



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

Eric Simcox
Landings of Genesee Valley
4444 W. Court Street
Flint, MI 48532

June 15, 2021

RE: License #: AH250236841- Landings of Genesee Valley
Investigation #: 2021A1011029

Dear Mr. Simcox:

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 licensee authorized representative 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,

Andrea Krausmann, Licensing Staff
Bureau of Community and Health Systems
51111 Woodward Avenue 4th Floor, Suite 4B
Pontiac, MI 48342
(586) 256-1632

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH250236841
Investigation #:	2021A1011029
Complaint Receipt Date:	05/06/2021
Investigation Initiation Date:	05/07/2021
Report Due Date:	07/05/2021
Licensee Name:	Flint Michigan Retirement Housing LLC
Licensee Address:	14005 Outlook Street Overland Park, KS 66223
Licensee Telephone #:	(240) 595-6064
Administrator:	Pauline Bednarick
Authorized Representative:	Eric Simcox
Name of Facility:	Landings of Genesee Valley
Facility Address:	4444 W. Court Street Flint, MI 48532
Facility Telephone #:	(810) 720-5184
Original Issuance Date:	02/01/2001
License Status:	REGULAR
Effective Date:	03/07/2021
Expiration Date:	03/06/2022
Capacity:	114
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Insufficient staff on duty.	No
Staff schedule does not reflect who worked.	Yes
New staff are not "properly trained".	No
Additional Findings	Yes

III. METHODOLOGY

05/06/2021	Special Investigation Intake 2021A1011029
05/07/2021	Special Investigation Initiated - Letter Referral sent to adult protective services (APS) via email.
05/07/2021	APS Referral – Sent via email to adult protective services centralized intake unit.
05/07/2021	Contact - Document Received Confirmation email from APS Centralized unit that my referral was received.
05/19/2021	Contact - Document Received Additional anonymous complaint intake w/same allegations adding that new staff are "not being properly trained".
06/04/2021	Inspection Completed On-site Interviews conducted, observations made, records reviewed.
06/04/2021	Contact - Telephone call made Interviewed Cyntoia Hall.
06/07/2021	Contact - Telephone call made Left message for Lucy Rosenberg at Genesee Co. Health Dept.
06/08/2021	Contact - Telephone call received Interviewed Lucy Rosenberg at Genesee Co. Health Dept.
06/09/2021	Contact – Document received

	Clarification email from Lucy Rosenberg.
06/15/2021	Contact - Telephone call made Left message for Eric Simcox requesting call back.
06/15/2021	Exit Conference – Conducted with licensee authorized representative Eric Simcox via telephone.

ALLEGATION:

Insufficient staff on duty.

INVESTIGATION:

On 5/6 and 5/19/21, the department received allegations from an anonymous source(s). Therefore, I was unable to contact the complainant for additional information. On 5/7/21, I made a referral to adult protective services.

The written allegations read, as multiple managers have resigned due to staffing shortages and poor business ethics, Homestead Management Group manipulates the schedule to appear staffing is adequate or management is on floor when they are not. Residents' needs are not being met, residents are not changed, stay in soiled clothes or incontinence products due to the building not having enough staff to care for the residents' acuity.

On 6/4/21, I interviewed the facility's administrator Pauline Bednarick at the facility. Ms. Bednarick said it has been difficult hiring and maintaining staff, as has been typical in most facilities during this Covid pandemic. However, Ms. Bednarick said on April 5, they contracted with a staffing agency to cover openings in their schedule and said the staff are usually quite good at covering for one another when staff are off-duty. Ms. Bednarick said there are enough staff to cover all shifts. Ms. Bednarick added that administrative staff will also in on the floor to cover when staff call-off duty unexpectedly. Ms. Bednarick said the schedule has been covered and residents have received the care that they need.

