



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 25, 2022

Subbu Subbiah  
Woodland Park Assisted Living LLC  
2585 Stanton St.  
Canton, MI 48188

RE: License #: AM250309137  
Investigation #: 2022A0580023  
Woodland Park Assisted Living

Dear Mr. Subbiah:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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.

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 (906) 226-4171.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan". The signature is written in black ink and is positioned above the typed name and address.

Sabrina McGowan, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 835-1019

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM250309137
<b>Investigation #:</b>	2022A0580023
<b>Complaint Receipt Date:</b>	02/01/2022
<b>Investigation Initiation Date:</b>	02/03/2022
<b>Report Due Date:</b>	04/02/2022
<b>Licensee Name:</b>	Woodland Park Assisted Living LLC
<b>Licensee Address:</b>	2363 E. Coldwater Rd. Flint, MI 48505
<b>Licensee Telephone #:</b>	(812) 202-9149
<b>Administrator:</b>	Ponnammal Subbiah
<b>Licensee Designee:</b>	Subbu Subbiah
<b>Name of Facility:</b>	Woodland Park Assisted Living
<b>Facility Address:</b>	2363 E. Coldwater Road Flint, MI 48505
<b>Facility Telephone #:</b>	(812) 202-9149
<b>Original Issuance Date:</b>	09/22/2011
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	12/13/2021
<b>Expiration Date:</b>	12/12/2023
<b>Capacity:</b>	12
<b>Program Type:</b>	AGED ALZHEIMERS

## II. ALLEGATION(S)

	<b>Violation Established?</b>
New staff have not been fingerprinted for background checks.	No
New staff have not had physicals	No
New staff have not been TB tested	Yes
Facility is understaffed	Yes
Medication errors are being made	No
Staff are not trained to pass medication	No
Facility is not conducting practice fire drills.	No
Emergency lights not working, sprinklers not working, have tripping hazards.	No
Additional Findings	Yes

## III. METHODOLOGY

02/01/2022	Special Investigation Intake 2022A0580023
02/03/2022	Special Investigation Initiated - Telephone A call was made to Guardian A.
02/03/2022	Contact - Telephone call made A call was made to former direct staff, Ms. Nicole Spencer.
02/07/2022	Contact - Telephone call received A call was received from Guardian A.
02/14/2022	Contact - Telephone call made A call was made to the licensee, Mr. Subbu Subbiah.
02/14/2022	APS Referral A referral was made to APS
02/17/2022	Contact – Document received A copy of the Resident Register was received.
02/17/2022	Inspection Completed On-site A virtual inspection of the residents B, C, D, E, F and G was conducted.
02/17/2022	Contact - Face to Face A virtual interview was conducted with Resident B.

02/25/2022	Inspection Completed On-site An onsite inspection was conducted at Woodland Park AL.
03/18/2022	Contact – Document received A copy of the staff schedules was received.
03/21/2022	Contact – Document received A copy of the sprinkler system verification check was received.
03/21/2022	Contact - Telephone call made A call was made to Guardian C.
03/21/2022	Contact - Telephone call made A call was made to Guardian E.
03/21/2022	Contact - Telephone call made A call was made to Guardian F.
03/21/2022	Contact - Telephone call made A call was made to Guardian G.
03/22/2022	Contact - Telephone call made A call was made to Guardian G.
03/22/2022	Contact - Telephone received. A call was received from Guardian G.
03/22/2022	Contact - Telephone received. A call was received from Guardian C.
03/22/2022	Contact - Telephone received. A call was received from Guardian F.
03/22/2022	Contact – Document received A copy of the AFC assessment plan for Resident G was received.
03/24/2022	Contact - Telephone call made A call was made to the licensee, Mr. Subbu Subbiah.
03/25/2022	Exit Conference An exit conference was held with the licensee, Mr. Subbu Subbia.

## **ALLEGATION:**

New staff have not been fingerprinted for background checks.

## **INVESTIGATION:**

On 02/01/2022, I received a complaint via BCAL Online Complaints.

On 02/03/2022, I spoke with Relative Guardian A, assigned guardian for Resident A. She indicated that she arrived in town on 02/01/2022 and immediately visited with Resident A. While there she noticed that there were several new staff.

On 02/03/2022, I spoke with former home manager, Ms. Nicole Spencer. She indicated that she quit working for Woodland Park effective 1/10/2022, after having been employed there for the past 9 years. Ms. Spencer indicated that as the manager the job duties became too overwhelming, since the new owners took over. Ms. Spencer indicated that while working there, new employees are able to begin working prior to having their fingerprint results completed.

