



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

October 10, 2022

Kimberly Gee
Wood Care X, Inc., d/b/a Caretel Inns of Linden
910 S. Washington Ave.
Royal Oak, MI 48067

| | |
|------------------|-----------------|
| RE: License #: | AL250331306 |
| Investigation #: | 2022A0872050 |
| | Degas House Inn |

Dear Mrs. Gee:

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) 643-7960.

Sincerely,

A handwritten signature in black ink that reads "Susan Hutchinson". The signature is written in a cursive style with a large initial "S".

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

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|---------------------------------------|---|
| License #: | AL250331306 |
| Investigation #: | 2022A0872050 |
| Complaint Receipt Date: | 08/22/2022 |
| Investigation Initiation Date: | 08/23/2022 |
| Report Due Date: | 10/21/2022 |
| Licensee Name: | Wood Care X, Inc., d/b/a Caretel Inns of Linden |
| Licensee Address: | 910 S. Washington Ave. Royal Oak, MI 48067 |
| Licensee Telephone #: | (810) 735-9400 |
| Administrator: | Kimberly Gee |
| Licensee Designee: | Kimberly Gee |
| Name of Facility: | Degas House Inn |
| Facility Address: | 202 S Bridge Street Linden, MI 48451 |
| Facility Telephone #: | (810) 735-9400 |
| Original Issuance Date: | 05/01/2014 |
| License Status: | REGULAR |
| Effective Date: | 11/03/2020 |
| Expiration Date: | 11/02/2022 |
| Capacity: | 20 |
| Program Type: | AGED |

II. ALLEGATION(S)

| | Violation Established? |
|---|-----------------------------------|
| The facility is understaffed. Resident needs are not being met. | Yes |

III. METHODOLOGY

| | |
|------------|---|
| 08/22/2022 | Special Investigation Intake 2022A0872050 |
| 08/23/2022 | Special Investigation Initiated - On Site Unannounced |
| 09/12/2022 | Contact - Document Sent I emailed Degas House Inn management requesting information related to this complaint |
| 09/14/2022 | Contact - Document Received I received AFC documentation regarding this complaint |
| 09/22/2022 | Inspection Completed On-site |
| 09/26/2022 | APS Referral I made an APS complaint via email |
| 09/27/2022 | Contact - Telephone call received I spoke to APS Worker, Kelly Clark-Huey |
| 10/07/2022 | Contact - Telephone call made I interviewed former staff, Layla Alotabi |
| 10/07/2022 | Contact - Telephone call made I interviewed former staff, Rhonda Bell |
| 10/07/2022 | Contact - Telephone call made I interviewed former staff, Paige Tucker |
| 10/07/2022 | Contact - Telephone call made I interviewed staff, Melissa White |
| 10/10/2022 | Contact - Document Received I exchanged emails with Ms. Walworth |

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| 10/10/2022 | Inspection Completed-BCAL Sub. Compliance |
| 10/10/2022 | Exit Conference I conducted an exit conference with the licensee designee, Kimberly Gee |

ALLEGATION: The facility is understaffed. Resident needs are not being met.

INVESTIGATION: On 8/23/22, I conducted an unannounced onsite inspection of Degas House Inn Adult Foster Care facility. I met with the assisted living director, Amanda Walworth, the assistant to the assisted living director, Raelynn Fonger, and the general manager, Rhonda Pype. I also conducted a visual inspection of the facility by inspecting some of the resident bedrooms and the common areas of the facility. During my inspection, I observed several residents who appeared to be clean and dressed appropriately. I observed resident rooms and they appeared clean, with no evidence of odor.

I reviewed the allegations Ms. Walworth, Ms. Fonger, and Ms. Pype and they confirmed that the facility has been experiencing a staffing shortage. Because of the staffing issue, they have been utilizing a staffing agency to staff the facility. They are attempting to consolidate residents from one of the other Inns to help deal with the staffing issue and they are trying to explore other options as well. Ms. Pype said that they typically schedule two staff per shift depending on the acuity level of the residents. She said that there have been times that staff call in sick and when that happens, there may only be one staff working and one floater who goes between two of the Inns.

