



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May April 27 26, 2022

Lucijana Tomic
Care Cardinal Cascade
6117 Charlevoix Woods Ct.
Grand Rapids, MI 49546-8505

RE: License #: AH410410352
Investigation #: 2022A1010043
Care Cardinal Cascade

Dear Ms. Tomic:

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 authorized representative 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) 241-1970.

Sincerely,

Lauren Wohlfert, Licensing Staff
Bureau of Community and Health Systems
350 Ottawa N.W. Unit 13, 7th Floor
Grand Rapids, MI 49503
(616) 260-7781
enclosure

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

I. IDENTIFYING INFORMATION

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|---------------------------------------|--|
| License #: | AH410410352 |
| Investigation #: | 2022A1010043 |
| Complaint Receipt Date: | 04/13/2022 |
| Investigation Initiation Date: | 04/14/2022 |
| Report Due Date: | 06/13/2022 |
| Licensee Name: | CSM Cascade, LLC |
| Licensee Address: | 1435 Coit Ave. NE Grand Rapids, MI 49505 |
| Licensee Telephone #: | (616) 727-0487 |
| Administrator: | Bridget Lutzke |
| Authorized Representative: | Lucijana Tomic |
| Name of Facility: | Care Cardinal Cascade |
| Facility Address: | 6117 Charlevoix Woods Ct. Grand Rapids, MI 49546-8505 |
| Facility Telephone #: | (616) 954-2366 |
| Original Issuance Date: | 08/26/2013 |
| License Status: | REGULAR |
| Effective Date: | 05/24/2022 |
| Expiration Date: | 11/23/2022 |
| Capacity: | 77 |
| Program Type: | AGED ALZHEIMERS |

II. ALLEGATION(S)

| | Violation Established? |
|---|---------------------------|
| Resident E missed a surgical appointment due to staff miscommunication. Resident F's toe needs medical attention, attention; however however, she hasn't been seen by a physician. | Yes |
| Employee's do not receive adequate medication administration training. | No |
| Resident laundry is not done. | No |
| Snacks are not available to residents between meals. | No |
| Additional Findings | Yes |

III. METHODOLOGY

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| 04/13/2022 | Special Investigation Intake 2022A1010036 |
| 04/14/2022 | Special Investigation Initiated - Letter APS referral emailed to Centralized Intake |
| 04/14/2022 | APS Referral APS referral emailed to Centralized Intake |
| 04/18/2022 | Inspection Completed On-site |
| 04/18/2022 | Contact - Document Received Received resident service plans, staff resident observation notes, and staff medication administration training documents |
| 05/03/2022 | Contact – Telephone call made Interviewed Resident E's guardian by telephone |
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ALLEGATION:

- Resident E missed a surgical appointment due to staff miscommunication.
- Resident F's toe needs medical attention; however, she hasn't been seen by a physician.

INVESTIGATION:

On 4/13/22, the Bureau received the allegations from the online complaint system. The complainant was ~~anonymous~~,anonymous; therefore I was unable to gather additional information.

On 4/14/22, I emailed an Adult Protect Services (APS) referral to Centralized Intake.

On 4/18/22, I interviewed administrator Bridget Lutzke at the facility. Ms. Lutzke reported today was her first day acting as administrator, therefore she had limited knowledge regarding Resident E and Resident F.

Ms. Lutzke stated she was aware Resident E missed an appointment he had scheduled for a vascular surgery because he did not have transportation set up. Ms. Lutzke reported Resident E's court appointed guardian and staff at the facility did not arrange transportation to get Resident E to and from his procedure. Ms. Lutzke said she did not know what was in Resident E's admission contract regarding transportation to medical appointments.

Ms. Lutzke denied knowledge regarding Resident F's toe or if she had any issues regarding it.

On 4/18/22, I interviewed authorized representative Lucijana Tomic at the facility. Ms. Tomic reported staff were aware Resident F had surgery scheduled on 4/11/22, however transportation to and from the procedure was not arranged, therefore he missed it. Ms. Tomic stated Resident F's procedure was re-scheduled and the facility will ensure he has transportation to and from the procedure.