On 02/14/2022, I spoke with the licensee, Mr. Subbu Subbia. He indicated that he was out of the county when the manager, Ms. Nicole Spencer quit and left him in a bind. He did have to scramble and hire new staff. In addition, there was a Covid-19 outbreak in the facility, He indicated that some staff have been fingerprinted while some have not. All staff have been scheduled for fingerprints in the near future. A virtual inspection was scheduled.

On 02/14/2022, I made a referral to APS sharing the allegations alleged in the complaint.

On 02/17/2022, I conducted a virtual inspection of Woodland Park AL. An observation of Residents C, D, E, and F was made. Residents C, D E and F were observed while at the dining room table preparing to be served dinner. All residents appeared to be receiving proper care.

On 02/25/2022, I conducted an onsite inspection at Woodland Park AL. Employee files were reviewed. No ICHAT was conducted or observed in the files.

On 03/18/2022, I received an emailed copy of the hire date versus the background check for each new employee. The information contained the following:

Direct staff, Ms. Kirsten Albring began employment on 02/04/2022. Her background check was completed on 02/11/2022.

Direct staff, Ms. Karrie Dube began employment on 02/05/2022. Her background check was completed on 02/21/2022.

Direct staff, Ms. Talazia Barnett began employment on 01/31/2022. Her background check was completed on 02/01/2022.

Direct staff, Ms. Brianna Currell Barnett began employment on 02/08/2022. Her background check was completed on 02/13/2022.

Direct staff, Ms. Diamond Johnson-02/24/2022 began employment on 01/30/2022. Her background check was completed on 02/11/2022.

Direct staff, Ms. Breanna Johnson-02/24/2022 began employment on 01/31/2022. Her background check was completed on 02/11/2022.

Direct staff, Ms. Zsaquanae Durkins-02/24/2022 began employment on 01/31/2022. Her background check was completed on 02/14/2022.

On 03/24/2022, I spoke with the licensee, Subbu Subbia who verified that ICHATS were completed for the new employees as it is required when registering them for fingerprints. He did not print them and place them in the employee files.

<b>APPLICABLE RULE</b>	
<b>MCL 400.734</b>	<b>400.734b. This amended section is effective January 9, 2009, except Section 734b(1)(e)(iv) after the word "or" which will not be effective until October 31, 2010.</b>  <b>Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.</b>
	<b>(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of</b>

	<p><b>fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.</b></p>
<p><b>ANALYSIS:</b></p>	<p>It was alleged that new staff were not fingerprinted.</p> <p>Former home manager, former home manager, Ms. Nicole Spencer, indicated that while working there, new employees are able to begin working prior to having their fingerprint results completed.</p> <p>Licensee, Mr. Subbu Subbia, indicated that he did have to scramble and hire new staff. Some staff have been fingerprinted while some have not. All staff have been scheduled. ICHATs were completed until fingerprinting could be scheduled.</p> <p>Based on the information gathered in the course of this investigation, there is insufficient evidence to support the rule violation.</p>
<p><b>CONCLUSION:</b></p>	<p><b>VIOLATION NOT ESTABLISHED</b></p>

**ALLEGATION:**

New staff have not had physicals.

**INVESTIGATION:**

On 02/14/2022, I spoke with the licensee, Mr. Subbu Subbia. He indicated that some staff have received their physicals while some have not. All staff have been scheduled for physicals in the near future.



On 02/25/2022, I conducted an onsite inspection at Woodland Park AL. Staff files were observed. A list of staff scheduled dates for their physical examination was observed. The list contained the following information:

Direct staff, Ms. Kirsten Albring was scheduled for 02/22/2022. She began employment on 02/04/2022.

Direct staff, Ms. Karrie Dube was scheduled for 02/23/2022. She began employment on 02/05/2022.

Direct staff, Ms. Talazia Barnett was scheduled for 02/23/2022. She began employment on 01/31/2022.

Direct staff, Ms. Brianna Curell was scheduled for 02/23/2022. She began employment on 02/08/2022.

Direct staff, Ms. Diamond Johnson was scheduled for 02/24/2022. She began employment on 01/30/2022.

Direct staff, Ms. Breanna Johnson was scheduled for 02/24/2022. She began employment on 01/31/2022.

Direct staff, Ms. Zsaquanae Durkins was scheduled for 02/24/2022. She began employment on 01/31/2022.

