



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 18, 2022

Tamesha Porter
Safe Haven Assisted Living of Haslett LLC
5917 Edson St
Haslett, MI 48840

RE: License #: AL330404984
Investigation #: 2022A0466021
Safe Haven Assisted Living Of Haslett

Dear Ms. Porter:

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 that 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 "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL330404984
Investigation #:	2022A0466021
Complaint Receipt Date:	01/19/2022
Investigation Initiation Date:	01/24/2022
Report Due Date:	03/20/2022
Licensee Name:	Safe Haven Assisted Living of Haslett LLC
Licensee Address:	5917 Edson St Haslett, MI 48840
Licensee Telephone #:	(517) 402-1802
Administrator:	Tamesha Porter
Licensee Designee:	Tamesha Porter
Name of Facility:	Safe Haven Assisted Living of Haslett
Facility Address:	5917 Edson St Haslett, MI 48840
Facility Telephone #:	(517) 339-7278
Original Issuance Date:	09/29/2020
License Status:	REGULAR
Effective Date:	03/29/2021
Expiration Date:	03/28/2023
Capacity:	16

Program Type:	AGED ALZHEIMERS
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ALLEGATION:

	Violation Established?
A resident requires two direct care staff member assistance and the facility is not staffed appropriately at all times.	No
Additional Findings	Yes

II. METHODOLOGY

01/19/2022	Special Investigation Intake- 2022A0466021.
01/24/2022	Special Investigation Initiated – Letter with assigned licensing consultant Nile Khabeiry.
01/25/2022	Inspection Completed On-site.
03/17/2022	Contact- Telephone call made, DCW Patricia Merkeus interviewed.
03/17/2022	Contact- Telephone call made, DCW Shannon Bullock interviewed .
03/17/2022	Contact- Telephone call made licensee designee/admin Tamesha Porter interviewed.
03/18/2022	Exit Conference with licensee designee Tamesha Porter.

ALLEGATION: A resident requires two direct care staff member assistance and the facility is not staffed appropriately at all times.

INVESTIGATION:

On 01/19/2022, Anonymous Complainant reported that a resident living at the facility requires two direct care staff members assistance but the facility is not staffed appropriately at all times. No additional information could be gathered since the Anonymous Complaint could not be contacted.

On 01/25/2022, I conducted an unannounced investigation and I interviewed direct care worker (DCW) Breanna McGuire who reported the facility currently has 14 residents, that she works first shift and that there are two DCWs on shift during the day. DCW McGuire reported one DCW is needed at night and that is all that is scheduled. DCW McGuire reported Resident A, Resident B and Resident C all

require a two DCWs for transfers and to use the Hoyer lift. DCW McGuire stated the Hoyer lift required two direct care staff to use with residents. DCW McGuire reported that at night there is only one DCW on shift starting at 9pm as Resident A, Resident B and Resident C all sleep through the night and do not require transfers at nighttime. DCW McGuire reported Resident A likes to go to bed about 9pm and stays in bed until at least 5am when the second DCW comes in. DCW McGuire reported Resident A can be changed in her bed at night. DCW McGuire reported that all residents are checked and changed every two hours. DCW McGuire reported Resident B requires two direct care staff members to assist with transfer and mobility due to her declining balance and being weak when she stands. DCW McGuire reported Resident B will use the Hoyer lift with direct care staff assistance. DCW McGuire reported Resident C also requires two direct care staff members to assist with mobility and transfer but also spends a lot of time in bed as he likes to go to bed around 6pm and he does not want to get up until around 9am or 10 am. DCW McGuire reported Resident C does not use the Hoyer lift.

On 01/25/2022, I interviewed DCW Katherine Collard who reported that the facility has 13 residents, that she typically works first shift, and that there are usually two DCWs on first shift. DCW Collard reported that third shift has one DCW scheduled from 11pm-5am. DCW Collard reported Resident A, Resident B and Resident C can all be changed by one person while they are in bed. DCW Collard reported that Resident A uses a wheelchair and a Hoyer lift to be transferred but Resident B and Resident C do not use the Hoyer. DCW Collard reported that the facility's Hoyer lift requires two DCWs.

On 01/25/2022, I interviewed DCW Ashley Firmingham who reported she typically works a split shift from 1pm-9pm. DCW Firmingham reported Resident A, Resident B and Resident C all required two-person assistance for transfers. DCW Firmingham reported that she only works until 9pm so she is not aware of how many DCWs work at night. DCW Firmingham reported that there are typically two to four DCWs on shift during the day. DCW Firmingham reported that Resident B also requires two DCWs for bathing.

On 01/25/2022, I interviewed house manager Teresa Ryder who reported that the facility currently has 14 residents. DCW Ryder reported that Resident A, Resident B and Resident C all required two direct care staff members to assist with transfers. DCW Ryder reported that the facility has at least two DCWs until 9pm as Resident A, Resident B and Resident C are all in bed by 9pm and the DCW on shift is able to change them without assistance when they are in bed. DCW Ryder reported that Resident B and Resident C use the Hoyer which requires two people. DCW Ryder reported that Resident C has a catheter and therefore only requires assistance with bowel movements.

