



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 27, 2021

Paul Meisel
Reed City Fields Assisted Living II
219 Church St
Auburn, MI 48611

RE: License #: AL670384778
Investigation #: 2022A0360001
Reed City Fields Assisted Living II

Dear Mr. Meisel:

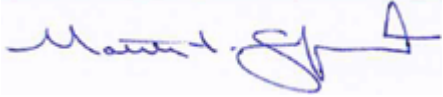
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 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 (989) 732-8062.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew Soderquist", is written over a light blue rectangular background.

Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
Ste 3
931 S Otsego Ave
Gaylord, MI 49735
(989) 370-8320

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL670384778
Investigation #:	2022A0360001
Complaint Receipt Date:	09/30/2021
Investigation Initiation Date:	10/01/2021
Report Due Date:	10/30/2021
Licensee Name:	Reed City Fields Assisted Living II
Licensee Address:	22109 Professional Dr. Reed City, MI 49677
Licensee Telephone #:	(231) 465-4371
Administrator:	Paul Meisel
Licensee Designee:	Paul Meisel
Name of Facility:	Reed City Fields Assisted Living II
Facility Address:	22109 Professional Dr. Reed City, MI 49677
Facility Telephone #:	(231) 465-4371
Original Issuance Date:	10/13/2017
License Status:	REGULAR
Effective Date:	04/13/2020
Expiration Date:	04/12/2022
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED, ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Staff are not trained properly.	No
The facility is inadequately staffed.	No
Resident medication was left in another resident's room and was not locked.	Yes

III. METHODOLOGY

09/30/2021	Special Investigation Intake 2022A0360001
10/01/2021	Special Investigation Initiated - On Site
10/01/2021	Inspection Completed On-site Home manager Tammy Holmes, Residents A, B, C, D, E, F, G, H, I, direct care staff Layla Yost, Priscilla Cook
10/04/2021	Contact - Document Received Home manager Tammy Holmes
10/14/2021	Inspection Completed On-site Home manager Tammy Holmes, DCS Priscilla Cook, Resident J.
10/25/2021	Contact - Telephone call made DCS Kaitlyn Seelye
10/26/2021	Contact – Telephone call made DCS Kaitlyn Seelye
10/26/2021	Contact - Telephone call made Home manager Tammy Holmes
10/27/2021	Exit Conference With licensee designee Paul Meisel

ALLEGATION: Staff are not trained properly.

INVESTIGATION: On 9/30/2021 I was assigned a complaint from the LARA online complaint system.

On 10/1/2021 I conducted an unannounced onsite inspection at the facility. The home manager Tammy Holmes stated she just started working at the facility a couple of weeks ago. Ms. Holmes stated all the staff are trained to at least minimum

standards prior to working independently. She stated they are provided training covering reporting requirements, first aid, CPR, personal care, supervision and protection, resident rights, safety and fire prevention, prevention and containment of communicable diseases. Ms. Holmes provided me with the Reed City Fields Assisted Living Employee Education form for direct care staff Priscilla Cook and Layla Yost. In addition to the above referenced trainings both staff and the previous home manager documented on the forms that the staff were trained and competent in the employee manual, job description, medication administration, nutrition and food preparation and HIPPA policies. Ms. Yost's training documentation also included infection control, evacuation plan review, end of life/comfort care and lift/transfer techniques.

While at the facility on 10/1/2021 I interviewed direct care staff Layla Yost. Ms. Yost stated the facility provided basic training when she was hired and provides continuing education including medication administration training through the local pharmacy, regular review of fire safety and fire drills, CPR and first aid. I then interviewed direct care staff Priscilla Cook. Ms. Cook stated she has worked at the facility for just a few weeks but was provided all the basic training referenced in her employee education file. She stated she has worked in this field for over 20 years at other facilities. She stated she has participated in fire drills and fire safety training. She stated she has gone through medication administration training through the pharmacy.

While at the facility on 10/1/2021 I interviewed Residents A, B, C, D, E, F, G, H and I. None of the residents reported any concerns regarding the level of staff training. Resident B stated the staff provide good care. Resident G stated he is very happy with the staff assistance.

On 10/14/2021 I conducted another unannounced onsite inspection at the facility. The home manager Tammy Holmes stated she has reviewed all staff training files and all the staff are current on all training requirements.

