



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 18, 2022

Beth Covault
Samaritas Senior Living Grand Rapids Woods
1900-32nd Street, SE
Grand Rapids, MI 49508-1583

RE: License #: AH410236832
Investigation #: 2022A1028065
Samaritas Senior Living Grand Rapids Woods

Dear Ms Covault:

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

License #:	AH410236832
Investigation #:	2022A1028065
Complaint Receipt Date:	07/15/2022
Investigation Initiation Date:	07/18/2022
Report Due Date:	09/14/2022
Licensee Name:	Samaritas
Licensee Address:	Suite A 2080 Union Ave. SE Grand Rapids, MI 49507
Licensee Telephone #:	(313) 823-7700
Administrator/Authorized Representative:	Beth Covault
Name of Facility:	Samaritas Senior Living Grand Rapids Woods
Facility Address:	1900-32nd Street, SE Grand Rapids, MI 49508-1583
Facility Telephone #:	(616) 452-4470
Original Issuance Date:	02/15/1994
License Status:	REGULAR
Effective Date:	02/28/2022
Expiration Date:	02/27/2023
Capacity:	61
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
There is no medication technician on third shift.	No
Resident A is not receiving medication on time.	Yes
Resident A's room has bed bugs.	No
Additional Findings	Yes

III. METHODOLOGY

07/15/2022	Special Investigation Intake 2022A1028065
07/18/2022	Special Investigation Initiated - Letter 2022A1028065
07/18/2022	APS Referral 202APS referral sent to Centralized Intake.
08/11/2022	Inspection Completed On-site Completed on-site inspection due to investigation.
08/11/2022	Contact - Face to Face Interviewed ED/Michelle DuBridge at the facility.
08/11/2022	Contact - Face to Face Interviewed Employee A at the facility.
08/11/2022	Contact - Face to Face Interviewed Employee B at the facility.
08/11/2022	Contact - Face to Face Interviewed Employee C at the facility.
08/11/2022	Contact - Document Received Received pest control records and Resident A's MAR from ED/Michelle DuBridge.
10/18/2022	Exit – Attempted to exit with AR/Admin/Beth Covault via telephone. Telephone rang through multiple times with no answer.

	It also did not give option to leave voicemail either. Emailed report to AR/Admin Beth Covault and ED/Michelle DuBridge.
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ALLEGATION:

There is no medication technician on third shift.

INVESTIGATION:

On 7/15/2022, the Bureau received the allegations anonymously through the online complaint system.

On 7/18/2022, APS made referral to Centralized Intake for referral to HFA.

On 8/11/2022, I interviewed the facility executive director, Michelle DuBridge, at the facility. Ms. DuBridge reported there is no med tech on third shift due to no current residents to include Resident A requiring any medication administration during third shift. Current residents receiving medications only have medications that are due for administration during first and second shifts. Ms. DuBridge reported there have been med techs assigned to third shift in the past when medications were required to be administered during that shift. Ms. DuBridge reported there are a few residents on PRN medications and there is an on-call med technician with a back-up liaison as well should those PRN medications ever need to be administered during third shift. Ms. DuBridge reported no residents have required any PRN medications on third shift at the facility because “it is the middle of the night and residents are usually sleeping during this time”. If a resident required consistent medication administration during third shift, then a medication technician would be re-assigned to third shift. Ms. DuBridge provided me a copy of Resident A’s medication administration record (MAR) with record notes for my review.

On 8/11/2022, I interviewed Employee A at the facility who reported there is no current med tech on third shift due to no residents requiring medications during this time. Employee A reported there were med techs on third shift in the past because there were medications required to be passed during that shift. There are a couple of residents who have PRN medications and there are on-call med techs that can assist with medication administration during third shift if needed, but it has not been needed. Employee A reported if a resident required consistent medication to be passed on third shift, a med tech would be re-assigned to the shift again. Employee A reported residents are typically sleeping during third and to [their] knowledge “have not asked for meds on third shift”.

On 8/11/2022, I interviewed Employee B at the facility who reported no med tech is currently required for third shift due to no medications being passed during this time. There are a couple of residents who have PRN medications, but those medications are not passed during third shift and if they needed to be, there are on-call med techs who could administer the medication if needed. The facility had a third shift

med tech in the past when there were required medications to be passed. Employee B reported residents are sleeping during third shift and if a medication was required to be passed regularly, a med tech would be re-assigned to the schedule. Employee B reported there have been no issues during third shift with med administration and no resident has requested medication administration during third shift.

