



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 18, 2022

Denise Aleardi  
Applewood Lane Place, L.L.C.  
1750 Sherwood Street  
Sylvan Lake, MI 48320

RE: License #: AS630388971  
Investigation #: 2022A0993017  
Applewood Lane Place

Dear Ms. Aleardi:

Attached is the Special Investigation Report for the above referenced facility. Due to the severity of the violations, disciplinary action against your license was previously recommended in Renewal Licensing Study Report dated 12/22/2021 which remains in effect. You will be notified in writing of the department's action and your options for resolution of this matter.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W Grand Blvd, Suite 9-100  
Detroit, MI 48202  
(248) 505-8036

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630388971
<b>Investigation #:</b>	2022A0993017
<b>Complaint Receipt Date:</b>	07/21/2022
<b>Investigation Initiation Date:</b>	07/21/2022
<b>Report Due Date:</b>	09/19/2022
<b>Licensee Name:</b>	Applewood Lane Place, L.L.C.
<b>Licensee Address:</b>	1750 Sherwood Street Sylvan Lake, MI 48320
<b>Licensee Telephone #:</b>	734-788-3000
<b>Administrator:</b>	Denise Aleardi
<b>Licensee Designee:</b>	Denise Aleardi
<b>Name of Facility:</b>	Applewood Lane Place
<b>Facility Address:</b>	240 Applewood Lane Bloomfield Township, MI 48302
<b>Facility Telephone #:</b>	(734) 788-3000
<b>Original Issuance Date:</b>	08/08/2017
<b>License Status:</b>	1ST PROVISIONAL
<b>Effective Date:</b>	05/21/2021
<b>Expiration Date:</b>	11/20/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED ALZHEIMERS

## II. ALLEGATION(S)

	Violation Established?
<ul style="list-style-type: none"><li>Resident B has a foley catheter that is not being maintained.</li><li>Resident B is not showered.</li><li>Resident B has a history of an urinary tract infection (UTI) and there is concern that the lack of hygiene will lead to an infection.</li><li>Resident B has been constipated and needed an enema. Staff told her to do it herself.</li></ul>	No
Staff are not qualified to administer Resident B's medications.	Yes

## III. METHODOLOGY

07/21/2022	Special Investigation Intake 2022A0993017
07/21/2022	APS Referral Received allegations from adult protective services (APS). APS denied the intake.
07/21/2022	Special Investigation Initiated - Telephone Telephone call made to the reporting source. Left a message.
07/21/2022	Referral - Recipient Rights Forwarded allegations to recipient rights advocate Rishon Kimble
07/25/2022	Inspection Completed On-site Conducted an unannounced onsite investigation
07/25/2022	Contact - Telephone call made Telephone call made to recipient rights advocate Aaron Winston
07/25/2022	Contact - Telephone call made Telephone call made to the reporting source. Left a message.
07/25/2022	Contact - Telephone call made Telephone call made to home manager Alicia Hardville. Left a message.
07/25/2022	Contact - Telephone call made Telephone call made to licensee designee Denise Aleardi. Left a message.

07/26/2022	Contact - Telephone call received Telephone call received from the reporting source
07/26/2022	Contact - Telephone call made Telephone call made to licensee designee Denise Aleardi
07/26/2022	Contact - Document Sent Requested documentation
07/28/2022	Contact - Document Received Received documentation
07/29/2022	Contact - Document Received Received documentation
08/01/2022	Contact - Telephone call made Telephone call made to home manager Alicia Hardville
08/01/2022	Contact - Telephone call made Telephone call made to staff Shanitra Hollis. Left a message.
08/01/2022	Contact - Telephone call made Telephone call made to staff Cheni Willis. Left a message.
08/01/2022	Contact - Telephone call made Telephone call made to staff Shaniqua Blessitt. Mailbox full. Sent a SMS notification.
08/02/2022	Contact - Telephone call made Telephone call made to staff Shanitra Hollis. Left a message. Sent a text message.
08/02/2022	Contact - Telephone call made Telephone call made to staff Cheni Willis. Left a message. Sent a text message.
08/02/2022	Contact - Telephone call received Telephone call received from staff Shaniqua Blessitt
08/03/2022	Contact - Telephone call made Telephone call made to licensee designee Denise Aleardi. Left a message.
08/03/2022	Contact - Telephone call made Telephone call made to staff Shanitra Hollis. Left a message.