On 6/4/21, I interviewed director of nursing Daisy Dodds and staff Abigail Read at the facility, as well as staff Cyntoia Hall by telephone. In regard to staffing and residents' needs being met, statements by all three staff concurred with that of Ms. Bednarick's.

On 6/4/21, I interviewed visiting hospice nurse Annette Holaday at the facility. Ms. Holaday said she attends to residents on hospice in the facility at least twice weekly. Ms. Holaday said there is never a problem with insufficient staff on duty. Ms. Holaday said she goes to various facilities, and she is "pleased" by what she sees at

this facility. She added that the staff “do a great job”. Ms. Holaday said there is never any problem locating staff when needed. The staff are communicative and open with learning how to provide various treatments to residents on hospice. The administrative staff encourage her to provide information to staff and she also provides inservices teaching staff the signs and symptoms of pain and administering PRN [as needed] medications. Ms. Holaday affirmed that she observes residents to be clean, groomed and wearing clean clothes and that the facility is very clean.

On 6/4/21, I observed residents in all four buildings to appear clean, well-groomed and wearing clean clothes. There were no noticeable odors. I interviewed eight various residents residing in each of the four buildings. I also interviewed two residents’ visiting family members, one in building #1 and one in building #2. All ten individuals had positive comments about the staff. All the residents affirmed staff assist with their needs in a timely manner and that they are treated kindly.

Resident statements included Resident A, “I love it. It’s nice for me...staff are well trained”; Resident B, “I like it here. It’s good... I have not heard any complaints”; Resident C, “I have no problems with staff. They help with showers”; Resident D, “It’s great. I’ve been here five years...The people are really nice”; Resident E, “I’ve been here two and a half years and I love it. Enough staff? Yes and they’re well trained...I have yet to ask a question that wasn’t answered”; Resident F, “They take good care of me. I find staff all the time. I like it here”; Resident G, “I’m treated very well. Real, real good. They took care of my hair. . . They’re doing good. Well-trained. They’re real good.” Residents also affirmed that staff respond to their call-alert system within a reasonable time. Resident B said if staff are busy with other residents, it might take them about ten minutes to respond to her.

The two visiting family members said when they visit they observe residents to clean, well-groomed and that their needs are being met. They denied any unpleasant odors or indications that residents are not being attended to promptly. While the two individuals were unable say with certainty that there are enough staff on duty at all times, they provided no evidence to the contrary to indicate there has been insufficient staff on duty.

The only concern about staffing was voiced by Relative C1. Resident C resides in a memory care building and Relative C1 is her family member. Relative C1 said he was not satisfied with housekeeping. He believes the facility is short on housekeeping staff and that if there were more staff then they could provide more “attention to detail to residents” but he did not elaborate what this meant.

On 6/5/21, I observed that Resident C’s room. It contained a lot of personal items and I watched her move things about the room. Most items were in containers and well-organized. I also observed a lot of clothes hung neatly in her closet, the bed was made, there was no dust on the furniture, and the room appeared clean except for a few tiny bits of paper on the floor.

Throughout the buildings, I observed a few small bags of trash tied and ready to be removed from the floor. I also observed several resident rooms that would benefit from vacuuming but not urgently needed. Bathrooms were clean and beds were made. There were no unpleasant odors.

In regard to housekeeping, Ms. Bednarick said she had two housekeepers for the four buildings, but one recently quit and the other went home ill. Ms. Bednarick said she has been trying to hire additional housekeepers but is having difficulty getting them to come in for an interview or passing the criminal background check. Ms. Bednarick said the direct care staff pick up all the tied trash bags from resident rooms at the end of each shift and dispose of them.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(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.
ANALYSIS:	There was no evidence that the facility had insufficient staff to meet the needs of the residents.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Staff schedule does not reflect who worked.