I asked about each staff member’s responsibilities per shift and was told that staff pass medications, provide patient care, distribute meals to the residents from the sub-kitchen, clean up after meals, do laundry, shower residents, and do light housekeeping. All individuals confirmed that several of the residents at this facility use a Hoyer lift for transfers and many of them also wear briefs for incontinence. Staff have been trained in the use of Hoyer lifts and they are responsible for checking resident’s briefs every two hours or more often if necessary.

Ms. Fonger, Ms. Walworth, and Ms. Pype said that they did hear some staff discussing that other staff were double briefing residents. Ms. Walworth said because of this, at the last staff meeting, they addressed this with all staff and reminded them that the policy at Degas House Inn is that staff are not to double brief residents. Ms. Fonger said that they were not told which residents were being double briefed but said that none of the residents currently have any skin breakdowns or skin issues that could be a result of being in wet briefs.

On 09/14/22, I conducted my renewal inspection of Degas House Inn. I interviewed several residents and conducted another visual inspection of the facility. Several of the residents said that at times, they must wait “awhile” for staff to come when they press

their call button. Several residents said that oftentimes, there do not seem to be enough staff to care for them.

On 09/14/22, I reviewed AFC paperwork related to this complaint. According to the Resident Register, as of 09/01/22, there were 16 residents residing at Degas House Inn. Out of these 16 residents, 14 of them wear briefs for incontinence.

On 10/07/22, I interviewed former staff, Paige Turner, via telephone. Ms. Turner said that she quit working at this facility approximately six months ago. Prior to that time, she worked at the facility for approximately two years. Ms. Turner said that she worked in all the Inns, wherever she was needed, as did most staff.

Ms. Turner stated that all the facilities were very short staffed. She said that most of the Inns, including Degas House Inn, had 10-20 residents and often, one staff was responsible for caring for up to 15 residents at a time, by themselves. Ms. Turner stated that sometimes, there would be a "floater" who would go between two Inns, but it was very difficult caring for so many residents at a time. She said that whenever staff would call in sick, there were no consequences, so staff continued to do it.

I asked Ms. Turner if staff ever double briefed the residents, and she said yes, sometimes they would when they were working by themselves. Ms. Turner told me that staff was responsible for checking on the residents who wore briefs every two hours. Some staff would put a contour liner inside the resident's brief so if the resident wet themselves, staff would only have to pull the liner out and replace it, rather than having to change the entire brief. According to Ms. Turner, she does not recall being specifically told that staff were not allowed to do this and whenever the facility ran out of contour liners, management would always buy more.

On 10/07/22, I interviewed former staff, Layla Alotabi via telephone. Ms. Alotabi said that she only worked at this facility for a few weeks, and she quit over a month ago. According to Ms. Alotabi, the entire time she worked at this facility, it was always short staffed, and staff was always stressed. She told me that sometimes, staff had to care for all the residents by themselves for an entire shift and it was "too much." Ms. Alotabi said that some staff would double brief residents because it was easier to care for them that way and staff did not have time to do it any other way.

On 10/07/22, I interviewed former staff, Rhonda Bell via telephone. Ms. Bell said that she only worked at Degas House Inn for a few days, and she quit several months ago. She told me that while working there, the facility was always short staffed. Sometimes, there was only one staff who was responsible for caring for an entire Inn of 15+ people. I asked her if staff ever double briefed any of the residents and she said not that she knows of.

