GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 20, 2021

Connie Clauson
Hume Home of Muskegon
1244 W Southern Avenue
Muskegon, MI 49441-2271

RE: License #:	AH610236822
Investigation #:	2022A1021002
	Hume Home of Muskegon

Dear Mrs. Clauson:

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 #:	AH610236822
Investigation #:	2022A1021002
Complaint Receipt Date:	10/05/2021
Investigation Initiation Date:	10/07/2021
Report Due Date:	12/04/2021
Licensee Name:	The Hume Home of Muskegon
Licensee Address:	1244 W Southern Ave. Muskegon, MI 49441
Licensee Telephone #:	(616) 285-0573
Administrator:	
Authorized Representative:	Connie Clauson
Name of Facility:	Hume Home of Muskegon
Facility Address:	1244 W Southern Avenue Muskegon, MI 49441-2271
Facility Telephone #:	(231) 755-1715
Original Issuance Date:	01/01/2000
License Status:	REGULAR
Effective Date:	11/25/2020
Expiration Date:	11/24/2021
Capacity:	34
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
COVID - 19 precautions are not followed.	Yes
Resident care is not consistent with their service plan.	No
Additional Findings	Yes

III. METHODOLOGY

10/05/2021	Special Investigation Intake 2022A1021002
10/07/2021	Special Investigation Initiated - Letter APS Referral sent to centralized intake
10/11/2021	Inspection Completed On-site
10/12/2021	Contact - Telephone call made interviewed past administrator Sandy Becker
10/12/2021	Contact - Telephone call made interviewed administrator Amanda Beecham
10/12/2021	Contact - Telephone call made interviewed caregiver Tracy Frees
10/12/2021	Contact - Telephone call made interviewed caregiver Ashley Elliott
10/12/2021	Contact - Telephone call made interviewed caregiver Beatrice Terrell
10/13/2021	Contact-Telephone call made Interviewed Muskegon County Health Department educator Erica Fair
10/14/2021	Contact-Telephone call made Interviewed Hospice of Michigan nurse Ashley Patton
10/14/2021	Contact-Telephone call made

	Interviewed Kindred at Home physical therapist Tracy Crandall
10/20/21	Exit Conference Exit Conference with authorized representative Connie Clauson

ALLEGATION:

COVID - 19 precautions are not followed.

INVESTIGATION:

On 10/5/21, the licensing department received a complaint with allegations the facility is not following Covid-19 protocols.

On 10/7/21, the allegations in this report were sent to centralized intake at Adult Protective Services (APS).

On 10/11/21, I interviewed the complainant by telephone. The complainant received this information from an employee at the facility. The complainant alleged an employee was exposed to Covid-19 and was told by the facility to still come in for work. The complainant alleged the employee was told by management if she did not come in for work, she would be fired. The complainant could not provide the employee's name.

On 10/11/21, I interviewed facility nurse Belinda Gerard at the facility. Ms. Gerard reported on 10/1, an employee took a Covid-19 test at a doctor's office and reported she was waiting for the test results. Ms. Gerard reported the employee was then taken off the schedule for 10/3 and 10/5 because of the pending test result. Ms. Gerard reported the employee called the facility on 10/6 and reported she was having symptoms but still waiting for the test results. Ms. Gerard reported she was advised she could come into the facility and complete a rapid Covid-19 test. Ms. Gerard reported she did so, and she believed the test results were positive and she was sent home. Ms. Gerard reported the employee was taken off the schedule for the rest of the schedule. Ms. Gerard reported the employee spoke with the past administrator Sandy Becker regarding missed workdays. Ms. Gerard reported the facility does not require masks to be worn by the employees or visitors. Ms. Gerard reported employee are tested weekly for Covid-19.

At the front entrance of the facility, I observed the following signage:

As of June 28, 2021 all visitors, Masks are recommended but not required if you are vaccinated.

At the facility, I observed one family member visiting a resident and the visitor was not wearing a mask. I observed one care staff, two kitchen staff, and a maintenance worker not wearing masks.

