



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 10, 2022

Surindar Jolly
Brownstown Forest View Assisted Living
19341 Allen Rd.
Brownstown, MI 48183

RE: License #: AH820238949
Investigation #: 2022A0784045
Brownstown Forest View Assisted Living

Dear Dr. Jolly:

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. 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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Aaron L. Clum".

Aaron Clum, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-2778

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH820238949
Investigation #:	2022A0784045
Complaint Receipt Date:	04/14/2022
Investigation Initiation Date:	04/14/2022
Report Due Date:	06/13/2022
Licensee Name:	Brownstown Assisted Living Center LLC
Licensee Address:	19335 Allen Road Brownstown, MI 48183
Licensee Telephone #:	(734) 658-4308
Administrator/Authorized Representative:	Dr. Surinder Jolly
Name of Facility:	Brownstown Forest View Assisted Living
Facility Address:	19341 Allen Rd. Brownstown, MI 48183
Facility Telephone #:	(734) 675-2700
Original Issuance Date:	08/14/2002
License Status:	REGULAR
Effective Date:	12/17/2021
Expiration Date:	12/16/2022
Capacity:	76
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Resident A was provided inadequate care	Yes
Additional Findings	Yes

III. METHODOLOGY

04/14/2022	Special Investigation Intake 2022A0784045
04/14/2022	APS Referral
04/14/2022	Special Investigation Initiated - Letter APS referral
04/19/2022	Inspection Completed On-site
04/25/2022	Contact - Document Sent Email sent to assistant executive director Michelle Luce with request for confirming information
05/02/2022	Contact - Document Received Documents received from Ms. Luce via email
05/06/2022	Exit Conference Conducted with executive director Michelle Luce

ALLEGATION:

Resident A was provided inadequate care

INVESTIGATION:

On 4/14/2022, the department received this online complaint. Due to the anonymous nature of the complaint, additional information could not be obtained. A referral was made to adult protective services (APS).

According to the complaint, Resident A is a hospice resident. Resident A is supposed to be assisted with eating her meals and staff leave the food sitting on the

counter in her room without feeding her. Staff do not wash Resident A's clothes and sheets and leave them in her room. Staff do not take Resident A to any activities.

On 4/19/2022, I interviewed assistant executive director Michelle Luce at the facility. Ms. Luce confirmed Resident A is on hospice. Ms. Luce stated Resident A does receive assistance from staff with meals, but that she has been eating less and less as her health has been declining. Ms. Luce stated Resident A has been placed on a puree diet as she was having difficulty eating her food. Ms. Luce stated she is not aware of any issues with staff not attempting to provide Resident A with meals. Ms. Luce stated staff help Resident A one on one either in her room or bring her to the dining area for meals if she indicates that's what she wants. Ms. Luce stated staff do track meal service and document tray service when meals are delivered to resident rooms and document an activities of daily living (ADL's) task chart indicating Resident A was brought to the dining room and assisted by staff there. Ms. Luce stated that when staff bring food to a resident's room, this is documented on a "tray sheet". Ms. Luce stated staff complete Resident A's laundry at least two times a week or more "PRN" [as needed] and as far as she is aware this is being completed. Ms. Luce stated the facility maintains a tracking document which staff check each day laundry is completed for individual residents. Ms. Luce stated Resident A use to attend facility activities regularly and that since her decline in health, her ability to participate has decreased substantially. Ms. Luce stated Resident A use to like to attend bingo regularly and regularly have her nails done. Ms. Luce stated bingo is offered almost every day, Monday through Friday, and nail care is offered two times a week regularly. Ms. Luce stated staff do approach Resident A to see if she would like to attend activities.

On 4/19/2022, I interviewed resident care director Jacqueline Elayyan at the facility. Ms. Elayyan provided statements consistent with those of Ms. Luce. Ms. Elayyan added that Resident A was changed to a puree diet because she started to "pocket" her food, holding in her mouth. Ms. Elayyan stated the concern was that she might start to choke on the food.

