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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 14, 2022

Kathleen Sparrow-Dinzik
White Oaks, A Randall Residence
300 White Oak Road
Lawton, MI 49065

RE: License #: AL800315841
Investigation #: 2022A1031012
White Oaks Assisted Living - I

Dear Ms. Sparrow-Dinzik:

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

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

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

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

Sincerely,

A handwritten signature in blue ink that reads "KDuda".

Kristy Duda, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #:	AL800315841
Investigation #:	2022A1031012
Complaint Receipt Date:	04/15/2022
Investigation Initiation Date:	04/19/2022
Report Due Date:	06/14/2022
Licensee Name:	White Oaks, A Randall Residence
Licensee Address:	300 White Oak Road Lawton, MI 49065
Licensee Telephone #:	(269) 624-4811
Administrator:	Kathleen Sparrow-Dinzik
Licensee Designee:	Kathleen Sparrow-Dinzik
Name of Home facility:	White Oaks Assisted Living - I
Home facility Address:	300 White Oak Road Lawton, MI 49065
Home facility Telephone #:	(269) 624-4811
Original Issuance Date:	04/01/2013
License Status:	REGULAR
Effective Date:	10/03/2021
Expiration Date:	10/02/2023
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
Staff are not being properly trained.	No
Ratio of direct care staff to residents is inadequate.	Yes
Additional Findings	Yes

III. METHODOLOGY

04/15/2022	Special Investigation Intake 2022A1031012
04/19/2022	Special Investigation Initiated - On Site
04/21/2022	Contact - Telephone interview held with Staff #12.
04/28/2022	Inspection Completed On-site
05/03/2022	Contact - Email exchange with Executive Director Kathleen Sparrow-Dinzik.
05/06/2022	Contact - Documents Requested.
05/10/2022	Contact - Documents Received.
06/01/2022	Contact - Documents Reviewed.
06/07/2022	Exit Conference held with Licensee Designee Kathleen Sparrow-Dinzik.

ALLEGATION:

Staff are not being properly trained.

INVESTIGATION:

On 4/19/22, I interviewed Staff #1 at the home. Staff #1 reported she recently started working at the home facility. Staff #1 reported she believes staff are receiving adequate training.

On 4/19/22, I interviewed Staff #2 at the home. Staff #2 reported she has been employed with the company for two years. Staff #2 reported all staff, including administration workers, are cross trained to provide “generic” direct care to residents when needed. Staff #2 reported she feels that direct workers receive adequate training. Staff #2 reported direct care workers receive a four-hour training to learn how to pass medications. Staff #2 reported direct care staff cannot pass any medications until they complete training. Staff #2 reported workers are required to shadow experienced workers within their first seven days to receive hands on training.

On 4/19/22, I interviewed Staff #3 at the home. Staff #3 reported the training she received was adequate to meet the residents’ needs.

On 4/19/22, I interviewed Staff #4 at the home. Staff #4 was being trained for administrative work during the inspection. Staff #4 reported she was recently hired and did not have any information pertaining to the allegations.

On 4/19/22, I interviewed Staff #5 at the home. Staff #5 reported she is not cross trained to provide direct care. Staff #5 reported she has been required to provide supervision or provide meals for residents in the absence of direct care staff.

On 4/19/22, I interviewed Staff #6 at the home. Staff #6 reported she feels she has received adequate training to perform her job duties. Staff #6 reported new staff are required to shadow primary workers to receive hands on training. Staff #6 reported they complete multiple trainings upon hire before working alone with the residents.

On 4/19/22, I interviewed Staff #7 at the home. Staff #7 reported she feels she has received adequate training to provide direct care. Staff #7 reported new staff are required to shadow experienced workers before they can work independently.

On 4/19/22, I interviewed Staff #8 at the home. Staff #8 reported direct workers receive most of their training through job shadowing. Staff #8 reported she feels the training provide is adequate to provide direct care.

On 4/19/22, I interviewed Staff #9 at the home. Staff #9 reported she is a housekeeper and primarily is assigned to Birch memory care unit. Staff #9 reported she has assisted direct care workers with caring for the residents. Staff #9 reported she is not cross trained to provide direct care.

On 4/19/22, I interviewed Staff #10 at the home. Staff #10 reported she is an experienced worker and received adequate training. Staff #10 reported new staff are left alone too quickly due to staffing issues. Staff #10 reported training involves shadowing experienced staff to gain hands on experience.

