



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 15, 2022

Keristin Hetherington
KC Assisted Living Corporation
7884 Emery Rd
Portland, MI 48875

RE: License #: AM340410910
Investigation #: 2022A0783043
Country Living Senior Care

Dear Ms. Hetherington:

Attached is the Special Investigation Report for the above referenced facility. Due to the violation 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Herrguth".

Leslie Herrguth, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM340410910
Investigation #:	2022A0783043
Complaint Receipt Date:	05/23/2022
Investigation Initiation Date:	05/24/2022
Report Due Date:	07/22/2022
Licensee Name:	KC Assisted Living Corporation
Licensee Address:	7884 Emery Rd Portland, MI 48875
Licensee Telephone #:	(517) 647-4920
Administrator:	Keristin Hetherington
Licensee Designee:	Keristin Hetherington
Name of Facility:	Country Living Senior Care
Facility Address:	7884 Emery Rd Portland, MI 48875
Facility Telephone #:	(517) 647-4920
Original Issuance Date:	04/18/2022
License Status:	TEMPORARY
Effective Date:	04/18/2022
Expiration Date:	10/17/2022
Capacity:	12
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Resident A did not receive prompt medical attention when he was ill with COVID – 19 symptoms.	No
Resident B did not receive prompt medical attention when she was ill with COVID – 19 symptoms and was unresponsive.	No
Resident C did not receive prompt medical attention when he tested positive for COVID – 19, was minimally responsive, confused, and would not eat or drink.	No
ADDITIONAL FINDINGS:	Yes

III. METHODOLOGY

05/23/2022	Special Investigation Intake – 2022A0783043
05/24/2022	Special Investigation Initiated – Telephone call to Complainant
06/15/2022	Inspection Completed On-site
06/15/2022	Contact - Face to Face interviews with direct care staff members Taylor Trierweiler and Macey Fazakerley
06/17/2022	Contact - Telephone call made to direct care staff member Kim Bunce
06/17/2022	Contact - Telephone call made to licensee designee Keristin Hetherington
06/17/2022	Contact - Telephone call made to direct care staff member and facility co-owner Courtney Shafer
06/29/2022	Contact - Telephone call made to direct care staff members Kelsie Meagher, Jenny Root, and Sarah Headworth
07/06/2022	Contact - Telephone call made to Relative A1
07/06/2022	Contact - Telephone call made to Guardian B1
07/06/2022	Contact - Telephone call made to Relative C1
07/12/2022	Exit Conference with Keristin Hetherington

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ALLEGATION:

Resident A did not receive prompt medical attention when he was ill with COVID – 19 symptoms.

INVESTIGATION:

On May 23, 2022, I received a complaint via centralized intake that stated Resident A had known COVID symptoms and was not taken for any medical treatment. The written complaint stated Resident A was severely dehydrated.

On May 24, 2022, I spoke to Complainant who said Resident A was admitted to the hospital on May 22, 2022, tested positive for COVID, and had been ill for several days prior to coming to the hospital with COVID symptoms and severe dehydration.

On June 15, 2022, I interviewed direct care staff member Taylor Trierweiler who stated Resident A was hospitalized twice in May and that he was only at the facility for approximately two days in between. Ms. Trierweiler said upon returning from the hospital, Resident A appeared more confused, began choking when trying to swallow medications, and was so weak that he could not navigate the stairs to get to his bedroom and he had to sleep in Resident B's bed as she was in the hospital. Ms. Trierweiler stated facility co-owner Courtney Shafer determined that Resident A needed to return to the hospital on a Sunday evening after he was ill as described "all weekend." Ms. Trierweiler stated only Ms. Hetherington or Ms. Shafer make decisions about seeking medical care for residents and they were aware of Resident A's condition.

On June 17, 2022, I spoke to direct care staff member Kim Bunce who said Resident A was hospitalized for several days prior to being hospitalized for a second time on May 22, 2022. Ms. Bunce said Resident A was home from the hospital for approximately three days prior to returning on May 22, 2022, and during that time Resident A repeatedly indicated his back and neck hurt. Ms. Bunce said when Resident A returned from the first hospital admission, he was more lethargic, had decreased appetite, was congested, and complained of a headache and muscle aches for three days before Resident A went back to the hospital. Ms. Bunce stated only Ms. Hetherington or Ms. Shafer make decisions about seeking medical care for residents and they were aware of Resident A's condition.

