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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 25, 2021

Louise Semetko
Everest Inc.
PO Box 2352
Riverview, MI 48193

RE: License #: AS820016002
Investigation #: 2021A0116027
Truman CLF Home

Dear Mrs. Semetko:

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Pandrea Robinson". The signature is written in a cursive, flowing style.

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 319-9682

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820016002
Investigation #:	2021A0116027
Complaint Receipt Date:	07/26/2021
Investigation Initiation Date:	07/27/2021
Report Due Date:	09/24/2021
Licensee Name:	Everest Inc.
Licensee Address:	PO Box 2352 Riverview, MI 48193
Licensee Telephone #:	(734) 675-3037
Administrator:	Louise Semetko
Licensee Designee:	Louise Semetko
Name of Facility:	Truman CLF Home
Facility Address:	32346 Truman Rockwood, MI 48173
Facility Telephone #:	(734) 379-0515
Original Issuance Date:	03/08/1995
License Status:	REGULAR
Effective Date:	03/15/2020
Expiration Date:	03/14/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
Resident A's colostomy bag has not been changed in six days. Normal routine states it should be changed every three to four days.	No
Resident A has not been showered in six days and hygiene and general care has been an ongoing issue.	Yes

III. METHODOLOGY

07/26/2021	Special Investigation Intake 2021A0116027
07/26/2021	APS Referral made
07/27/2021	Special Investigation Initiated - Telephone Left a message for complainant requesting a return call.
07/27/2021	Contact-Telephone call received Interviewed complainant.
07/28/2021	Inspection Completed On-site Interviewed home manager Angie Broman, staff Felicia Wilson, Resident's A-C, assigned Adult Protective Services (APS) investigator Sharon Sabbath and reviewed Resident A's records. Visually observed Resident's D-F.
07/28/2021	Inspection Completed-BCAL Sub. Compliance
08/12/2021	Exit Conference With licensee designee Louise Semetko.

ALLEGATION:

Resident A's colostomy bag has not been changed in six days. Normal routine states it should be changed every three to four days.

INVESTIGATION:

On 07/27/21, I interviewed the complainant who reported that there have been ongoing issues with the home regarding the personal care of Resident A, specifically relating to his colostomy bag. The complainant reported that she has talked with the staff and manager of the home, and nothing has changed.

On 07/28/21, I conducted an unscheduled onsite inspection and interviewed Residents A-C, home manager Angie Broman, staff Felicia Wilson, assigned Adult Protective Services (APS) investigator Sharon Sabbath and reviewed Resident A's records.

On 07/28/21, I interviewed Resident A and he reported that there have been a couple times when his colostomy bag has not been changed for at least six days and reported that this is unsanitary. Resident A could not provide specific dates/times when this happened. Resident A further reported that in the past the colostomy bag had exploded on him and left a big mess. Resident A reported that he and his family are looking for a new placement as he no longer wishes to reside in the home.

On 07/28/21, I interviewed Residents B and C separately and they both reported being unaware of the frequency of which the staff change Resident A's colostomy bag. Resident B reported that Resident A complains about everything and just wants to leave the home. Resident C reported that she finds it hard to believe that staff is not changing his colostomy bag as required and believes that Resident A is trying to get staff in trouble because he wants to move out of the home. Residents B and C both reported that their needs are being met and had no concerns to report. Residents A-C were observed to be well groomed and neatly dressed at the time of the onsite inspection.

On 07/28/21, I interviewed home manager Angie Browman and she reported that the allegation is not true. Ms. Broman reported that not only do the staff change Resident A's colostomy bag every three to four days or sooner, staff on each shift "burp" the bag to release all of the gas/air to help prevent it from exploding. Ms. Broman reported that the home has a log that is used by staff to document the times they "burped" the bag and their initials. Ms. Broman added that some of the staff also document when they change the colostomy bag and the shift it was changed on. Ms. Broman reported that this is not something she required of staff as there had not been an issue in the past. Ms. Broman reported that in light of the allegation she is going to require all staff to document the colostomy bag changes.

