



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 18, 2022

Michelle Jannenga
Thresholds
Suite 130
160 68th St. SW
Grand Rapids, MI 49548

RE: License #: AL410007104
Investigation #: 2022A0583010
Thresholds Eastern Group Home

Dear Ms. Jannenga:

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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL410007104
Investigation #:	2022A0583010
Complaint Receipt Date:	01/03/2022
Investigation Initiation Date:	01/03/2022
Report Due Date:	02/02/2022
Licensee Name:	Thresholds
Licensee Address:	Suite 130 160 68th St. SW Grand Rapids, MI 49548
Licensee Telephone #:	(616) 340-3788
Administrator:	Michelle Jannenga
Licensee Designee:	Michelle Jannenga
Name of Facility:	Thresholds Eastern Group Home
Facility Address:	4707 Eastern Avenue, SE Grand Rapids, MI 49508-7537
Facility Telephone #:	(616) 249-1531
Original Issuance Date:	01/10/1977
License Status:	REGULAR
Effective Date:	02/06/2021
Expiration Date:	02/05/2023
Capacity:	16
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Facility staff do not provide residents with adequate personal care.	No
In the past, residents were not receiving sufficient meals.	No
Residents' bedrooms smell of urine.	No
Additional Findings	Yes

III. METHODOLOGY

01/03/2022	Special Investigation Intake 2022A0583010
01/03/2022	APS Referral
01/03/2022	Special Investigation Initiated - Letter Recipient Rights Edward Wilson
01/05/2022	Contact - Document Received Recipient Rights Melissa Gekeler
01/07/2022	Contact - Document Received Recipient Rights Melissa Gekeler
01/10/2022	Inspection Completed On-site Staff Lisa Guydon, Staff Amanda Avery, Resident A, Resident B, Resident E
01/10/2022	Contact - Telephone call made Licensee Designee Michelle Jannenga
01/11/2022	Contact – Document Received Licensee Designee Michelle Jannenga
01/12/2022	Contact - Telephone call made Marcus Holt
01/18/2022	Exit Conference Licensee Designee Michelle Jannenga

ALLEGATION: Facility staff do not provide residents with adequate personal care.

INVESTIGATION: On 01/03/2022 LARA received the above noted complaint allegation from Adult Protective Services Centralized Intake. The complaint allegation was screened out for formal investigation by Adult Protective Services. The complaint alleged that facility staff “do not wake” residents “during the night” and “residents awaken with urine-soaked clothes and bedding being wet all the way to the mattress”.

On 01/03/2022 I referred the complaint allegations to Network 180 Recipient Rights Supervisor Ed Wilson. Mr. Wilson stated the complaint allegations were assigned to Recipient Rights staff Melissa Gekeler for formal investigation.

On 01/07/2022 I received an email from Recipient Rights Staff Melissa Gekeler. Ms. Gekeler stated she visited the facility “this morning”. Ms. Gekeler stated she did not have any concerns but still needed to interview third shift staff.

On 01/10/2022 I completed an unannounced onsite investigation at the facility and privately interviewed staff Lisa Guydon, Amanda Avery, Resident A, Resident B, Resident E.

Staff Lisa Guydon stated she primarily works first shift starting at 6:00 am. Ms. Guydon stated residents are awake prior to her arrival. Ms. Guydon stated she assists some residents with showering and has not observed indication of rashes or skin break down which could be caused by sleeping in overly wet adult briefs. Ms. Guydon stated that during her first shift she washes residents’ bedding which sometimes are observed to be wet. Ms. Guydon stated some residents do urinate in their bedding, but she does not observe it to be excessive. Ms. Guydon stated a few months ago she worked third shift and staff checked every resident every two hours. Ms. Guydon stated that if residents were wet she would change their adult briefs. Ms. Guydon stated she has no concerns regarding staff not providing adequate care to residents during third shift.

Staff Amanda Avery stated she has never worked third shift. Ms. Avery stated she works first shift starting at 7:00 am. Ms. Avery stated residents are awake upon her arrival to the facility. Ms. Avery stated she assists residents with showering and has not observed indication of rashes or skin break down which could be caused by sleeping in overly wet adult briefs. Ms. Avery stated that during her first shift she washes residents’ bedding which is observed to be wet. Ms. Avery stated some residents do urinate in their bedding, but she does not observe it to be excessive.

Resident A stated she wears adult briefs at night. Resident A stated her adult brief is never wet and facility staff never check her adult brief at night. Resident A stated facility staff change her bedding daily. Resident A stated she is happy with the care provided by facility staff.

Resident B stated she does not utilize adult briefs. Resident B stated facility staff check on every resident every two hours during sleeping hours. Resident B stated she is happy with the care provided by facility staff.

