



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 6, 2022

Steven Steffey  
Eley Acres Holdings LLC  
1012 N. Leroy Street  
Linden, MI 48430

RE: License #: AH030379710  
Investigation #: 2022A1028040  
Vicinia Gardens of Otsego

Dear Mr. Steffey:

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 I am not available, and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Julie Viviano, Licensing Staff  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
Cell (616) 204-4300

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH030379710
<b>Investigation #:</b>	2022A1028040
<b>Complaint Receipt Date:</b>	04/26/2022
<b>Investigation Initiation Date:</b>	04/27/2022
<b>Report Due Date:</b>	06/26/2022
<b>Licensee Name:</b>	Eley Acres Holdings LLC
<b>Licensee Address:</b>	1012 N. Leroy Street Linden, MI 48430
<b>Licensee Telephone #:</b>	(810) 577-6928
<b>Administrator:</b>	Kelly Steffey
<b>Authorized Representative/</b>	Steven Steffey
<b>Name of Facility:</b>	Vicinia Gardens of Otsego
<b>Facility Address:</b>	700 Eley Street Otsego, MI 49078
<b>Facility Telephone #:</b>	(269) 350-0718
<b>Original Issuance Date:</b>	09/02/2016
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	03/02/2022
<b>Expiration Date:</b>	03/01/2023
<b>Capacity:</b>	56
<b>Program Type:</b>	AGED ALZHEIMERS

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Staff are not following the facility infection control policy.	No
Staff are not bathing residents appropriately and only using wipes.	No
Additional Findings	Yes

## III. METHODOLOGY

04/26/2022	Special Investigation Intake 2022A1028040
04/27/2022	Special Investigation Initiated - Letter APS referral emailed to Centralized Intake.
04/27/2022	APS Referral APS referral emailed to Centralized Intake.
05/05/2022	Inspection Completed On-site On-site inspection completed.
05/05/2022	Contact - Face to Face Interviewed ED/Eric Goodlock at the facility.
05/05/2022	Contact - Face to Face Interviewed Employee A at the facility.
05/05/2022	Contact - Face to Face Interviewed Employee B at the facility.
05/05/2022	Contact - Face to Face Interviewed Employee C at the facility.
05/05/2022	Contact - Face to Face Interviewed Employee D at the facility.
10/6/2022	Exit Interview

## **ALLEGATION:**

**Staff are not following the facility infection control policy.**

## **INVESTIGATION:**

On 4/27/2022, the Bureau received this complaint from online complaint system. A referral was made to APS through Centralized Intake. The complainant wished to remain anonymous, so I am unable to verify information or concerns regarding this complaint.

On 5/2/2022, I interviewed executive director, Eric Goodlock, at the facility. Mr. Goodlock reported all staff are trained on infection control along with Covid-19 protocols and procedures. Mr. Goodlock reported there have been only two cases of Covid-19 in the recent months and both cases were mild with no outbreak due to the current facility protocols and procedures in place. The facility is also adhering to the local health department protocols as well. Mr. Goodlock provided me a copy of the facility infection control policy and procedures along with staff training records for my review.

On 5/2/2022, I interviewed Employee A at the facility. Employee A reported there have not been any recent Covid-19 cases in the facility and due to the current infection and control policy and procedures in place, "the Covid-19 cases were contained and did not spread". Employee A was able to report the procedures in detail for all staff if an outbreak of Covid-19 or other infection were to occur in the facility. Employee A demonstrated good competence and compliance with facility infection control and Covid-19 policy and procedures.

On 5/2/2022, I interviewed Employee B and Employee C at the facility, whose statements are consistent with Mr. Goodlock's and Employee A's statements. Employee B and Employee C demonstrated good competence and compliance with facility infection control and Covid-19 policy and procedures.

On 5/2/2022, I interviewed Employee D at the facility. Employee D provided the housekeeping protocols and procedures for infection control and Covid-19. Employee D's statements were consistent with Mr. Goodlock's, Employee A's, Employee B's, and Employee C's statements.