Ms. Broman further reported that she is certain Resident A's colostomy bag is being changed every three to four days because the adhesive that secures the bag to Resident A's side begins to give and come away from his body after the third or fourth day due to movement, moisture, and the water from him being showered. Ms. Broman reported, in her opinion there was no way the same colostomy bag would

remain intact after five to six days. Ms. Broman added that Resident A's colostomy bag can explode at any given time regardless of when it was changed. Ms. Broman reported that it has happened a few hours after being changed because of the gas from Resident A filling it. Ms. Broman reported that is why she developed the "burping" protocol for staff to follow to release the air as a preventative measure. Ms. Broman reported that this method has really cut down on the number of times the bag explodes, which makes it more sanitary for Resident A and less of a problem for the staff who are required to clean him up when it happens.

On 07/28/21, I reviewed the log staff uses to document Resident A's colostomy bag changes and "burping" schedule. The log confirms the information provided by Ms. Broman. The log documented that Resident A's colostomy bag has consistently been "burped" every shift, at times more than once per shift and includes the dates and times that the bag was changed by some of the staff. I reviewed the written physician's order dated 06/08/21 instructing staff to change Resident A's colostomy bag every three to five days or as needed. I also reviewed Resident A's written assessment plan dated 09/03/20. The assessment plan documents the homes plan of action as it relates to the care of Resident A's colostomy bag and the requirement per the physician order to change it every three to five days or as needed.

On 07/28/21, I interviewed staff Felicia Wilson. Ms. Wilson reported that all staff are aware that Resident A's colostomy bag is to be changed every three to four days or sooner if needed. Ms. Wilson reported that the written physician order instructs every three to five days or as needed but reported that she and the other staff change it closer to the three-day mark because the bag starts to move and no longer stays in place.

On 07/28/21, while onsite I interviewed assigned APS investigator Sharon Sabbath. Ms. Sabbath reported that based on the information she obtained and review of the home's documentation, she would not be substantiating the allegation of neglect.

On 08/12/21, I conducted the exit conference with licensee designee Louise Semetko and informed her of the findings of the investigation. Ms. Semetko agreed with the findings and reported that she would be following up with the home manager Ms. Broman to ensure that all staff begin documenting the date that Resident A's colostomy bag is changed to prevent any future concerns.

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’s colostomy bag had not been changed for six days.</p> <p>I interviewed Resident A and he reported that in the past (dates/times unknown) staff has not changed his colostomy bag for six days.</p> <p>I interviewed Ms. Broman and Ms. Wilson and they both reported that all staff are aware that Resident A’s colostomy bag has to be changed every three to five days and reported their belief that it is being changed per the physician order.</p> <p>Ms. Broman and Ms. Wilson reported that after three to four days the adhesive from Resident A’s colostomy bag, coupled with his movement and body moisture will cause the bag to move and prevent it from being secure. They reported the colostomy bag would require changing at that time to prevent it from leaking and/or overfilling. Ms. Broman added that there is no way Resident A’s colostomy bag would remain intact for six days or more.</p> <p>I reviewed the staff log created by Ms. Broman that documents that the staff are “burping” the bag every shift. I also observed that several of the staff were also documenting when they were changing Resident A’s colostomy bag. The colostomy bag changes that were documented showed a pattern of three to four days elapsing before a new bag was placed on Resident A.</p> <p>This violation is not established as there is insufficient evidence to corroborate the allegation. Resident A is being provided personal care as defined in the act and specified in his written assessment plan.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident A has not been showered in six days and hygiene and general care has been an ongoing issue.

INVESTIGATION:

On 07/27/21, I interviewed the complainant and she reported that Resident A has not been showered since 07/19/21 and that she had observed him in the same

clothes during a video chat. Complainant reported that if Resident A is not showered it impacts his overall hygiene. Complainant reported that Resident A has expressed his desire to be showered more often and his requests have gone unanswered. Complainant reported that Resident A was finally showered on 07/26/21.

On 07/28/21, I conducted an unscheduled onsite inspection and interviewed Residents A-C, home manager Angie Broman, staff Felicia Wilson, assigned Adult Protective Services (APS) investigator Sharon Sabbath and reviewed Resident A's shower logs. Resident A reported that there have been several occasions where he has gone six days or more without being showered or shaved. Resident A reported at the previous home, which was with the same company, he was showered every other day and most weeks daily. Resident A reported that he should not have to beg to be showered. Resident A added that there are two staff on each shift and reported one of the two could shower him. Resident A reported that he always has clean clothes that are put on daily.