INVESTIGATION:

Ms. Bednarick presented a printed copy of the staff schedule from 5/27 to 6/9/21. Ms. Bednarick said Sarah Reynolds is the operational support staff that makes changes to the schedule within the computer as needed. Ms. Reynolds was not on duty while I was at the facility. Ms. Bednarick checked the schedule and said that when staff call off duty and other staff or administrative staff fill in those positions, the schedule had not been updated to reflect who actually worked. In addition, Ms. Bednarick said she and other administrative staff have come in to work the floor and cover for staff that called off duty unexpectedly, but their names were not added to the schedules to show who was on duty.

APPLICABLE RULE	
R 325.1944	Employee records and work schedules.
	(2) The home shall prepare a work schedule showing the number and type of personnel scheduled to be on duty on a daily basis. The home shall make changes to the planned work schedule to show the staff who actually worked.
ANALYSIS:	The home did not make changes to the planned work schedule to show the staff who actually worked.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

New staff are not “properly trained”.

INVESTIGATION:

The written complaint provided no clarification as to the meaning of “properly trained”. Ms. Bednarick said all staff, including agency staff, are given orientation training by the business officer manager/human resource staff Dawn Ulshafer. There is competency evaluation of the staff as well. Ms. Bednarick affirmed that orientation training is based on the facility’s program statement and resident service plans. It includes resident rights and responsibilities, reporting and documenting, personal care, working with residents that have dementia, containment of infectious disease and standard precautions, safety and fire prevention and the facility’s disaster plan.

Upon completion of orientation, the staff then participate in hands-on training by shadowing the working staff for three or four days, or more if needed. This training consists of meeting the residents and learning the details of their care, answering call lights, location of various equipment/documents, oxygen/canula use, transfer techniques, oral care, grooming, showering, dressing, perineal care, and ostomy/catheter care, when it is being provided in the home. The working staff then evaluate the trainee’s competency and determine whether additional training is needed. Ms. Bednarick provided a copy of a newly hired staff’s training documentation as evidence.

Ms. Bednarick explained that some staff are trained and their competency evaluated by facility nurses in order to pass medications. It is planned to have all staff trained and prepared to pass medications in the near future.

Separate interviews with supervisor staff Abigail Read and recently hired staff Cyntoia Hall concurred with Ms. Bednarick’s statements.

On 6/4/21, I observed staff interact with residents in all four buildings in a positive and capable manner. Ms. Holaday, the eight interviewed residents and two visiting family members, that were identified previously in this report, also responded that staff appear trained and capable to provide appropriate care to residents.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	<p>(6) The home shall establish and implement 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:</p> <ul style="list-style-type: none"> (a) Reporting requirements and documentation. (b) First aid and/or medication, if any. (c) Personal care. (d) Resident rights and responsibilities. (e) Safety and fire prevention. (f) Containment of infectious disease and standard precautions. (g) Medication administration, if applicable.
ANALYSIS:	There was no evidence to indicate staff are not trained.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

While in the four residential buildings on 6/4/21, I observed residents in the hallways and common areas wore no facial masks. During lunch, I observed the residents' dining rooms contained small square dining tables (no larger than 3' x 3') with two and three residents seated at each table less than six feet apart. Several of these tables were less than six feet apart from one another with residents seated back-to-back. In other common areas of the buildings, I observed residents seated on couches next to one another.

Director of nursing Daisy Dodds, LPN said the facility is allowing two to four residents to a dining table in all four buildings. Ms. Dodds affirmed that residents do not wear masks in the buildings. Ms. Dodds identified Residents H, I, J and K residing in building #1 as having not been vaccinated for Covid, although Resident K is scheduled to have his vaccine soon. Ms. Dodds said Residents L and M in building #2 have not been vaccinated, but Resident M is scheduled. Resident N in

building #3 and Resident O in building #4 also have not received the vaccine for Covid.

Ms. Dodds said the facility screens all visitors for symptoms of covid by asking them all to report to Building #1 and complete the screening process there. Once there, the visitors fill out a questionnaire, have their temperature taken and participate rapid tests every three days.