On 10/07/22, I interviewed staff Melissa White via telephone. Ms. White said that she has worked at this facility for over seven years, and she typically works 1st shift at Degas House Inn. Ms. White confirmed that there are times when the facility is short

staffed, and one staff plus a floater is responsible for caring for all the residents. Ms. White confirmed that several of the residents at Degas House Inn use a Hoyer lift and many of them wear briefs for incontinence. I asked her how she manages the Hoyer lift residents when she works by herself. She said that if that happens, she attempts to transfer the resident via Hoyer lift by herself. She said that sometimes, if she is unable to get the Hoyer lift up, the resident has to wait until another staff came to help her. I asked Ms. White what she would do if one of the residents fell while she was working alone. She said that she would have to call staff from one of the other Inns and wait for someone to come and help her. I asked Ms. White what her responsibilities are during her shift, and she said, patient care, checking and changing briefs, medication passing, getting meals to the residents, showers, and light housekeeping. Ms. White said that within the past couple of weeks, the staffing issue seems to be improving.

On 10/10/22, I reviewed the staffing assignments for Degas House Inn for the months of June, July, and August 2022. The staffing schedule hours are as follows:

- 6:00am-2:30pm
- 6:00am-6:30pm
- 2:00pm-10:30pm
- 6:00pm-6:30am
- 10:00pm-6:30am

I noted that the facility typically schedules at least two staff to be on shift for every hour of the day and sometimes, they schedule three staff to be on shift during certain times of the day. However, I also noted that on several occasions during these three months, staff would call in which put the staffing down to one or two staff during certain hours of the day. The facility would sometimes assign a “floater” who would go between two of the Inns for his/her shift.

On 10/10/22, I conducted an exit conference with the licensee designee, Kimberly Gee. I discussed the findings of my investigation and explained which rule violation I am substantiating. Mrs. Gee told me that she has been working with management at Degas House Inn to address the issues we have discussed in the past, including staffing requirements.

On 03/02/22, I completed an SIR #2022A0872019 at this facility and substantiated R 400. 206(2). I concluded that there were not enough staff to care for the residents. The licensee designee, Kimberly Gee submitted a corrective action plan (CAP) dated 03/16/22. At the time of that investigation, there was only one resident who required 2-person assistance. According to the CAP, the facility will ensure that there are 2 staff per shift based on resident’s needs.

| APPLICABLE RULE | |
|------------------------|---|
| R 400.15206 | Staffing requirements. |
| | (2) 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: | <p>Staff Amanda Walworth, Rhonda Pype, Raelynn Fonger, and Melissa White as well as former staff, Paige Turner, Layla Alotabi, and Rhonda Bell said that at times, there is only one staff plus a floater working at this facility.</p> <p>According to Ms. Pype, staff are responsible for the following: pass medications, provide patient care, distribute meals to the residents from the sub-kitchen, clean up after meals, do laundry, shower residents, and do light housekeeping.</p> <p>Ms. Walworth, Ms. Pype, Ms. Fonger, and Ms. White confirmed that there are several residents at this facility who use a Hoyer lift for transfers.</p> <p>According to the Resident Register, as of 09/01/22, there were 16 residents at this facility and 14 of them wore briefs for incontinence.</p> <p>During my renewal inspection on 09/14/22, I interviewed several residents who said that sometimes they have to wait "awhile" for staff to respond when they push their call button and oftentimes there do not seem to be enough staff to care for them.</p> <p>I reviewed the staff assignment logs for June, July, and August 2022. I noted that the facility does schedule at least two staff for every hour of each day. However, I also noted that several times during this three-month period, staff would call in which left the facility with one staff plus a floater.</p> <p>I conclude that there is sufficient evidence to substantiate this rule violation at this time.</p> |
| CONCLUSION: | REPEAT VIOLATION ESTABLISHED Ref: SIR #2022A0872019 dated 3/2/19. |

IV. RECOMMENDATION

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

Susan Hutchinson

October 10, 2022

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| Susan Hutchinson Licensing Consultant | Date |
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Approved By:

Mary Holton

October 10, 2022

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| Mary E. Holton Area Manager | Date |
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