08/03/2022	Contact - Telephone call made Telephone call made to staff Cheni Willis. Left a message.
08/09/2022	Contact - Telephone call made Telephone call made to staff Shanitra Hollis. Left a message.
08/09/2022	Contact - Telephone call made Telephone call made to staff Cheni Willis. Left a message.
08/09/2022	Contact - Document Sent Requested documentation
08/09/2022	Contact - Document Received Received documentation
08/10/2022	Contact - Telephone call made Telephone call made to licensee designee Denise Aleardi
08/12/2022	Contact - Document Received Received documentation
08/17/2022	Exit Conference Held with licensee designee Denise Aleardi

#### **ALLEGATION:**

- **Resident B has a foley catheter that is not being maintained.**
- **Resident B is not showered.**
- **Resident B has a history of a urinary tract infection (UTI) and there is concern that the lack of hygiene will lead to an infection.**
- **Resident B has been constipated and needed an enema. Staff told her to do it herself.**

#### **INVESTIGATION:**

On 07/21/2022, I received the allegations from adult protective services (APS). APS denied the intake. I forwarded the allegations to recipient rights advocate Rishon Kimble.

On 07/25/2022, I conducted an unannounced onsite investigation. I interviewed staff Linda Olds and Resident B.

Ms. Olds stated she has worked in the facility for about seven months. She works first shift, from 7am to 3pm. Ms. Olds stated Resident B was admitted into the facility on 07/15/2022. Resident B's foley catheter is being maintained. Staff empties the catheter when it gets about ¼ full. Resident B has two shower days weekly. She was showered two days ago by staff Shanitra Hollis. Ms. Olds denied knowledge of Resident B having a history of urinary tract infections (UTIs). She denied Resident B has had an UTI since moving into the facility. She stated Resident B has not been constipated in the last three days. When she is constipated, staff gives her as suppository. Resident B has never been forced to administer herself a suppository. Per Ms. Olds, Resident B has slight dementia and would be unable to administer it to herself.

Resident B stated she did not know how long she has lived in the facility. She stated she has not been showered or given a bed bath since moving into the facility. Staff only washes her face. She stated staff empties her foley catheter regularly. If she needs a suppository, staff administers it to her. Resident B denied being forced to give herself a suppository.

During the onsite investigation, Resident B was clean and did not have an odor. Her catheter was not full. I did not observe any neglect concerns.

While at the facility, Resident B's power of attorney arrived for a visit. I completed a face-to-face interview. Resident B's power of attorney denied the allegations. Resident B's power of attorney stated staff regularly empties Resident B's catheter. Resident B has not had an UTI since moving into the facility. Resident B is showered. Resident B is not forced to give herself a suppository. Per Resident B's power of attorney, Resident B has only been constipated once in the facility. Resident B's power of attorney stated she administered the suppository to Resident B. Resident B's power of attorney stated family members reported the false allegations.

Resident B's power of attorney requested that I speak with Resident B's former caregiver. I completed a telephone interview with her while still at the facility. Resident B's former caregiver denied the allegations. She stated that the facility is a good facility. Staff take good care of the residents. Resident B's family has been a problem and has not provided care to Resident B.

On 07/26/2022, I conducted a telephone interview with the reporting source. The reporting source stated some of Resident B's family is not provided answers about Resident B's health and are denied access to the facility. The reporting source stated she did not know if Resident B's catheter is being properly maintained. To her understanding, Resident B is given a wet washcloth to wash her face and showered once weekly. She was told Resident B was constipated once and was told to administer an enema herself.

On 07/26/2022, I conducted a telephone interview with licensee designee Denise Aleardi. Ms. Aleardi denied the allegations. She stated Resident B's catheter is properly maintained. Resident B is showered. Resident B does not have a history of UTIs. Resident B is not forced to give herself a suppository.

On 07/29/2022, I reviewed Resident B's assessment plan. Per the plan, Resident B needs assistance with toileting, bathing, grooming, dressing, and personal hygiene. The plan did not document that Resident B has a history of UTIs.

On 08/01/2022, I conducted a telephone interview with home manager Alicia Hardville. Ms. Hardville denied the allegations. She stated Resident B's catheter is emptied twice per shift. The catheter is emptied before it gets full. Resident B is showered twice per week. Resident B was showered yesterday. Last week, Resident B was showered three times as she had a bowel movement on a non-shower day. Resident B has been constipated once since moving into the facility. Resident B's power of attorney administered the suppository to her. Ms. Hardville denied that Resident B is forced to administer the suppository herself. Resident B has not had an UTI since being admitted into the facility.

On 08/02/2022, I conducted a telephone interview with staff Shaniqua Blessitt. She stated she has worked in the facility for about one year. She works a swing shift, working with morning shift and afternoon staff. Ms. Blessitt denied the allegations. She stated Resident B's catheter is changed multiple times per day. Resident B is given a shower twice per week. Sometimes more if she has a bowel movement on a non-shower day. Resident B has not had an UTI since moving into the facility. Resident B is not forced to administer the suppository herself.