On June 29, 2022, I spoke to direct care staff member Kelsie Meagher who said Resident A was hospitalized for nearly a week and was back at the facility for "four to five" days before going to the hospital again on May 22, 2022. Ms. Meagher said Resident A returned to the facility from the first hospital visit with a runny nose and cough which he had for "four to five" days before medical treatment was sought again on May 22, 2022. Ms. Meagher stated only Ms. Hetherington or Ms. Shafer

make decisions about seeking medical care for residents and they were aware of Resident A's condition.

On June 29, 2022, I spoke to direct care staff member Jenny Root who said she was not working on May 22, 2022, when Resident A was hospitalized but that she did care for Resident A for "three to four" days prior to May 22, 2022, during which time Resident A had a cough that got worse but had no other symptoms. Ms. Root denied that Resident A had a runny nose, congestion, a fever nor any other symptoms that were notable nor that Resident A complained of. Ms. Root stated only Ms. Hetherington or Ms. Shafer make decisions about seeking medical care for residents and they were aware of Resident A's condition.

On June 29, 2022, I spoke to direct care staff member Sarah Headworth who said she was not working on May 20, 2022, when Resident A was hospitalized but worked caring for Resident A in the days leading up to May 20, 2022. Ms. Headworth said Resident A was hospitalized twice in May and that he was only at the facility for a few days in between. Ms. Headworth said when Resident A returned from the first hospital visit, he had cold-like symptoms, was more tired, weaker, and "having a harder time" ambulating for "a few" days before he was sent back to the hospital. Ms. Headworth said Resident A also complained of not feeling well in the days leading up to May 20, 2022. Ms. Headworth stated only Ms. Hetherington or Ms. Shafer make decisions about seeking medical care for residents and they were aware of Resident A's condition.

On July 6, 2022, I spoke to Relative A1 who said he was contacted by telephone on May 22, 2022 and was told that Resident A did not want to eat and that he was unable to ambulate as usual so he was sent to the hospital via ambulance. Relative A1 said Resident A had only been home from a previous hospital stay for three days and that the hospital discharge instructions were followed including COVID – 19 protocol as Resident A was diagnosed while at the hospital the first time. Relative A1 said he was told that Resident A was not at baseline when he returned from the hospital on May 19, 2022, but the extreme fatigue started on May 22, 2022, which is when Resident A was sent back to the hospital. Relative A1 said Resident A was monitored closely when he was at the facility for three days between hospital admissions and when it became evident he needed to return to the hospital, he was sent.

On June 17, 2022, I spoke to licensee designee Keristin Hetherington who said she was working on May 22, 2022, when Resident A was hospitalized for a second time. Ms. Hetherington said Resident A was hospitalized May 13, 2022 – May 19, 2022, and that Resident A was not at baseline when he returned from the hospital on May 19, 2022. Ms. Hetherington said on May 22, 2022, Resident A was very fatigued, falling asleep, and crying intermittently. Ms. Hetherington said it was normal for Resident A to be sad but that the extreme fatigue and sleeping were not normal for him, so she telephoned 911 on Resident A's behalf. Ms. Hetherington said she notified Relative A1 after she telephoned 911 for Resident A ten minutes after her

arrival at the facility. Ms. Hetherington said Resident A tested positive for COVID while at the hospital from May 13, 2022 – May 19, 2022, and that all the hospital discharge instructions were followed concerning Resident A’s COVID diagnosis which were to keep Resident A isolated, and to return to the hospital for worsening or emergent symptoms such as respiratory distress, which Resident A did not have. Ms. Hetherington said Resident A’s physician was contacted between May 19, 2022 and May 21, 2022 and did not recommend that Resident A go to the hospital.

