



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 26, 2022

Tami McKellar
AH Kentwood Subtenant LLC
6755 Telegraph Road Suite
Bloomfield Hills, MI 48301

RE: License #: AL410397696
Investigation #: 2022A0583025
AHSL Kentwood Fieldstone

Dear Ms. McKellar:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0183.

Sincerely,

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

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL410397696
Investigation #:	2022A0583025
Complaint Receipt Date:	04/26/2022
Investigation Initiation Date:	04/26/2022
Report Due Date:	05/26/2022
Licensee Name:	AH Kentwood Subtenant LLC
Licensee Address:	One SeaGate, Suite 1500 Toledo, OH 43604
Licensee Telephone #:	(248) 203-1800
Administrator:	Tami McKellar
Licensee Designee:	Tami McKellar
Name of Facility:	AHSL Kentwood Fieldstone
Facility Address:	5980 Eastern Ave SE. Kentwood, MI 49508
Facility Telephone #:	(616) 455-1357
Original Issuance Date:	01/22/2019
License Status:	REGULAR
Effective Date:	07/22/2021
Expiration Date:	07/21/2023
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED

II. ALLEGATION(S)

	Violation Established?
The facility is insufficiently staffed.	Yes
Staff Jordyn Jablonski verbally mistreated Resident A.	Yes
Facility staff are not adequately trained to administer residents' medications.	Yes
The facility is unclean.	Yes
Additional Findings	Yes

III. METHODOLOGY

04/26/2022	Special Investigation Intake 2022A0583025
04/26/2022	Special Investigation Initiated - Telephone Staff Michelle Peel
04/26/2022	Contact - Document Received Staff Mischelle Peel
04/26/2022	Contact - Document Received Staff Mischelle Peel
04/26/2022	APS Referral
04/27/2022	Inspection Completed On-site Licensee Designee Tami McKellar, Staff Virginia Cardoso, Staff Zoey Daniels, Staff Ashley Sterling, Staff LaTasha Johnson, Officer Manager Patina Shannon
04/28/2022	Contact - Document Received Staff Mischelle Peel
05/03/2022	Contact - Document Received Licensee Designee Tami McKellar
05/04/2022	Contact - Document Received Licensee Designee Tami McKellar
05/05/2022	Contact – Telephone Staff Jordyn Jablonski
05/05/2022	Contact - Telephone Staff Ashley Sterling

05/05/2022	Contact - Document Licensee Designee Tami McKellar
05/06/2022	Contact - Telephone Staff Mary Goree
05/06/2022	Contact - Document Licensee Designee Tami McKellar
05/10/2022	Contact - Document Licensee Designee Tami McKellar
05/26/2022	Exit Conference Katrina Aleck, American House Clinical Specialist Laura Kelling, Executive Director American House Wyoming

ALLEGATION: The facility is insufficiently staffed.

INVESTIGATION: On 04/26/2022 complaint allegations were received from the BCAL online reporting system. The complaint alleged that residents do not receive adequate personal care because the facility is insufficiently staffed.

On 04/26/2022 I interviewed staff Mischelle Peel via telephone. Ms. Peel stated she worked at the facility for three weeks as the “Wellness Director” until she resigned on 04/22/2022. Ms. Peel stated she resigned because she did not feel that the facility was adequately servicing the needs of facility residents. Ms. Peel stated it was her job responsibly to act as the “director of nursing” for the facility. Ms. Peel stated she initially voiced her numerous concerns regarding resident care to Licensee Designee Tami McKellar and Ms. McKellar initially would report she was going to address the issues, but ultimately never did. Ms. Peel stated she informed Ms. McKellar that residents were unsafe in the facility and Ms. McKellar stated; “I’ve been telling people this for a while, no one listens, and I thought you were coming to save us”. Ms. Peel stated she then drafted a resignation letter and sent it to Kayla Meek, Vice President of Resident Care. Ms. Peel stated she received no response from Ms. Meek regarding the concerns. Ms. Peel stated after sending the resignation letter to Ms. Meek; Ms. McKellar contacted Ms. Peel and asked Ms. Peel to tell American House administration that the concerns in Ms. Peel’s resignation were “not her fault” because Ms. McKellar was afraid of getting fired. Ms. Peel stated the facility is “too understaffed” to adequately provide resident care to the large number of “dementia” residents that reside at the facility. Ms. Peel stated she has observed residents’ call lights often go unanswered because the facility is understaffed. Ms. Peel stated that due the current staffing level residents have been left in their beds for long periods of time.

