



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 19, 2022

Paul Meisel  
Coleman Fields Assisted Living LLC  
219 Church St.  
Auburn, MI 48611

RE: License #: AL560392694  
Investigation #: 2022A0582012  
Coleman Fields Assisted Living

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 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. If I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Derrick L. Britton".

Derrick Britton, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 284-9721

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL560392694
<b>Investigation #:</b>	2022A0582012
<b>Complaint Receipt Date:</b>	12/13/2021
<b>Investigation Initiation Date:</b>	12/16/2021
<b>Report Due Date:</b>	02/11/2022
<b>Licensee Name:</b>	Coleman Fields Assisted Living LLC
<b>Licensee Address:</b>	288 W. Old Orchard Trail Coleman, MI 48618
<b>Licensee Telephone #:</b>	(989) 442-4184
<b>Administrator:</b>	Paul Meisel
<b>Licensee Designee:</b>	Paul Meisel
<b>Name of Facility:</b>	Coleman Fields Assisted Living
<b>Facility Address:</b>	288 W. Old Orchard TRL Coleman, MI 48618
<b>Facility Telephone #:</b>	(989) 450-8323
<b>Original Issuance Date:</b>	10/30/2018
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	04/30/2021
<b>Expiration Date:</b>	04/29/2023
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED

## II. ALLEGATIONS

	<b>Violation Established?</b>
Resident A was eligible for a special move-in discount offer which has not been credited.	No
Staff are not trained in contact precautions, do not wash their hands when entering a resident's room, prior to administering medications, or before/after performing blood glucose testing. CDC guidelines are not being followed to prevent COVID-19 contamination.	No
Staff are untrained regarding medication management and blood glucose testing. One staff member answered the front door with pills in a medication cup, making a medication error possible.	Yes
During the time of isolation, the resident's laundry was not picked up for cleaning and consequently Resident A had to be provided clean underwear by family.	No
Staff are allowed to bully and verbally abuse resident, treating them in a condescending manner.	No
Residents are not provided with balanced meals, often with no protein, minimal fruits, and vegetables, and not compatible for diabetic residents.	No

## III. METHODOLOGY

12/13/2021	Special Investigation Intake 2022A0582012
12/15/2021	Contact - Telephone call made With Complainant
12/16/2021	Special Investigation Initiated - On Site
12/16/2021	Contact - Face to Face With Jodi Valead, Manager
12/16/2021	Contact - Face to Face With Resident A

12/26/2021	Contact - Document Received Email from Jodi Valead, Manager regarding documents requested
01/05/2022	Contact - Document Received Email from Jodi Valead, regarding documents requested
01/07/2022	Contact - Telephone call received Voicemail from Jodi Valead, Manager
01/07/2022	Contact - Telephone call made To Jodi Valead, Manager
01/11/2022	Contact - Telephone call made To Jodi Valead, Manager
01/13/2022	Inspection Completed On-site
01/13/2022	Contact - Face to Face Individual interviews with Direct Care Workers and Residents
01/18/2022	Contact - Telephone call made With Angel Fauver, Kitchen Manager
01/19/2022	APS Referral
01/19/2022	Inspection Completed-BCAL Sub. Compliance
01/19/2022	Exit Conference With Paul Meisel, Licensee Designee
01/19/2022	Corrective Action Plan Requested and Due on 02/07/2022

**ALLEGATION:**

**Resident A was eligible for a special move-in discount offer which has not been credited.**

**INVESTIGATION:**

I received this complaint on 12/13/2021 and contacted Complainant on 12/15/2021. Complainant stated that a statement on the facility's website documents that a "Limited time \$750 administration fee will be waived and \$1000 off the first month's rent for new residents." Complainant stated that she spoke with the manager in February 2021 prior to Resident A moving in and confirmed that Resident A was

eligible for the offer. Complainant stated that the facility is not honoring the statement on their website and offers multiple excuses as to why, i.e., “we were not running the special that month,” or “the website administrator had a death in the family and the banner was not taken down.” Complainant stated that she wrote a letter to the owner and has not heard anything.

On 12/15/2021, I reviewed the website for Coleman Fields Assisted Living. The website documented the following: “Limited Time Move-In Special-\$750 Administration Fee Waived and \$1,000 off your first month’s rent!”

On 12/16/2021, I conducted an unannounced, onsite inspection at the facility. I interviewed Jodi Valead, Manager. Ms. Valead stated Resident A is her own person with no guardian but has entrusted Friend A1 to make monthly adult foster care payments for her. Ms. Valead stated that the very first check that was submitted for Resident A bounced for insufficient funds. Ms. Valead stated that the move-in special was not honored for this reason. Ms. Valead stated that she has recently been dealing with Friend A2 for payments, as she has been asking for monthly statements.