<b>APPLICABLE RULE</b>	
<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	<b>(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.</b>

<b>ANALYSIS:</b>	<p>It was alleged that new staff have not had physicals.</p> <p>Licensee, Mr. Subbu Subbia, indicated that he did have to scramble and hire new staff. Some staff have received their physicals while some have not. All staff have been scheduled.</p> <p>Employee files indicate that direct staff began working prior to receiving their physicals.</p> <p>Physicals were obtained within 30-days of assumption of duties.</p> <p>Based on the information gathered in the course of this investigation, there is insufficient evidence to support the rule allegations.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

New staff have not been TB tested.

**INVESTIGATION:**

On 02/14/2022, I spoke with the licensee, Mr. Subbu Subbia. He indicated that some staff have received their TB test while some have not. All staff have been scheduled for testing in the near future.

On 02/25/2022, I conducted an onsite inspection at Woodland Park AL. Staff files were reviewed. While there I observed a list of staff scheduled dates for their TB test. The list contained the following information:

Direct staff, Ms. Kirsten Albring was scheduled for 02/22/2022. She began employment on 02/04/2022.

Direct staff, Ms. Karrie Dube was scheduled for 02/23/2022. She began employment on 02/05/2022.

Direct staff, Ms. Talazia Barnett was scheduled for 02/23/2022. She began employment on 01/31/2022.

Direct staff, Ms. Brianna Curell was scheduled for 02/23/2022. She began employment on 02/08/2022.

Direct staff, Ms. Diamond Johnson was scheduled for 02/24/2022. She began employment on 01/30/2022.

Direct staff, Ms. Breanna Johnson was scheduled for 02/24/2022. She began employment on 01/31/2022.

Direct staff, Ms. Zsaquanae Durkins was scheduled for 02/24/2022. She began employment on 01/31/2022.

Renewal LSR dated December 2, 2021, cited violation to Rule 400.14205(5) due to new staff not having TB testing. The correction action plan, dated December 16, 2021, signed by the licensee designee, Mr. Subbu Subbia, indicated that all new employees would be tested by an approved agency.

<b>APPLICABLE RULE</b>	
<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	<b>(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.</b>
<b>ANALYSIS:</b>	<p>New staff have not been TB tested.</p> <p>Licensee, Mr. Subbu Subbia, indicated that he did have to scramble and hire new staff. Some staff have received their TB while some have not. All staff have been scheduled.</p> <p>Employee files indicate that direct staff began working prior to receiving the required TB test.</p> <p>Testing was not obtained before employment, assumption of duties.</p> <p>Based on the information gathered in the course of this investigation, there is sufficient evidence to support the rule violation.</p>
<b>CONCLUSION:</b>	<b>REPEAT VIOLATION ESTABLISHED Renewal LSR dated December 2, 2021</b>

## **ALLEGATION:**

Facility is understaffed.

## **INVESTIGATION:**

On 02/03/2022, I spoke with former home manager, Ms. Nicole Spencer. Ms. Spencer indicated that prior to her departure on 01/10/2022, the facility was short staffed due to several staff quitting. Ms. Spencer indicated that in addition to having worked over 24 hours on at least one shift, her hours totaled 140 hours in a 2-week time period, due to their being no other staff available to come to work. The licensee refused to assist.

On 02/14/2022, I spoke with the licensee, Mr. Subbu Subbia. He indicated that he was out of the county when the manager, Ms. Nicole Spencer quit and left him in a bind. He did have to scramble and hire new staff. There are currently 11 residents. A copy of the Resident Register was requested.

On 02/17/2022, I received an emailed copy of the current Resident Register for Woodland Park AL.

On 02/17/2022, I conducted an interview with the home manager, Ms. Ashia Pettigrew. Ms. Pettigrew denied that the facility is short staffed. She shared that there are 2 staff that work 1<sup>st</sup> shift, scheduled for 7am-3pm, 2 staff that work 2<sup>nd</sup> shift, scheduled from 3pm-11pm, and 1 staff on 3<sup>rd</sup>, which runs from 11pm-7am.

On 02/17/2022, I conducted a virtual observation of Resident G while in his room. Licensee indicated that Resident G is bedbound and requires a 2-person assist. He appeared to be receiving proper care.