On 04/26/2022 I emailed complaint allegations to Adult Protective Services Centralized intake.

On 04/27/2022 I completed an unannounced onsite investigation at the facility. I privately interviewed Licensee Designee Tami McKellar, staff Virginia Cardosa, Zoey Daniels, Ashley Sterling, and LaTasha Johnson.

Ms. McKellar stated the facility operates with two twelve-hour shifts which are 07:00 AM to 07:00 PM and 07:00 PM until 07:00 AM. Ms. McKellar stated the facility “generally” operates with “one med tech and two aides” but admitted that the facility has had instances when it was understaffed and subsequently operated with “one med tech and one aide”. Ms. McKellar explained that one staff is identified as a “med tech” and their job responsibilities are to administer residents’ medications first and then provide resident care as time allows. Ms. McKellar stated that during situations in which the facility staff requires additional staff assistance to perform resident care, such as with lifting non-ambulatory residents, staff from other facilities located on the same campus will “come over for assistance”. Ms. McKellar stated she was not aware of any residents’ care needs not being met and indicated residents’ have been provided adequate care.

Staff Virginia Cardosa reported she has worked at the facility for approximately three and a half years. Ms. Cardosa stated the facility operates with “two or three staff” each shift. Ms. Cardosa explained that one staff is identified as a “med tech” and their job responsibilities are to administer resident’s medications first and then provide resident care as time allows. Ms. Cardosa stated facility staff often call staff from other facilities to come to Fieldstone and assist with resident care when the facility is “short staffed”. Ms. Cardosa stated she feels staff are able to provide appropriate care to residents with additional staff from other facilities. Ms. Cardosa stated she is not aware of residents’ care needs not being met.

Staff Zoey Daniels stated she has worked at the facility for approximately 2 months. Ms. Daniels stated she feels the facility does not have adequate staff to provide for the needs of residents. Ms. Daniels stated the facility operates with between two and three staff per shift however the facility has been more often operating with two staff. Ms. Daniels stated approximately one month ago she observed residents “sitting in diapers all day” without being changed because staff were not able to address personal care needs with the limited staff. Ms. Daniels stated in response to the residents sitting in their adult briefs “all day” facility staff from other facilities were called to come assist with resident care.

Staff Ashley Sterling stated she has worked at the facility for “six days”. Ms. Sterling stated that the facility operates with two or three staff per shift. Ms. Sterling stated the facility requires three staff “at all times” in order to get all resident care completed. Ms. Sterling stated when the facility is staffed with two staff, a staff member from another facility will come and assist with resident care. Ms. Sterling did not identify incidents in which resident care was not completed.

Staff LaTasha Johnson reported she has worked at the facility as the “manor coordinator” for “fourteen days”. Ms. Johnson stated, “staffing is a mess” at the facility and staff often “walk off their shifts” and are often late to their shifts. Ms. Johnson stated the facility operates with between two and three staff. Ms. Johnson stated it is difficult for facility staff to provide adequate resident care with two staff because one staff is tasked with administering residents’ medications while the other staff primarily provides resident care. Ms. Johnson stated facility staff “prioritize what can and cannot get done” when the facility is staffed with two staff. Ms. Johnson stated “personal care” of residents gets done because staff from other facilities are called to Fieldstone to provide assistance. Ms. Johnson stated she is not aware of residents’ care needs not being adequately provided.

On 04/08/2022 I received an email from staff Mischelle Peel. The email stated; “I can tell you that on the day shift there were sometimes only one medtech and one aide on Fieldstone for 19 residents”.

On 05/04/2022 I received an email from Licensee Tami McKellar with the Resident Register attached. The document indicated that the facility housed seventeen residents from 04/01/2022 until current.

On 05/05/2022 I interviewed staff Jordyn Jablonski via telephone. Ms. Jablonski stated the facility operates with “two or three” staff during each shift. Ms. Jablonski stated the facility is often “short staffed” when operating with two staff. Ms. Jablonski stated facility staff will often call other facilities and ask for help with resident care. Ms. Jablonski stated resident care “gets done” but that it is “pretty hard” to do. Ms. Jablonski stated she has had to request assistance from other facilities when “a handful” of residents were “agitated” as a result of their dementia diagnosis.

