



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 2, 2021

Ronald Dolzani
4528 Stewart Road
Metamora, MI 48455

RE: License #: AM250399240
Investigation #: 2021A0580028
Warwick AFC LLC

Dear Mr. Dolzani:

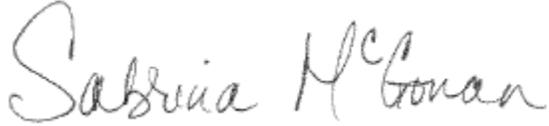
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (906) 226-4171.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan". The signature is written in black ink and is positioned below the word "Sincerely,".

Sabrina McGowan, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 835-1019

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM250399240
Investigation #:	2021A0580028
Complaint Receipt Date:	05/27/2021
Investigation Initiation Date:	06/01/2021
Report Due Date:	07/26/2021
Licensee Name:	Ronald Dolzani
Licensee Address:	4528 Stewart Road Metamora, MI 48455
Licensee Telephone #:	(505) 463-7349
Administrator:	Ronald Dolzani
Licensee Designee:	Ronald Dolzani
Name of Facility:	Warwick AFC LLC
Facility Address:	5296 Warwick Trail Grand Blanc, MI 48439
Facility Telephone #:	(810) 344-7444
Original Issuance Date:	01/10/2020
License Status:	REGULAR
Effective Date:	07/10/2020
Expiration Date:	07/09/2022
Capacity:	11
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Resident A was covered in her breakfast. Staff Glenda Jackson put it in front of her but failed to assist.	No
On 5/24 and 5/27/2021 Resident A was found in a soiled brief with her bottom bright red and stinging	No
Additional Findings	Yes

III. METHODOLOGY

05/27/2021	Special Investigation Intake 2021A0580028
05/27/2021	APS Referral Received from APS.
06/01/2021	Special Investigation Initiated - Letter An email was sent to Genesee Co APS Investigator, Ms. Jackie Williams.
06/08/2021	Inspection Completed On-site An onsite inspection was conducted at Warwick AFC.
06/08/2021	Contact - Face to Face An in-person contact was made with Resident A at Warwick AFC.
06/08/2021	Contact - Telephone call received A call was received from Ms. Glenda Jackson, staff.
06/09/2021	Contact - Face to Face An in-person contact was made with Resident A at Warwick AFC.
06/30/2021	Contact - Telephone call made A call was made to Ms. Glenda Jackson, staff.
07/01/2021	Contact - Telephone call made A call was made to nurse Emily Reynolds of Heartland Hospice.
07/02/2021	Exit Conference An exit conference was held with the licensee, Mr. Ronald Dolzani.

ALLEGATION:

Resident A was covered in her breakfast. Staff Glenda Jackson put it in front of her but failed to assist.

INVESTIGATION:

On 05/27/2021, I received a complaint via BCAL Online complaints. This complaint was opened by APS for investigation.

On 06/01/2021, I sent an email to Ms. Jackie Williams, assigned APS investigator for Genesee County. Ms. Williams shared that she has spoken with Heartland Hospice nurse, Ms. Emily Reynolds, who expressed concern regarding Resident A's care. A joint visit was scheduled for 06/08/2021.

On 06/08/2021, I, along with Ms. Williams of APS, conducted an onsite inspection at Warwick AFC. Contact was made with direct staff, Ms. Stacie Shaw. She stated that Resident A is on a soft food diet. She stated that sometimes Resident A will feed herself, sometimes Resident A is fed and sometimes Resident A refuses to eat anything at all. She indicated that she assists Resident A with feeding when she asks.

Ms. Shaw was able to provide a copy of the Heartland Hospice Assessment Plan for Resident A. Copies of the AFC Care Agreement, Assessment Plan and Health Care Appraisal requested were not in Resident A's file.

The Heartland Hospice Assessment Plan indicates that Resident began Hospice care effective 04/21/2021, under the care of Dr. Amanda Winston. It indicates that Resident A is feeding herself most meals and occasionally will require assistance from staff. It notes that Resident A often eats breakfast and dinner but will refuse lunch.

