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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 18, 2022

Sue Hamm
Sunset Manor
725 Baldwin Street
Jenison, MI 49428-7945

RE: License #: AH700236908
Investigation #: 2022A1028013
Sunset Manor

Dear Mrs. Hamm:

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 I am not available, and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,
Julie Viviano, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
Cell (616) 204-4300

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

I. IDENTIFYING INFORMATION

License #:	AH700236908
Investigation #:	2022A1028013
Complaint Receipt Date:	11/22/2021
Investigation Initiation Date:	11/23/2021
Report Due Date:	1/22/2022
Licensee Name:	Sunset Manor Inc.
Licensee Address:	725 Baldwin St. Jenison, MI 49428
Licensee Telephone #:	(616) 457-2770
Authorized Representative/Administrator:	Sue Hamm
Name of Facility:	Sunset Manor
Facility Address:	725 Baldwin Street Jenison, MI 49428-7945
Facility Telephone #:	(616) 457-2770
Original Issuance Date:	12/01/1999
License Status:	REGULAR
Effective Date:	09/19/2020
Expiration Date:	09/18/2021
Capacity:	188
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
The facility is not following the infection control policy.	Yes

III. METHODOLOGY

11/22/2021	Special Investigation Intake 2022A1028013
11/23/2021	Special Investigation Initiated - Letter APS referral emailed to Centralized Intake
12/14/2021	Contact - Document Received Received email from Baylin Binnendyk and Kaye Scholle, Long-Term Care Ombudsmans, with information regarding SI 2022A1028013.
12/21/2021	Inspection Completed On-site 2022A1028013 inspection completed
12/21/2021	Contact - Face to Face Interviewed a visitor and clergyman who preferred to remain anonymous at the facility
12/21/2021	Contact - Face to Face Interviewed Director of Clinical Services, Diane Kazma, at the facility
12/21/2021	Contact - Face to Face Interviewed Director of Food Services, Kyle Pierson, at the facility
12/21/2021	Contact - Face to Face Interviewed care staff, Debbie Munyon, at the facility
12/21/2021	Contact - Face to Face Interviewed care staff, Denise Saffron, at the facility
01/18/2022	Exit Interview

ALLEGATION:

INVESTIGATION:

On 11/22/21, the Bureau received the allegations anonymously from the online complaint system.

On 11/23/21, I emailed an Adult Protective Services (APS) referral to Centralized Intake.

On 12/14/21, I received an email through the online complainant system from Baylin Binnendyk and Kaye Scholle, Long-Term Care Ombudsmans, with information regarding this special investigation. The email read: *“I, Baylin Binnendyk, a Long-Term Care Ombudsman, visited Sunset Manor with another Long-Term Care Ombudsman, Kaye Scholle on Friday, December 3rd 2021. Both of us observed staff members not wearing masks and entering residents' rooms without masks on. Additionally, some staff members were not wearing their masks appropriately, such as having them down by their chin. We discussed our observations with the Director of Clinical Services who reported she would address it. However, an anonymous employee reached out to our program this past week and reported staff were still not wearing masks.”*

On 12/21/21, I completed an on-site inspection which revealed the following:

- Prior to entering the facility, I interviewed a visitor and a clergyman who wished to remain anonymous. These individuals reported they visit the facility sporadically and have not noticed any facility staff without a mask. The individuals reported they would be “hyper aware” if facility staff were not wearing masks.
- Signage on entrance of facility notifying all who enter of the current positive cases in the facility.
- Staff with face shield and mask located at entrance to direct all who enter the facility to self-screen at the computer/temperature kiosk.
- Hand Sanitizer and other PPE available at the front entrance for visitors.
- Four visitors were observed not wearing their masks or not wearing the mask appropriately after being screened at the front door. Two of the visitors observed not wearing masks appropriately were waiting for the elevator and were within 12 feet of the facility entrance/screen station.
- Two dining service staff members were observed sitting in the open dining room with no mask or PPE on while preparing utensils and reviewing meal tickets. They were not appropriately social distanced either.
- A dining service person was observed conversing with another dining service person with their mask pulled down exposing their nose and mouth. These two dining service members were not socially distanced either.

- Five care staff were observed in a med office with the door open with no mask or masks pulled down exposing their nose and mouth. All five (5) care staff were not social distanced.
- A community group activity with eight residents in attendance was observed in a community room with the door open to the resident hallway. The group leader, who is not a facility staff person, and all residents present were not wearing masks and were not social distanced.
- Two residents were observed in a common area without masks and were not social distanced.