On 02/25/2022, I reviewed the fire drill logs for the facility while onsite. Fire drills indicate that on 12/22/2021, a 1<sup>st</sup> shift fire drill was conducted. There were 12 residents and 2 staff present. This drill lasted 4 minutes and 20 seconds. The next drill, a 2<sup>nd</sup> shift drill, was conducted on 02/15/2022. There were 4 staff, in addition to the licensee and 8 residents present. This drill lasted 7 minutes. A copy of staff schedules for the months of December 2021, February and January 2022 were requested.

On 03/18/2022, I received a copy of the staff schedules for January and February 2022. December 2021 was not sent. January 2, 2022- February 26, 2022, schedules reflect that 2 staff work 1<sup>st</sup> shift. One staff works from 7am-3pm, while the other staff works 7am-1pm. Two staff work 2<sup>nd</sup> shift, with one staff working from 3pm -11pm and the other working from 3pm-7pm. One staff works 3<sup>rd</sup> shift, from 11pm-7am. On 02/27/2022, the schedule indicates that there were 2 staff working 1<sup>st</sup> shift, from 7am-3pm. On 2<sup>nd</sup> shift there were 2 staff one working from 3pm-11pm, while the other worked 3pm-7pm. There were 2 staff working 3<sup>rd</sup> shift, from 11pm-am. This schedule repeated on 02/28/2022. On 03/01/2022, 3 staff worked 1<sup>st</sup> shift. Two staff were scheduled from 7am-3pm, while the other was scheduled from 7am-1pm. Two staff

worked 2<sup>nd</sup> shift, with one working from 3pm-11pm, while the other staff worked from 3pm-7pm. There was 1 staff on 3<sup>rd</sup> shift, from 11pm-7am. On 03/02/2022, 3 staff worked 1<sup>st</sup> shift. Two staff were scheduled from 7am-3pm, while the other was scheduled from 7am-1pm. Two staff worked 2<sup>nd</sup> shift, with one working from 3pm-11pm, while the other staff worked from 3pm-7pm. There was 1 staff on 3<sup>rd</sup> shift, from 11pm-7am. On 03/03/2022, 3 staff worked 1<sup>st</sup> shift. Two staff were scheduled from 7am-3pm, while the other was scheduled from 7am-1pm. Two staff worked 2<sup>nd</sup> shift, with one working from 3pm-11pm, while the other staff worked from 3pm-7pm. There were 2 staff on 3<sup>rd</sup> shift, from 11pm-7am. On 03/04/2022 3 staff worked 1<sup>st</sup> shift. Two staff were scheduled from 7am-3pm, while the other was scheduled from 7am-1pm. Two staff worked 2<sup>nd</sup> shift, with one working from 3pm-11pm, while the other staff worked from 3pm-7pm. There was 1 staff on 3<sup>rd</sup> shift, from 11pm-7am. On 03/05/2022, 2 staff worked 1<sup>st</sup> shift. One staff was scheduled from 7am-3pm, while the other was scheduled from 7am-1pm. Two staff worked 2<sup>nd</sup> shift, with one working from 3pm-11pm, while the other staff worked from 3pm-7pm. There was 1 staff on 3<sup>rd</sup> shift, from 11pm-7am.

On 03/22/2022, I received a copy of the AFC Assessment Plan for Resident G. It indicates that Resident G requires full assistance with personal hygiene, dressing and grooming. For walking, mobility, it indicates that Resident G is not mobile.

On 03/22/2022, I received a return call from Guardian C. Guardian C indicated that he is concerned that there is not enough night staff at the facility. It is his understanding that there is 1 staff present during the night.

On 03/22/2022, I received a return call from Guardian F. She indicated that she is concerned with turnover and short staffing at the facility.

<b>APPLICABLE RULE</b>	
<b>R 400.14206</b>	<b>Staffing requirements.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	<p>It was alleged that the facility is understaffed.</p> <p>Former home manager, Ms. Nicole Spencer. Ms. Spencer indicated that prior to her departure, the facility was short staffed due to several staff quitting.</p> <p>Licensee, Mr. Subbu Subbia, indicated that he did have to scramble and hire new staff when his former manager quit.</p>

	<p>On 02/17/2022, I conducted a virtual observation of Resident G while in his room. Licensee indicated that Resident G is bedbound and requires a 2-person assist.</p> <p>On 02/17/2022, Home manager, Ms. Ashia Pettigrew shared that 1 staff is scheduled to care for all the residents on 3rd shift which runs from 11pm-7am.</p> <p>Staff schedules were reviewed and indicated that 1 staff is scheduled to care for all the residents during the 1<sup>st</sup> and 2<sup>nd</sup> split shifts and on 3rd shift which runs from 11pm-7am, which is insufficient based on the needs of the current residents.</p> <p>The AFC Assessment Plan for Resident G indicates that Resident G is not mobile and requires full assistance.</p> <p>Guardian C indicated that he is concerned that there is not enough night staff at the facility.</p> <p>Guardian F indicates that she is concerned with turnover and short staffing at the facility.</p> <p>Based on the information gathered in the course of this investigation, there is sufficient evidence to support the rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

Medication errors are being made.

