



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 2, 2022

Dominique Groenveld  
MCAP Clare Opco, LLC  
4386 14 Mile Rd  
Rockford, MI 49341

RE: License #: AL180404676  
Investigation #: 2022A0466046  
Prestige Place I

Dear Mr. Groenveld:

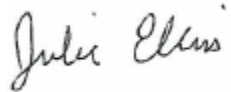
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 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) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL180404676
<b>Investigation #:</b>	2022A0466046
<b>Complaint Receipt Date:</b>	06/09/2022
<b>Investigation Initiation Date:</b>	06/13/2022
<b>Report Due Date:</b>	08/08/2022
<b>Licensee Name:</b>	MCAP Clare Opco, LLC
<b>Licensee Address:</b>	4386 14 Mile Rd Rockford, MI 49341
<b>Licensee Telephone #:</b>	(989) 386-7524
<b>Administrator:</b>	Chelsea Blain
<b>Licensee Designee:</b>	Dominique Groenveld
<b>Name of Facility:</b>	Prestige Place I
<b>Facility Address:</b>	684 Ann Arbor Trail Clare, MI 48617
<b>Facility Telephone #:</b>	(989) 386-7524
<b>Original Issuance Date:</b>	02/01/2021
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	08/01/2021
<b>Expiration Date:</b>	07/31/2023
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. ALLEGATIONS

	<b>Violation Established?</b>
The facility is not being properly maintained.	No
The facility has mice.	No
Residents' hygiene needs are not being met.	Yes
Residents' medications are not being administered as prescribed.	No

## III. METHODOLOGY

06/09/2022	Special Investigation Intake- 2022A0466046.
06/13/2022	Inspection Completed On-site.
06/13/2022	Special Investigation Initiated - Face to Face.
07/28/2022	Contact- telephone call to administrator Chelsea Blain.
07/28/2022	Contact- document received from administrator Chelsea Blain.
07/28/2022	Exit conference with licensee designee Dominique Groenveld, message left.

**ALLEGATION: The facility is not being properly maintained.**

### **INVESTIGATION:**

On 06/07/2022, Complainant reported there is black mold in the kitchen of the facility that has not been taken care of. Complainant reported there is black mold in the bathrooms, specifically in the showers. Complainant reported many things are breaking and falling apart. Complainant reported the toilets are not safely secured and are leaking. Complainant reported the washer and dryers are constantly breaking down and it takes weeks, even months for them to get repaired. Complainant reported lint from dryers are not properly being thrown away and taken care of behind the dryers which could cause it to explode. Complainant reported the entire building itself is not up to State regulations and while staff is being told that it will get taken care of, it is not being taking care of at all.

On 06/13/2022, I interviewed Complainant who could not provide any additional details or information. Complainant could not provide a time frame for when the

facility was not up to state regulations and reported that some of the physical plant concerns have been rectified.

On 06/13/2022, I conducted an unannounced investigation. I walked through the facility and I did not observe any mold in the kitchen or the bathrooms including the showers. I observed all of the toilets to be safely secured and none of them were leaking or loose. I observed a working washer and dryer with no buildup of lint or debris. I did not observe any safety or physical plant issues while I walked through the facility.

I interviewed direct care worker (DCW) Karmen Onweller who reported there was a toilet that had been leaking but it was fixed the same day. DCW Onweller reported that she has never seen any mold in the kitchen nor in the bathrooms/shower areas. DCW Onweller reported residents are never without clean linens and clothing. DCW Onweller reported the dryer lint trap is cleaned out with every load.

I interviewed DCW Laura Inman and DCW Mary Jacobs who reported the facility remodeled the bathrooms in October 2021. DCW Inman reported there was an issue with some of the toilets, but that issue was addressed by a plumber promptly. DCW Inman reported she has never seen any mold in the kitchen nor in the bathrooms/shower areas. DCW Inman reported the washing machines are replaced frequently as the facility does laundry constantly. DCW Inman reported residents never went without clean linens and clothing. DCW Inman reported the dryer lint trap is cleaned with every load.