On 12/21/21, I interviewed care staff person, Debbie Munyon, at the facility. Ms. Munyon reported all staff are to wear face masks while at the facility. They may remove them only to change them or during a mealtime. Ms. Munyon reported the aides she supervises wear masks appropriately. Ms. Munyon reported all staff have been trained in infection control and Covid-19 protocols and procedures. Ms. Munyon reported she has not witnessed any care staff not wearing masks or wearing masks inappropriately. Ms. Munyon reported the director of clinical services, Diane Kazma, and other management are consistently reviewing protocols with staff and providing staff education on the current Covid-19 facility procedures. Ms. Munyon reported the “updates are almost daily. I feel like [management] is very good about keeping us updated”. Ms. Munyon was able to explain the current Covid-19 policy and procedures when asked.

On 12/21/21, I interviewed care staff person, Denise Saffron, at the facility. Ms. Saffron reported she has not witnessed any care staff not wearing masks or wearing masks inappropriately. Ms. Saffron reported all facility was provided updated training and education on Covid-19 protocols and care staff is updated almost daily on infection control by email. Ms. Saffron was also able to explain the current Covid-19 policy and procedures when asked. Ms. Saffron reported her and Ms. Munyon would correct any facility staff if they witnessed a mask not being worn or not worn correctly.

On 12/21/21, I interviewed director of dining services, Kyle Pierson at the facility. Mr. Pierson reported dining service staff are to wear masks and/or PPE, especially if they are handling kitchen items. Mr. Pierson reported it was conveyed to dining service staff that it was acceptable to sit at least six feet apart without a mask during breaks if no residents were present. Mr. Pierson reported he will complete an in-service with all kitchen staff immediately due to the three dining services staff being observed without any mask, not wearing the mask appropriately, and not social distancing appropriately.

On 12/21/21, I interviewed director of clinical services, Diane Kazma, at the facility. Ms. Kazma reported there have been recent cases of Covid-19 in the facility. Ms. Kazma reported all facility staff have been educated and continually trained on infection control and Covid-19 policy and procedures. Ms. Kazma reported everyone is screened at the door for Covid-19 symptoms and is expected to wear mask while at the facility. All facility staff are required to wear masks except during mealtimes.

Residents are also required to wear masks in common areas except during mealtimes. Ms. Kazma reported all visitors are required to be screened and wear masks while visiting residents at the facility. However, Ms. Kazma reported she has had to correct a few staff members about wearing masks appropriately. Ms. Kazma reported she sends out infection control updates “almost daily” and continually trains staff on protocols and procedures. Ms. Kazma reported the Ombudsman was recently at the facility and brought a concern about care staff not wearing PPE appropriately to her attention. Ms. Kazma reported it was addressed with care staff immediately. Ms. Kazma reported she has not caught anyone not wearing a mask or wearing a mask inappropriately since the Ombudsman’s report but acknowledged there are staff who “test the limits and do not comply, I just haven’t been able to catch them not complying.” Ms. Kazma reported the facility is screening and testing daily and following the health department guidelines and the recommended CDC (Center for Disease Control) guidelines. Ms. Kazma provided me the infection control policy and care staff education and training documents.

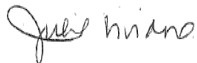
On 12/22/21, I reviewed the facility infection control policy. The review revealed the facility has a current infection control policy with procedures in place. The Covid-19 infection control policy revealed education on how Covid-19 spreads, detailed overview of facility infection control practices, proper use and education of PPE, detailed procedures for employees who demonstrate symptoms of Covid-19 and/or are infected with Covid-19. There is also a section explaining how to report unsafe working conditions concerning infection control. Facility staff electronically signed the Covid-19 infection control policy and procedures demonstrating understanding and acknowledgement of education and training.

APPLICABLE RULE	
R 325.1921	Governing bodies, administrators, and supervisors.
	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p style="padding-left: 40px;">(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>

ANALYSIS:	<p>On-site inspection revealed five direct care staff and three dining services staff were observed not wearing a mask, or not wearing a mask appropriately with no social distancing. Ten residents along with a visiting group activity leader were observed not wearing masks and were not social distanced. Four visitors who had just been screened at the door were observed not wearing a mask or not wearing a mask appropriately.</p> <p>The facility has a detailed Covid-19 infection control policy and there is evidence of continued facility staff training and education. However, due to the on-site inspection observations, it is evident facility staff is not complying with the policy to protect the health of the residents and staff and to help prevent spread of Covid-19 in the facility</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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



1/3/22

Julie Viviano
Licensing Staff

Date

Approved By:



01/13/2022

Andrea L. Moore, Manager
Long-Term-Care State Licensing Section

Date