On 6/4/21, I entered Building #1 and was not asked to participate in any of these Covid screening methods. I was escorted to Building #2, #3 and #4 by Ms. Read and in none of these buildings was I asked to go to Building #1 and participate in the screening.

On 6/4/21, the facility's regional nurse Kathy McMonagle joined Ms. Dodds and me for interview at the facility. Ms. McMonagle said she ensures wellness compliance at the facility. She provides oversight and is on-site at the building once or twice a week. Ms. McMonagle said the facility is following MDHHS guidelines for Covid protocol including staff wearing masks, and residents socially distanced in common areas. Ms. McMonagle provided a document titled *Requirements for residential care facilities POLICY AND PROCEDURE*. The policy specifies to limit communal dining and external group activities. While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur. Residents may eat in the same room with social distancing, limited number of people at each table and with at least six feet between each person. Additionally, group activities may also be facilitated with social distancing among residents, appropriate hand hygiene, and use of a face covering. Masks are still required in our industry, no matter what your vaccination status is...Visitation...Facilities allowing visitation consistent with this order shall, without exception:

1. Permit visits by appointment only. Facilities may impose reasonable time limits on visits and must require that visitors log arrival and departure times, provide their contact information, and attest in writing, that they will notify the facility if they develop symptoms consistent with COVID-19 within 14 days after visiting;
2. Limit the number of visitors per scheduled visit to two persons or fewer at any given time;
3. Exclude visitors who are unwilling or unable to wear a face covering for the duration of their visit or follow hand hygiene requirements, and instead encourage those persons to use video or other forms of remote visitation. Further, require visitors to wear Appropriate PPE, and comply with the facility's visitor PPE requirements based on their infection control protocols;
4. Limit visitor entry to designated entrances that allow proper COVID-19 screening;
5. Perform a health evaluation of all visitors each time the visitor seeks to entry the facility and deny entry to visitors who do not meet the evaluation criteria. Screenings must include tests for fever ($\geq 100.4^{\circ}\text{F}$), other symptoms consistent with COVID-19, and known exposure to someone with COVID-19. Facilities must restrict anyone with fever, symptoms, or known exposure from entering the facility; ...

When I informed Ms. McMonagle that I observed residents sitting together at small dining tables and that I was not screened for Covid symptoms, Ms. McMonagle indicated she was unaware of this. Ms. McMonagle said there is a sign posted for screening visitors. I did not see it because someone held the door open for me and no one at the facility ensured that I was screened before entry.

On 6/8/21, I interviewed Lucy Rosenberg, health analyst of the Genesee County health department by telephone. Ms. Rosenberg said it has been ordered by Michigan Dept. of Health and Human Services (MDHHS) that residents in facilities such as this, wear masks and are socially distanced six feet apart when in communal areas. However, if residents received their Covid vaccinations, then she believes that two weeks after their second vaccine dose they may drop their masks but are still to maintain social distance in gatherings. Ms. Rosenberg said if there are active cases of Covid in the home, then residents are expected to remain in their rooms. Ms. Rosenberg also said it is expected that facilities screen all visitors before their entrance into the home by taking the visitor's temperature and asking them a series of questions. Ms. Rosenberg said she would confirm with the latest information and email back.

On 6/9/21, Ms. Rosenberg emailed clarification based upon updated healthcare infection prevention and control recommendations in CDC Guidance. Ms. Rosenberg wrote, "If all patients/residents participating in the activity are fully vaccinated, then they may choose to have close contact and to not wear source control during the activity. If unvaccinated patients/residents are present, then all participants in the group activity should wear source control and unvaccinated patients/residents should physically distance from others . . .