I interviewed DCW Tammi Warner who reported the facility has a new washer and dryer and that the lint trap is cleaned out with every load. DCW Warner reported that residents have always had clean linens and clothing

<b>APPLICABLE RULE</b>	
<b>R 400.15403</b>	<b>Maintenance of premises.</b>
	<b>(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b>

<b>ANALYSIS:</b>	<p>Complainant reported black mold in the kitchen and bathrooms and toilets were not safely secured/leaking, I found no evidence to support these allegation when I conducted an unannounced investigation on 06/13/2022. DCWs interviewed reported that the toilet issues had been addressed by a plumber timely and that the bathrooms were remodeled.</p> <p>Complainant reported that the washer and dryers are constantly breaking down and it takes weeks, even months for it to get repaired. On 06/13/2022, I conducted an unannounced investigation and found a working washing and dryer at the facility. DCWs interviewed reported that the residents have never gone without clean linens and clothing. Complainant reported the lint from dryers was not being properly cleaned however DCWs interviewed on 06/13/2022 reported that the lint is being thrown away with every load of laundry therefore there is not enough evidence to support this allegation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION: The facility has mice.**

**INVESTIGATION:**

On 06/07/2022, Complainant reported there have still been sightings of mice since the recent infestation that was reported to state at the beginning of the year.

On 06/13/2022, I interviewed Complainant who could not provide any additional details or information related to the facility having mice.

On 06/13/2022, I conducted an unannounced investigation and I walked though the facility. I did not observe any evidence that the facility had mice. I did not observe any mice or any rodent droppings.

On 06/13/2022, I conducted an unannounced investigation and I interviewed DCW Morgan Vanthull and DCW Mary Jacobs who reported the facility does not have mice.

On 06/13/2022, I interviewed DCW Karmen Oneweller, DCW Inman, DCW Tammie Warner and Ervanna Brugger, and licensed practical nurse (LPN) who all reported the facility does not have mice currently. DCW Oneweller, DCW Inman, DCW Warner and DCW Brugger reported the facility had mice in the past but had a professional extermination company to address the issue. DCW Inman reported the facility had the extermination company out twice a week when the mice were present and the problem was resolved quickly. DCW Inman reported that she has not seen mice at the facility since December 2021. DCW Warner, DCW Brugger and DCW Jacobs reported that when the facility had the mice was when the bathrooms were

being remodeled in the fall/winter 2021. DCW Warner reported the facility had a professional extermination company address the issue but that the issue was not fully resolved until the completion of the bathroom remodeling. DCW Brugger reported the facility had two extermination companies coming out simultaneously to address the mice issue.

On 07/28/2022, administrator Chelsea Blain reported the facility had a pest control program and that the facility sought services through a professional pest control company. Administrator Blain reported that the facility does not currently have mice and provided documentation of the pest control services that the facility received below.

- On 01/07/2022, Orkin documented "I started your service for rodents. I installed traps all throughout the building, in the drop ceiling, offices, restrooms and other common areas. Labeled them all with our orkin stickers. Also installed five exterior bait stations on the exterior of the building to control the rodents as well. We will continue with weekly service for one month until we feel we can go monthly."
- On 01/12/2022, Griffin Pest Solutions was out.
- On 01/14/2022, Orkin documented that they "Replace snap traps inside of building and inspected all Tin cats replaced all bait in bait stations an exterior of building."
- On 01/21/2022, Orkin documented that they "Inspect inside checked all traps and replaced our snap traps."
- On 01/28/2022, Orkin documented "Completed the inspection and treatment on the building. We checked all traps in ceiling as well as in common areas. Followed by checked the full perimeter of the buildings bait stations. Replaced all bait and traps as needed."
- On 02/04/2022 "Bait Station Inspection, Serviced Interior Traps / Monitors."
- On 03/03/2022 "Everything looks good, replaced traps and monitors and rebated bait stations and exterior of building not seeing any mice an interior."
- On 03/04/2022, Griffin Pest Solutions was at the facility.
- On 04/05/2022 "PC Standard."
- On 05/31/2022, "Inspected Equipment (Tincats/Bait Stations/Fly Lig, Inspected outside for rodent entry area, Inspected/Treated Bathrooms, Inspected/Treated Common Areas, Inspected/Treated Guest Rooms, Inspected/Treated Kitchen for Pest Activity, Inspected/Treated Maintenance Area, Inspected/Treated Office Areas, Inspected/Treated Perimeter For Pest Activity."
- On 06/10/2022, Griffin Pest Solutions was out.
- On 06/24/2022, Orkin documented "Inspected hallways and doorways and kitchen areas didn't do a lot inside because Covid residents has Covid inspect all bait stations an exterior and rebated."