On 10/12/21, I interviewed administrator Sandy Becker by telephone. Ms. Becker reported she left employment at the facility on 10/4. Ms. Becker reported she was contacted by the employee on 10/3 because the employee had taken a Covid-19 test and was waiting for the test results. Ms. Becker reported she was scheduled to work on 10/5 and the facility would need the test results to keep her on the schedule. Ms. Becker reported she informed the employee to contact the resident care manager Tracy Frees to inform her of what was going on. Ms. Becker reported she heard nothing more from the employee. Ms. Becker reported if an employee test positive for Covid-19, then they are taken off the schedule for eight to ten days. Ms. Becker reported if the employee has no symptoms, then they can return after eight days.

On 10/12/21, I interviewed resident care manager Tracy Frees by telephone. Ms. Frees reported she was contacted by the employee regarding a Covid-19 test. Ms. Frees reported the employee reported she was exposed to Covid-19, took a Covid-19 test, and was waiting on the test results. Ms. Frees reported the employee was taken off the schedule for two days to wait for the test results. Ms. Frees reported the employee never brought the test results to the facility. Ms. Frees reported on 10/6 the employee came to the facility, reported having symptoms, and completed a rapid Covid-19 test. Ms. Frees reported the employee that completed the test did not know how to read the results, but it was determined to send the employee home due to the symptoms she was having. Ms. Frees reported the facility is still waiting on the test results and the employee has not worked at the facility since she reported having symptoms.

On 10/12/21, I interviewed administrator Amanda Beechman by telephone. Ms. Beechman reported the facility Covid-19 protocol is if an employee tests positive for Covid-19 they are taken off the schedule for eight to ten days. Ms. Beechman reported if the employee has no symptoms they can return to work after eight days. Ms. Beechman reported this directive came from a health department in northern Michigan not the Muskegon County Health Department.

On 10/13/21, I interviewed Muskegon County Health Department educator Erica Fair by telephone. Ms. Fair reported if a caregiver that works with a vulnerable population, like home for the aged, test positive for Covid-19 they are to quarantine for the full ten days and can return to work on the 11th day. Ms. Fair reported the employee can return to work if they have been fever free for 24 hours and if their symptoms have improved. Ms. Fair reported these are recommendations and they can be modified by the employee's human resource department. Ms. Fair reported the employee should connect with their human resources for direction.

I reviewed the staff schedule for 10/3-10/16. The schedule revealed the employee was taken off the schedule on 10/3 and 10/5. The schedule showed her last day worked was 10/6.

I reviewed timecard punch for the employee. On 10/6, the employee clocked in at 10:52pm and clocked out at 11:06pm.

I reviewed the MIOSHA Emergency Rules, Rule 6(4). The rule read,

> *The employer shall require any employee, except fully vaccinated persons, to wear face coverings when employees cannot consistently maintain 6 feet of separation from other individuals indoors in the workplace. However, fully vaccinated persons must continue to wear face coverings when in the healthcare setting where patients may be present and when using airplane or public transportation if required by the latest CDC guidance.*

APPLICABLE RULE	
R 325.1917	**Compliance with other laws, codes, and ordinances.**
	(1) A home shall comply with all applicable laws and shall furnish such evidence as the director shall require to show compliance with all local laws, codes, and ordinances.
ANALYSIS:	Within the healthcare setting, such as home for the aged, masks are to be worn by all employees. The facility is not appropriately following these guidelines.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

Resident care is not consistent with their service plan.

INVESTIGATION:

The complainant alleged residents are double briefed on third shift and are not rotated in bed. The complainant did not provide any resident names or dates these events occurred.

On 10/11/21, I interviewed Resident C at the facility. Resident C reported caregivers assist with her going to the bathroom. Resident C reported she has never been left soiled or wet. Resident C reported no concerns with staff assistance.

On 10/11/21, I interviewed Resident D at the facility. Resident D reported caregivers assist her when needed. Resident D reported no concerns with care at the facility.

On 10/11/21, I interviewed Relative A1 at the facility. Relative A1 reported he visits Resident A everyday at the facility and has never observed her to be wet or her bed wet. Relative A1 reported care staff assist Resident A with her daily needs. Relative A1 reported no concerns with care provided at the facility.