On 8/11/2022, I interviewed Employee C at the facility whose statements were consistent with Ms. DuBridge's, Employee A's and Employee B's statements.

On 8/15/2022, I reviewed Resident A's MAR from June 2022 to August 2022 for PRN medications. No concerns noted with PRN medication administration.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.
ANALYSIS:	The facility does not have a current med technician assigned to third shift because no current residents have required medication administration during this shift. There are a couple of residents who have PRN medications, and the facility has on-call med techs should the PRN medications need to be administered, but to date the PRN medications have not been requested by residents during third shift. No violation found.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident A is not receiving medication on time.

INVESTIGATION:

On 8/11/2022, Ms. DuBridge reported Resident A was admitted to the facility on 7/5/22. To Ms. DuBridge's knowledge, there have no issues with Resident A's medications since entering the facility. Ms. DuBridge was able to provide me a copy of Resident A's MAR from the prior facility and Resident A's current MAR for July 2022 and August 2022 MAR for my review.

On 8/11/2022, Employee A reported no knowledge of Resident A having any medication issues while at the facility. Employee A reported med techs follow

physician orders for medication administration and to [their] knowledge, Resident A has not refused any medications.

On 8/11/2022, Employee B reported Resident A has not demonstrated or vocalized any issues since entering the facility. Employee B reported there have no medication administration issues and Resident A has not refused medications either. Employee B reported med techs follow all physician orders concerning medication administration.

On 8/11/2022, Employee C's statements are consistent with Ms. DuBridge's, Employee A's, and Employee B's statements.

On 8/15/2022, I reviewed Resident A's June 2022 MAR which revealed appropriate medication administration and no refusals of medications.

I reviewed Resident A's July 2022 MAR which revealed the following:

- Resident A admit date was 7/5/22.
- Resident A was to receive 1 capsule of Acidophilus Capsule 100mg one time a day for digestion starting 7/5/22 to 8/10/22. The MAR is blank for 7/5/22 and 7/6/22. It cannot be determined if Resident A received the medication.
- Resident A was to receive 1 capsule of Aspirin 81 mg one time a day for pain starting 7/5/22 to 8/4/22. The MAR is blank for 7/5/22 and 7/6/22. It cannot be determined if Resident A received the medication.
- Resident A was to receive 1 tablet of Lisinopril 10mg one time a day for blood pressure starting 7/5/22. The MAR is blank for 7/5/22 and 7/6/22. It cannot be determined if Resident A received the medication.
- Resident A was to receive 1 capsule of Tolterodine one time a day for OAB starting 7/5/22. The MAR is blank for 7/5/22 and 7/6/22. It cannot be determined if Resident A received the medication.
- Resident A was to receive wound care to the lower right extremity one time a day for healing starting 7/17/22. The MAR is blank for 7/17/22 and 7/18/22. It cannot be determined if Resident A received wound care.
- Resident A was to receive 1 tablet of Carvedilol two times a day for hypertension starting 7/4/22. The MAR is blank for 7/5/22 and 7/6/22. It cannot be determined if Resident A received the medication.
- Resident A was to receive 100mg of Docusate Sodium Capsule two times a day for stool softener starting 7/4/22 to 7/7/22. The MAR is blank for 7/5/22 and 7/6/22. It cannot be determined if Resident A received the medication.
- Resident A was to receive 1 capsule of Gabapentin two times a day for pain starting 7/8/22 at 1600 to 7/12/22 at 0922. The MAR is blank for 7/12/22 for the 0700 time. It cannot be determined if Resident A received the medication.
- Resident A was to receive 1 tablet of Gemfibrozil 600mg two times a day for hyperlipidemia starting 7/4/22 at 1600 to 8/10/22 at 1256. The MAR is blank for 7/5/22 and 7/6/22. It cannot be determined if Resident A received the medication.