**INVESTIGATION:**

On 02/14/2022, I spoke with the licensee, Mr. Subbu Subbia. He denied the allegations that there have been any medication errors.

On 02/17/2022, I conducted a virtual onsite inspection of the residents. An interview was conducted with Resident B while in her room. Resident B indicated that she has not had any missed medication. Resident B appeared to be receiving proper care.

On 02/17/2022, I conducted an interview with the home manager, Ms. Ashia Pettigrew. She denies that there have been any medication errors.

On 02/25/2022, I conducted an onsite inspection at Woodland Park AL. The January and February 2022 Med Logs medication and medications for Residents' B, C, D and E were reviewed. The medication logs reflect that each resident was given their medication as prescribed.

On 03/21, I made a call to Guardian C. A voice mail message was left requesting a return call.

On 03/21, I made a call to Guardian E. A voice mail message was left requesting a return call.

On 03/21, I made a call to Guardian F. A voice mail message was left requesting a return call.

On 03/21, I made a call to Guardian G. A voice mail message was left requesting a return call.

On 03/22/2022, I spoke with Guardian G. She indicated that there are several new staff at the facility which causes her concern. She shared that Resident G is now receiving hospice services through Grace Hospice. Guardian G indicated that having the additional services in place to keep additional eyes on Resident G makes her feel more secure. No medication errors for Resident G have been reported.

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.</b>

<b>ANALYSIS:</b>	<p>It was alleged that medication errors are being made.</p> <p>License, Subbu Subbia, denies the allegations that there have been any medication errors.</p> <p>Resident B indicated that she has not had any missed medication.</p> <p>Home manager, Ms. Ashia Pettigrew, denies that there have been any medication errors.</p> <p>January and February 2022 Med Logs medication and medications for Residents B, C, D and E were reviewed. The medication logs reflect that each resident was given their medication as prescribed.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

Staff are not trained to pass medication.

**INVESTIGATION:**

On 02/17/2022, I conducted an interview with the home manager, Ms. Ashia Pettigrew. She indicated that all staff have been trained.

On 02/25/2022, I conducted an onsite inspection at Woodland Park AL. Mr. Subbia provided a copy of the staff training provided for all staff. He denies that staff have not been trained.

While onsite, I inspected the employee files for direct staff, Ms. Diamond Johnson Ms. Breanna Johnson, and Ms. Zsaquanae Durkins while onsite. Training logs indicate that direct staff have been trained in the proper handling medication.

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<p><b>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</b></p> <p><b>(a) Be trained in the proper handling and administration of medication.</b></p>



<b>ANALYSIS:</b>	<p>It was alleged that staff are not trained to pass medication.</p> <p>Home manager, Ms. Ashia Pettigrew, denies that the staff have been trained to pass medication.</p> <p>Licensee, Mr. Subbu Subbia denies that the staff have not been trained to pass medication.</p> <p>Employee files for direct staff, were reviewed. Training logs indicate that direct staff have been trained in the proper handling medication.</p> <p>Based on the information gathered in the course of this investigation, there is sufficient evidence to support the rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

Facility is not conducting practice fire drills.

**INVESTIGATION:**

On 02/25/2022, I reviewed the fire drill logs for the facility while onsite. Fire drills indicate that on 12/22/2021, a 1<sup>st</sup> shift fire drill was conducted. There were 12 residents and 2 staff present. This drill lasted 4 minutes and 20 seconds. The next drill, a 2<sup>nd</sup> shift drill, was conducted on 02/15/2022. There were 4 staff, in addition to the licensee and 8 residents present. This drill lasted 7 minutes.

<b>APPLICABLE RULE</b>	
<b>R 400.14318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	<b>(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.</b>

<b>ANALYSIS:</b>	<p>It was alleged that the facility is not conducting practice fire drills.</p> <p>Fire drill records indicate that drills were held during daytime, evening, and sleeping hours at least once per quarter.</p> <p>Based on the information gathered in the course of this investigation, there is insufficient evidence to support the rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

Emergency lights not working, sprinklers not working, have tripping hazards.