On 01/25/2022, I reviewed Resident A's record which contained an *Assessment Plan for Adult Foster Care (AFC) Residents* that was dated 9/01/2021 signed by DCW Ryder. The *Assessment Plan for AFC Residents* documented that Resident A

uses a wheelchair and Hoyer lift for walking/mobility. The *Assessment Plan for AFC Residents* documented that Resident A uses a Hoyer lift for toileting, bathing, and grooming. Resident A's *Health Care Appraisal* dated 03/09/2021 documented in the "diagnosis" section of the report that Resident A is "wheelchair bound and urinary frequency." Resident A's record contained a weight record which did not contain any weights it stated, "unable to stand."

On 01/25/2022, I reviewed Resident B's record and at the time of the unannounced investigation Resident B's record did not contain an *Assessment Plan for AFC Residents*. Resident B's *Health Care Appraisal* dated 8/10/2021 documented in the "diagnosis" section of the report "recurrent falls, generalized muscle weakness, reduced mobility." Resident B's record contained a weight record which did not contain any weights it stated, "can't stand."

On 01/25/2022, I reviewed Resident C's record contained an *Assessment Plan for AFC Residents* dated 09/01/2021 signed by DCW Ryder which documented that staff is to help with toileting, bathing, grooming, dressing and personal hygiene. Resident C's record contained an *Assessment Plan for AFC Residents* documented that Resident C uses a wheelchair. Resident C's *Health Care Appraisal* dated 03/09/2021 documented that Resident C uses a wheelchair and walker for mobility. Resident C's record contained a weight record which did not contain any weights it stated "unable to stand."

On 01/25/2022, I reviewed the *Staff Schedule* dated 01/10/2022-01/30/2022. The facility had the following shifts scheduled:

- 7AM-3PM- 2 DCWs scheduled
- 5AM-1PM- 1 DCW scheduled
- 3PM-11PM-1 DCW scheduled
- 11PM-7AM- 1 DCW scheduled
- 1PM-9PM- 1 DCW scheduled

On 03/17/2022, I interviewed DCW Patricia Merkeus who reported that she works from 11pm-7am every day. DCW Merkeus reported that she works alone from 11pm-5am as another DCW comes in at 5am and then another DCW replaces her at 7am when she leaves. DCW Merkeus reported Resident A requires two direct care staff members to assist with transferring and use of the Hoyer lift. DCW Merkeus reported that since Resident A cannot be transferred while she is working alone that Resident A buzzes her if she is soiled and or wet and she can change her in her bed alone. DCW Merkeus reported Resident B also requires two direct care staff members to assist with transferring but Resident B does not utilize the Hoyer. DCW Merkeus reported that she is able to change Resident B by herself. DCW Merkeus reported that Resident C no longer lives at the facility.

On 03/17/2022, I interviewed DCW Shannon Bullock who reported that she works at the facility from 5am-3pm daily. DCW Bullock reported that she works with another DCW during the duration of her entire of shift. DCW Bullock reported that Resident A

and Resident B require assistance from two direct care staff members and that Resident A uses a Hoyer lift. DCW Bullock reported that Resident B can bear weight she just choses not too. DCW Bullock report that the facility uses gait belts on most of the residents and utilizes two people for that for safety when two people are available. DCW Bullock reported that Resident C no longer lives at the facility.

On 03/17/2022, I interviewed administrator and licensee designee Tamesha Porter who reported that Resident A and Resident C require two-person assistance for transfers and the Hoyer lift utilized at the facility requires two DCWs to use. Licensee designee Porter reported Resident B can bear weight, does not use the Hoyer and some of the DCWs can transfer her alone. Licensee designee Porter reported that Resident C no longer resides at the facility. Licensee designee Porter reported that the only time that only one DCW is on shift at the facility is between 11pm through 5 am as those are times when Resident A, Resident B and Resident C, when he lived at the facility, are asleep. Licensee designee Porter reported that Resident A, Resident B and Resident C are all incontinent and require brief changes throughout the night. Licensee designee Porter reported that Resident C had a catheter and only needed to be changed for bowel movements. Licensee designee Porter reported that Resident A, Resident B and Resident C can all be changed in bed by one DCW.

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 facility direct care staff members and licensee designee all reported Residents A, B, and C used two direct care staff members to assist with transferring and mobility. However, based on a review of each resident's record there is no physician's order requiring two direct care staff members be available at all times. I reviewed the staffing schedule and found there to be an adequate number of staff available to meet the residents' needs.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 01/25/2022, I reviewed Resident A's record which contained a *AFC -Resident Informational and Identification Record* which documented that Resident A's birthday is 02/25/1965. Additionally, Resident A's *Assessment Plan for AFC Residents* documented that Resident A's birthday was 02/25/1965.

On 01/25/2022, I reviewed Resident A's *Health Care Appraisal* dated 03/09/2021 documented in the "diagnosis" section of the report that Resident A is "wheelchair bound and urinary frequency, Cerebral Palsy, hypertension (HTN), gastro-esophageal reflux disease (GERD), dependent, edema lower ext." In the "explanation of abnormalities" section of the report it stated, "decreased reflexes, lower ext weakness."