Ms. Gerard reported there are no residents that are bed bound and therefore need to be turned in bed. Ms. Gerard reported there are no residents with wounds or skin breakdown. Ms. Gerard reported all residents can provide pressure relief and do not require turns.

Ms. Becker reported there are a few residents that will have a pad placed inside their brief, per the resident request. Ms. Becker reported no knowledge of care staff using double briefs or residents left sitting in their urine. Ms. Becker reported she has no knowledge of residents with bedsores or requiring to be turned.

Ms. Frees reported residents are on a two-hour check and change schedule. Ms. Frees reported no knowledge of care staff using double briefs on residents. Ms. Frees reported some residents will have a pad inside their brief. Ms. Frees denied that residents are left sitting in their urine.

On 10/12/21, I interviewed caregiver Beatrice Terrell by telephone. Ms. Terrell reported at times residents do have a double brief on at nighttime to assist with soaking through their sheets and having to change their sheets in the middle of the night. Ms. Terrell reported caregivers still check and change the residents every two hours. Ms. Terrell reported residents are not bed bound and do not require to be rotated while in bed.

On 10/14/21, I interviewed Hospice of Michigan nurse Ashley Patton by telephone. Ms. Patton reported Resident B is on service with their company. Ms. Patton reported her company provides briefs and there have been no concerns with Resident B wearing double briefs and going through too many briefs. Ms. Patton reported Resident B is not left in bed. Ms. Patton reported she has no concerns with care provided at the facility.

On 10/14/21, I interviewed Kindred at Home physical therapist Tracy Crandall by telephone. Ms. Crandall reported Resident A in on their service. Ms. Crandall reported Resident A has no skin breakdown and is always out of bed. Ms. Crandall reported no concerns with care provided at the facility.

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 management, care staff, residents, and outside providers revealed residents are not double briefed, left in their urine, or left in bed. There is lack of evidence to support this allegation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

On 10/11/21, Ms. Gerard reported she was the only care staff working on first shift. Ms. Gerard reported care staff were granted vacation or called in which resulted in a shift shortage. Ms. Gerard reported she attempted to find additional staff but was unsuccessful.

Ms. Beechman reported the facility is to always have two people in the building, but Ms. Becker was having care staff work alone. Ms. Beechman reported the facility has made changes including hiring additional staff and switching staff to 12-hour shifts. Ms. Beechman reported the facility cooks and housekeepers are trained in resident care and can assist with resident care as well.

Resident C reported staff are to use the sit-stand device to transfer her. Resident C reported care staff try very hard to come to assist her but at times it is only one person using the device.

I reviewed the staff schedule for 10/3-10/16. The following staff shortages were revealed:

10/10: First shift only one caregiver 7:00a-11:00a
10/11: Frist shift one caregiver 7:00am-3:00pm

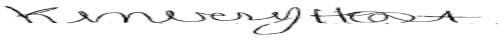
I reviewed service plans for Resident C and E. The service plan revealed Resident C and E were a two person assist for transfers and ambulation.

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:	Interview with administrator revealed the facility is to always have two care staff in the building. However, review of staff schedule revealed multiple days and shifts there was only one care staff scheduled. Of the service plans reviewed, Resident E's and Resident C's service plan reveal both residents are two-person assist with all transfers and ambulation. The residents reviewed are at potential risk of harm or injury because there is not enough staff available to safely meet the resident's needs.
CONCLUSION:	**VIOLATION ESTABLISHED**

On 10/20/21, I conducted an exit conference with authorized representative Connie Clauson by telephone. Ms. Clauson had no questions regarding the findings in this report.

IV. RECOMMENDATION

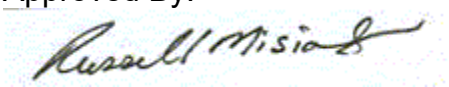
Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.



10/14/21

Kimberly Horst Date
Licensing Staff

Approved By:



10/14/21

Russell B. Misiak Date

Area Manager