On 05/06/2022 I received an email from Licensee Tami McKellar which contained Resident Assessment Plans and Staffing Logs. The Resident Assessment Plans indicated the following:

Resident A’s Assessment Plan dated 06/21/2021 is not signed by Resident A, Resident A’s legal decision maker, or the facility’s Licensee Designee. Resident A’s Assessment Plan indicates Resident A has a diagnosis of “dementia/Alzheimer’s disease/other memory impairment” and “requires frequent monitoring for wandering within the community. May go into apartments or areas not designated for residents”. Resident A’s Assessment Plan indicates Resident A requires “standby or partial assistance” with activities of daily living”.

Resident B’s Assessment Plan dated 04/30/2021 is not signed by Resident B, Resident B’s legal decision maker or the facility’s Licensee Designee. Resident B’s Assessment Plan indicates Resident B has a diagnosis of “dementia/Alzheimer’s disease/other memory impairment” and “requires SUPERVISION during meals or requires frequent redirection to their meal or dining room”. Resident B’s Assessment

Plan indicates Resident B requires “standby or partial assistance” with activities of daily living”.

Resident C’s Assessment Plan dated 07/23/2018 is not signed by Resident C, Resident C’s decision maker, or the facility’s Licensee Designee. Resident C’s Assessment Plan indicates Resident C has a diagnosis of “dementia/Alzheimer’s disease/other memory impairment” and “requires full assistance with eating”, “needs a wheelchair escort”, is “incontinent of bowel and bladder”, and “requires two person physical assistance to safely transfer”.

Resident D’s Assessment Plan dated 02/09/2022 is not signed by Resident D, Resident D’s legal decision maker, or the facility’s Licensee Designee. Resident D’s Assessment Plan indicates Resident D has a diagnosis of “dementia/Alzheimer’s disease/other memory impairment” and “requires one person physical assistance to safely transfer”.

Resident E’s Assessment Plan dated 02/04/2022 is not signed by Resident E, Resident E’s legal decision maker, or the facility’s Licensee Designee. Resident E’s Assessment Plan indicates Resident E has a diagnosis of “dementia/Alzheimer’s disease/other memory impairment” and “requires one person physical assistance to safely transfer”.

Resident F’s Assessment Plan dated 07/21/2020 is not signed by Resident F, Resident F’s legal decision maker, or the facility’s Licensee Designee. Resident F’s Assessment Plan indicates Resident F has a diagnosis of “memory loss” and “requires assistance throughout the day or late afternoons possibly due to sundowning”.

Resident G’s Assessment Plan dated 07/05/2018 is not signed by the facility’s Licensee Designee. Resident G’s Assessment Plan indicates Resident G has a diagnosis of “mild cognitive impairment”. Resident G’s Assessment Plan indicates Resident G is mobility independent.

Resident H’s Assessment Plan dated 07/06/2018 is not signed by the facility’s Licensee Designee. Resident H’s Assessment Plan indicates Resident H has a diagnosis of “Anxiety” and “Depression”. Resident H’s Assessment Plan indicates Resident H is mobility independent.

Resident I’s Assessment Plan dated 05/25/2021 is not signed by Resident I, Resident I’s legal decision maker, or the facility’s Licensee Designee. Resident I’s Assessment Plan indicates Resident I has a diagnosis of “Early onset Alzheimer’s” and “experiencing one or more of the following: depression, combative or resistive to care, anxiety, confusion, disorientation, delirium”. Resident I’s Assessment Plan indicates Resident I requires “assistance needed for verbal and/or physical symptoms of anxiety” and requires “a secured unit”.

Resident J's Assessment Plan dated 10/06/2021 is not signed by Resident J, Resident J's legal decision maker, or the facility's Licensee Designee. Resident J's Assessment Plan indicates Resident J has a diagnosis of "frontotemporal dementia" and "Alzheimer's disease". Resident J's Assessment Plan indicates Resident J requires "complete assistance with all care related to incontinence, including hygiene, clothing, briefs, nighttime changes".

Resident K's Assessment Plan dated 11/19/2020 is not signed by Resident K, Resident K's legal decision maker, or the facility's Licensee Designee. Resident K's Assessment Plan indicates Resident K has a diagnosis of "dementia/Alzheimer's disease/other memory impairment" and requires "complete assistance" with activities of daily living. Resident K's Assessment Plan indicates Resident K "requires complete assistance with all care related to incontinence" and "requires two staff to transfer".

Resident L's Assessment Plan dated 09/29/2020 is not signed by Resident L, Resident L's legal decision maker, or the facility's Licensee Designee. Resident L's Assessment Plan indicates Resident L has a diagnosis of "dementia/Alzheimer's disease/other memory impairment" and requires "partial assistance with certain AM/PM tasks".