On June 17, 2022, I spoke to facility co-owner and direct care staff member Courtney Shafer who said Resident A was hospitalized from May 13, 2022 – May 19, 2022 and while there he did not receive his psychiatric medication and returned to the home not at baseline on May 19, 2022. Ms. Shafer said Resident A was “more depressed,” but on May 21, 2022, when Ms. Shafer worked with Resident A he was “sassy,” and he ate his dinner and ambulated normally and was not weak. Ms. Shafer said on May 22, 2022, Resident A was very weak and refused to eat or drink so Ms. Hetherington called 911 on Resident A’s behalf. Ms. Shafer said Resident A tested positive for COVID while in the hospital between May 13, 2022 and May 19, 2022 and when he returned to the facility on May 19, 2022, the hospital discharge instructions were followed.

On July 12, 2022, I received and reviewed hospital discharge instructions for Resident A dated May 19, 2022. The discharge instructions indicated that Resident A was hospitalized from May 13, 2022 – May 19, 2022 and that he was diagnosed with COVID – 19 during that hospital admission. The discharge instructions indicated Resident A should be kept isolated and that he should return to the hospital for worsening or emergent symptoms such as respiratory distress.

APPLICABLE RULE	
R 400.14310	Resident health care.
	(4) In case of an accident or sudden adverse change in a resident’s physical condition or adjustment, a group home shall obtain needed care immediately.

ANALYSIS:	The investigation revealed that Resident A was hospitalized from May 13, 2022 – May 19, 2022 and then again on May 22, 2022. Based on statements from those interviewed, Resident A’s baseline medical condition had declined when he returned to the facility from the hospital on May 19, 2022. Resident A was diagnosed with COVID during the first hospital admission and the hospital discharge instructions from May 19, 2022, indicated that Resident A needed to return to the hospital for worsening or emergent symptoms such as respiratory distress which nobody interviewed reported. According to direct care staff members Taylor Trierweiler, Kim Bunce, Kelsie Meagher, Jenny Root, and Sarah Headworth Resident A had a cough, congestion, and runny nose, but no respiratory distress. When Resident A began to show increased lethargy and difficulty ambulating, he was sent back to the hospital.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident B did not receive prompt medical attention when she was ill with COVID – 19 symptoms and was unresponsive.

INVESTIGATION:

On May 23, 2022, I received a complaint via centralized intake that stated Resident B was hospitalized with known COVID symptoms and was not on outpatient treatment. The complaint stated Resident B arrived at the hospital and was unresponsive. The written complaint stated Guardian B1 reported being contacted while Resident B was unresponsive, and the staff only called EMS after Guardian B1 instructed them to do so.

On May 24, 2022, I spoke to Complainant who stated Resident B was admitted to the hospital on May 20, 2022 and was unresponsive for 20 minutes prior to a staff member seeking medical attention only after being instructed to do so by Guardian B1.

On June 17, 2022, I spoke to direct care staff member Kim Bunce who stated she worked a 12–hour shift on May 20, 2022 and throughout most of the shift Resident B “seemed fine.” Ms. Bunce said Resident B ate her nightly snack as usual and she did not notice anything abnormal until she attempted to assist Resident B with getting into bed for the night which is when she noted that Resident B “would not wake up” to be transferred from her wheelchair to the bed. Ms. Bunce said Resident B was sleeping and she could not wake her and after “three to four” minutes Ms. Bunce telephoned licensee designee and registered nurse Keristin Hetherington and

told her that Resident B was sleeping, and she could not wake her. Ms. Bunce said Ms. Hetherington came immediately to assess Resident B as she lives on the property. Ms. Bunce said Ms. Hetherington tried to wake Resident B and took her vital signs and telephoned 911 immediately. Ms. Bunce estimated it was ten minutes in total between when she first could not wake Resident B and when Ms. Hetherington telephoned 911 on behalf of Resident B. Ms. Bunce denied that Ms. Hetherington telephoned Relative B1 nor anyone else before she dialed 911.