On 4/19/2022, I attempted to interview Resident A in her room. Resident A was lying in bed and only responded to limited questions with a "yes" or "no" answer. Resident A appeared clean and well groomed. When asked if staff brought her meals to her room for her and helped her with eating, she stated "yes". When asked if staff provide her with clean clothes and clean sheets she stated "yes". When asked if staff offer to take her to facilities activities such as bingo or to have her nails done, she stated "yes". I observed Resident A's room to be clean with no dirty laundry and what appeared by site and smell to be clean sheets. No food trays were observed in the room.

I reviewed Resident A's service plan provided by Ms. Luce. The plan included a section titled *Focus* which included several subsections noting specific focus areas for Resident A. A subsection on page one read "Resident was admitted onto hospice care with Corpore Sona Home Health Care and Hospice, date initiated: 03/01/2022".

Under a section titled *Eating/Nutrition*, the plan read “EATING - required assistance from 1 team member to eat, needs to be fed 1 on 1”.

I reviewed *Progress Notes* for Resident A for April 2022, provided by Ms. Luce. The notes primarily provided information specific to medication administration except for charting completed on 4/16/2022 which read, in part, “Resident is eating: 25%”.

I reviewed Resident A’s *Task List Report*, provided by Ms. Luce which she stated is used in combination with Resident A’s service plan as instructions for staff. Under a section titled *EATING*, the report read, in part, “Task Schedule: Everyday, Time 09:00, Every day, Time 13:00 [1pm], Every day, Time 18:00 [7pm]”.

I reviewed the facilities laundry schedule for April 2022, provided by Ms. Luce. The schedule indicated Resident A is supposed to have her laundry done each week “2x + PRN” and read consistently with statements provided by Ms. Luce.

I reviewed the facilities activities Calendar which read consistently with statements provided by Ms. Luce.

I reviewed Resident A’s *Meal Attendance* on her April 2022 ADL tracking log, provided by Ms. Luce. The log has a box for each day and mealtime (breakfast, lunch and dinner) which includes initials of staff noting that staff assisted Resident A to that particular meal. Several dates on the log were not marked. Ms. Luce indicated that for the dates on the log that had no initials, those are days when Resident A received “tray” service. I reviewed the *RESIDENT’S TRAY REQUEST* logs corresponding to the missing dates on Resident A’s ADL log, provided by Ms. Luce. Between the ADL log and the *RESIDENT’S TRAY REQUEST* sheet, the following dates and meals were still unaccounted for:

- 4/02/2022 - Dinner
- 4/03/2022 - Lunch, Dinner
- 4/04/2022 - Dinner
- 4/05/2022 - Breakfast, Lunch, Dinner
- 4/06/2022 - Breakfast, Lunch
- 4/09/2022 - Breakfast, Lunch, Dinner
- 4/10/2022 - Lunch, Dinner
- 4/14/2022 - Lunch
- 4/16/2022 - Breakfast, Lunch, Dinner
- 4/17/2022 - Dinner

APPLICABLE RULE	
R 325.1921	Governing bodies, administrators, and supervisors.
	(1) The owner, operator, and governing body of a home shall do all of the following: (b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.
For Reference: R 325.1901	Definitions
	(22) "Supervision" means guidance of a resident in the activities of daily living
ANALYSIS:	The complaint alleged staff did not provide adequate care for Resident A in that they did not wash her clothes and sheets, did not get her involved with activities and did not ensure she was eating meals as she required assistance from staff to do so. Evidence reviewed, as well as an interview with Resident A and observations at the facility, did not support that staff were leaving urine-soaked sheets and clothing in Resident A's room or that staff were not at least attempting to have Resident A involved with activities. While the executive director denied that staff were not ensuring Resident A was being provided meals, tracking sheets used by the facility to indicate either Resident A was brought to the dining room for meals or that meals were brought to her revealed several dates where meal assistance to Resident A was unaccounted for. Based on the findings, the allegations, in part, are substantiated.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDING:

INVESTIGATION:

Review of Resident A's *Meal Attendance* on her April 2022 ADL tracking log revealed several dates which staff made no notation.

APPLICABLE RULE	
R 325.1942	Resident records.
	(2) A home shall assure that a current resident record is maintained and that all entries are dated and signed.
ANALYSIS:	Based on the findings the facility is not in compliance with this rule.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.

Aaron L. Clum

05/06/2022

Aaron Clum
Licensing Staff

Date

Approved By:

Andrea L. Moore

05/10/2022

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

Date