On 12/16/2021, I interviewed Resident A, who stated that she does not have a guardian. Resident A stated that Friend A1 is responsible for making monthly AFC payments for her. Resident A stated that she did not know why she did not receive the move in discount when she came to the facility. Resident A stated that she was not aware of the bounced check that received by the facility on her behalf.

I reviewed Resident A’s “*AFC-Resident Care Agreement*,” which documented a monthly base fee of \$4,000. There was no documentation on the *Resident Care Agreement* for the move-in special listed on the website. The *Resident Care Agreement* was signed by Resident A on 03/10/2021.

On 01/7/2022, I received a voicemail from Jodi Valead, Manager. Ms. Valead stated that Resident A is currently behind on AFC payments for November 2021 and December 2021. Ms. Valead stated that she informed Resident A, who was extremely upset and did not know that she was behind, as Friend A1 was responsible for making payments. Ms. Valead stated that according to Resident A, Friend A2 plans to move Resident A from the facility tomorrow.

On 01/11/2022, I contacted Ms. Valead, who stated that Resident A was moved out of the facility by Friend A2. Ms. Valead stated that Resident A continues to owe for November 2021, December 2021, and now January 2022, as the move was not planned.

<b>APPLICABLE RULE</b>	
<b>R 400.15301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	<b>(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following: (b) A description of services to be provided and the fee for the service.</b>
<b>ANALYSIS:</b>	Based on Resident A's <i>Resident Care Agreement</i> , there is no documented agreement between Resident A and the Licensee Designee upon admission confirming an understanding that Resident A would receive a special move-in discount. Resident A, who signed the <i>Resident Care Agreement</i> on 03/10/2021, does not have a guardian and reported that Friend A1 is responsible for monthly AFC payments on her behalf. The Resident Care Agreement acknowledges an agreement to pay the basic fee of \$4,000 monthly, with no mention of a discount.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Staff are not trained in contact precautions, do not wash their hands when entering a resident's room, prior to administering medications, or before/after performing blood glucose testing. CDC guidelines are not being followed to prevent COVID-19 contamination.**

**INVESTIGATION:**

I received this complaint on 12/13/2021 and contacted Complainant on 12/15/2021. Complainant stated that staff do not know what type of COVID-19 test they are performing (antibody vs antigen) and have lied regarding a resident's positive COVID-19 test results. Complainant stated that she has observed staff not regularly washing their hands while performing their job duties, which could result in contamination.

On 12/16/2021, I conducted an unannounced, onsite inspection at the facility. I observed a sign on the door that stated, "Masks are required at ALL times." I

observed sanitizer at the door and a note on how to stop the spread of germs. I was greeted by a staff member who was wearing a mask who checked my temperature and directed me to Jodi Valead, Manager. Ms. Valead stated that all staff have completed training on blood borne pathogens and practice contact precautions, although they have had previous cases on residents contracting COVID-19. Ms. Valead stated that there are no current residents or staff who are positive for COVID-19. I observed a second staff member who was wearing a mask and using hand sanitizer. I interviewed Resident A, who stated that staff have been wearing masks and being very careful during the pandemic.

On 01/05/2022, I reviewed training certificates and sign-in sheet for staff that documented their most recent refresher training on blood borne pathogens, which took place on 10/14/2021.

On 01/13/2022, I conducted an unannounced, onsite inspection at the facility. I was greeted by staff wearing a mask. I observed sanitizer and a temperature check station at the entrance. I interviewed Resident B, Resident C, Resident D, Resident E, Resident F, and Resident G. No resident interviewed reported concerns with cleanliness and sanitation in the facility. I interviewed Direct Care Workers (DCW) Tuesday Brown, Melody Broom, and Lisa Saylor, who confirmed that they received training on the prevention of spreading infectious diseases and regularly practice precautions such as washing their hands and using sanitizer while interacting with residents. Each DCW interviewed stated that they are practicing safe sanitary practices to prevent the spread of COVID-19.