Resident M's Assessment Plan dated 07/03/2020 is not signed by Resident M, Resident M's legal decision maker, or the facility's Licensee Designee. Resident M's Assessment Plan indicates Resident M has a diagnosis of "Vascular Dementia" and requires "STANDBY or PARTIAL ASSISTANCE" with bathing and AM/PM care.

Resident N's Assessment Plan dated 10/06/2020 is not signed by Resident N, Resident N's legal decision maker, or the facility's Licensee Designee. Resident N's Assessment Plan indicates Resident N has a diagnosis of "Dementia Lewy Body" and is "generally incontinent of bowel and bladder". Resident N's Assessment Plan indicates Resident N requires "STANDY or PARTIAL ASSISTANCE" with bathing and AM/PM care.

Resident O's Assessment Plan dated 05/10/2021 is not signed by Resident O, Resident O's legal decision maker, or the facility's Licensee Designee. Resident O's Assessment Plan indicates Resident O has a diagnosis of "Alzheimer's Disease" and requires "complete assistance" with activities of daily living. Resident O's Assessment Plan indicates Resident O "requires supervision during meals or requires frequent redirection to their meals or dining room".

Resident P's Assessment Plan dated 01/05/2021 is not signed by Resident P, Resident P's legal decision maker, or the facility's Licensee Designee. Resident P's Assessment Plan indicates Resident P has a diagnosis of "dementia" and requires "complete assistance" with activities of daily living. Resident P's Assessment Plan indicates Resident P is "incontinent of bowel and bladder" and "requires complete assistance with all care related to incontinence".

Resident Q’s Assessment Plan dated 06/18/2019 is not signed by the facility’s Licensee Designee. Resident Q’s Assessment Plan indicates Resident Q has a diagnosis of “dementia/Alzheimer’s disease/other memory impairment” and requires “partial assistance” with activities of daily living. Resident Q’s Assessment Plan indicates Resident Q “requires observation/supervision during meals to ensure adequate intake and hydration” and “needs stand-by assistance while ambulating with assistive device”.

I reviewed the Staffing Logs from 04/01/2022 until 05/01/2022, which indicated the following:

On 04/03/2022, 04/04/2022, 04/07/2022, 04/19/2022, 04/22/2022, and 04/23/2022 from 06:30 AM until 07:00 PM the facility operated with one Medication Technician and one Resident Care Staff. On 04/04/2022, 04/10/2022, and 04/17/2022 from 06:30 PM until 07:00 AM the facility operated with one Medication Technician and one Resident Care Staff. On 04/06/2022 from 06:30 AM until 07:00 PM the facility operated with one Medication Technician and no Resident Care Staff. On 04/26/2022 from 06:30 PM until 07:00 AM the facility operated with two Resident Care Staff and no Medication Technician.

On 05/26/2022 I completed an Exit Conference with Katrina Aleck, American House Clinical Specialist, and Laura Kelling, Executive Director American House Wyoming. Ms. Aleck stated she agreed with the findings and would submit an acceptable Corrective Action Plan. Ms. Aleck stated Licensee Designee Tami McKellar is no longer employed at the facility.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 15 residents during waking hours or less than 1 direct care staff member to 20 residents during normal sleeping hours.
ANALYSIS:	Licensee Designee Tami McKellar stated the facility “generally” operates with “one med tech and two aides” but admitted that the facility has had instances when the facility was understaffed and subsequently operated with “one med tech and one aide”. Ms. McKellar stated that during situations in which the facility staff requires additional staff assistance to perform resident care, such as with lifting non-ambulatory residents, staff from other facilities located on the same campus will “come over for assistance”.

Staff Mischelle Peel stated the facility is too understaffed to adequately provide resident care to the large number of dementia residents that reside at the facility. Ms. Peel stated she has observed residents' call lights often go unanswered because the facility is understaffed. Ms. Peel stated that due the current staffing level residents have been left in their beds for long periods of time.

Staff Virginia Cardosa stated facility staff often call staff from other facilities to come to Fieldstone and assist with resident care when the facility is "short staffed".

Staff Zoey Daniels stated approximately one month ago she observed residents "sitting in diapers all day" without being changed because staff were not able to provide personal care needs with the limited staff. Ms. Daniels stated in response to the residents sitting in their adult briefs all day facility staff from other facilities were called to come assist with resident care.

