



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 18, 2022

Rochelle Lyons
Grandhaven Living Center LLC
Suite 200
3196 Kraft Avenue SE
Grand Rapids, MI 49512

RE: License #: AL330378741
Investigation #: 2022A0577061
Grandhaven Living Center (Harbor)

Dear Ms. Lyons:

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 (231) 922-5309.

Sincerely,

A handwritten signature in cursive script that reads "Bridget Vermeesch".

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0561

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL330378741
Investigation #:	2022A0577061
Complaint Receipt Date:	09/19/2022
Investigation Initiation Date:	09/20/2022
Report Due Date:	11/18/2022
Licensee Name:	Grandhaven Living Center LLC
Licensee Address:	Suite 200 3196 Kraft Avenue SE Grand Rapids, MI 49512
Licensee Telephone #:	(810) 334-8809
Administrator:	Brandy Shumaker
Licensee Designee:	Rochelle Lyons
Name of Facility:	Grandhaven Living Center (Harbor)
Facility Address:	3145 West Mt. Hope Lansing, MI 48911
Facility Telephone #:	(517) 485-5966
Original Issuance Date:	08/07/2017
License Status:	REGULAR
Effective Date:	02/07/2022
Expiration Date:	02/06/2024
Capacity:	20
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Resident A developed pressure sores on her heels and buttocks/coccyx area due to direct care staff not following physician orders as prescribed.	Yes
Additional Findings	Yes

III. METHODOLOGY

09/19/2022	Special Investigation Intake 2022A0577061
09/19/2022	APS Referral made to Talaina Cummins, Ingham Co APS.
09/20/2022	Contact - Telephone call made to Witness 1 interviewed.
09/20/2022	Contact - Telephone call made to Witness 2 interviewed.
09/20/2022	Contact - Document Sent- Request for Resident Medical Records.
09/20/2022	Special Investigation Initiated – Telephone call made to Talaina Cummins, Ingham Co APS.
09/29/2022	Inspection Completed On-site- Interviewed staff and reviewed/received documents.
10/17/2022	Contact - Telephone call made- Interviewed staff.
10/19/2022	Contact - Telephone call made- Spoke with Cassidy Myers.
10/25/2022	Contact - Telephone call made- Relative A1 and Relative A2.
10/25/2022	Contact - Document Sent- Request of physician orders and notes from Dr. Katranji's office.
10/25/2022	Inspection Completed On-site- Reviewed documents and completed interviews.
11/01/2022	Inspection Completed-BCAL Sub. Compliance
11/15/2022	Contact-Talaina Cummins, Ingham Co APS.
11/17/2022	Exit Conference-Rochelle Lyons, LD.

ALLEGATION: Resident A developed pressure sores on her heels and buttocks/coccyx area due to staff not following physician orders as prescribed.

INVESTIGATION:

On September 19, 2022, a complaint was received alleging that over the previous week (week of September 12, 2022), Resident A developed three pressure sores on her body including one on her right heel, one on her right buttock, and one on her right coccyx due to direct care staff members not repositioning Resident A as required. The complaint also described Resident A as an 81-year-old who is diagnosed with dementia, along with multiple other health concerns, and who mostly stays in bed. Resident A's spouse is her durable power of attorney (DPOA).

On September 20, 2022, I contacted Talaina Cummins, Adult Protective Service Specialist (APS) with Ingham County Department of Health and Human Services, who reported she currently has an open investigation. Ms. Cummins reported she had interviewed Resident A who reported she received great care while at the facility. Ms. Cummins reported she also interviewed Guardian A1 who reported the facility did not move or rotate Resident A often but did elevate Resident A's ankles with blankets and pillows, but these often would not stay in place and staff would not reposition them. Ms. Cummins reported she did not request any medical or progress notes from the facility and does not have any additional information to provide.

On November 15, 2022, Ms. Cummins reported she will be substantiating neglect against the facility due to the lack of care that was provided to Resident A causing the wounds to worsen and Resident A needing to be placed in a skilled nursing facility.

On September 20, 2022, I interviewed Witness 1, who is a Registered Nurse (RN) with Corso Care Home Care who reported the agency had not provided care in the facility since June 2022 due to it being a liability, stating "I have great concerns regarding the care being provided at the facility." Witness 1 reported they no longer have access to their documentation regarding Resident A and the care they provided so they will be reporting from memory. Witness 1 reported Resident A did have physician orders and a *Plan of Care* (POC) addressing the need for Resident A to be repositioned every two hours which was then increased to Resident A being rotated hourly due to being bedbound. Witness 1 reported Resident A was also prescribed to have her heels floating yet would often be found during visits with heels flat on the mattress and not floating. Witness 1 reported providing skilled nursing wound care to Resident A but stated the wound care routine also included physician's orders for direct care staff members to care for the wound when wound nurses were not in the facility. Witness 1 stated she recalled those physician orders required direct care staff members to change Resident A's bandages according to specific instructions, apply barrier cream, rotate Resident A from side to side within specific time frames and to float Resident A's heels. Witness 1 stated direct care staff members were not following any of the physician's orders. Witness 1 stated knowing this because upon arrival to the facility Witness 1

found Resident A's brief saturated in urine, which included the wound dressing on the coccyx wound and this wound dressing was also saturated in drainage fluids. Witness 1 stated observing the coccyx wound dressing covered in feces due to the specific instructions not being followed and the wound dressings not being changed timely. Witness 1 stated, "per my chart notes and photo of the bedsores on [Resident A] it is evident [Resident A] was not being repositioned as prescribed." Witness 1 reported Resident A was being provided wound care by Corso Care Home Care two times a week, then it increased to three times a week, and towards the end of Resident A's stay at the facility wound care was prescribed daily due to the worsening of Resident A's wounds. Witness 1 reported the physician at Corso Care Home Care wrote the physician order which was provided to the facility and inputted into their computer by facility direct care staff. Witness 1 reported the direct care staff and Wellness Director were made aware of the orders pertaining to Resident A's need for wound care, bandage changes, barrier cream, floating heels, and repositioning.