On 4/19/22, I interviewed Staff #11 at the home. Staff #11 reported she has received adequate training to care for the residents. Staff #11 reported new staff are required to shadow experienced workers as their primary form of training.

On 4/21/22, I interviewed Staff #12 via telephone. Staff #12 reported they do not feel there is adequate training being provided for new staff. Staff #12 was not able to provide specific examples of why they believed training was inadequate. Staff #12 reported new workers are left alone with residents too soon.

On 4/28/22, I interviewed the Executive Director Kathleen Sparrow-Dinzik at the home. Ms. Sparrow-Dinzik requested to have their Wellness Director Cheryl Hussey present during the interview. Ms. Sparrow-Dinzik reported new staff complete two weeks of mandatory “on the job training”. Ms. Sparrow-Dinzik reported the staff have exposure to the residents daily living needs and observe medication passing. Ms. Sparrow-Dinzik reported new staff also complete computer modules and review resident files to become aware of their needs. Ms. Sparrow-Dinzik reported direct workers are not left alone until they feel comfortable and equipped with the necessary skills. Ms. Sparrow-Dinzik reported they ensure that staff are trained on each unit to ensure they are aware of all the resident’s needs. Ms. Sparrow-Dinzik reported they have orientation and training requirements each staff is required to complete upon hire.

On 5/10/22, I received the following documents from Ms. Sparrow-Dinzik via email: training/orientation requirements, medication administration workshop checklist, Employee Registrar, and various training verification documents for direct care employees which included Patricia Mazur, Mary Shinabargar, Tita McRaney, Rodina Eckholm, and Rhonda Szczepanski.

APPLICABLE RULE	
R 400.15204	Direct care staff; qualifications and training.
	<p>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</p> <ul style="list-style-type: none"> (a) Reporting requirements. (b) First aid. (c) Cardiopulmonary resuscitation. (d) Personal care, supervision, and protection. (e) Resident rights. (f) Safety and fire prevention. (g) Prevention and containment of communicable diseases.

ANALYSIS:	Based on interviews completed with staff and the review of supporting documentation, there is no evidence to support that direct care staff are not properly trained. The home has a training curriculum to ensure staff are competent before performing assigned tasks. Multiple direct care staff reported they felt they were properly trained to perform their job duties effectively.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Ratio of direct care staff to residents is inadequate.

INVESTIGATION:

Staff #1 reported the home is working on hiring more staff as they are experiencing staffing shortages. Staff #1 reported she does not have any concerns regarding staffing and is not aware of any issues regarding staffing ratios. Staff #1 reported the residents' needs are met by staff currently employed at the home.

Staff #2 reported the goals for the home are to have 8:1 staff ratio for the memory care units (Hawthorn and Birch) and 10:1 staff ratio for assisted living. Staff #2 reported the residents' needs are always met and residents are always safe. Staff #2 reported there are staff in other positions such as "activities workers" that assist with residents when needed if they are short staffed.

Staff #3 reported the home is experiencing staff shortages as they used to have more staff available above what was required. Staff #3 reported she feels the home has an adequate number of staff to meet the residents' needs.

Staff #4 reported she was recently hired and did not have any information pertaining to the allegations.

Staff #5 reported there are supposed to be 2 staff in each wing for the memory care units due to the residents' needs. Staff #5 reported administrative staff and activities workers have been required to help provide direct care at times due to staffing shortages. Staff #5 reported administrative staff and activities workers have been assisting approximately one to two times per week recently. Staff #5 reported it would be beneficial for the home to hire more direct care staff.

Staff #6 reported the home is understaffed and staff do their best to meet the residents' needs. Staff #6 reported she primarily works in the assisted living unit and the residents do not require as much care as the residents in the memory care unit.

Staff #6 reported at least two staff are required in each of the memory care units (Hawthorn and Birch) due to their behaviors and needs.

Staff #7 reported the home is understaffed. Staff #7 reported the staff are “doing their best” to meet all the needs the residents have. Staff #7 reported the assisted living units are “pretty manageable with one staff”. Staff #7 reported the memory care units (Hawthorn and Birch) require at least two staff in each unit. Staff #7 reported the memory care units have had one staff working at a time due to staffing shortages.

Staff #8 reported the home could always use extra staff but felt they have enough staff to meet the residents “basic needs”. Staff #8 reported she primarily works in the assisted living unit. Staff #8 reported the residents in assisted living do not require as much care as the residents in the memory care units. Staff #8 reported she did not know how many staff have been assigned to the memory care units.