Staff Ashley Sterling stated the facility requires three staff at all times in order to get all resident care completed. Ms. Sterling stated when the facility is staffed with two staff an additional staff member from another facility will come and assist with resident care.

On 04/03/2022, 04/04/2022, 04/07/2022, 04/19/2022, 04/22/2022, and 04/23/2022 from 06:30 AM until 07:00 PM the facility operated with one Medication Technician and one Resident Care Staff. On 04/04/2022, 04/10/2022, and 04/17/2022 from 06:30 PM until 07:00 AM the facility operated with one Medication Technician and one Resident Care Staff. On 04/06/2022 from 06:30 AM until 07:00 PM the facility operated with one Medication Technician and no Resident Care Staff. On 04/26/2022 from 06:30 PM until 07:00 AM the facility operated with two Resident Care Staff and no Medication Technician.

Resident A's Assessment Plan indicates Resident A has a diagnosis of "dementia/Alzheimer's disease/other memory impairment" and "requires full assistance with eating", "needs a wheelchair escort", is "incontinent of bowel and bladder", and "requires two person physical assistance to safely transfer".

Resident K's Assessment Plan indicates Resident K "requires complete assistance with all care related to incontinence" and "requires two staff to transfer".

	<p>A preponderance of evidence was discovered during the Special Investigation to substantiate a violation of the applicable rule. On 04/06/2022 from 06:30 AM until 07:00 PM the facility operated with one Medication Technician and no Resident Care staff and on multiple dates the facility operated with two staff in total. The facility is required to provide care to two residents who require two-person physical assistance to safely transfer and fifteen residents that require memory care assistance. Facility staff interviews reveal that the current staffing ratios of one or two facility staff working per shift is inadequate as indicated by the need to call staff over from another facility for assistance. Therefore, the current staffing level for this facility is insufficient as determined by the department, to carry out the responsibilities defined in the act</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Staff Jordyn Jablonski verbally mistreated Resident A.

INVESTIGATION: On 04/26/2022 complaint allegations were received from the BCAL online reporting system. The complaint alleged that staff Jordyn Jablonski verbally mistreated Resident A.

On 04/26/2022 I interviewed staff Mischelle Peel via telephone. Ms. Peel stated Resident A suffers from memory decline and can be combative. Ms. Peel stated last week she observed Jordyn Jablonski yelling at Resident A that “you better get away from me” and “if he puts his hands on me, I’m going to jail”. Ms. Peel stated Ms. Jablonski escalated Resident A as a result of voice tone and volume and treated Resident A in a disrespectful and unkind manner. Ms. Peel stated staff Ashley Sterling was present during the incident.

On 04/27/2022 I completed an unannounced onsite investigation at the facility. I privately interviewed Licensee Designee Tami McKellar, Staff Zoey Daniels, and staff Ashley Sterling.

Ms. McKellar stated she was unaware of any inappropriate interactions that may have taken place between staff Jordyn Jablonski and Resident A. Ms. McKellar stated Resident A suffers from dementia and is often combative towards staff due to his current memory decline.

Staff Zoey Daniels stated that she has observed Jordyn Jablonski argue with Resident A. Ms. Daniels stated Resident A often exhibits aggressive behavior and “lashes out towards staff” due to his dementia. Ms. Daniels stated she has observed Ms. Jablonski argue “in return” with Resident A. Ms. Daniels stated she feels

“uncomfortable” observing the interactions between Ms. Jablonski and Resident A because Ms. Jablonski often yells and raises her voice towards Resident A.

Staff Ashley Sterling stated, “last week Thursday” she was walking down the hall and observed staff Jordyn Jablonski yell “he better not touch me” and “you better get him back” at Resident A very loudly. Ms. Sterling stated Ms. Jablonski’s tone and volume made Ms. Sterling feel “uncomfortable” and she immediately informed Assistant Wellness Director Tatianna Lopez of the situation. Ms. Sterling stated staff Mischelle Peel was also present during the incident.

On 05/05/022 I interviewed staff Jordyn Jablonski via telephone. Ms. Jablonski stated she has never verbally mistreated Resident A. Ms. Jablonski stated there was a recent incident in which staff Mischelle Peel was present. Ms. Jablonski stated Resident A has a history of agitation. Ms. Jablonski stated Resident A had taken “silverware” and placed them in his pocket when she (Ms. Jablonski) was setting the table. Ms. Jablonski stated Resident A became upset that Ms. Jablonski took the silverware out of Resident A’s pocket. Ms. Jablonski stated Resident A “charged towards” her. Ms. Jablonski stated she asked Ms. Peel “can you please keep (Resident A) away from me?” Ms. Jablonski stated during the incident she did not verbally mistreat Resident A and has never done so in the past.