On 06/08/2021, I received a call from Ms. Glenda Jackson, direct staff. She denied the allegations that she does not assist Resident A with feeding as needed. She stated that Resident A is sometimes able to feed herself. She indicates that staff provide Resident A with assistance as needed.

On 07/01/2021, I made a call to nurse Ms. Emily Reynolds of Heartland Hospice. Ms. Reynolds confirmed that she provides weekly hospice visits for Resident A. She recalled one on occasion, Resident A must not have been able to feed herself because upon her arrival, she had food spilled all over her and in her bed. She indicated that Resident A is able to feed herself, depending on the day. Ms. Reynolds shared that as of late, Resident A now appears to be receiving adequate care at the home.

APPLICABLE RULE	
R 400.14303	Resident care; licensee responsibilities.
	(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.
ANALYSIS:	<p>It was alleged that Resident A was covered in her breakfast. Staff Glenda Jackson put it in front of her but failed to assist.</p> <p>Direct staff, Ms. Stacie Shaw, stated that sometimes Resident A will feed herself, sometimes Resident A is fed and sometimes Resident A refuses to eat anything at all. She indicated that she assists Resident A with feeding when she asks.</p> <p>Direct staff, Ms. Glenda Jackson, denied the allegations that she does not assist Resident A with feeding as needed. She stated that Resident A is sometimes able to feed herself. She indicates that staff provide Resident A with assistance as needed.</p> <p>The Heartland Hospice Assessment Plan indicates that Resident began Hospice care effective 04/21/2021, under the care of Dr. Amanda Winston. It indicates that Resident A is feeding herself most meals and occasionally will require assistance from staff. It notes that Resident A often eats breakfast and dinner but will refuse lunch.</p> <p>No AFC Assessment plan was on file for Resident A.</p> <p>Ms. Emily Reynolds of Heartland Hospice recalled on at least one occasion, upon her arrival to the AFC home, Resident had food spilled all over her and in her bed. She indicated that Resident A is able to feed herself, depending on the day.</p> <p>Based on the information gathered in the course of this investigation, there is insufficient evidence to support the alleged rule violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident A requires assistance with all of her activities including repositioning herself. On 5/24 and 5/27/2021 Resident A was found in a soiled brief with her bottom bright red and stinging.

INVESTIGATION:

On 06/08/2021, I, along with Ms. Williams of APS, conducted an onsite inspection at Warwick AFC. Contact was made with direct staff, Ms. Stacie Shaw. Ms. Shaw indicated that Resident A is bed bound and requires full assistance with toileting. She denied that Resident A is left in wet briefs. Resident A is changed when requested or as needed.

The Heartland Hospice Assessment Plan indicates that Resident began Hospice care effective 04/21/2021, under the care of Dr. Amanda Winston. The hospice plan indicates that Resident A requires maximum assistance with care, bathing, and transfers.

While onsite several residents were observed in the living room area of the home. No concerns were noted. The residents appeared to be receiving proper care and supervision.

On 06/08/2021, I attempted to conduct an in-person interview with Resident A. Resident A is bed-bound and was found lying in her bed, resting in her room. The room was neat and clean and did not smell of urine. Resident A appeared to be receiving adequate care. Upon attempting to interview Resident A she was very hard of hearing and could not understand the questions being posed. Resident A was able to express that she gets good care there. Upon attempting to ask additional questions, Resident A began to get upset. The interview was concluded.

On 06/08/2021, I received a call from Ms. Glenda Jackson manager. She denied that Resident A is left in soiled briefs.

On 07/01/2021, I made a call to nurse Ms. Emily Reynolds of Heartland Hospice. Ms. Reynolds confirmed that she provides weekly hospice visits for Resident A. She recalled on at least 2 occasions arriving at the home, finding Resident A soaked in urine, which had gone through to her sheets. Ms. Reynolds shared that as of late, Resident A now appears to be receiving adequate care at the home.