On June 17, 2022, I spoke to licensee designee Keristin Hetherington who said at approximately 11:00 pm on May 20, 2022, she received a telephone call from direct care staff member Kim Bunce who reported that she was unable to wake Resident B and could not transfer her from her wheelchair to the bed and she needed assistance. Ms. Hetherington said she immediately walked into the facility as she was in the garage and noted that Resident B was leaned back in her wheelchair with her arms to the side. Ms. Hetherington described Resident B as “completely limp and nonresponsive.” Ms. Hetherington said she performed a sternal rub which did not arouse Resident B. Ms. Hetherington said Resident B was also gasping for air so she telephoned 911 on behalf of Resident B. Ms. Hetherington said she did not telephone Guardian B1 first and that she telephoned 911 immediately upon confirming that Resident B needed urgent medical attention. Ms. Hetherington said on May 20, 2022, and in the days leading up to May 20, 2022, Resident B was talking, eating, and behaving normally. Ms. Hetherington denied that Resident B was nonresponsive for 20 minutes before medical attention was sought and estimated it was ten minutes or less between when she received a call from Ms. Bunce and when she telephoned 911 on Resident B’s behalf.

On June 17, 2022, I spoke to facility co-owner and direct care staff member Courtney Shafer who said she did not observe Resident B’s “episode” wherein she was limp and nonresponsive but stated she interacted with Resident B the morning of May 20, 2022 and did not note anything abnormal about Resident B’s behavior or medical condition. Ms. Shafer said overall Resident B’s health has declined since she moved into the facility and Resident B now receives hospice services. Ms. Shafer said staff members are trained to immediately notify herself or Ms. Hetherington if there is an adverse change in a resident’s medical condition and Ms. Hetherington telephoned 911 on behalf of Resident B within ten minutes of Ms. Bunce reporting that Resident C was nonresponsive.

On July 6, 2022, I spoke to Guardian B1 who said on May 20, 2022, he received a telephone call from Ms. Hetherington explaining that Resident B was nonresponsive and sent to the hospital in an ambulance. Guardian B1 said he met Resident B at the hospital, and she was “alert and responsive” and recalled riding in the ambulance to the hospital. Guardian B1 said he believes he and EMS was contacted “immediately” upon Resident B’s adverse change in medical condition and has no reason to believe that Resident B was nonresponsive for 20 minutes before medical attention was sought. Guardian B1 denied that Ms. Hetherington telephoned him to

request permission or assistance deciding what to do about Resident B's medical condition.

On June 15, 2022, I interviewed direct care staff member Macey Fazakerley who said she was not working at the time but her understanding is that Resident B was unresponsive so the staff member who was working telephoned licensee designee Keristin Hetherington and then an ambulance was called on behalf of Resident B. Ms. Fazakerley said she never noted that Resident B appeared ill.

On June 15, 2022, I interviewed direct care staff member Taylor Trierweiler who stated she was not present when Resident A was hospitalized on May 20, 2022 and never observed that Resident B was ill or less responsive than usual in the days leading up to May 20, 2022.

On June 29, 2022, I spoke to direct care staff member Kelsie Meagher who said she was not present when Resident B was hospitalized on May 20, 2022. Ms. Meagher said she never observed that Resident B was ill or less responsive than usual in the days leading up to her hospitalization on May 20, 2022.

On June 29, 2022, I spoke to direct care staff member Jenny Root who said she was not present when Resident B was hospitalized on May 20, 2022. Ms. Root said she never observed that Resident B was ill or less responsive than usual in the days leading up to May 20, 2022.

On June 29, 2022, I spoke to direct care staff member Sarah Headworth who said she was not present when Resident B was hospitalized on May 20, 2022. Ms. Headworth said she never observed that Resident B was ill or less responsive than usual in the days leading up to May 20, 2022.

APPLICABLE RULE	
R 400.14310	Resident health care.
	(4) In case of an accident or sudden adverse change in a resident's physical condition or adjustment, a group home shall obtain needed care immediately.

ANALYSIS:	Based on statements from Guardian B1, Ms. Bunce and Ms. Hetherington, Ms. Bunce and Ms. Hetherington acted immediately upon noticing an adverse change in Resident B's medical condition. Several other staff members were interviewed as well and there is lack of evidence to prove that Resident B was unresponsive for 20 minutes prior to Ms. Hetherington calling 911 on Resident B's behalf.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident C did not receive prompt medical attention when he tested positive for COVID – 19, was minimally responsive, confused, and would not eat or drink.