On 05/26/2022 I completed an Exit Conference with Katrina Aleck, American House Clinical Specialist, and Laura Kelling, Executive Director American House Wyoming. Ms. Aleck stated she agreed with the findings and would submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.15305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	<p>Staff Mischelle Peel stated last week she observed staff Jordyn Jablonski yell at Resident A that “you better get away from me” and “if he puts his hands on me, I’m going to jail”.</p> <p>Staff Zoey Daniels stated that she has observed staff Jordyn Jablonski argue with Resident A. Ms. Daniels stated she feels “uncomfortable” observing the interactions between Ms. Jablonski and Resident A because Ms. Jablonski often yells and raises her voice towards Resident A.</p> <p>Staff Ashley Sterling stated, “last week Thursday” she was walking down the hall and observed staff Jordyn Jablonski yell</p>

	<p>“he better not touch me” and “you better get him back” at Resident A very loudly. Ms. Sterling stated Ms. Jablonski’s tone and volume made Ms. Sterling feel “uncomfortable”.</p> <p>Staff Jordyn Jablonski denied that she has ever verbally mistreated Resident A.</p> <p>A preponderance of evidence was discovered during the Special Investigation to substantiate a violation of the applicable rule. Staff Jordyn Jablonski verbally mistreated Resident A.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Facility staff are not adequately trained to administer residents’ medications.

INVESTIGATION: On 04/26/2022 complaint allegations were received from the BCAL online reporting system. The complaint alleged that facility staff who pass prescribed medications to residents are not adequately trained to do so.

On 04/26/2022 I interviewed staff Mischelle Peel via telephone. Ms. Peel stated the facility does not have a formal medication training for facility staff who administer medications. Ms. Peel stated that since the beginning of her employment with the facility she had been attempting to formulate a formal medication administration training in collaboration with Licensee Designee Tammy McKellar. Ms. Peel stated the formal medication training would include an in-person training with formal curriculum followed by a competency review test. Ms. Peel stated that the facility’s current medication training includes facility staff being trained “on the cart” with no formal curriculum by another facility staff and there is no competency test to follow. Ms. Peel stated that the date facility staff are trained “on the cart” by another facility staff is not dated or tracked and contains no formal training competencies. Ms. Peel stated Staff Joseph Nelson informed Ms. Peel that he “never received medication training” and then was “put on the car” to administer resident medications.

On 04/27/2022 I completed an unannounced onsite investigation at the facility. I privately interviewed Licensee Designee Tami McKellar, staff Virginia Cardoso, Zoey Daniels, Ashley Sterling, LaTasha Johnson, and Office Manager Patina Shannon.

Licensee Designee McKellar stated every staff is provided with medication training before administering medications to residents. Ms. McKellar stated every staff is provided medication “cart training” followed by a quiz before being permitted to administer resident medications.

Staff Ashley Sterling stated she has worked at the facility for “six days”. Ms. Sterling stated she was trained to administer resident medications on her second day of

employment by Assistant Wellness Director Tatianna Lopez. Ms. Sterling stated she was trained “on the cart” but never completed a follow-up “quiz”. Ms. Sterling stated she was emailed a quiz last week by Office Manager Patina Shannon however Ms. Sterling stated she never completed the quiz. Ms. Sterling stated she has been passing resident medications independently since her third day of employment despite not completing the quiz.

Staff LaTasha Johnson stated she was provided medication administration training “on the cart” by “multiple staff members on multiple days”. Ms. Johnson stated she did not complete a competency test after completing “on the cart” training.

Office Manager Patina Shannon stated she has worked as the facility’s office manager since 03/05/2022. Ms. Shannon stated she is tasked with maintaining staff training files. Ms. Shannon stated she audited staff training files and observed that there are no records of newly hired staff receiving medication administration trainings. Ms. Shannon stated that the facility’s protocol is to train facility staff “on cart” and afterwards staff are provided a date stamped “certificate” as verification. Ms. Shannon stated newly hired staff may have been trained “on the cart” however the facility has failed to document the date of the training and failed to issue a “certificate” as verification of completion. Ms. Shannon stated that there may be training certificates for staff who have worked at the facility for a long period.