<b>APPLICABLE RULE</b>	
<b>R 400.14401</b>	<b>Environmental health.</b>
	<b>(5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner that continually protects the health of residents.</b>
<b>ANALYSIS:</b>	DCW Vanthull, DCW Jacobs, DCW Oneweller, DCW Inman, DCW Warner and DCW Brugger all reported that the facility does not have mice currently. The facility did have mice and sought professional extermination to resolve the problem. The facility contracts with Orkin and Griffin Pest Solutions to address any rodent issue and therefore there is not enough evidence to establish a violation.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION: Residents' hygiene needs are not being met.**

**INVESTIGATION:**

On 06/07/2022, Complainant reported ADL sheets are not being properly recorded as residents in the dementia units are going weeks, even months without their teeth being brushed, lotion being applied daily, and more basic grooming needs not being met. Complainant alleged some residents even are going weeks, even months without showers.

On 06/13/2022, I interviewed Complainant who could not provide any additional details or information. Complainant could not provide any names of residents whose hygiene needs were not being met.

On 06/13/2022, I reviewed the *Facility Census* which documented that the facility had 14 residents.

On 06/13/2022, I conducted an unannounced investigation and I interviewed DCW Mary Jacobs who reported residents are encouraged to shower two to three times per week. DCW Jacobs reported some residents refuse showers but that all residents are showered at least weekly. DCW Jacobs reported that Resident A, Resident B, Resident C, Resident D and Resident E are the residents that typically refuse showers.

I interviewed DCW Onweller who reported direct care staff members try to ensure all residents have two showers per week. DCW Onweller reported that some residents refuse showers but all residents are showered at least weekly. DCW Onweller reported that Resident A and Resident B are the residents that typically refuse



showers. DCW Onweller reported that all of the residents have dementia and they are not reliable reporters.

I interviewed DCW Inman and DCW Warner who reported direct care staff members try to ensure all residents have two showers per week. DCW Inman and DCW Warner reported some residents refuse showers but all residents are showered at least weekly. DCW Inman and DCW Warner reported all of the residents have dementia and are not reliable reporters.

I reviewed the May 2022 and [June 2022 ADL Check List](#) for Resident A, Resident B, Resident C, Resident D, Resident E, Resident F, Resident G, Resident H and Resident I. The *ADL Check List* documented AM Care, PM care, nighttime care, oral care, Q2H check, Q2H toilet, BM, breakfast %, Snack %, Lunch %, shower, nail care, dinner %, PM snack 1 %, PM Snack 2 %, All Resident *ADL Check List* were completed except for:

- Resident C was admitted to the facility on May 27, 2022 and the remaining entry dates for May 2022 were blank.

I reviewed May 2022 *Monthly Shower Sheets* for Resident A, Resident B, Resident C, Resident D, Resident E, Resident F, Resident G, Resident H and Resident I. All residents had showers at least weekly except for the following:

- Resident D had a shower on 05/04/2022, 05/12/2022, 05/15/2022, 05/18/2022, 05/20/2022, 05/24/2022, 05/27/2022 and 05/30/2022.

