GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 16, 2021

Lauren Gowman
Linden Square Assisted Living
650 Woodland Drive East
Saline, MI 48176

RE: License #: AH810334704
Investigation #: 2021A1027020
Linden Square Assisted Living

Dear Mrs. Gowman:

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 (517) 284-9727.

Sincerely,

Jessica Rogers

Jessica Rogers, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH810334704
Investigation #:	2021A1027020
Complaint Receipt Date:	02/25/2021
Investigation Initiation Date:	02/26/2021
Report Due Date:	04/25/2021
Licensee Name:	Linden Square Assisted Living, LLC
Licensee Address:	950 Taylor Avenue Grand Haven, MI 49417
Licensee Telephone #:	(616) 846-4700
Administrator:	Jim Smock
Authorized Representative:	Lauren Gowman
Name of Facility:	Linden Square Assisted Living
Facility Address:	650 Woodland Drive East Saline, MI 48176
Facility Telephone #:	(734) 429-7600
Original Issuance Date:	06/21/2013
License Status:	REGULAR
Effective Date:	01/10/2021
Expiration Date:	01/09/2022
Capacity:	187
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident A lacked protection.	Yes
Additional Findings	No

III. METHODOLOGY

02/25/2021	Special Investigation Intake 2021A1027020
02/26/2021	Special Investigation Initiated - Telephone Voicemail left with complainant
02/26/2021	Contact - Telephone call received Telephone interview with the complainant
03/01/2021	Contact - Document Received Received requested documentation from nurse B. Cable as requested via email
03/11/2021	Contact - Document Received Received email from complainant with additional contacts to interview pertinent to the investigation
03/12/2021	Inspection Completed On-site
03/12/2021	Contact - Telephone call made Telephone interview conducted with Resident A's physical therapist
03/12/2021	Contact - Telephone call made Telephone interview conducted with medication technician J. Powell
03/12/2021	Contact - Telephone call made Left voicemail with shift supervisor K. Goetz
03/16/2021	Contact – Telephone call made Left voicemail with shift supervisor K. Goetz
03/16/2021	Inspection Completed – BCAL Sub. Compliance

03/17/2021	Contact – Telephone call received Telephone interview conducted with shift supervisor K. Goetz
04/06/2021	Exit Conference Conducted with authorized representative L. Gowman

ALLEGATION:

Resident A lacked protection.

INVESTIGATION:

On 2/25/21, the department received a complaint alleging Resident A was complaining of right arm pain multiple times on 2/9. The complainant verbally informed facility staff, emailed licensed practical nurse (LPN) Britney Cable, and administrator Jim Smock. It was reported that Resident A had fallen out of bed and reported it to medication technician James Powell. The complainant alleges that many of those staff informed deny having been informed. In addition, the complainant wrote Resident A complained of right shoulder pain for 11 days prior to receiving medical attention that determined she had a right clavicle fracture.

On 2/26/21, I conducted a telephone interview with the complainant. The complainant's statements were consistent with the allegations. The complainant stated Resident A and her spouse live in memory care together. Resident A's spouse does not have memory deficits. The complainant stated Resident A was ambulating independently initially when she admitted to the facility and now, she is only able to stand and pivot then take few steps to a wheelchair. The complainant stated she has noticed a "significant decline." The complainant stated Resident A had received physical and occupation therapy through an outside provider around the time frame the fall occurred. The complainant stated Resident A was discharged from the facility after the hospitalization on 2/11.

On 3/12/21, I conducted an onsite inspection at the facility. I interviewed Resident A's spouse; Resident B. Resident B stated Resident A slid out of bed onto the floor at night sometime. Resident B stated he assisted Resident A back to bed. Resident B stated he "realized something was hurt when she couldn't lift herself up" out of the chair. Resident B stated he informed Mr. Powell of the fall and Mr. Powell informed his supervisor. Resident B stated while facility staff assisted Resident A with dressing, she stated it hurt and often cry when the right arm was moved. Resident B stated, "many times I asked, and they kept saying they would get a nurse but never did."

On 3/12/21, I conducted a telephone interview with Mr. Powell. Mr. Powell stated on the afternoon of 1/31, Resident A and Resident B came to dinner around 4:30 pm.

Mr. Powell stated he grabbed Resident A's arm and she reported she hurt her shoulder. Mr. Powell stated he informed his shift supervisor Kristin Goetz who stated she would look it over. Mr. Powell stated he had noted Resident A had complained of right shoulder pain a few more times after he reported the injury to his shift supervisor. Mr. Powell stated Resident A had rotator cuff surgery and a scar so they thought she could possibly have arthritis.

On 3/12/21, I conducted a telephone interview with Resident A's physical therapist. The physical therapist stated she had worked with Resident A on 2/2 and she reported a three out of ten pain level for right shoulder pain. The physical therapist stated Resident A had not reported this type of pain prior therapy sessions.

On 3/17/21, I conducted a telephone interview with shift supervisor Kristin Goetz. Ms. Goetz stated she assessed Resident A's shoulder with Mr. Powell. Ms. Goetz stated she performed range of motion and noted it was limited. Ms. Goetz stated Resident A declined the ice pack offered. Ms. Goetz stated Resident A is prescribed Tylenol as needed for shoulder arthritis pain which was not requested by Resident A. Ms. Goetz stated she reported Resident A's fall to the next shift supervisor verbally and in writing. Ms. Goetz stated the written shift supervisor report was also provided to resident service coordinator Ms. Cable.

I reviewed the incident report submitted to the department on 2/12/21. The incident report read Ms. Goetz assessed Resident A on 2/1, found her range to be decreased and offered Resident A an ice pack, which Resident A declined. The incident read Resident A's spouse informed Mr. Powell on 2/9 of Resident A's pain and he administered an as needed pain medication at that time.

Resident A's service plan read Resident A was independent with toileting and required no assistance. Resident A's service plan read Resident A was a high fall risk and required monitoring for signs and symptoms of pain.

APPLICABLE RULE	
R 325.1921	**Governing bodies, administrators, and supervisors.**
	(1) The owner, operator, and governing body of a home shall do all of the following: **(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.**
For Reference: **R 325.1901**	**Definitions:** **(16) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety,**

	and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.
ANALYSIS:	Interviews with the complainant, Resident B, facility staff and review of facility documentation revealed facility staff were informed of Resident A's right shoulder pain. While there appears to be some disagreement about when notification occurred, it is obvious that Resident A verbalized to staff a new discomfort in her shoulder. The facility lacked reasonable action to ensure Resident A's well-being in a timely manner. This allegation can be substantiated.
CONCLUSION:	**VIOLATION ESTABLISHED**

On 4/6/21, I shared the findings of the report with authorized representative Lauren Gowman. Ms. Gowman verbalized understanding of the citation.

IV. RECOMMENDATION

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

3/23/21

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Jessica Rogers Date
Licensing Staff

Approved By:

4/6/21

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Russell B. Misiak Date
Area Manager