INVESTIGATION:

On May 23, 2022, I received a complaint via centralized intake that stated Resident C was hospitalized with known COVID symptoms, had not received any outpatient treatment, and arrived minimally responsive.

On May 24, 2022, I spoke to Complainant who said Resident C was admitted to the hospital on May 17, 2022 and had fallen, tested positive for COVID, was minimally responsive, confused, and would not eat or drink.

On June 29, 2022, I spoke to direct care staff member Kelsie Meagher who said it was typical for Resident C to refuse to eat or drink and that behavior would not lead someone to believe that he was ill or that something was wrong. Ms. Meagher said she was working on May 17, 2022, when Resident C fell in the kitchen. Ms. Meagher said Resident C did not appear to be injured from the fall, nor did he show any signs or symptoms of COVID. Ms. Meagher said Resident C did not appear to have an adverse change in his condition but Relative C1 decided to take Resident C to the hospital since he fell and that was unusual for Resident C. Ms. Meagher estimated that Relative C1 arrived at the facility and transported Resident C to the hospital approximately 15 minutes after Resident C fell.

On June 29, 2022, I spoke to direct care staff member Jenny Root who stated she was working on May 17, 2022, when Resident C was taken to the hospital by Relative C1. Ms. Root said Resident C did not show any adverse change in his medical condition until May 17, 2022, when he fell and was more agitated and confused than usual. Ms. Root said it was typical for Resident C to refuse to eat or drink. Ms. Root said Resident C was not injured when he fell but because it was not typical for him to fall and because he seemed more agitated than usual, Relative C1 came to the facility within 15 minutes of learning that Resident C fell and she took

Resident C to the hospital where he was diagnosed with COVID. Ms. Root said Resident C did not show any signs or symptoms of COVID prior to or on May 17, 2022.

On June 17, 2022, I spoke to licensee designee Keristin Hetherington who said she observed Resident C on May 17, 2022, which was the day he fell and was hospitalized and also in the days leading up to May 17, 2022. Ms. Hetherington said it was Resident C's baseline condition to be agitated, confused, and uninterested in eating or drinking. Ms. Hetherington said the first time she noted anything outside of Resident C's baseline behavior/condition was May 17, 2022, when he seemed more agitated and confused than usual. Ms. Hetherington said at about 2:00 pm on May 17, 2022, she received a telephone call from a staff member who reported that Resident C fell. Ms. Hetherington said she assessed Resident C's condition over the telephone and determined that Resident C was not bleeding, he did not hit his head when he fell, he did not lose consciousness, appeared to have no injuries and his vital signs were normal. Ms. Hetherington said she directed the staff member to assist Resident C to the chair. Ms. Hetherington said she called Relative C1 and reported that Resident C fell but did not appear to be injured however, consistently he has very little interest in eating or drinking and could be dehydrated. Ms. Hetherington said Relative C1 decided to take Resident C to the hospital due to the fall and the lack of interest in eating and drinking that he was experiencing since he moved in. Ms. Hetherington said Resident C showed no signs nor symptoms of COVID in the days prior nor on May 17, 2022. Ms. Hetherington said Resident C was stable and there was no emergency so Relative C1 came to the facility within 15 minutes and took Resident C to the hospital.

On June 15, 2022, I interviewed direct care staff member Macey Fazakerley who said Resident C was hospitalized after he fell but that she was not present at the time. Ms. Fazakerley denied that she ever observed Resident C with any symptoms of COVID. Ms. Fazakerley said Resident C typically refused to eat or drink and that behavior was normal for Resident C.

On June 15, 2022, I interviewed direct care staff member Taylor Trierweiler who stated she observed Resident C in the days leading up to his hospitalization and denied that Resident C appeared less responsive or more confused. Ms. Trierweiler denied that Resident C had any symptoms of COVID. Ms. Trierweiler said it was common for Resident C to refuse to eat or drink and that was not a change in Resident C's condition.

On June 17, 2022, I spoke to direct care staff member Kim Bunce who said Resident C regularly refused to eat or drink as part of his baseline behavior. Ms. Bunce said Resident C was hospitalized because he fell but she was not working at the time. Ms. Bunce denied that Resident C had any symptoms of COVID when she observed him in the days leading up to May 17, 2022.

