



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

October 18, 2021

Beth Mell
Brookdale Delta MC (MI)
7235 Delta Commerce Dr.
Lansing, MI 48917

RE: License #:	AH230236932
Investigation #:	2021A1021050
	Brookdale Delta MC (MI)

Dear Ms. Mell:

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 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 (517) 284-9730.

Sincerely,

Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH230236932
Investigation #:	2021A1021050
Complaint Receipt Date:	09/14/2021
Investigation Initiation Date:	09/14/2021
Report Due Date:	11/14/2021
Licensee Name:	Brookdale Senior Living Communities, Inc.
Licensee Address:	Suite 2300 6737 West Washington St. Milwaukee, WI 53214
Licensee Telephone #:	(414) 918-5000
Administrator:	Michelle Aylor-Robbins
Authorized Representative:	Beth Mell
Name of Facility:	Brookdale Delta MC (MI)
Facility Address:	7235 Delta Commerce Dr. Lansing, MI 48917
Facility Telephone #:	(517) 886-5200
Original Issuance Date:	07/01/1999
License Status:	REGULAR
Effective Date:	05/07/2021
Expiration Date:	05/06/2022
Capacity:	38
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Residents do not have supplies.	No
Facility has insufficient staff.	No
Residents do not receive showers.	No
Menu does not match what is served.	No
Facility is not clean.	No
Additional Findings	Yes

III. METHODOLOGY

09/14/2021	Special Investigation Intake 2021A1021050
09/14/2021	Special Investigation Initiated - Letter intake sent to centralized intake at APS
09/28/2021	Inspection Completed On-site
09/28/2021	Contact - Telephone call made interviewed caregiver Tina Noll
09/28/2021	Contact - Telephone call made interviewed caregiver BreAnna Lowe
09/29/2021	Contact-Telephone call made Interviewed Careline clinical manager Sarah Teller
10/14/2021	Exit Conference Exit conference with authorized representative Beth Mell

ALLEGATION:

Residents do not have supplies.

INVESTIGATION:

On 9/14/21, the licensing department received a complaint with allegations the facility does not have supplies for the residents. The complainant did not leave contact information and therefore I was unable to obtain additional information from the complainant.

On 9/14/21, the allegations in this report were sent to centralized intake at Adult Protective Services (APS).

On 9/28/21, I interviewed administrator Michelle Aylor-Robbins at the facility. Ms. Aylor-Robbins reported due to low census the budget is small, but residents still receive their necessary supplies. Ms. Aylor-Robbins reported residents that are on hospice receive their supplies from their hospice company and hospice is responsible for ordering the required supplies. Ms. Aylor-Robbins reported some residents families provide the required supplies and the health and wellness director Jessica Lee is responsible for contacting the family if a resident needs supplies. Ms. Aylor-Robbins reported a few residents are active with Care Solutions. Ms. Aylor-Robbins reported for these residents, the facility is responsible for ordering the supplies. Ms. Aylor-Robbins reported if a resident runs out of supplies, there is an overstock supply in a closet and in an empty resident room. Ms. Aylor-Robbins reported a resident never goes without supplies.

On 9/28/21, I interviewed Ms. Lee by telephone at the facility. Ms. Lee reported at times family members do not bring in requested supplies for the residents. Ms. Lee reported the facility has an overstock supply if this occurs. Ms. Lee reported residents never go without supplies.

On 9/28/21, I interviewed caregiver Kaylynn Mitchell at the facility. Ms. Mitchell reported at times it can be difficult to find wipes for the residents. Ms. Mitchell reported some families do not bring in required supplies for the residents and caregivers must find supplies elsewhere. Ms. Mitchell reported if there are no wipes available, caregivers will use washcloths to clean a resident after a resident has an incontinent episode. Ms. Mitchell reported the residents that are on Personal Care Solutions, the company only sends a few wipes a month.

On 9/28/21, I interviewed caregiver Joy English at the facility. Ms. English reported it can be difficult to find wipes in the facility due to family members not bringing in required items. Ms. English reported at times residents are out of wipes or depends and the caregiver must find the supplies in another resident room or use the overstock supply.

On 9/29/21, I interviewed Careline clinical manager Sarah Teller by telephone. Ms. Teller reported her company provides supplies to the residents on service. Ms. Teller reported there has never been an issue with lack of supplies.