<b>APPLICABLE RULE</b>	
<b>R 400.15204</b>	<b>Direct care staff; qualifications and training.</b>
	<b>(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: (g) Prevention and containment of communicable diseases.</b>
<b>ANALYSIS:</b>	Based on onsite observations on 12/16/2021 and 01/13/2022, in addition to interviews with direct care workers and residents, staff at the facility are taking the necessary precautions to prevent the spread of communicable diseases and COVID-19. Furthermore, documentation records that all staff received training on bloodborne pathogens.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>



## **ALLEGATION:**

**Staff are untrained regarding medication management and blood glucose testing. One staff member answered the front door with pills in a medication cup, making a medication error possible.**

## **INVESTIGATION:**

I received this complaint on 12/13/2021 and contacted Complainant on 12/15/2021. Complainant stated that on one occasion, a staff member named Melody came to the door with pills in her hand that were in a medication cup. Complainant stated that she told Melody that she “hopes those aren’t for me!” Complainant stated that staff overall lack training on medication management.

On 12/16/2021, I conducted an unannounced, onsite inspection at the facility. I interviewed Jodi Valead, Manager and asked her for documentation of medication training completed by staff. Ms. Valead stated that she could not access the records on her computer at the time but stated that she could email the information to me later. On 01/05/2022, I reviewed a “Med Aide Training Exam” that was emailed to me from Ms. Valead. The exam documented 50 questions, but there was no confirmation that staff completed training. I reviewed a document titled “Coleman Fields Assisted Living Employee Education,” which documented that employee “MB” (Melody Broom) and “LS” (Lisa Saylor) completed medication administration training. There was no other documentation for other direct care workers that they had completed medication training.

On 01/13/2022, I conducted an unannounced, onsite inspection at the facility. I interviewed Jodi Valead, Manager. Ms. Valead stated that they use QuickMAR for managing medications and for training for new staff on medication management. Ms. Valead stated that there are training videos on QuickMAR that each new staff must complete in addition to hands on training with an experienced staff member. Ms. Valead stated that although all staff have completed training, she did not have documentation to verify that all staff had completed the training. Ms. Valead stated that she neglected to print training certificates through QuickMAR. Ms. Valead stated that she would be working to correct this issue.

On 01/13/2022, I interviewed DCW Tuesday Brown. Ms. Brown stated that she has worked at the facility since October 2020. Ms. Brown stated that she received training on passing medication by watching videos and shadowing an experienced staff member for a couple of weeks before she was comfortable enough to pass medications on her own. Ms. Brown stated that she is comfortable with administering medications and performing blood glucose tests. Ms. Brown appropriately shared procedures for passing medications. I interviewed DCW Melody Broom, who stated that she has worked at the facility since October 2020. Ms. Brown stated that she received two weeks of medication training to include shadowing an experienced staff member before she could administer medications on her own. Ms. Brown stated that

she was trained and has performed blood glucose test on residents. Ms. Brown appropriately shared procedures for passing medications. I interviewed DCW Lisa Saylor, who works as the “Med Director.” Ms. Saylor stated that she has worked at the facility for three years. Ms. Saylor stated that she has provided training for new staff in addition to the training they receive on QuickMAR. Ms. Saylor stated that she has performed blood glucose testing on residents on a regular basis. Ms. Saylor was able to explain the appropriate procedures for passing medications.

<b>APPLICABLE RULE</b>	
<b>R 400.15312</b>	<b>Resident medications.</b>
	<b>(4)(a) Be trained in the proper handling and administration of medication.</b>
<b>ANALYSIS:</b>	Although DCWs Tuesday Brown, Melody Broom, and Lisa Saylor all report that they were trained in the administration of medications, Ms. Valead did not have documentation to confirm that all direct care workers had training in medication administration. Ms. Broom denied ever answering the door with pills in her hand. Only two facility staff had documentation of medication training. Ms. Valead admitted that she neglected to print training certificates for staff members. There was no written acknowledgment by staff other than Melody Broom and Lisa Saylor that medication administration training had been completed.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**During the time of isolation, the resident's laundry was not picked up for cleaning and consequently Resident A had to be provided clean underwear by family.**

**INVESTIGATION:**

I received this complaint on 12/13/2021 and contacted Complainant on 12/15/2021. Complainant stated that Resident A tested positive for COVID-19 and was isolated during the last week in November 2021. Complainant stated that Resident A was isolated over a week, and during this time her dirty laundry was not picked up for cleaning. Complainant stated that clean underwear had to be provided by family after isolation.

On 12/16/2021, I conducted an unannounced, onsite inspection at the facility. I interviewed Jodi Valead, who stated that Resident A does not have family involvement but has consistent visits from Friend A1 and Friend A2. Ms. Valead stated that laundry is done on a schedule, and resident laundry is regularly completed throughout the week.