<b>APPLICABLE RULE</b>	
<b>R 400.14314</b>	<b>Resident hygiene.</b>
	<b>(1) A licensee shall afford a resident the opportunity, and instructions when necessary, for daily bathing and oral and personal hygiene. A licensee shall ensure that a resident bathes at least weekly and more often if necessary.</b>

<b>ANALYSIS:</b>	Complainant reported that resident hygiene needs were not being met. Resident C's record contained a May 2022 <i>ADL Check List that was</i> blank and did not document that Resident C was provided any personal hygiene and oral care from his date of admission on May 27, 2022 through the May 31, 2022. Additionally, Resident D's May 2022 <i>Monthly Shower Sheet</i> documented Resident D did not receive a weekly shower between May 04, 2022 and May 12, 2022, that is an eight-day time span therefore a violation has been established.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION: Residents' medications are not being administered as prescribed.**

**INVESTIGATION:**

On 06/07/2022, Complainant alleged resident medication is not being handled correctly and there are medication passers who are not paying attention when they are passing medication.

On 06/13/2022, I interviewed Complainant who could not provide any names of medication passers or residents who were impacted by medications not handled being correctly. Complaint could not provide any dates or more details about how medications were not being handled correctly.

06/13/2022, I conducted an unannounced investigation and I reviewed June 2022 medication administration records (MAR)s for Resident A, Resident B, Resident C, Resident D, Resident E, Resident F, Resident G, Resident H and Resident I. I did not find any evidence on the June 2022 MARs that any medication was not being administered as prescribed.

I interviewed DCW Vanthull, DCW Jacobs, DCW Onweller and DCW Warner who all reported they were trained in the administration of medication. DCW Vanthull, DCW Jacobs, DCW Onweller and DCW Warner all reported medication is being handled correctly and all are paying attention when they are passing medication. DCW Vanthull, DCW Jacobs, DCW Onweller and DCW Warner all reported MARs are kept electronically, and they were not aware of any medication errors with residents. DCW Jacobs and DCW Onweller reported occasionally pharmacy errors occur but that the facility double checks the medications so that the errors are caught and corrected before the medication is administered to residents.

I interviewed DCW Brugger, who is a licensed practical nurse (LPN). DCW Brugger reported she was not aware of anytime a resident medication was not being handled correctly nor DCWs trained in medication administration were not paying attention when passing medication. DCW Brugger reported that there have been no missing

medications and no medication errors. DCW Brugger reported that if a medication prescription order is submitted to the pharmacy after 2pm it is not delivered until the following day.

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<p>(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:</p> <p>(a) Be trained in the proper handling and administration of medication.</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <p>(i) The medication.</p> <p>(ii) The dosage.</p> <p>(iii) Label instructions for use.</p> <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>(vi) A resident's refusal to accept prescribed medication or procedures.</p> <p>(c) Record the reason for each administration of medication that is prescribed on an as needed basis.</p> <p>(d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as needed basis. The review process shall include the resident's prescribing physician, the resident or his or her designated representative, and the responsible agency.</p> <p>(e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.</p> <p>(f) Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given.</p>

<b>ANALYSIS:</b>	Complainant reported that medication is not being handled correctly and there are medication passers who are not paying attention when they are passing medication. DCW Vanthull, DCW Jacobs, DCW Onweller and DCW Warner all reported that medication is being handled correctly and attention is being paid when medications are administered. LPN Brugger reported she was not aware of anytime resident medications were not handled correctly or anytime a medication passer did not provide care and attention while medications were administered. I reviewed the resident medication administration records and did not observe any errors. DCW Brugger also reported that there have been no missing medications and no medication errors therefore there is not enough evidence to establish a violation.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**IV. RECOMMENDATION**

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

*Julie Elkins*

07/28/2022

Julie Elkins  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

08/02/2022

Dawn N. Timm  
Area Manager

Date