On 07/28/21, I interviewed Residents B-C separately and they both reported that they are showered three times per week usually on Monday, Wednesday, and Friday. They both reported that if they have an accident or spill something all over them staff will also shower them. They both reported that they have no concerns regarding their shower schedule. Resident C reported that there are multiple times per week that she has heard Resident A refuse showers because he wants a female staff to shower him. Resident C reported that Resident A is a, "pervert and wants the female staff to rub his body and genitals as a way to get off". Resident C reported that is unfair to the female staff that may be uncomfortable. Resident C added that she overhears Resident A lying to his family about the staff not showering him, but he never tells them about the many times he refuses.

On 07/28/21, I visually observed Residents D-F as they are non-verbal and unable to be interviewed. Residents D-F were neatly groomed and dressed and appeared well.

On 07/28/21, I interviewed home manager Angie Broman. Ms. Broman reported to her knowledge all residents are showered at least three times per week. Ms. Broman reported that during shower time Resident A would also be shaved. Ms. Broman denied that Resident A has spoken to her regarding him not regularly being showered.

Ms. Broman further reported that she is aware that Resident A often times will refuse showers if he doesn't feel up to it, if a specific staff is not on shift to shower him, or if he doesn't want the male staff on shift to shower him. Ms. Broman reported that the home keeps a shower log, and they document when residents are showered.

On 07/28/21, I reviewed the last four months (April 2021-July 2021) of Resident A's shower logs. The logs did not document Resident A's refusal to be showered. The

logs did document that during the weeks of 05/09/21 and 05/16/21 that Resident A was not showered. There were also several weeks during the four-month time frame that Resident A received one or two showers per week, although he reported requesting daily or at least every other day to be showered.

On 07/28/21, I interviewed staff Felicia Wilson. Ms. Wilson reported that to her knowledge all residents are showered at least three times per week. Ms. Wilson reported that Resident A does refuse showers and wants to request specific staff to shower him. Ms. Wilson reported that she has not heard or been asked by Resident A to be showered daily.

On 07/28/21, I interviewed Sharon Sabbath, APS investigator onsite. Ms. Sabbath reported that based on the information she obtained, Resident A is requesting to be showered more often. Ms. Sabbath reported that she will advise the staff to provide additional showers if and when requested by Resident A. Ms. Sabbath reported that she will not be substantiating neglect as it does not rise to that level.

On 08/12/21, I conducted the exit conference with licensee designee Lousie Semetko and informed her of the findings of the investigation. Ms. Semetko reported an understanding of the rule violation. Ms. Semetko reported that she is aware that at times Resident A refuses showers but reported if the staff is not properly documenting that, then it did not happen. Ms. Semetko added that if Resident A or any of the other resident's request to be showered daily then it is the staff responsibility to make it happen. Ms. Semetko reported that she will be addressing the issue with the home manager Ms. Broman.

APPLICABLE RULE	
R 400.14314	Resident hygiene.
	(1) A licensee shall afford a resident the opportunity, and instructions when necessary, for daily bathing and oral and personal hygiene. A licensee shall ensure that a resident bathes at least weekly and more often if necessary.
ANALYSIS:	It was alleged that Resident A had not received a shower in six days.

	<p>I interviewed Resident A and he reported that there have been several occasions where he has gone six or more days without being showered or shaved. Resident A reported that he has requested to be showered daily or at least every other day and staff have failed to do so.</p> <p>I interviewed Ms. Broman and Ms. Wilson and they both reported being unaware of Resident A's request to be showered daily. They both reported that there are times when Resident A refuses showers.</p> <p>I reviewed the log staff use to document Resident A's showers and observed that during the weeks of 05/09/21 and 05/16/21 that Resident A was not showered. There were also several weeks during the four-month time frame that Resident A received one or two showers per week, although he reported requesting daily or at least every other day to be showered. The log failed to document Resident A's refusals as reported by Ms. Broman and Ms. Wilson.</p> <p>This violation is established as the staff failed to afford Resident A the opportunity for daily bathing and personal hygiene.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

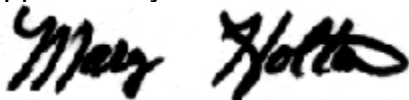


Pandrea Robinson
Licensing Consultant

08/25/21

Date

Approved By:



8/25/21

Mary E. Holton
Area Manager

Date