On 08/01/2022, 08/02/2022, 08/03/2022 and 08/09/2022, I attempted to conduct a telephone interview with staff Shanitra Hollis and Cheni Willis with no success. They did not return any of my phone calls or messages.

<b>APPLICABLE RULE</b>	
<b>R 400.14305</b>	<b>Resident protection.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	Resident B's power of attorney, Ms. Olds, Ms. Aleardi, Ms. Blessitt and Ms. Hardville denied the allegations and stated Resident B's catheter is changed multiple times per day. Resident B is given a shower twice per week and sometimes more if she has a bowel movement on a non-shower day. Resident B has not had an UTI since moving into the facility.

	Resident B is not forced to give herself a suppository. During an unannounced investigation on 07/25/2022, Resident B was clean and did not have an odor. Her foley catheter was not full. I did not observe any neglect concerns.
CONCLUSION:	VIOLATION NOT ESTABLISHED

## **ALLEGATION:**

**Staff are not qualified to administer Resident B's medications.**

## **INVESTIGATION:**

On 07/25/2022, I conducted an unannounced onsite investigation. I interviewed staff Linda Olds and Resident B.

Ms. Olds stated staff administer medications to Resident B as prescribed. She stated she has completed medication administration training. All staff have been trained to administer medications.

Resident B stated staff administers her medications to her every time she is supposed to get them.

During the onsite investigation, I observed Resident B's medications and Resident B's medication administration record (MAR). I observed the following:

- Staff did not initial the MAR to show administration of Metoprolol 25mg at 8am on 07/24/2022.
- Staff did not initial the MAR to show administration of Hydrocodone 325 at 8pm on 07/20/2022.
- Staff did not initial the MAR to show administration of Aspirin 81mg at 8am on 07/24/2022.
- Staff did not initial the MAR to show administration of Lorazepam 0.5mg at 8am on 07/24/2022.

Per the MAR, Resident B is administered the following medications:

- Lisinopril 2.5mg daily
- Metoprolol 25mg twice daily
- Bisacodyl 10mg daily
- Mirtazapine (no dose listed) daily
- Hydrocodone 325 (no unit listed) daily
- Senna 8.6mg 2 tablets daily
- Aspirin 81mg daily
- Lorazepam 0.5mg twice daily

The MAR noted that Donepezil 5mg and Docusate Sodium 100g were discontinued per Hospice. Although Bisacodyl 10mg is listed as a daily medication, the medication was



only administered to Resident B on 07/20/2022. The reason for administration was not documented.

While at the facility, Resident B's power of attorney arrived for a visit. I completed a face-to-face interview. Resident B's power of attorney denied the allegations. She stated staff administer Resident B's medications to her as prescribed. Staff have been trained to administer medications.

On 07/26/2022, I conducted a telephone interview with the reporting source. The reporting source stated she was informed staff are not trained to administer medications.

On 07/26/2022, I conducted a telephone interview with licensee designee Denise Aleardi. Ms. Aleardi denied the allegations. She stated staff administer Resident B's medications to her as prescribed. Staff have been trained to administer medications.

On 07/28/2022, I received a text message from Ms. Aleardi. She stated she did not have the prescriptions written by Resident B's doctor. Per Ms. Aleardi, Resident B was on hospice prior to being admitted into the facility. Her prescriptions were ordered by hospice. Since Resident B is no longer on hospice, the agency did not send the prescriptions with her to the facility. She stated she would have the house doctor see Resident B tomorrow and rewrite the scripts as Resident B needs refills.

On 07/29/2022, I observed verification that Ms. Hardville, Ms. Blessitt, Ms. Hollis, and Ms. Olds completed in-house medication administration training. Each staff signed a copy of the steps to administer medications after completing training to verify they had been trained.

On 08/01/2022, I conducted a telephone interview with home manager Alicia Hardville. Ms. Hardville denied the allegations. She stated staff administer Resident B's medications to her as prescribed. Staff have been trained to administer medications.

On 08/02/2022, I conducted a telephone interview with staff Shaniqua Blessitt. Ms. Blessitt denied the allegations. She stated staff administer Resident B's medications to her as prescribed. Staff have been trained to administer medications.