I interviewed Resident B at the facility. Resident B reported she has an oversupply of incontinence products. Resident B reported she has never run out of supplies. Resident B showed me her closet full of multiple boxes of incontinence supplies.

I observed the overstock supply at the facility located in the closet and in an empty resident room. The supply had multiple boxes of incontinence products and personal care items.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.
ANALYSIS:	Interviews with caregivers revealed at times it can be difficult to find required supplies for the residents. However, there is an overstock supply located in the facility if this occurs.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Facility has insufficient staff.

INVESTIGATION:

The complainant alleged the facility has insufficient staff. The complainant alleged at times there is only one staff person providing care to the residents.

Ms. Aylor-Robbins reported the facility has 11 residents. Ms. Aylor-Robbins reported the facility always schedules one caregiver and one medication technician for each shift. Ms. Aylor-Robbins reported sometimes first shift will have two caregivers and one medication technician. Ms. Aylor-Robbins reported the facility has a mandation policy. Ms. Aylor-Robbins reported if a shift is short an employee, the previous shift will have to stay until a replacement is found. Ms. Aylor-Robbins reported management will work the floor if needed. Ms. Aylor-Robbins reported within the past month the facility has started to use a staffing agency, SNAP nursing, to assist with staff shortages. Ms. Aylor-Robbins reported the facility is currently hiring for second and third shift. Ms. Aylor-Robbins reported there is adequate staff in the building to provide good care to the residents.

Ms. Lee reported she develops the staff schedule, and the final version of the schedule always has at least two caregivers per shift. Ms. Lee reported if there is a staff shortage, the facility will offer bonuses to the employees. Ms. Lee reported management will also work the floor, if needed.

Ms. English reported the employees work together to ensure residents receive medications, showers, and other care needs. Ms. English reported the shift is busy but is doable with a team approach. Ms. English reported two person assist transfers are always done with two people. Ms. English reported she can meet the needs of the residents.

Ms. Mitchell reported staffing has improved over the past months. Ms. Mitchell reported the shift is busy, but residents receive the care they need. Ms. Mitchell reported showers are completed, rooms are clean, and residents receive meals. Ms. Mitchell reported she can meet the needs of the residents.

On 9/28/21, I interviewed caregiver Tina Noll and BreAnna Lowe by telephone. Ms. Noll and Ms. Lowe's statements were consistent with those made by Ms. English and Ms. Mitchell.

Ms. Teller reported there have not been any concerns brought to her attention regarding lack of staff at the building. Ms. Teller reported staff are attentive and are always available.

I reviewed the staff schedule for 9/5-9/18. The schedule revealed there was always two employees scheduled for each shift. When someone called off for their shift, a replacement was found and noted on the schedule.

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:	Interviews with caregivers and management revealed there is adequate staff at the facility to meet the needs of the residents.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Residents do not receive showers.

INVESTIGATION:

The complainant alleged residents will go days without showers. The complainant did not provide resident names nor dates of lack of showers.

Ms. Aylor-Robbins reported residents are on a shower schedule. Ms. Aylor-Robbins reported residents are to receive a shower at least twice a week, if not more. Ms. Aylor-Robbins reported one resident receives a shower every day. Ms. Aylor-Robbins reported hospice also provides showers to the residents. Ms. Aylor-Robbins reported at times a resident will refuse a shower and the facility will not force a resident to shower. Ms. Aylor-Robbins reported caregivers receive an assignment sheet at the beginning of their shift that has the showers for the day. Ms. Aylor-Robbins reported caregivers are to check off the assignment that they complete and provide the completed sheet to Ms. Lee. Ms. Aylor-Robbins reported if a caregiver does not have time for a shower or if a resident refuses, they are to inform the oncoming shift. Ms. Aylor-Robbins denied the allegation that residents do not receive showers.

Ms. English reported residents receive showers according to their schedule. Ms. English reported at times residents will refuse a shower, but caregivers will attempt later in their shift. Ms. English reported at times hospice will have to change when they come to shower a resident. Ms. English reported residents receive showers at the facility.

Ms. Mitchell and Ms. Noll’s statements were consistent with those made by Ms. English.

At the facility I observed five residents. The residents were in clean clothes, their face washed, and hair combed.

I reviewed the shower schedule for the facility. The schedule revealed residents were scheduled for at least two showers a week on various days and shifts. Four residents were to have showers completed by their hospice company.