I interviewed Resident A, who stated that staff regularly come to her room and ask her if she has any clothes to be washed. Resident A stated that staff gather her dirty clothes, wash them, and bring them back to her room. Resident A stated that there has not been a time in which she went without having her clothes washed. I observed Resident A to be dressed appropriately and clean.

On 01/13/2022, I conducted an unannounced, onsite inspection at the facility. I observed the laundry room, which had two washers and two dryers. I interviewed Resident B, Resident C, Resident D, Resident E, Resident F, and Resident G, who all stated that their clothes are washed on a regular basis and staff come to their rooms to gather laundry at least once or twice a week or when needed. All residents interviewed appeared to be clean and were dressed appropriately. I interviewed DCW Tuesday Brown, DCW Melody Broom, and DCW Lisa Saylor, who stated that resident laundry is picked up at least twice a week, with third shift staff washing resident laundry, first shift staff putting resident laundry away when cleaned and dried, and second shift staff picking up dirty laundry from residents for third shift to wash. DCW Brown, DCW Broom, and DCW Saylor denied that there was an occasion in which Resident A or any other resident ran out of clean clothes or underwear.

<b>APPLICABLE RULE</b>	
<b>R 400.15314</b>	<b>Resident hygiene.</b>
	<b>(5) A licensee shall afford a resident with opportunities, and instructions when necessary, to routinely launder clothing. Clean clothing shall be available at all times.</b>
<b>ANALYSIS:</b>	Based on observations during my onsite inspection on 12/16/2021 and 01/13/2022, in addition to interviews with staff and residents, there is no evidence to suggest that residents have gone without having their clothes laundered. Resident A denied that she has ever been without clean clothes and staff regularly come to her room to gather and wash her clothes. All other residents interviewed had no complaints of not having their clothes laundered on a routine basis. All residents were observed to be clean and dressed appropriately.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Staff are allowed to bully and verbally abuse resident, treating them in a condescending manner.**

**INVESTIGATION:**

I received this complaint on 12/13/2021 and contacted Complainant on 12/15/2021. Complainant stated that it was reported that residents are made fun of if napping too much, yelled at in front of other residents, and forced to participate in activities. Complainant stated that concerns were reported to Jodi Valead, Manager, but she stated that no concerns of this type of behavior were never reported to her.

On 12/16/2021, I conducted an unannounced, onsite inspection at the facility. I interviewed Resident A, who stated that the staff at the facility “treat me well” and she has had “no troubles” with staff. Resident A stated that she has not observed staff treating other residents in a mean way. Resident A stated that she and other residents are not forced to participate in activities. I observed residents in the common area and dining area, and all appeared to be receiving adequate care and supervision.

On 01/13/2022, I conducted an unannounced, onsite inspection at the facility. I interviewed Resident B, Resident C, Resident D, Resident E, Resident F, and Resident G. All residents appeared to be receiving adequate care and supervision. All residents interviewed stated that staff treat them well and they had no complaints about being bullied or verbally abused. All residents interviewed stated that they are not forced to participate in activities. All residents interviewed appeared to be content and were receiving proper care. I interviewed DCW Tuesday Brown, DCW Melody Broom, and DCW Lisa Saylor, who reported no concerns of staff bullying residents, being verbally abusive, or forcing residents to participate in activities.

<b>APPLICABLE RULE</b>	
<b>R 400.15304</b>	<b>Resident rights; licensee responsibilities.</b>
	<b>(1) Upon a resident's admission to the home, a licensee shall inform a resident or the resident's designated representative of, explain to the resident or the resident's designated representative, and provide to the resident or the resident's designated representative, a copy of all of the following resident rights:</b> <b>(o) The right to be treated with consideration and respect, with due recognition of personal dignity, individuality, and the need for privacy.</b>

<b>ANALYSIS:</b>	Interviews with residents and staff reveal that there is no evidence to suggest that staff treat residents in a verbally abusive manner. All residents interviewed reported no concerns of bullying or being forced to participate in activities.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Residents are not provided with balanced meals, often with no protein, minimal fruits, and vegetables, and not compatible for diabetic residents.**

**INVESTIGATION:**

I received this complaint on 12/13/2021 and contacted Complainant on 12/15/2021. Complainant stated she has observed meals that only consisted of hot dogs with chips and half bagel with half clementine. Complainant stated that that food served at the facility is highly processed and hot foods are often served cold. Complainant stated that Angel, who does most of the cooking, has often stated that nothing was taken out the night before for her to cook.

On 12/16/2021, I conducted an unannounced, onsite inspection at the facility. I observed the monthly menu posted, and that there was adequate food to prepare meals as indicated on the menu. I observed the food storage area and refrigerator and noted that there was an ample supply of food of fruits, vegetables, meats, bread, and starches.