**INVESTIGATION:**

On 02/17/2022, I conducted an interview with the home manager, Ms. Ashia Pettigrew. She added that the toilet and sprinkler system have both been fixed.

On 02/25/2022, I conducted an onsite inspection at Woodland Park AL. Licensee, Mr. Subbu Subbia indicated that all things alleged have been repaired. No tripping hazards were observed throughout the facility. Residents were observed able to move about freely. Bathroom toilet handles were observed in proper working order.

On 03/21/2022, I received an email copy of the receipt verifying that the sprinkler system was last checked on 05/24/2021, with the next inspection scheduled for May of 2022.

<b>APPLICABLE RULE</b>	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<b>(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b>

<b>ANALYSIS:</b>	<p>It was alleged that the emergency lights not working, sprinklers not working and there are tripping hazards in the facility.</p> <p>Home manager, Ms. Ashia Pettigrew indicated that toilet and sprinkler system have both been fixed.</p> <p>Licensee, Mr. Subbu Subbia indicated that all things alleged have been repaired.</p> <p>At the onsite inspection at Woodland Park AL, no tripping hazards were observed throughout the facility. Residents were observed able to move about freely. Bathroom toilet handles were observed in proper working order.</p> <p>A receipt was observed verifying that the sprinkler system was last checked on 05/24/2021, with the next inspection scheduled for May of 2022.</p> <p>Based on the information gathered in the course of this investigation, there is insufficient evidence to support the rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

On 02/07/2022, I received a call from Guardian A indicating that Resident A was admitted to the hospital on 02/05/2022 for dehydration and a Urinary Tract Infection (UTI).

On 02/07/2022, I received an emailed copy of 2 incident reports indicating that Resident H and Resident I both passed away on 01/28/2022. The reports were completed and signed on 01/29/2022.

On 02/25/2022, I conducted an onsite inspection at Woodland Park AFC. Upon observing the empty room belonging to Resident G, Mr. Subbu Subbia, confirmed that Resident G is currently in the hospital. Resident G's records were reviewed. It did not contain an incident report indicating that Resident G had been hospitalized.

While onsite I reviewed Resident A's records were reviewed. It did not contain an incident report indicating that Resident A had been hospitalized.

On 03/25/2022, I conducted an exit conference with the licensee. The violations were reviewed. A corrective Action Plan was requested in 15 days. A copy of the report will be provided.

<b>APPLICABLE RULE</b>	
<b>R 400.14311</b>	<b>Investigation and reporting of incidents, accidents, illnesses, absences, and death.</b>
	<p><b>(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following:</b></p> <ul style="list-style-type: none"> <li><b>(a) The death of a resident.</b></li> <li><b>(b) Any accident or illness that requires hospitalization.</b></li> <li><b>(c) Incidents that involve any of the following:</b> <ul style="list-style-type: none"> <li><b>(i) Displays of serious hostility.</b></li> <li><b>(ii) Hospitalization.</b></li> <li><b>(iii) Attempts at self-inflicted harm or harm to others.</b></li> <li><b>(iv) Instances of destruction to property.</b></li> </ul> </li> <li><b>(d) Incidents that involve the arrest or conviction of a resident as required pursuant to the provisions of section 1403 of Act No. 322 of the Public Acts of 1988.</b></li> </ul>
<b>ANALYSIS:</b>	<p>Guardian A indicated that Resident A was admitted to the hospital on 02/05/2022. Resident A's records were reviewed. It did not contain an incident report indicating that Resident A had been hospitalized. No incident report was received.</p> <p>On 02/07/2022, I received an incident report indicating that 2 residents had passed away on 01/28/2022. The reports were completed and signed on 01/29/202. This notification was not received within 48 hours.</p> <p>Resident G was admitted to the hospital. Resident G's records were reviewed. It did not contain an incident report indicating that Resident G had been hospitalized. No incident report was received.</p> <p>Based on the information gathered in the course of this investigation, there is sufficient evidence to support the rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, no changes to the status of the license is recommended.



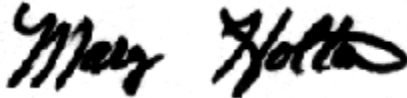
March 25, 2022

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Sabrina McGowan  
Licensing Consultant

Date

Approved By:



March 25, 2022

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Mary E Holton  
Area Manager

Date