Ms. Tomic denied knowledge regarding Resident F's toe or if she had any issues regarding it.

Ms. Tomic provided me with a copy of Resident E's signed admission contract for my review. The *CONTRACT – EXHIBIT B Resident Fees not Included in Base Rate* section of the contract read, "Residents are privately responsible for arranging and paying for transportation for personal appointments." Ms. Tomic said Resident E had a court appointed legal guardian.

Ms. Tomic provided me with a copy of Resident F's service plan for my review. The *BATHING* section of the plan read, "Toenail and fingernail care after each bath/shower."

On 4/18/22, I interviewed house manager Ariana Cole at the facility. Ms. Cole said the staff person who was aware of Resident E's surgical procedure and who was arranging his transportation quit. Ms. Cole reported the staff person who quit did not communicate with other staff that she did not arrange Resident E's transportation to

the procedure as she was supposed to. Ms. Cole said as a result, staff were unaware Resident E's transportation was not arranged. Ms. Cole reported Resident E did miss the procedure as a result, however it was re-scheduled. Ms. Cole stated Resident E has not complained about being in pain as a result of missing his procedure.

Ms. Cole's statements regarding resident F's toe were consistent with Ms. Lutzke and Ms. Tomic.

On 4/18/22, I interviewed medication technician (med tech) Nichole Bish at the facility. Ms. Bish reported she heard from other staff that Resident E missed a surgical procedure, however she had no [first hand](#)[firsthand](#) knowledge regarding this. Ms. Bish stated she was aware the procedure was re-scheduled.

Ms. Bish's statements regarding Resident F's toe were consistent with Ms. Lutzke, Ms. Tomic, and Ms. Cole.

On 4/18/22, I interviewed Resident E at the facility. Resident E's statements regarding his missed vascular surgery were consistent with Ms. Cole. Resident E said the staff person who quit had his paperwork regarding the procedure and transportation to and from. Resident E reported he and other staff found out the day of the procedure that the staff person who quit did not set up his transportation.

Resident E stated the procedure was re-scheduled, however he was unable to recall the date it was re-scheduled for in May. Resident E reported he was not in any pain or discomfort because of missing the procedure. Resident E said the procedure was for a vein on his leg.

On 4/18/22, I interviewed Resident F at the facility. Resident F allowed me to observe her feet. I observed Resident F's second toe was crooked and crossed over her big toe on her left foot. I observed Resident F's second toe was black and blue in color. Resident F said her second toe's deformity did not cause her pain or discomfort. Resident F reported she has never seen a physician regarding her toe.

On 4/18/22, I instructed Ms. Lutzke that I observed Resident F's left foot and was concerned regarding her second toe. Ms. Lutzke stated it appeared Resident F had "hammer toe" and the facility would schedule an appointment with a podiatrist to examine it.

On 5/3/22, I interviewed Resident E's guardian Kristina Beagley by telephone. Ms. Beagley reported she had several conversations with the facility's previous administrator via telephone and email regarding transportation to and from Resident E's procedure on 4/11/22. Ms. Beagley explained Resident E was scheduled to have a bypass vein harvesting procedure in his left leg. Ms. Beagley said this procedure was scheduled so Resident E would avoid having to have his left leg amputated.

Ms. Beagley reported she had email correspondence with Ms. Lutzke and the facility's previous administrator regarding Resident E's procedure. Ms. Beagley stated she was reassured the facility had Resident E's transportation arranged for his procedure on 4/11/22. Ms. Beagley stated she was at the hospital on 4/11/22 waiting for Resident E, however he did not arrive. Ms. Beagley stated she communicated with Ms. Lutzke via email and telephone on 4/11/22 regarding the missed procedure and she was informed the staff person who was supposed to set up Resident E's transportation no longer worked at the facility.