While at the facility on 10/14/2021 I interviewed Resident J. Resident J stated she has not had any problems with staff. She stated they have all been very helpful and care for her appropriately. She stated she is not aware of any additional trainings staff would require.

APPLICABLE RULE	
R 400.15204	Direct care staff; qualifications and training.
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: (a) Reporting requirements.

	<p>(b) First aid. (c) Cardiopulmonary resuscitation. (d) Personal care, supervision, and protection. (e) Resident rights. (f) Safety and fire prevention. (g) Prevention and containment of communicable diseases.</p>
ANALYSIS:	<p>The complaint alleged staff are not trained properly.</p> <p>The home manager Tammy Holmes provided staff training records for two direct care staff Priscilla Cook and Layla Yost. Both direct care staff training records documented the staff have completed required training.</p> <p>Direct care staff Priscilla Cook and Layla Yost both stated they received the required training and additional trainings.</p> <p>Residents A, B, C, D, E, F, G, H, I and J all stated they did not have any concerns regarding direct care staff training.</p> <p>There is not a preponderance of evidence that the direct care staff are not competent in the required training.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: The facility is inadequately staffed.

INVESTIGATION: On 10/1/2021 I conducted an unannounced onsite inspection at the facility. The home manager Tammy Holmes stated the facility typically has a minimum of 2 direct care staff on during the daytime shifts and will have 1 or 2 staff on during sleeping hours. She stated there are currently 13 residents at the facility. She stated none of the residents require a 2 person lift and none of their written assessment plans document that 2 staff are required to meet their needs. Ms. Holmes provided the September and October 2021 staffing schedules. As Ms. Holmes stated there were 2 direct care staff scheduled for 7 a.m.- 3 p.m. and 3 p.m.- 11 p.m. and at least one staff scheduled for 11 p.m. – 7 a.m. Ms. Holmes stated in addition to the direct care staff there is also a kitchen staff to prepare the meals and she is also at the facility during daytime hours during the week. She stated when direct care staff call in sick the previous direct care staff will stay over until another staff can be called in and relieve them. Ms. Holmes stated they are currently interviewing and looking to hire several more direct care staff.

While at the facility on 10/1/2021 I interviewed direct care staff Priscilla Cook. Ms. Cook stated there is 2 direct care staff on duty during the 7 a.m. – 11 p.m. shifts and

at least 1 staff on during sleeping hours. She stated she has been doing a lot of “holdovers” when direct care staff call in sick, she will stay until a relief person can be contacted. I then interviewed direct care staff Layla Yost. Ms. Yost stated there is 2 direct care staff on duty during the 7 a.m. – 11 p.m. shifts and at least 1 staff on during sleeping hours. She stated sometimes there are 3 direct care staff on during the day. She stated there is also a kitchen staff and the home manager. She stated she is putting in a lot of hours lately doing holdovers when staff call in sick. She stated she will typically do a 4-hour holdover if another staff does not come into work.

While at the facility on 10/1/2021 I interviewed Residents A, B, C, D, E, F, G, H and I. None of the residents reported any concerns regarding the level of staffing. Resident B stated the staff provide good care and staff come quick if needed. Resident F stated when he pushes his call button the staff come right over. Resident G stated he is very happy with the staff assistance.

On 10/14/2021 I conducted another unannounced onsite inspection at the facility. The facility had 2 direct care staff on duty as well as a kitchen staff person and the home manager Tammy Holmes. Ms. Holmes stated they are continuing to interview staff to fill more positions. She stated their staffing level has remained the same and they are trying to add a 3rd direct care staff when they can. Ms. Holmes provided the written assessment plans for all 13 residents. I reviewed the written assessment plans for Residents A, B, C, D, E, F, G, H, I, J, K, L and M. None of the resident written assessment plans noted that a 2-person assist is required. I then interviewed the direct care staff Priscilla Cook. Ms. Cook stated she is still putting in a lot of overtime, but the facility is trying to hire more staff.

While at the facility on 10/14/2021 I interviewed Resident J. Resident J stated the staff are very responsive when needed. She stated she did not have any concerns regarding the level of staffing.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	The complaint alleged the facility is inadequately staffed. The facility has 13 residents and is currently staffing a minimum of 2 direct care staff during the day and 1 during sleeping hours.