- Before allowing indoor visitation, the risks associated with visitation should be explained to patients/residents and their visitors so they can make an informed decision about participation.
- Full vaccination for visitors is always preferred, when possible.
- Visitors should be screened and restricted from visiting, regardless of their vaccination status, if they have: current SARS-CoV-2 infection; symptoms of COVID-19; or prolonged close contact (within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection in the prior 14 days or have otherwise met criteria for quarantine.
- Visitors should be counseled about recommended infection prevention and control practices that should be used during the visit (e.g., facilities policies for source control or physical distancing).
- Visitors, regardless of their vaccination status, should wear a well-fitting cloth mask, facemask, or respirator (N95 or a respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators) for source control, except as described in the scenarios below.

- Hand hygiene should be performed by the patient/resident and the visitors before and after contact.
- High-touch surfaces in visitation areas should be frequently cleaned and disinfected.
- Facilities should have a plan to manage visitation and visitor flow.
- Visitors, regardless of their vaccination status, should physically distance (maintaining at least 6 feet between people) from other patients/residents, visitors that are not part of their group, and HCP in the facility, except as described in the scenarios below.
- Facilities may need to limit the total number of visitors in the facility at one time in order to maintain recommended infection control precautions. Facilities might also need to limit the number of visitors per patient/resident at one time to maintain any required physical distancing . . .”

APPLICABLE RULE	
R 325.1921	Governing bodies, administrators, and supervisors.
	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p style="padding-left: 40px;">(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>
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:	The facility has not taken all reasonable precautions to protect residents from Covid 19, as evidenced by not following the Genesee Co. health department recommendations or CDC guidance, nor having followed their own policies. Residents are not wearing masks when in communal areas, although one or more residents in each of the four buildings have not been vaccinated. Also, the facility has not implemented social distancing when residents are outside their rooms and nearby others in communal areas. In addition, the facility staff provided

	me entrance and visitation into all four buildings without having me participate in their Covid screening process.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

Ms. Bednarick explained that during weekdays when she or other administrative staff are working then they are considered the supervisors of resident care, although their names are not included the staff schedules. At other times, there are multiple supervisors on each shift for the various buildings. Ms. Bednarick said the asterisks next to the employee names on the schedule identify the supervisors of resident care.

Review of the staff schedule from 5/27-6/9/21 revealed the following:

For day shift, only Ms. Read had asterisks by her name. The schedule identified whether she was working in Building one, Building Four or as a “MT” for medication technician. The schedule indicated Ms. Read was not working day shift on 5/29, 5/30/21 and no supervisor was scheduled.

For afternoon shift, four staff had asterisks by their names, Ms. Cook, Ms. Reed, Ms. Bradley and Ms. Knight. Often, two or more of these individuals were scheduled to work at the same date/time such as 5/27, 5/28, 5/29, 5/30, 5/31, 6/1, 6/2, 6/3, 6/4, 6/7, 6/8 and 6/9/21. On those dates, the home did not designate only one person on shift to be supervisor of resident care.

Similarly, on midnight shift two staff had asterisks by their names, Ms. Kent and Ms. Knight. Both staff were scheduled to work on 5/31, 6/1, 6/3, 6/7, 6/8/21.

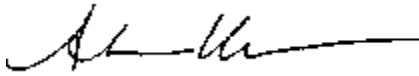
APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(3) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty.
ANALYSIS:	The staff schedule from 5/27-6/9/21 designates supervisors of resident care with asterisks next to employee names. Day shift on 5/29 and 5/30/21, the staff schedule designated no employee as a supervisor of resident care. Afternoon and midnight shift schedules identify two or more employees as supervisors of shift working at the same time on several dates. This does not meet compliance with this rule.

CONCLUSION:	VIOLATION ESTABLISHED

On 6/15/21, I reviewed the findings of this report with licensee authorized representative Eric Simcox via telephone.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.

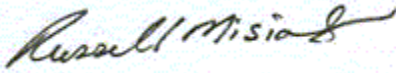


6/15/21

Andrea Krausmann
Licensing Staff

Date

Approved By:



6/15/21

Russell B. Misiak
Area Manager

Date