or personal care. She informed me that she submitted fingerprints and completed CPR and First Aid training in the past.

FM #1 also stated that the business was in a trust with her (maternal) aunt, Family Member #2 (FM #2), and her name (FM #2) is on the property. I informed FM #1 that I was not aware of this information. FM #1 informed me that FM #2 would step in and provide funding or whatever was needed to care for the residents. FM #1 strongly encouraged me to talk with her aunt regarding the status of the business.

On February 13, 2020, I spoke to Ms. Serrano on the phone. She reported to have enough food to get through the next couple days. She also stated that FM #2 would be at the home that day. Ms. Serrano also informed me that Resident K moved out of the home yesterday. Resident K had already been working with her case manager to find a new home. The total number of residents admitted into the home was ten (Resident C remained in the hospital).

On February 13, 2020, Witness#1 informed me that Ms. Gardiner was unable to sign the medical form, giving consent for the physician to provide information regarding her medical status.

On February 13, 2020, FM #2, returned my phone call. Understandably, FM #2 was upset regarding her sister's condition. FM #2 explained that the situation was not good, as Ms. Gardiner had gone through four emergency surgeries in five days. FM #2 stated this was a bad situation and she didn't know what to do, as no one could give timeframes regarding how long it would take for Ms. Gardiner to recover. According to FM #2, Ms. Gardiner remained in Critical Care, she was resting comfortably, but there were no plans to move her from the Intensive Care Unit.

Regarding the AFC home, FM #2 recalled and talked about the home and that it was started by her parents, many years ago. Eventually, her sister (Ms. Gardiner), took over and ran the business. FM #2 explained that she never worked in the home, she was never trained; and described herself as "a fish out of water." FM #2 was concerned as to how to move forward, given the situation. According to FM #2, Ms. Serrano was currently working in the home, but she would not be able to operate the home, alone, for the next several months. FM #2 expressed that she was struggling with the decision; as she didn't want a bad mark on the facility name if it closed, she didn't want to lose the business built by her family, and there was a chance that a Ms. Gardiner could possibly recover and return to her home in the future.

FM #2 informed me that their mother passed away twelve years ago, and Ms. Gardiner was the Executor of the Estate; however, there were issues with things getting done. Approximately two years ago, the Judge (name unknown) said they could no longer keep the will/estate open, and the business was put into a trust. Both FM #2 and Ms. Gardiner are named heads of the trust.

FM #2 informed me that her name was on the trust, not the business. Her role would be to distribute the assets of the properties and farmland. FM #2 also stated that she didn't have any signing powers, and her name was not on the facility checking account.

FM #2 stated that she needed to make sure the residents were okay, as she was concerned for the plans of their future care. FM #2 described herself as a very responsible person. FM #2 informed me that she just wanted everything to work out. FM #2 stated that she didn't have the capability to run the home for the next several weeks or months and she didn't see a way to continue. FM #2 reported to be able to

continue supporting the business for approximately five to seven days. FM #2 reported that she would be in contact with an attorney.

We discussed the plan to purchase more groceries, and FM #2 assured me that the residents would be taken care of. During the conversation, FM #2 questioned if she was telling me too much information. I explained the need for the information for the investigation, I thanked her for being honest with me, and assured her that we would figure out a plan.

On February 14, 2020, I spoke with FM #2. She reported that Ms. Gardiner's condition had not improved, and if she survived, it would be "months and months" before she could return home. She informed me that they found the petty cash to purchase more food. FM #2 assured me that the residents would be taken care of and they would not go without what they needed. She also expressed that she was concerned for Ms. Serrano, as they care about her too; she has worked with Ms. Gardiner for ten years, and they're friends.

On February 14, 2020, APS Worker #2 and I conducted an unannounced on-site investigation. We made face to face contact with Ms. Serrano, Case Manager #1, Resident A, Resident B, Resident D, Resident E, Resident F, Resident G, Resident I, and Resident J. Face to face contact was not made with Resident H and Resident C. Resident C remains in the hospital. When we arrived, some of the residents were finishing up lunch. They were having goulash, bread and butter, donuts and juice. According to Ms. Serrano, FM #1 would also be bringing more food that day. She agreed to send me a picture of the food once received. A few hours later, Ms. Serrano sent me a picture of the groceries.