Staff #9 reported the home is understaffed as she has witnessed minimal staff assigned to the memory care units. Staff #9 reported there has mainly been one staff assigned to the unit recently. Staff #9 reported she has assisted direct care workers with caring for residents when she sees they need additional assistance. Staff #9 reported she has witnessed a resident fall which required two people to assist picking them up.

Staff #10 reported the home is understaffed. Staff #10 reported she is primarily assigned to work in the Birch memory care unit. Staff #10 stated there has only been one staff assigned to the unit when there should be two assigned due to the resident’s needs. Staff #10 reported this has caused issues with proper supervision. Staff #10 reported when they are designating their time on one resident if they require hygiene or direct assistance, there is not another staff available to supervise the rest of the unit.

Staff #11 reported she is primarily assigned to the Hawthorn memory care unit. Staff #11 reported she was the only staff assigned to the unit for the day. Staff #11 reported “it is too difficult to do alone”. Staff #11 reported this is happening frequently and it is very hard to work by herself to meet the resident’s needs. Staff #11 there are issues with supervision when she needs to provide direct care to one resident at a time and there is no one else to assist the other residents.

On 4/19/22, I observed the assisted living and memory care units. The memory care units Hawthorn and Birch were both observed to have one direct care staff working with the residents. The assisted living units were observed to have adequate staffing.

On 4/19/22, I interviewed Residents A, B, C, and D. They all reported having their needs met and are happy residing in the home.

Staff #12 reported there has been ongoing concerns regarding staffing. Staff #12 reported there is not adequate staffing especially in the memory care units. Staff #12 reported there is one staff assigned to the memory care units when there should be two or three. Staff #12 reported the residents require more care and supervision than in the assisted living units. Staff #12 reported administrative staff and housekeeping staff with provide direct care when there is not enough staff.

Ms. Sparrow-Dinzik reported the home is struggling with staffing just as other agencies are. Ms. Sparrow-Dinzik reported the home is not operating with 100% staff. Ms. Sparrow-Dinzik reported she monitors the schedule and ensures there are the minimum number of staff required assigned to each unit. Ms. Sparrow-Dinzik reported their “safety minimum” for staffing during the day is two staff for Hawthorn, two staff for Birch, and one staff for each assisted living unit. Ms. Sparrow-Dinzik reported when they are short staffed, they will pull administrative workers, activities workers, and nurses to assist. Ms. Sparrow-Dinzik reported the staff schedules are updated to reflect any changes that occur. MS. Sparrow-Dinzik provided a copy of the resident registrar for each unit within the home facility.

On 4/28/22, I reviewed 12 residents’ files at the home. 10/12 residents’ files did not have an *Assessment Plan for AFC Residents* completed, signed, or up to date.

On 5/10/22, Ms. Sparrow-Dinzik provided a staff schedule dated 1/30/22 through 5/7/22 and employee registrar via email. The staff schedule reflected that on 4/19/22, there was one staff scheduled for Hawthorn from 2-5pm.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	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:	Based on interviews completed with staff and the review of supporting documentation, there is evidence to support the home does not have an adequate direct care staff to resident ratio. Multiple staff reported the residents in the memory care units require more than one staff to adequately meet their needs. 10/12 resident files reviewed did not have assessment plans completed to reflect their current needs for the home facility to properly assess the necessary number of staff needed to provide care.

	<p>The resident registrar indicated there are 18 residents residing in the Hawthorn Memory Care Unit, 12 residents residing in Birch Hall, and 23 residents residing in assisted living.</p> <p>The Hawthorn unit was observed on 4/19/22 to have an 18:1 resident to staff ratio which does not meet the minimum requirement of 15:1 during waking hours if the resident assessments didn't define a higher level needed. However, that is unknown as it was determined some assessments had not been completed. The staff schedule also reflects that on 4/19/22, there was one staff scheduled for Hawthorn from 2-5pm.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

Ten resident assessments I reviewed were incomplete.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(1) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	Multiple staff reported the residents require more than one staff to adequately meet their needs. 10/12 resident files reviewed did not have assessment plans completed to reflect current needs for the home facility to properly assess the necessary number of staff needed to provide care.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

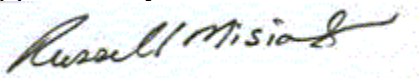


6/9/22

Kristy Duda
Licensing Consultant

Date

Approved By:



6/10/22

Russell B. Misiak
Area Manager

Date