Ms. Beagley provided me with her email correspondence Ms. Lutzke and the facility's previous administrator for my review. An email dated 2/12/22 from the facility's previous administrator read, "I will have [Staff person A] schedule his rides. I will send confirmation when we have these planned and rescheduled."

| APPLICABLE RULE | |
|-------------------------------------|--|
| MCL 333.20201 | Policy describing rights and responsibilities of patients or residents; |
| FOR REFERENCE: MCL 333.20201 | <p>(2) The policy describing the rights and responsibilities of patients or residents required under subsection (1) shall include, as a minimum, all of the following:</p> <p style="padding-left: 40px;">(e) A patient or resident is entitled to receive adequate and appropriate care, and to receive, from the appropriate individual within the health facility or agency, information about his or her medical condition, proposed course of treatment, and prospects for recovery, in terms that the patient or resident can understand, unless medically contraindicated as documented in the medical record by the attending physician or a physician's assistant to whom the physician has delegated the performance of medical care services.</p> |

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| ANALYSIS: | <p>The interviews with staff, Resident E, and Resident E’s guardian revealed he missed a surgical procedure due to a transportation issue. The interview with Resident E’s guardian and review of email correspondence revealed the facility agreed to provide transportation to and from Resident E’s appointments, although his admission contract read “Residents are privately responsible for arranging and paying for transportation for personal appointments.”</p> <p>The interviews with staff and Resident F revealed she did not receive medical treatment for her second toe on her left foot. I observed the second toe on Resident F’s left foot was deformed and was purple and blue in color. Staff denied knowledge regarding Resident F’s toe.</p> |
| CONCLUSION: | VIOLATION ESTABLISHED |

ALLEGATION:

Employee’s do not receive adequate medication administration training.

INVESTIGATION:

On 4/13/22, the complaint read, “Employees aren’t properly trained. They sign a med test that they don’t even take a class for.”

On 4/18/22, Ms. Lutzke reported prior to her starting in her role as administrator, she did not know who was completed the medication administration training for staff at the facility. Ms. Lutzke stated going forward, the director of health and wellness Katrina Christians will provide “classroom” training that includes a competency test before staff shadow trained medication technicians (med techs) on the floor.

On 4/18/22, Ms. Tomic’s statements were consistent with Ms. Lutzke. Ms. Tomic provided me with copies of Ms. Cole’s medication administration training documents for my review. Ms. Cole had a *Certificate of Completion* document that read, “this certifies that on has earned two (2) CEUs for completing Medication Administration for AFC.” The certificate was from the Michigan Assisted Living Association (MALA). I observed Ms. Cole’s *MALA MED ADMIN TEST AFC document*. Ms. Cole answered all the questions correctly.

On 4/18/22, Ms. Cole reported she received medication administration training at the facility. Ms. Cole stated she completed two days of “classroom” training, then she shadowed an experienced staff person for five days. Ms. Cole said she also had to pass a test before the training was complete. Ms. Cole reported the medication administration training was adequate.

On 4/18/22, Ms. Bish stated she recently started at the facility. Ms. Bish reported she had previous medication administration training. Ms. Bish said when she started at the facility, her medication administration training consisted of shadowing a staff person for two days. Ms. Bish stated she felt competent and able to administer resident medications.

| APPLICABLE RULE | |
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| R 325.1931 | Employees; general provisions. |
| | (6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following: (g) Medication administration, if applicable. |
| ANALYSIS: | The interviews with Ms. Cole and Ms. Bish revealed they received medication administration training at the facility. Review of Ms. Cole's medication administration training documents revealed she completed medication administration when she started at the facility. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ALLEGATION:

Resident laundry is not done.

INVESTIGATION:

On 4/13/22, the complaint read, "Laundry isn't being done."

On 4/18/22, Ms. Lutzke reported there may be instances when staff were behind on laundry, however she is not aware of any complaints from residents regarding their laundry not being done. Ms. Lutzke stated she was not aware whether staff have a laundry schedule to follow.