On 5/2/2022, I reviewed the facility infection control and Covid-19 policy and procedures along with staff training record. No concerns were noted during the review.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<b>(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: (f) Containment of infectious disease and standard precautions.</b>
<b>ANALYSIS:</b>	The facility has a detailed Covid-19 and infection control policy in place. There is also evidence of continued facility staff training and education for infection protocols and procedures. On-site inspection revealed facility staff are knowledgeable and compliant with the infection control policy to protect the health of the residents and staff and to help prevent spread of Covid-19 in the facility. No violation found.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Staff are not bathing residents appropriately and only using wipes.**

**INVESTIGATION:**

On 5/2/2022, Mr. Goodlock reported all residents are bathed in accordance with their service plans and have a bathing schedule. If a resident has an accident and requires assistance, a wipe and/or soap and water is used to aid in clean up of the resident. If the accident is severe, the resident receives a sponge bath or shower. Mr. Goodlock reported all care staff are trained in appropriate clean-up and care of residents, along with sanitization of clothing, and the environment if an accident occurs. Mr. Goodlock provided me staff training records and resident shower schedule for my review.

On 5/2/2022, Employee A reported all residents are bathed in accordance with their service plans. If a resident has an accident and requires assistance, care staff will use a wipe, soap with water, or provide the resident a sponge bath or shower. Employee A reported care staff follow resident service plans and the type of assistance offered may depend on the severity of the accident or the resident's preference. Employee A reported "residents are cleaned up immediately after an accident to avoid any potential skin break down and to maintain their dignity". Employee A provided a detailed procedures care staff follow when assisting a resident with a shower and/or after an accident occurs.

On 5/2/2022, Employee B reported care staff follow the resident service plans and showers are provided at minimum twice weekly for each resident. Each resident has their own detailed shower schedule as well. Employee B reported if a resident has an accident and requires further assistance, then a wipe or soap with water may be used or a sponge bath or shower may also be provided dependent upon the severity of the accident and the resident's preference. Employee B was able to provide a detailed explanation of the procedures care staff follow when assisting a resident with a shower and/or after an accident occurs.

On 5/2/2022, Employee C reported all residents receive showers at minimum twice weekly and that care staff review and follow all residents service plans in regard to bathing and all other care. Employee C's statements are consistent with Mr. Goodlock's, Employee A's, and Employee B's statements.

On 5/2/2022, I completed an on-site inspection which revealed no smell of urine or feces in the facility. Residents observed were clean and well groomed. One resident was receiving a shower with the assistance of care staff. No concerns were noted about the cleanliness of the residents or the facility during the on-site inspection.

I also reviewed the resident bath schedule and the care staff training records which revealed a set bathing schedule in accordance with resident service plans, and appropriate staff training for the care of residents in accordance with the service plans.

<b>APPLICABLE RULE</b>	
<b>R 325.1933</b>	<b>Personal care of residents.</b>
	<b>(2) A home shall afford a resident the opportunity and instructions when necessary for daily bathing, oral and personal hygiene, daily shaving, and hand washing before meals. A home shall ensure that a resident bathes at least weekly and more often if necessary.</b>
<b>ANALYSIS:</b>	Inspection with on-site observations and interviews with facility staff along with review of facility documentation reveal there is no evidence to support this allegation. No violation found.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

On 5/2/2022, I completed an inspection of the facility which revealed all medication cabinets and medication carts were locked in the facility except for the medication cart on the green hallway. This cart was unlocked with no care staff present and medication easily accessible to anyone.

<b>APPLICABLE RULE</b>	
<b>R 325.1932(5)</b>	<b>Employees; general provisions.</b>
	<b>(5) A home shall take reasonable precautions to ensure or assure that prescription medication is not used by a person other than the resident for whom the medication is prescribed.</b>
<b>ANALYSIS:</b>	A medication cart was found unlocked on the green hallway with no care staff present and easily accessible to anyone.
<b>CONCLUSION:</b>	<b>REPEAT VIOLATION ESTABLISHED</b> <b>[Reference Special Investigation Report (SIR) # 2021A1028043 dated 10/12/2021]</b>

**IV. RECOMMENDATION**

Contingent upon an acceptable corrective action plan, I recommend the status of this license remain unchanged.



5/16/2022

Julie Viviano  
Licensing Staff

Date

Approved By:



10/05/2022

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

Date