Resident A's record did not contain any documentation that she was diagnosed with Alzheimer's or that she was aged.

On 03/17/2022, I conducted a review of the facility file to determine what programs the licensee is approved to provide care. The licensee is approved to provide care to residents that are aged and/or have Alzheimer's disease.

APPLICABLE RULE	
R 400.15201	Qualifications of administrator, direct care staff, licensee, and members of the household; provision of names of employee, volunteer, or member of the household on parole or probation or convicted of felony; food service staff.
	(9) A licensee and the administrator shall possess all of the following qualifications: (c) Be capable of assuring program planning, development, and implementation of services to residents consistent with the home's program statement and in accordance with the resident's assessment plan and care agreement.
ANALYSIS:	Licensee designee admitted Resident A to the facility who is only 57 years and not diagnosed with Alzheimer's disease. Resident A does not fall under the facility program statement nor does Resident A fall within the program types approved to be admitted into this facility. Consequently, the licensee did not assure the implementation of the home's program.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 01/25/2022, I reviewed the *Staff Schedule* dated 01/10/2022-01/30/2022. The *Staff Schedule* did not contain job titles, AM/PM was not documented as required.

APPLICABLE RULE	
R 400.14208	Direct care staff and employee records.
	(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information: (b) Job titles. (c) Hours or shifts worked.
ANALYSIS:	The facilities <i>Staff Schedule</i> did not contain job titles or hours/shifts worked therefore a violation has been established.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 03/17/2022, licensee designee Porter reported that Resident A and Resident C are incontinent and require brief changes throughout the night. Additionally, licensee designee Porter reported that Resident C has a catheter.

On 01/25/2022, I reviewed Resident A’s record which contained an *Assessment Plan for AFC Residents* that was dated 9/01/2021 and documented in the “toileting” section of the report “Hoyer lift needs help.” There was no documentation describing the need for adult brief changes or assistance being required for this task.

On 01/25/2022, I reviewed Resident B’s record and at the time of the unannounced investigation and Resident B’s record did not contain an *Assessment Plan for AFC Residents*.

On 01/25/2022, I reviewed Resident C’s record which contained an *Assessment Plan for AFC Residents* that was dated 9/01/2021 and in the “toileting” section of the report stated “staff to help.” There was no documentation describing the need for adult brief changes or assistance being required for this task.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician’s instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

ANALYSIS:	Resident B's record did not contain any written assessment plan despite Resident B being admitted to the facility, therefore a violation has been established.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14303	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(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:	Based on the interview with licensee designee Porter, written assessment plans for Resident A and Resident C were not updated as the assessment plans did not document that Resident A and Resident C were incontinent and required brief changes as a personal care need. Resident C's assessment plan also did not document that he had a catheter.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 01/25/2022, I reviewed Resident A's record which contained an *Assessment Plan for AFC Residents* that was dated 9/01/2021 signed by only DCW Ryder. The *Assessment Plan for AFC Residents* did not contain verification that the agreement was reviewed with the resident, the residents designated representative, and also by licensee designee Tamesha Porter.

On 01/25/2022, I reviewed Resident B's record and at the time of the unannounced investigation Resident B's record did not contain an *Assessment Plan for AFC Residents*. The *Assessment Plan for AFC Residents* did not contain verification that the agreement was reviewed with the resident, the residents designated representative, and also by licensee designee Tamesha Porter.

On 01/25/2022, I reviewed Resident C's record which contained an *Assessment Plan for AFC Residents* that was dated 09/01/2021 and signed by DCW Ryder only. The *Assessment Plan for AFC Residents* did not contain verification that the agreement was reviewed with the resident, the residents designated representative, and also by licensee designee Tamesha Porter.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.
ANALYSIS:	The resident records for Residents A, B and C did not contain verification that the <i>Assessment Plans for AFC Residents</i> were reviewed with the resident/the residents designated representative, and also by the licensee designee therefore a violation has been established.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 01/25/2022, I reviewed Resident A's record which contained a weight record however no monthly weights were documented for Resident A rather the document stated, "unable to stand."

On 01/25/2022, I reviewed Resident B's record which contained a weight record however no monthly weights were documented for Resident B rather the document stated, "can't stand."

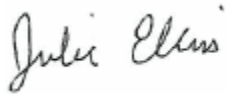
On 01/25/2022, I reviewed Resident C's record which contained a weight record however no monthly weights were documented for Resident C rather the document stated, "unable to stand."

APPLICABLE RULE	
R 400.14316	Resident records.
	<p>(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:</p> <p>(a) Identifying information, including, at a minimum, all of the following:</p> <p>(g) Weight record.</p>

ANALYSIS:	The resident records for Residents A, B and C did not contain monthly weights as required and therefore a violation has been established.
CONCLUSION:	VIOLATION ESTABLISHED

III. RECOMMENDATION

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

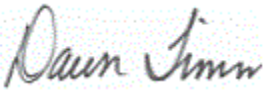


03/18/2022

Julie Elkins
Licensing Consultant

Date

Approved By:



03/18/2022

Dawn N. Timm
Area Manager

Date