On 4/18/22, Ms. Tomic stated there was a recent laundry staff person change. Ms. Tomic reported resident laundry is done on their scheduled "shower days." Ms. Tomic said resident bedding and linens were also washed on their "shower days."

On 4/18/22, Ms. Cole said one housekeeping staff person and care staff do laundry for residents. Ms. Cole's statements regarding when laundry for residents is done were consistent with Ms. Tomic.

On 4/18/22 Ms. Bish's statements were consistent with Ms. Cole.

On 4/18/22, Resident E reported staff do his laundry "four times a week." Resident E denied concerns regarding his laundry and how often it is done. I did not observe a large amount of dirty laundry in Resident E's room.

On 4/18/22, Resident F stated her laundry is done "a few times a week." Resident F denied concerns regarding her laundry and how often it is done. I did not observe a large amount of dirty laundry in Resident F's room.

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| APPLICABLE RULE | |
| R 325.1935 | Bedding, linens, and clothing. |
| | (3) The home shall make adequate provision for the laundering of a resident's personal laundry. |
| ANALYSIS: | The interviews with Resident E and Resident F, along with my observations revealed resident laundry is completed on the days they are scheduled to bathe. I did not observe large amounts of dirty laundry in resident rooms. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ALLEGATION:

Snacks are not available to residents between meals.

INVESTIGATION:

On 4/13/22, the complaint read, "there are no snacks after the kitchen leaves."

On 4/18/22, Ms. Lutzke reported she had no knowledge regarding whether snacks and food items were made available to residents in between meals. Ms. Lutzke stated she spoke to kitchen staff this morning about having a "snack cart" that kitchen staff would use to offer residents different snack items before they leave at 7:00 pm. Ms. Lutzke said two carts for staff to use were purchased.

On 4/18/22 Ms. Tomic reported snacks for residents between meals are available upon their request. Ms. Tomic's statements regarding the use of a "snack cart" for residents were consistent with Ms. Lutzke.

On 4/18/22, Ms. Cole stated there were snacks and various food items left out for residents between meals, however those items had to be locked in the kitchen due to a resident overeating them. Ms. Cole reported staff provide snacks between

meals to residents upon their request. Ms. Cole said several residents also purchase and keep their own snacks and food items in their rooms.

On 4/18/22, Ms. Bish’s statements were consistent with Ms. Cole.

On 4/18/22, Resident E reported there are snacks and various food items available to him in between meals. Resident E denied concerns regarding not having access to snacks and beverages in between meals.

On 4/18/22, Resident F’s statements were consistent with Resident E.

On 4/18/22, I interviewed kitchen manager Craig Tompkins at the facility. Mr. Tompkins’ statements were consistent with Ms. Tomic.

| APPLICABLE RULE | |
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| R 325.1952 | Meals and special diets. |
| | (1) A home shall offer 3 meals daily to be served to a resident at regular meal times. A home shall make snacks and beverages available to residents. |
| ANALYSIS: | The interviews with staff and Resident E and Resident F revealed snacks and beverages are available to residents in between meals. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ADDITIONAL FINDING:

INVESTIGATION:

On 4/18/22, Ms. Lutzke stated Ms. Bish did not have any medication administration training documents in her employee file. Ms. Lutzke was unable to locate any documentation that confirmed Ms. Bish completed medication administration training when she started at the facility.

| APPLICABLE RULE | |
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| R 325.1944 | Employee records and work schedules. |
| | (1) A home shall maintain a record for each employee, which shall include all of the following: (d) Summary of experience, education, and training. |

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| ANALYSIS: | The interview with Ms. Lutzke, along with review of Ms. Bish's employee file revealed Ms. Bish did not have any medication administration training documents. There was no documentation in Ms. Bish's employee record to summarize or confirm she received medication administration training. |
| CONCLUSION: | VIOLATION ESTABLISHED |

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend the status of the license remain unchanged.



05/24/2022

Lauren Wohlfert
Licensing Staff

Date

Approved By:



05/25/2022

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

Date

Andrea Moore
Area Manager

Date