	<p>None of the resident written assessment plans document the need for more than 2 direct care staff during the day and 1 during sleeping hours.</p> <p>Residents A, B, C, D, E, F, G, H, I and J all stated there are no concerns regarding the level of staffing at the facility.</p> <p>Direct care staff Priscilla Cook and Layla Yost both stated they are putting in a lot of overtime, but the facility is in the process of hiring more staff.</p> <p>There is not a preponderance of evidence that there is not sufficient staff on duty at all times for the supervision, personal care and protection of residents.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Resident medication was left in another resident’s room and was not locked.

INVESTIGATION: On 9/30/2021 I was provided a picture of medication prescribed to another resident that was left in Resident J’s room on 8/6/2021 from the referral source. The medication left in Resident J’s room was filled on 8/5/2021 and was a prescription for Xanax Tab .5 ml.

On 10/1/2021 I conducted an unannounced onsite inspection at the facility. The home manager Tammy Holmes stated she just started working at the facility last week and was not working at the facility in August. She stated Resident J was not currently at the facility as she was out with family. Ms. Holmes stated that all medication is kept in a locked medication cart and medication is administered to one resident at a time. Ms. Holmes showed me the locked medication cart.

On 10/14/2021 I conducted another unannounced onsite inspection at the facility. I interviewed Resident J. Resident J stated a couple of months ago there was a staff person who was administering her medications and came into her room with another resident’s medication bubble pack. She stated she received her medications but that the direct care staff person must have left the bubble pack of medication for another resident in her room. She stated she knew the medication was not hers and she did not touch it. She stated the staff person came in and retrieved the medication for the other resident that she had left. She stated she could not remember who the direct care staff was who left the medication in the room.

On 10/14/2021 The home manager Tammy Holmes provided me with the contact information for direct care staff Kaitlyn Seelye. Ms. Holmes stated direct care staff Kaitlyn Seelye was administering medication on 8/5/2021 and 8/6/21.

On 10/25/2021 I contacted direct care staff Kaitylyn Seelye. Ms. Seelye did not answer, and her voicemail box was full, and I was unable to leave a message. On 10/26/2021 I contacted direct care staff Kaitylyn Seelye. Ms. Seelye did not answer, and her voicemail box was full, and I was unable to leave a message.

On 10/26/2021 I contacted Relative J-1. Relative J-1 stated on 8/6/2021 she was contacted by Resident J and Resident J said that there was medication left in her room. Relative J-1 stated she was near the facility and went to the facility. She stated she found a bubble pack of another resident's medication in Resident J's room on the table. She stated she notified the staff, and they took the medication and locked it up.

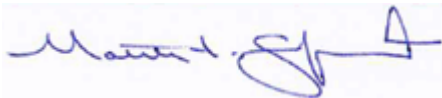
APPLICABLE RULE	
R 400.15312	Resident medications.
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.
ANALYSIS:	<p>The complaint alleged a resident medication was left in another resident's room and was not locked.</p> <p>The referral source provided me with a picture of another resident's medication which was alleged to have been left in Resident J's room. The prescription was filled on 8/5/2021.</p> <p>Resident J stated a couple of months ago a direct care staff did leave another Resident's medication in her room while she was administering medications. She stated she did not know how long the medication was left in her room. Resident J stated she knew it was not hers and did not touch it. She could not remember which staff left it in her room or the exact date.</p> <p>Relative J-1 stated Resident J contacted her on 8/6/21 and told her that another residents medication had been left in her room unlocked. Relative J-1 stated she went to the facility and found another residents medication sitting on the table. She stated she turned it into the staff.</p>

	<p>The home manager Tammy Holmes stated direct care staff Kaitlyn Seelye was the staff administering medication on 8/5/2021 and 8/6/2021 She stated Ms. Seelye no longer works at the facility.</p> <p>Ms. Seelye did not answer her phone and a message was unable to be left on her voicemail.</p> <p>There is a preponderance of evidence that resident medication was not kept in a cabinet or drawer that was locked.</p>
CONCLUSION:	VIOLATION ESTABLISHED

On 10/27/2021 I conducted an exit conference with the licensee designee Paul Meisel. Mr. Meisel concurred with the findings of the investigation.

IV. RECOMMENDATION

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



10/27/2021

Matthew Soderquist
Licensing Consultant

Date

Approved By:



10/27/2021

Jerry Hendrick
Area Manager

Date