On 05/04/2022 I received and reviewed an email from Licensee Designee Tami McKellar. The email stated “Ashley Sterling- Started employment on 4-11-2022- was a RA for the first week, is job shadowing now. No medtech training complete yet- nothing to forward to you as of today”.

On 05/04/2022 I received and reviewed an email from Licensee Designee Tami McKellar. The email stated “She has no documented medtech training COMPLETE on file yet. If she said she is passing meds already, then she is and it’s the hands on training from her shadowing.”

On 05/05/2022 I interviewed staff Ashley Sterling via telephone. Ms. Sterling stated that she is administering resident medications independently and has been doing so since her third day of employment.

On 05/05/2022 I received and reviewed an email from Licensee Designee Tami McKellar. The email stated, “Ashley has completed her Ra, Shadow and now her written test with our clinical specialist today”.

On 05/26/2022 I completed an Exit Conference with Katrina Aleck, American House Clinical Specialist, and Laura Kelling, Executive Director American House Wyoming. Ms. Aleck stated she agreed with the findings and would submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(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: (a) Be trained in the proper handling and administration of medication.
ANALYSIS:	<p>Staff Ashley Sterling stated that she is administering resident medications independently and has been doing so since her third day of employment.</p> <p>Licensee Designee Tami McKellar stated via email that Ashley Sterling has “No medtech training complete yet” and “We have the new medtech training she still needs to complete”.</p> <p>A preponderance of evidence was discovered during the Special Investigation to substantiate a violation of the applicable rule. Staff Ashley Sterling administered residents’ medications prior to completing medication administration training.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: The facility is unclean.

INVESTIGATION: On 04/26/2022 complaint allegations were received from the BCAL online reporting system. The complaint alleged that the facility is unclean.

On 04/26/2022 I interviewed staff Mischelle Peel via telephone. Ms. Peel stated that the facility was routinely observed to be unclean as evidenced by “dirt on the floors, urine on the floors, and overflowing trash in resident bedrooms”. Ms. Peel stated the facility previously employed a staff member to complete “housekeeping” throughout the facility however the facility has been without a housekeeping staff since Ms. Peel’s employment began in April 2022.

On 04/27/2022 I completed an unannounced onsite investigation at the facility. I privately interviewed Licensee Designee Tami McKellar, staff Virginia Cardoso, Zoey Daniels, Ashley Sterling, and LaTasha Johnson.

Licensee Designee Tami McKellar stated she has not observed the conditions of every resident bedroom and bathroom recently however the rooms she has observed appear clean and sanitary. Ms. McKellar stated the facility currently has a dedicated “housekeeping” staff.

Staff Zoey Daniels stated she has observed the facility “to stink a little bit” and stated it needs more cleaning. Ms. Daniels stated the facility has been lacking a housekeeping staff and therefore resident care staff are often tasked with trying to clean the facility in addition to taking care of residents’ personal care needs. Ms. Daniels states she tries to clean resident’s bedrooms while also providing resident care however it “feels like other staff don’t clean”.

Staff Ashley Sterling stated there is currently no housekeeping staff. Ms. Sterling stated the facility is “not clean enough” as evidenced by unclean resident bathrooms and unvacuumed residents’ flooring.

Staff Virginia Cardoso reported she has observed the facility to be clean and sanitary and facility staff “do the best we can” to keep the facility clean.

Staff LaTasha Johnson stated that the facility “hasn’t had housekeeping staff in months” however a new housekeeping staff started within the past three days. Ms. Johnson stated that “residents’ rooms smell” and “some need their bedrooms cleaned”.

While onsite I completed an inspection of the facility, specifically observing the sanitation and cleanliness. I observed fecal matter in the bathroom of Resident L located on the floor, and toilet grab bar. I observed fecal matter in the bathroom of Resident O located on the top of the toilet lid, toilet seat, toilet grab bars, and floor. I observed a white powdery substance on Resident O’s bedroom chair. I observed Resident M’s bathroom was unclean and unkept as evidenced by dirt and small trash located on the floor.

On 05/05/2022 I interviewed staff Jordyn Jablonski via telephone. Ms. Jablonski stated that the facility is “not clean” as evidenced by “BM in places it shouldn’t be and urine in trash cans”. Ms. Jablonski stated the facility has not had a dedicated housekeeping staff in months.