I interviewed Resident A, who stated that she is diabetic. Resident A stated that she receives the same meal as every other resident. Resident A stated that she does not know if the meal is prepared differently to make sure her sugar stays down.

I reviewed Resident A's, which did not indicate that she required a special diet.

On 01/13/2022, I conducted an unannounced, onsite inspection at the facility. I observed the monthly menu posted, and that there was adequate food to prepare meals as indicated on the menu. I observed the food storage area and refrigerator and noted that there was an ample supply of food of fruits, vegetables, meats, bread, and starches. I observed a spreadsheet the listed each resident and their type of diet, and there were three residents listed that had a "diabetic diet." I observed a "Diabetes Nutrition" chart that was on the refrigerator, that had meal planning guidelines. I observed a "Daily Temp and Count Log" for meals, which documented the temperatures for items served.

I interviewed Resident B, who is identified as having a regular diet. Resident B stated that the food served at the facility is good and they are served a variety of options. I interviewed Resident C, who is identified as having a “diabetic diet.” Resident C stated that the food is good, and she eats regularly. I interviewed Resident D, who is identified as having a “diabetic diet.” Resident D stated that some of the food served is good, and some of the food served is bad. Resident D stated that food is regularly served for breakfast, lunch, and dinner. Resident D stated that sometimes she does not get to use the condiments she wants because of her diet. I interviewed Resident E, who is identified as having a “diabetic diet.” Resident E stated that the food is good despite his diet, and meals consist of a good variety. I interviewed Resident F, who is identified as having a “regular diet.” Resident F stated that she has no problems with the meals served and has fruit/vegetable options each day. I interviewed Resident G, who is identified as having a “regular diet.” Resident G stated that the main meal she likes is breakfast, and she can barely eat lunch and dinner because she is not hungry during that time. Resident G stated that regular meals are provided with a variety of food with fruits and vegetables included. All residents interviewed appeared to be receiving adequate care and supervision.

I individually interviewed DCW Tuesday Brown, DCW Melody Broom, and DCW Lisa Saylor, who expressed no concerns about the meals prepared for residents.

On 01/18/2022, I interviewed Angel Fauver, Kitchen Manager. Ms. Fauver stated that she has been in her role for a year and a half. Ms. Fauver stated that they currently have three residents who are indicated as having a “diabetic diet.” Ms. Fauver stated that they prepare the same meals for all residents and are offered additional fruits and vegetables, with less salt. Ms. Fauver stated that she uses “Splenda” in place of real sugar for residents on a diabetic diet. Ms. Fauver stated that if a resident does not like what is prepared, they can ask for something different. Ms. Fauver stated that if food that needs to be thawed is taken out the day before by her, and she has never complained about food not being taken out to thaw and prepare for the next day. Ms. Fauver stated that she uses a thermometer to ensure food is served at the correct temperature.

<b>APPLICABLE RULE</b>	
<b>R 400.15313</b>	<b>Resident nutrition.</b>
	<b>(2) Meals shall meet the nutritional allowances recommended pursuant to the provisions of "Appendix I: Recommended Dietary Allowances, Revised 1980" contained in the publication entitled "Basic Nutrition Facts: A Nutrition Reference," Michigan Department of Public Health publication no. H-808, 1/89. This publication may be obtained at cost from The Division of Research and Development, Michigan Department of Public Health, P.O. Box 30195, Lansing, Michigan 48909.</b>

<b>ANALYSIS:</b>	Based on observations during onsite inspections on 12/13/2021 and 01/13/2022, in addition to documentation and interviews with residents and staff, there is no evidence to suggest that residents are not provided meals that meet recommended dietary allowances. Residents with diabetic diets are identified and a "Diabetes Nutrition" chart is posted on the refrigerator with meal planning guidelines. Food storage areas and refrigerators had an ample supply and variety of food to prepare meals from the menus, which documented meals that were balanced.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

On 01/19/2022, I conducted an Exit Conference with Paul Meisel, Licensee Designee. I reviewed the findings of the investigation with Mr. Meisel, who stated that he would submit a corrective action plan for the violation that was established.

**IV. RECOMMENDATION**

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

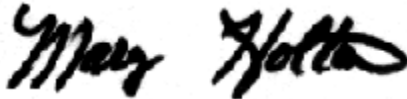


01/19/2022

Derrick Britton  
Licensing Consultant

Date

Approved By:



01/19/2022

Mary E Holton  
Area Manager

Date