On June 29, 2022, I spoke to direct care staff member Sarah Headworth who said she was not working on May 17, 2022, when Resident C fell but she cared for him in the days leading up to May 17, 2022 and saw no indication that Resident C was ill. Ms. Headworth said Resident C typically refused to eat or drink and that was not abnormal for him or an indication that he was ill. Ms. Headworth said Resident C was typically weak and that she did not observe that he had any signs or symptoms of COVID when she saw him prior to May 17, 2022.

On June 17, 2022, I spoke to facility co-owner and direct care staff member Courtney Shafer who said she observed Resident C on May 17, 2022 and in the days prior to Resident C’s hospitalization that day. Ms. Shafer said Resident C showed little interest in eating or drinking since he was admitted to the facility and that was part of his baseline behavior. Ms. Shafer said Resident C also regularly has “bad days with his dementia” and has verbal outbursts or seems frustrated or agitated. Ms. Shafer said when she observed Resident C on May 17, 2022 and in the days leading up to that day he was stable and presented at baseline. Ms. Shafer said Resident C showed no signs nor symptoms of COVID but did test positive for the virus when he was hospitalized on May 17, 2022. Ms. Shafer said Resident C was hospitalized on May 17, 2022, because he fell and even though he was not injured from the fall she, Relative C1, and Ms. Hetherington all agreed that Resident C should be evaluated at the hospital so he was transported there by Relative C1. Ms. Shafer said on May 17, 2022, Resident C ate a small lunch and was very alert prior to falling.

On July 6, 2022, I spoke to Relative C1 who said not eating or drinking, being minimally responsive, and confusion were all baseline behaviors for Resident C and would not have been an indication that he was ill. Relative C1 said on May 17, 2022, she received a telephone call from someone at the facility explaining that Resident C had fallen and “was not acting normal.” Relative C1 said it was her understanding that Resident C first showed symptoms of being ill on the morning of May 17, 2022 and she was contacted immediately. Relative C1 said she decided to transport Resident C to the hospital because it was abnormal for Resident C to fall and that she arrived at the facility within 15 minutes of receiving the telephone call informing her that Resident C had fallen. Relative C1 said Resident C showed absolutely no signs or symptoms of the COVID virus but tested positive for COVID at the hospital which was a surprise.

APPLICABLE RULE	
R 400.14310	Resident health care.
	(4) In case of an accident or sudden adverse change in a resident’s physical condition or adjustment, a group home shall obtain needed care immediately.

ANALYSIS:	Based on statements from Ms. Meagher, Ms. Root, and Ms. Hetherington who were all working and/or involved in making decisions on May 17, 2022, Resident C did not show any adverse change in his medical condition until May 17, 2022, when Resident C fell in the kitchen. Statements from Ms. Trierweiler, Ms. Bunce, Ms. Shafer and Relative C1 all supported the fact that Resident C did not display an adverse change in his medical condition until he fell on May 17, 2022, at which time Relative C1 came to the facility within 15 minutes and took Resident C to the hospital where he could be evaluated.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDING:

INVESTIGATION:

On June 17, 2022, I reviewed Resident A's, Resident B's, and Resident C's resident records and did not locate any written incident reports in any of the resident records. I asked licensee designee Keristin Hetherington for a copy of the *AFC Licensing Division Incident/Accident Reports* for Resident A's, Resident B's, and Resident C's hospitalizations and was told no written incident reports were completed or submitted to the adult foster care licensing division. Ms. Hetherington stated she was under the impression that incident reports only needed to be completed if a resident was injured.

APPLICABLE RULE	
R 400.14311	Investigation and reporting of incidents, accidents, illnesses, absences, and death.
	<p>(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:</p> <p>(b) Any accident or illness that requires hospitalization.</p>

ANALYSIS:	Based on a review of the resident records and a statement from Ms. Hetherington Residents A, B, and C were all hospitalized in May 2022 and no written AFC Licensing Division Incident/Accident Reports were completed.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Leslie Herrguth

07/12/2022

Leslie Herrguth
Licensing Consultant

Date

Approved By:

Dawn Timm

07/15/2022

Dawn N. Timm
Area Manager

Date