On 05/26/2022 I completed an Exit Conference with Katrina Aleck, American House Clinical Specialist, and Laura Kelling, Executive Director American House Wyoming. Ms. Aleck stated she agreed with the findings and would submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	While onsite I completed a visual inspection of the facility specifically observing the sanitation and cleanliness. I observed

	<p>fecal matter in the bathroom of Resident L located on the floor, and toilet grab bar. I observed fecal matter in the bathroom of Resident O located on the top of the toilet lid, toilet seat, toilet grab bars, and floor. I observed a white powdery substance on Resident O's bedroom chair. I observed Resident M's bathroom was unclean and unkept as evidenced by dirt and small trash located on the floor.</p> <p>A preponderance of evidence was discovered during the Special Investigation to substantiate a violation of the applicable rule. The facility is unclean and unsanitary as evidenced by fecal matter in residents' bathrooms and unkept residents' bedrooms.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS: Resident Assessment Plans are not completed annually and are not completed by the licensee and appropriate designated representatives.

INVESTIGATION: On 05/06/2022 I received an email from Licensee Tami McKellar which contained Resident Assessment Plans and Staffing Logs. I reviewed the Resident Assessment Plan indicated the following:

Resident A's Assessment Plan dated 06/21/2021 is not signed by Resident, Resident A's legal decision maker, or the facility's Licensee Designee.

Resident B's Assessment Plan dated 04/30/2021 is not signed by Resident B, Resident B's legal decision maker or the facility's Licensee Designee.

Resident C's Assessment Plan dated 07/23/2018 is not signed by Resident C, Resident C's decision maker, or the facility's Licensee Designee.

Resident D's Assessment Plan dated 02/09/2022 is not signed by Resident D, Resident D's legal decision maker, or the facility's Licensee Designee.

Resident E's Assessment Plan dated 02/04/2022 is not signed by Resident E, Resident E's legal decision maker, or the facility's Licensee Designee.

Resident F's Assessment Plan dated 07/21/2020 is not signed by Resident F, Resident F's legal decision maker, or the facility's Licensee Designee.

Resident G's Assessment Plan dated 07/05/2018 is not signed by the facility's Licensee Designee.

Resident H's Assessment Plan dated 07/06/2018 is not signed by the facility's Licensee Designee.

Resident I's Assessment Plan dated 05/25/2021 is not signed by Resident I, Resident I's legal decision maker, or the facility's Licensee Designee.

Resident J's Assessment Plan dated 10/06/2021 is not signed by Resident J, Resident J's legal decision maker, or the facility's Licensee Designee.

Resident K's Assessment Plan dated 11/19/2020 is not signed by Resident K, Resident K's legal decision maker, or the facility's Licensee Designee.

Resident L's Assessment Plan dated 09/29/2020 is not signed by Resident L, Resident L's legal decision maker, or the facility's Licensee Designee.

Resident M's Assessment Plan dated 07/03/2020 is not signed by Resident M, Resident M's legal decision maker, or the facility's Licensee Designee.

Resident N's Assessment Plan dated 10/06/2020 is not signed by Resident N, Resident N's legal decision maker, or the facility's Licensee Designee.

Resident O's Assessment Plan dated 05/10/2021 is not signed by Resident O, Resident O's legal decision maker, or the facility's Licensee Designee.

Resident P's Assessment Plan dated 01/05/2021 is not signed by Resident P, Resident P's legal decision maker, or the facility's Licensee Designee.

Resident Q's Assessment Plan dated 06/18/2019 is not signed by the facility's Licensee Designee.

On 05/10/2022 I received an email from Licensee Designee Tami McKellar which stated the following; "Yes, I noticed most were not signed when I had to do the data transfer and I was not altering any documents. I can not speak to the last 4 wellness directors names that completed most or the last 3 executive directors that should have signed them, ...except a lack of training on the clinical side perhaps?"

On 05/26/2022 I completed an Exit Conference with Katrina Aleck, American House Clinical Specialist, and Laura Kelling, Executive Director American House Wyoming. Ms. Aleck stated she agreed with the findings and would submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.15301	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 the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
ANALYSIS:	A preponderance of evidence was discovered during the Special Investigation to substantiate a violation of the applicable rule. Resident B, C, F, G, H, K, L, M, N, P, Q Assessment Plans are not completed annually and Resident A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q Assessment Plans lack required signatures.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable Corrective Action Plan, I recommend no change in the license.



05/26/2022

Toya Zylstra
Licensing Consultant

Date

Approved By:



05/26/2022

Jerry Hendrick
Area Manager

Date