On February 14, 2020, I spoke with FM #2 again. She informed me that the groceries had been delivered to the home. FM #2 talked about her appreciation for Ms. Serrano and stated she couldn't have done this without her help. During our phone call, I also explained the disciplinary process.

On February 14, 2020, I spoke with APS Supervisor #1. She provided me with an update regarding the resident placements and where they would be relocating to.

On February 17, 2020, Witness#1 left me a message, informing that comfort measures were being provided for Ms. Gardiner.

On February 18, 2020, I returned the phone call to Witness #1, as February 17th was a holiday. She informed me that the family members have visited with Ms. Gardiner, and their waiting, as her condition has not changed for the better.

After speaking with Witness #1, I provided APS Supervisor #1 with a status update, as they continued to find placements for the residents. APS Worker #3 was on-call, and she went to the home more than once, over the weekend.

On February 18, 2020, I conducted an unannounced on-site investigation and it was noted that the home had a strong odor of urine. While at the home, I made face to face contact with Ms. Serrano, Resident A, Resident D, Resident F, and Resident I. Responsible parties were at the facility to pick up Resident D, Resident F, and Resident I, when I arrived at the home. Resident A was the only resident left and her aunt would be there to pick her up at 3:00 p.m. Ms. Serrano informed me that she would call once the last resident had left the home.

On February 18, 2020, I received a phone call from FM #2, and she informed me that Ms. Gardiner had passed away that morning. I then informed APS Supervisor #1 of Ms. Gardiner's passing.

On this same day, Ms. Serrano called me and informed that the last resident had left the home, going to her new placement. Ms. Serrano stated she was going to take a little time to process everything.

A review of this Domestic Profit Corporation on the State of Michigan Department of Licensing and Regulatory Affairs' website demonstrates that the corporation was incorporated on July 30, 1974 and dissolved on July 15, 2016. Ms. Gardiner did not report these changes to LARA at that time.

On the renewal application, signed and dated June 27, 2015, by Ms. Gardiner, she only lists herself as having ownership interest in the business. No names were included for ownership interest in the property.

On the renewal application, signed and dated August 6, 2019, by Ms. Gardiner, she only lists herself as having ownership interest in the business. She listed FM #2, and three other individuals (Individual #1, #2, and #3) as having ownership interest in the property. These changes were not discussed with licensing. These names were not included on previous applications.

APPLICABLE RULE	
R 400.15205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(1) A licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household shall be in such physical and mental health so as not to negatively affect either the health of the resident or the quality of the resident's care.

ANALYSIS:	<p>It was alleged that Carol Gardiner, Licensee Designee, was unable to properly care for the residents, due to her own failing health.</p> <p>On February 7, 2020, Ms. Gardiner underwent a medical procedure. Following the surgery, Ms. Gardiner suffered serious medical complications and continued to be hospitalized.</p> <p>On February 13, 2020, Witness#1 informed me that Ms. Gardiner was unable to sign the medical form, giving consent for the physician to provide information regarding her medical status.</p> <p>On February 14, 2020, FM #2 reported that Ms. Gardiner’s condition had not improved, and if she survived, it would be “months and months” before she could return home.</p> <p>During the course of this investigation, Ms. Serrano, Direct Care Staff, lived in the home and provided care for the residents. However, Ms. Serrano could not run the business or continue to provide care for the residents (for more than another week) and there was no one else to operate the home; thus, all of the residents were relocated to new homes.</p> <p>Based on the information gathered during this investigation and provided above, it’s concluded that there is a preponderance of the evidence to support the allegations that Ms. Gardiner was unable to care for herself or the residents.</p> <p>On February 18, 2020, Family Member #2 informed me that Ms. Gardiner had passed away that morning.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On February 10, 2020, I noted that there was a slight urine odor in the home. Ms. Serrano informed me that she smelled it too; but she needed to figure out where the odor was coming from.

On February 18, 2020, I conducted an unannounced on-site investigation and it was noted that the home had a strong odor of urine. Ms. Serrano stated this was because the residents were moving items out of the home.

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.
ANALYSIS:	The home was observed to smell of urine on two separate occasions.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Ms. Gardiner, Licensee Designee, has passed away and there is no one else available to operate the home. All of the residents have been relocated to new homes. Based on this information, I recommend revocation of the license.

Mahtina Rubritius

02/26/2020

Mahtina Rubritius
Licensing Consultant

Date

Approved By:

A. Hunter

03/03/2020

Ardra Hunter
Area Manager

Date