Resident E stated she utilizes overnight pads to assist with bladder leakage daily. Resident E stated facility staff check on every resident every two hours during sleeping hours and Resident E never needs her overnight pads changed because they are dry. Resident E stated she is happy with the care provided by facility staff.

On 01/10/2022 I interviewed Licensee Designee Michelle Jannenga via telephone. Ms. Jannenga stated facility staff check on all residents every two hours “to make sure residents are breathing”. Ms. Jannenga stated facility staff provide overnight care based upon each resident’s assessment plan. Ms. Jannenga stated some residents urinate in their adult briefs overnight, but do not always require a third shift brief change because the residents’ adult brief have kept their skin dry. Ms. Jannenga stated it is not always beneficial to awaken the resident during third shift because it can impact them behaviorally the next day. Ms. Jannenga stated specific residents may require a third shift adult brief change if the adult brief is too wet or the resident’s bedding is wet. Ms. Jannenga stated each resident is provided unique care based upon their assessed needs.

On 01/11/2022 Licensee Designee Michelle Jannenga emailed Resident A, Resident B, Resident C, Resident D, Resident E, Resident F, Resident G, Resident H, Resident I, and Resident J’s Assessment Plan for my review.

I reviewed Resident A’s Resident Assessment Plan is signed 06/04/2021 and states Resident A requires “reminders to change her depends after a seizure” and “showers independently”. Resident B’s Resident Assessment Plan is signed 01/30/2021 and states Resident B “is independent in toileting”. Resident C’s Resident Assessment Plan is signed 06/07/2021 and states Resident C requires “reminders to use the restroom” and “can independently dress herself”. Resident D’s Resident Assessment Plan is signed 10/29/2021 and states Resident D requires staff assistance with toileting, dressing, grooming, and personal hygiene. Resident E’s Resident Assessment Plan is signed 01/05/2021 and states Resident E is independent in the areas of toileting, dressing, and personal hygiene. Resident F’s Resident Assessment Plan is signed 01/15/2021 and states Resident F is independent in the areas of toileting, dressing, and personal hygiene. Resident G’s Resident Assessment Plan is signed 01/15/2021 and states Resident G requires staff assistance with toileting in the form of verbal reminders “with wiping”. Resident H’s Resident Assessment Plan is signed 10/26/2021 and states Resident H requires staff assistance with toileting in the form of staff checking and/or changing her adult brief every two hours. I reviewed Resident I’s Resident Assessment Plan is signed 06/22/2021 and states Resident I requires staff assistance in the area of toileting in the form of staff assistance with “clean up”. I reviewed Resident J’s Resident Assessment Plan is signed 01/14/2021 and states Resident J wears an adult brief, requires staff reminders for toileting, and wears an adult brief at bedtime. Resident J requires staff assistance with cleanup if incontinence occurs.

On 01/12/2022 I interviewed Staff Marcus Holt via telephone. Mr. Holt stated he works third shift at the facility. Ms. Holt stated he has never observed any resident

left in urine-soaked clothing or bedding. Mr. Holt stated he performs visual checks of each resident every two hours during sleeping hours. Mr. Holt stated that if he observes a resident in urine-soaked briefs or bedding he would help the resident change into a dry adult brief and bedding.

On 01/18/2022 I completed an Exit Conference with License Designee Michelle Jannenga via telephone. Ms. Jannenga stated she agreed with the findings.

APPLICABLE RULE	
R 400.15303	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>Staff Marcus Holt stated he works third shift at the facility and has never observed residents left in urine-soaked clothing or bedding.</p> <p>Staff Lisa Guydon stated “a few months ago” she worked third shift and staff checked every resident every two hours. Ms. Guydon stated if residents were “wet” she would change their adult briefs.</p> <p>The Resident Assessment Plans for each facility resident indicates residents are receiving adequate care per their assessed needs.</p> <p>A preponderance of evidence does not support violation of the applicable rule.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: In the past, residents were not receiving sufficient meals.

INVESTIGATION: On 01/03/2022 LARA received the above noted complaint allegation from Adult Protective Services Centralized Intake. The complaint allegation was screened out for formal investigation by Adult Protective Services. The complaint alleged that the facility “ran low on food supplies for the residents”.

On 01/07/2022 I received an email from Recipient Rights Staff Melissa Gekeler. Ms. Gekeler stated she visited the facility “this morning”. Ms. Gekeler stated, “there were four or five refrigerator/freezers that were full of food” and “several cabinets full of food”.

On 01/10/2022 I completed an unannounced onsite investigation at the facility and privately interviewed staff Lisa Guydon, Amanda Avery, Resident A, Resident B, Resident E.