- Resident A was to receive 20mf tablet of Dicyclomine HCl three times a day for IBS starting 7/4/22 at 1100 to 7/7/22 2159. The MAR is blank for 7/5/22 and 7/6/22. It cannot be determined if Resident A received the medication.
- Resident A was to receive 1 IBU tablet 400mg three times a day for pain starting 7/4/22 at 1100 to 7/7/22 at 2204. The MAR is blank for 7/5/22 and 7/6/22. It cannot be determined if Resident A received the medication.
- Resident A was to receive 1 tablet of K-Phos-Neutral 155-852-130mg four times a day for supplement starting 7/4/22 at 1100 to 7/11/22 at 1139. The MAR is blank for 7/5/22 and 7/6/22. It cannot be determined if Resident A received the supplement.

I reviewed Resident A's August 2022 MAR which revealed the following:

- Resident A was to receive wound care for right lower extremity and the right upper extremity one time a day starting 8/6/22 at 0700. The MAR is blank for 8/6/22 at 0700. It cannot be determined if Resident A received wound care.
- Resident A was to receive 1 tablet of Protonix Delayed Release 40mg two times a day before meals starting 8/5/22 at 1600. The MAR is blank for 8/5/22 at 1600. It cannot be determined if Resident A received the medication.
- Resident A was to receive 1 tablet of Acetaminophen 500mg three times a day for pain starting 8/5/22 at 1600 to 8/10/22 at 1302. The MAR is blank for 8/5/22 at 1600 and 8/6/22 0700 and 1200. It cannot be determined if Resident A received the medication.

APPLICABLE RULE	
R 325.1932	Resident medications.
	(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan.
ANALYSIS:	Review of Resident A's MAR from June 2022 to August 2022 reveals multiple medication administration errors. It cannot be determined if Resident A received medication administration in accordance with physician orders and/or in a timely manner in July 2020 and/or August 2022. Violation found.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Resident A's room has bed bugs.

INVESTIGATION:

On 8/11/2022, Ms. DuBridge reported the facility does not have bed bugs but when Resident A was admitted, bed bugs were brought into the facility then. Resident A was seen by a physician and [their] personal belongings and room were treated immediately. Ms. DuBridge reported Resident A was moved into a new room while [their] room was being treated. Since being treated there have been no issues with bed bugs and Resident A's room no longer has bed bugs. Ms. DuBridge reported the facility has a monthly pest control service to continue to prevent bed bugs and/or other pests and vermin. Ms. DuBridge provided me copy of the pest control records for my review.

On 8/11/2022, Employee A reported there were no bed bugs at the facility until Resident A entered the facility. Employee A reported Resident A's room and personal belongings were treated immediately and Resident A was provided a new room during the treatment process. Employee A reported there was no outbreak of bed bugs, and the facility prevented the bed bugs from spreading because it was caught immediately during Resident A's admission to the facility. Employee A reported the facility is treated routinely to continue to prevent bed bugs and there are no current cases of bed bugs at the facility.

On 8/11/2022, Employee B and Employee C's statements are consistent with Ms. DuBridge's and Employee A's statements.

On 8/11/2022, I reviewed the pest control records which revealed treatment for bed bugs and that the facility is on a routine pest control program.

I also completed an onsite inspection, and no evidence of bed bugs, insects, or vermin were noted.

APPLICABLE RULE	
R 325.1978	Insect and vermin control.
	(1) A home shall be kept free from insects and vermin.
ANALYSIS:	Interviews, on-site inspection, and review of pest control documentation and records reveal the facility took appropriate measures to address bed bugs once it was discovered in July 2022. There is evidence the facility is on a routine pest control program to continue to prevent bed bugs.
CONCLUSION:	VIOLATION NOT ESTABLISHED

Additional Findings:

On 8/11/2022, I requested Resident A's service plan for review from Ms. DuBridge. It was revealed Resident A's service plan was blank and had not been updated since

returning from the hospital on 8/6/22. Ms. DuBridg reported it should have been reassessed and updated for Resident A after returning to the facility.

APPLICABLE RULE	
R 325.1922	Admission and retention of residents.
	(5) A home shall update each resident’s service plan at least annually or if there is a significant change in the resident’s care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.
ANALYSIS:	The facility did not have a current service plan in place for Resident A upon return from the hospital. The service plan was blank, and I was unable to verify care information for Resident A. Violation established.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Julie Viviano

8/16/2022

Julie Viviano
Licensing Staff

Date

Approved By:

Andrea L. Moore

10/05/2022

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

Date