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.

<p>ANALYSIS:</p>	<p>It was alleged that on 5/24 and 5/27/2021 Resident A was found in a soiled brief with her bottom bright red and stinging.</p> <p>Direct staff, Ms. Stacie Shaw. Ms. Shaw indicated that Resident A is bed bound and requires full assistance. She denied that Resident A is left in wet briefs.</p> <p>The Heartland Hospice Assessment Plan indicates that Resident began Hospice care effective 04/21/2021, under the care of Dr. Amanda Winston. The hospice plan indicates that Resident A requires maximum assistance with care, bathing, and transfers.</p> <p>No AFC Assessment plan was on file for Resident A.</p> <p>Direct staff, Ms. Glenda Jackson, denied that Resident A is left in wet briefs.</p> <p>Resident A was observed resting in her room. The room was neat and clean and did not smell of urine. Resident A she was very hard of hearing and could not understand the questions being posed. Resident A was able to express that she gets good care. Resident A began to get upset. The interview was concluded.</p> <p>Based on the information gathered in the course of this investigation, there is insufficient evidence to support the alleged rule violation.</p>
<p>CONCLUSION:</p>	<p>VIOLATION NOT ESTABLISHED</p>

ADDITIONAL FINDINGS:

INVESTIGATION:

At the onsite visit conducted on 06/08/2021, Resident A did not have a current health care appraisal on file.

On 06/30/2021, I made call to Ms. Glenda Jackson regarding the requested documents. Ms. Jackson indicated that the papers were not located in Resident A's file. Ms. Jackson indicated that she believes that the family took the papers to fill them out and never returned them. Ms. Jackson indicated that Resident A has adult children who visit, however, Resident A is her own guardian.

APPLICABLE RULE	
R 400.14316	Resident records.
	<p>(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:</p> <ul style="list-style-type: none"> (d) Health care information, including all of the following: <ul style="list-style-type: none"> (i) Health care appraisals. (ii) Medication logs. (iii) Statements and instructions for supervising prescribed medication, including dietary supplements and individual special medical procedures. (iv) A record of physician contacts. (v) Instructions for emergency care and advanced medical directives.
ANALYSIS:	<p>Resident A did not have a current health care appraisal on file.</p> <p>Based on the information gathered in the course of this investigation, there is sufficient evidence to support the alleged rule violation</p>
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

At the onsite visit conducted on 06/08/2021, Resident A did not have a current Resident Care Agreement on file.

APPLICABLE RULE	
R 400.14316	Resident records.
	<p>(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:</p> <ul style="list-style-type: none"> (e) Resident care agreement.

ANALYSIS:	Resident A did not have a current Resident Care Agreement on file. Based on the information gathered in the course of this investigation, there is insufficient evidence to support the alleged rule violation.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

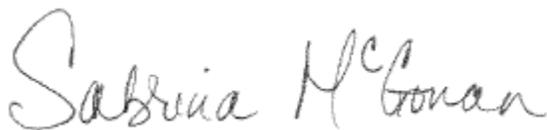
At the onsite visit conducted on 06/08/2021, Resident A did not have an AFC Assessment plan on file.

APPLICABLE RULE	
R 400.14316	Resident records.
	(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information: (f) Assessment plan.
ANALYSIS:	Resident A did not have an AFC Assessment plan on file. Based on the information gathered in the course of this investigation, there is insufficient evidence to support the alleged rule violation.
CONCLUSION:	VIOLATION ESTABLISHED

On 07/02/2021, I conducted an exit conference with the licensee, Mr. Ronald Dolzani. Mr. Dolzani was informed that no rule violations were found regarding the initial complaint allegations, however, additional violations were found due to missing paperwork. A corrective action plan was requested in 15 days.

IV. RECOMMENDATION

Upon receipt of an approved corrective action plan, no changes to the status of the license is recommended.



July 2, 2021

Sabrina McGowan
Licensing Consultant

Date

Approved By:



July 2, 2021

Mary E Holton
Area Manager

Date