Staff Lisa Guydon stated “three or four months ago” food at the facility ran low and she was unable to follow the posted menu because the facility lacked the needed ingredients. Ms. Guydon stated she was always able to prepare a nutritional meal for residents based upon the ingredients on hand and residents never went without meals. Ms. Guydon stated a new administrative staff now grocery shops for the facility which has rectified the low food issues.

Staff Amanda Avery stated the facility has adequate food on hand to follow the posted menu. Staff Amanda Avery stated she has never observed the facility not to have a plentiful amount of food on hand to follow the posted menu.

I observed the facility to have a plentiful amount of food on hand to follow the posted menu.

Resident A, Resident B, and Resident E each stated the facility has always had enough food on hand to provide three nutritious meals and snacks daily.

On 01/10/2022 I interviewed Licensee Designee Michelle Jannenga via telephone. Ms. Jannenga stated she has not observed the facility to have low food supplies currently or in the past.

On 01/12/2022 I interviewed staff Marcus Holt via telephone. Mr. Holt stated he has never observed low food volumes at the facility and facility staff can always call and request food immediately that he would deliver.

On 01/18/2022 I completed an Exit Conference with License Designee Michelle Jannenga via telephone. Ms. Jannenga stated she agreed with the findings.

APPLICABLE RULE	
R 400.15313	Resident nutrition.
	(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.
ANALYSIS:	I observed the facility to have a sufficient supply of food on hand to follow the posted menu. Resident A, Resident B and Resident E each stated the facility has always had a sufficient supply of food on hand to provide three nutritious meals and snacks daily.

	A preponderance of evidence does not support violation of the applicable rule.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Residents’ bedrooms smell of urine.

INVESTIGATION: On 01/03/2022 LARA received the above noted complaint allegation from Adult Protective Services Centralized Intake. The complaint allegation was screened out for formal investigation by Adult Protective Services. The complaint alleged that “the smell of urine fill” residents’ bedrooms.

On 01/07/2022 I received an email from Recipient Rights staff Melissa Gekeler. Ms. Gekeler stated she visited the facility this morning. Ms. Gekeler stated, “no bedrooms smelled like urine or feces”.

On 01/10/2022 I completed an unannounced onsite investigation at the facility and privately interviewed staff Lisa Guydon, Amanda Avery, Resident A, Resident B, Resident E.

Staff Lisa Guydon, Amanda Avery, Resident A, Resident B, and Resident E each stated the facility does not smell of urine and never has smelled of urine.

While onsite I observed the facility did not smell of urine in any resident bedroom. I observed the facility to be clean and adequately upkept to meet the needs of the residents.

On 01/12/2022 I interviewed Staff Marcus Holt via telephone. Mr. Holt stated he has never observed the facility to smell of urine.

On 01/18/2022 I completed an Exit Conference with License Designee Michelle Jannenga via telephone. Ms. Jannenga stated she agreed with the findings.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	Staff Lisa Guydon, Amanda Avery, Resident A, Resident B, and Resident C each stated the facility does not smell of urine and never has smelled of urine.

	<p>While onsite I observed the facility did not smell of urine in any resident bedroom. I observed the facility to be clean and adequately upkept to meet the needs of the residents.</p> <p>A preponderance of evidence does not support violation of the applicable rule.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS: Facility staff do not document meal substitutions

INVESTIGATION: On 01/10/2022 I completed an unannounced onsite investigation at the facility and privately interviewed Staff Lisa Guydon and Staff Amanda Avery.

Staff Lisa Guydon and Amanda Avery both reported facility staff complete meal substitutions but do not document such substitutions as required. Staff Lisa Guydon and Amanda Avery both reported they are unaware of a meal substitution sheet being located at the facility.

On 01/10/2022 I interviewed Licensee Designee Michelle Jannenga via telephone. Ms. Jannenga stated facility staff have all been trained to document meal substitutions on a meal substitution log. Ms. Jannenga stated she will re-train facility staff to complete the required log when a meal substitution is made.

On 01/12/2022 I interviewed staff Marcus Holt via telephone. Mr. Holt stated he recently “pulled the old” meal substitution log and “forgot to reprint” a new meal substitution log. Mr. Holt stated all staff are trained to document meal substitutions on the meal substitution log.

On 01/18/2022 I completed an Exit Conference with License Designee Michelle Jannenga via telephone. Ms. Jannenga stated she would submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.15313	Resident nutrition.
	(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.
ANALYSIS:	Staff Lisa Guydon and Amanda Avery both reported facility staff complete meal substitutions but do not document such substitutions as required. Ms. Guydon and Ms. Avery both reported that they are unaware of a meal substitution sheet being located at the facility.