On 08/09/2022, I received a list of Resident B's medications prescribed when she received hospice services. The medications are as followed:

- Bisacodyl 10mg Rectal Suppository as needed
- Calmoseptine 0.44%-20.6 Topical Ointment as needed
- Docusate Sodium 10mg daily
- Donepezil 5mg daily
- Hydrocodone 5mg-Acetaminophen 325mg every 8 hours
- Ibuprofen 600mg every 8 hours as needed
- Levsin 0.125mg every 4 hours as needed
- Levsin 2.5mg daily

- Metoprolol 25mg daily
- Milk of Magnesia 400 M G/5mL as needed
- Miralax 17g/dose daily
- Mirtazapine 15mg daily
- Morphine Concentrate 100 M G/5mL every 6 hours as needed
- Senna Lax 8.6 mg 2 tablets daily
- Tylenol Extra Strength 500mg every 4 hours as needed

I requested a copy of Resident B's health care appraisal. Ms. Aleardi stated Resident B "is in between physicians. Hospice did not recertify her. My visiting physician has been on vacation. Dr. Diva will be seeing her on Friday."

On 08/10/2022, I asked Ms. Aleardi if Resident B was an emergency placement. Ms. Aleardi stated "within a 5–7-day period. [Resident B] was living in Brighton. The daughter had been caring for her for years driving from Keego Harbor."

On 08/12/2022, I reviewed a copy of Resident B's health care appraisal, verifying Resident B had a physical examination today (08/12/2022).

On 08/17/2022, I conducted a telephone interview with Ms. Aleardi. She stated Resident B was an emergency placement. Resident B was staying at home alone and her daughter was driving from Keego Harbor to Brighton daily to care for her. This became a strained on Resident B's daughter and Resident B was unable to care for herself.

On 08/17/2022, I conducted an exit conference with licensee designee Denise Aleardi. I informed her of the findings. Ms. Aleardi said "okay" and asked how many complaints are the department going to accept from the family.

<b>APPLICABLE RULE</b>	
<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	<b>(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.</b>

<b>ANALYSIS:</b>	Resident B was admitted into the facility on 07/15/2022. A health care appraisal was not completed within the 90-day period before the resident's admission into the facility. Ms. Aleardi stated Resident B was an emergency placement. I observed Resident B's health care appraisal, verifying she had a physical examination on 08/12/2022.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

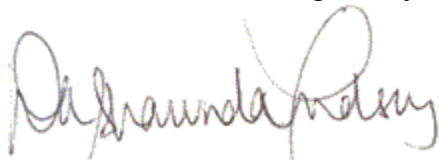
<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(2) Medication shall be given, taken, or applied pursuant to label instructions.</b>
<b>ANALYSIS:</b>	While Resident B was on Hospice, Resident B is prescribed Hydrocodone 5mg-Acetaminophen 325mg every 8 hours, Levsin 2.5mg daily, Metoprolol 25mg daily, Miralax 17g/dose daily as well as other medications listed above. Per the MAR, staff administer Hydrocodone 5mg-Acetaminophen 325mg and Metoprolol 25mg twice daily. Staff do not administer Levsin 2.5mg and Miralax 17g/dose daily. Ms. Aleardi did not have the prescriptions written by Resident B's doctor. Per Ms. Aleardi, Resident B was on hospice prior to being admitted into the facility. Her prescriptions were ordered by hospice. Since Resident B is no longer on hospice, the agency did not send the prescriptions with her to the facility. Ms. Aleardi stated that she would have the house doctor see Resident B on Friday, 08/12/2022 add date and rewrite the prescriptions as Resident B's needed refills.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(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:</b> <b>(b) Complete an individual medication log that contains all of the following information:</b> <b>(i) The medication.</b> <b>(ii) The dosage.</b> <b>(iii) Label instructions for use.</b>

	<p>(iv) Time to be administered.</p> <p>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p> <p>(c) Record the reason for each administration of medication that is prescribed on an as needed basis.</p>
<b>ANALYSIS:</b>	<p>Staff did not initial the MAR to show administration of Hydrocodone 5mg-Acetaminophen 325mg at 8pm on 07/20/2022 or Metoprolol 25mg, Aspirin 81mg, and Lorazepam 0.5mg at 8am on 07/24/2022 for Resident B. Bisacodyl 10mg is listed as a daily medication as opposed to a PRN. There is not dose listed for Mirtazapine. There is no unit listed for Hydrocodone 325.</p> <p>Staff did not document a reason for administration for PRN Bisacodyl 10mg at 8am on 07/20/2022.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### IV. RECOMMENDATION

A previous recommendation for refusal to renew the license was made in the Renewal Licensing Study report dated 12/22/2021, which remains in effect.



08/18/2022

DaShawnda Lindsey  
Licensing Consultant

Date

Approved By:



08/18/2022

Denise Y. Nunn  
Area Manager

Date