I reviewed service plans for the 11 residents. The service plan revealed documentation of shower days for each of the residents. If a resident was on hospice, the service plan gave direction to caregivers if hospice was unable to complete the shower.

APPLICABLE RULE	
R 325.1933	Personal care of residents.

	(2) A home shall afford a resident the opportunity and instructions when necessary for daily bathing, oral and personal hygiene, daily shaving, and hand washing before meals. A home shall ensure that a resident bathes at least weekly and more often if necessary.
ANALYSIS:	Interviews with caregivers and observations made at the facility revealed residents receive showers based on their shower schedule. In addition, the observed residents were in clean clothes and were not disheveled.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Menu does not match what is served.

INVESTIGATION:

The complainant alleged due to the budget, culinary staff are to piece meals together and the menu does not match what is served.

On 9/28/21, I interviewed chef Larry Cook at the facility. Mr. Cook reported the facility receives a shipment of refrigerator and freezer food once a week. Mr. Cook reported there is plenty of food for the residents. Mr. Cook reported there are snacks available for the residents. Mr. Cook reported there is a set menu and typically what is on the menu is what is served. Mr. Cook reported if there is a change in the food it is noted on the menu. Mr. Cook reported the menu matches what is served and the residents receive adequate food.

Ms. Mitchell reported caregivers receive three meals a day and snacks are available to the residents. Ms. Mitchell reported it is helpful when activities is in the building to assist with snack time. Ms. Mitchell reported the menu matches what is served to the residents.

I inspected the kitchen at the facility. The freezer had an abundance of food as observed by multiple boxes of meat, potatoes, and bread. The refrigerator and pantry also had a wide array of food.

I observed the menu posted in the dining room. The lunch menu for 9/28 matched what was served to the residents.

APPLICABLE RULE	
R 325.1953	Menus.
	(1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served.
ANALYSIS:	Interviews with caregivers and observations made at the facility revealed the facility has adequate food for the residents and the menu matches what is served.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Facility is not clean.

INVESTIGATION:

The complainant alleged the facility is not clean especially bathrooms and shower areas.

Ms. Aylor-Robbins reported due to low census the facility does not have housekeepers. Ms. Aylor-Robbins reported each resident has a deep clean day for their room. Ms. Aylor-Robbins reported it is the caregiver's responsibility to clean the resident room. Ms. Aylor-Robbins reported on third shift, the caregivers are responsible for cleaning common areas and completing laundry. Ms. Aylor-Robbins reported management also assists with ensuring the facility is clean.

Ms. Mitchell reported caregivers clean the resident room when they give the resident their shower. Ms. Mitchell reported maintenance will assist with cleaning floors, as needed. Ms. Mitchell reported the facility is clean.

Ms. English's statements were consistent with those made by Ms. Aylor-Robbins and Ms. Mitchell.

I observed four shower rooms and multiple resident rooms. Resident A's bathroom was dirty, and the bed had no sheets. However, review of the cleaning schedule revealed his room was to be cleaned that day. The shower rooms I observed were clean and tidy. The resident rooms and bathroom were clean as observed by beds were made, trash was taken out, and the bathroom was picked up.

APPLICABLE RULE	
R 325.1979	General maintenance and storage.
	(1) The building, equipment, and furniture shall be kept clean and in good repair.
ANALYSIS:	Interviews with caregivers and observations made at the facility revealed the facility is clean and is in good condition.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

Ms. Aylor-Robbins provided the meal census for the facility. The meal census was in the medication room that only medication technicians had access to. Ms. Aylor-Robbins reported it is the medication technician responsibility to attest that a resident ate.

Review of the meal census revealed on multiple days and mealtimes there was no attestation that the residents ate.

APPLICABLE RULE	
R 325.1954	Meal and food records
	The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.
ANALYSIS:	Review of documents revealed the facility is not completing the meal census.
CONCLUSION:	VIOLATION ESTABLISHED

On 10/14/21, I conducted an exit conference with authorized representative Beth Mell by telephone. Beth Mell agreed with the findings this report.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.

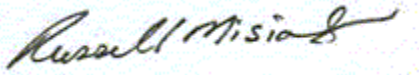


10/12/21

Kimberly Horst
Licensing Staff

Date

Approved By:



10/12/21

Russell B. Misiak
Area Manager

Date