On September 20, 2022, I spoke with Witness 2 who reported not providing direct care to Resident A but was aware of the concerns regarding Resident A's care while at the facility. Witness 2 reported just prior to Resident A leaving the facility Dr. Katranji, Wound Specialist with The Hand Center, started treating Resident A's wounds due to the severity of the coccyx wound.

On September 20, 2022, I requested and received copies of Resident A's *Plan of Care* (POC), Physician Orders, Wound Assessment, Wound Pictures, Coordination Notes, and Medication List from Corso Care Home Care. Per Coordination Notes, Resident A was admitted into Sparrow Hospital on April 15, 2022, then discharged back to the facility on April 18, 2022, with home care ordered by Sparrow Hospital and provided by Corso Care Home Care due to Resident A having wounds on her heels and buttocks/coccyx area.

During Resident A's time at the facility, Resident A had three *Plans of Care* developed by Corso Care Home Care for Skilled Nursing (SN) certified by Resident A's Primary Care Physician's (PCP) Dr. Rais, MD and Nurse Practitioner (NP) Emily Gross from Mid-Michigan Family Medicine. The initial POC was from 04/29/22-06/27/22 and was originally developed due to Resident A having a wound on her left heel. The POC ordered skilled nursing care for Resident A to provide skilled assessment and teach/reinforcement to caregivers to properly manage diabetic foot care and pressure ulcers. The POC goals included for direct care staff to monitor Resident A's wounds and if there were changes in skin integrity this status was identified and reported to physician to prompt intervention. The POC goals also included assuring Patient/Caregivers (direct care staff members) had the ability to verbalize/demonstrate adequate knowledge of integumentary status and appropriate measures to promote skin integrity and prevent injury. The POC goal had Patient/Caregiver need to verbalize/demonstrate ability to perform wound care to DTI, wound status will improve as evidenced by decrease in size, drainage, absence of infection, and less pain. Per the initial POC, the goal was to be met in 4 weeks.

Then the second POC was created and certified from 06/27/22-08/26/22 due to goals not being met from previous POC ending 06/27/2022. The second POC ordered skilled nursing services to evaluate and develop a plan of care for skilled nursing to assess and evaluate pressure coccyx ulcer and to intervene to minimize complications. The second POC documented wounds need continued care due to new goals and/or problems including: "Wounds, surgery required for treatment, caregivers offloading delayed progress, Buttocks/Coccyx wound surgery required hospitalization." The second POC continued the need for Patient/Caregivers to be able to verbalize/demonstrate adequate knowledge of integumentary status and appropriate measures to promote skin integrity and prevent injury. Patient/Caregiver will verbalize/demonstrate ability to perform wound care to DTI, wound status will improve as evidenced by decrease in size, drainage, absence of infection, and less pain. During this certification period, Dr. Katranji provided specific orders for the facility direct care staff to adhere to during this plan of care period. Below are the orders from Dr. Katranji:

- 07/25/2022: Dr. Katranji ordered Resident A to be rotated every hour on a 24-hour schedule to avoid further injury. The order provided further instruction for Resident A to use multiple pillows, to allow support to the individual for these various positions, to properly rotate the patient, patient must be turned from back to the right side at a 45-degree angle, with face not touching pillows or mattress, and no pillows touching buttocks; patient must be turned to backside, then the left side at a 45-degree angle then back to the backside; repeat until further notice.
- 08/02/22 Dr. Katranji ordered SN-to perform dressing change to coccyx stage 4 pressure ulcer 2X a week, Mondays, and Wednesdays per aseptic technique. Cleans with wound cleanser and pat dry, apply skin protectant, wipe peri sound, place Cutimed Sorbact wound contact layer dressing into wound, covering all wound surfaces, place plain foam into wound, fill space over foam with 4X4 gauze, apply thick layer of Calamine Zinc Ointment peri wound, cover with 2 ABD pads over the wound area and tape or tuck into netted bandage to secure. Cutimed Sorbact can remain in the wound up to 7 days, change weekly and PRN. Assisted Facility staff to perform outer ABD Pad dressing with every brief change or sooner if dressings become saturated with drainage. Gently cleanse the area, apply additional calamine zinc ointment to surrounding skin if it has come off. Apply 2 ABD pads over the wound area and tape or tuck into netted bandage to secure. Contact home care RN if packing comes out. Change the netted bandage as needed if becomes soiled. Continue with float/repositioning hourly for pressure reduction on wound. Acetaminophen 500mg tablet, give two tablets three times a daily for pain.
- 08/24/22 Dr. Katranji ordered: Ultram/Tramadol 50mg, 1 tablet every 6 hours for wound pain. (at bottom of order documents: Tramadol 50mg, 1 tablet every 6 hours PRN). Patient is to remain in bed at all times due to stage 4 pressure ulcer that has not depth to palpable bone and tendon at 9 to 11 O'clock in the 5cm undermined area on her left side of wound. Float onto sides only, there is to be no pressure onto coccyx except for brief, bedding or dressing changes then

immediately reposition to removed pressure from wound. Change outer dressing to wound 2X per shift and sooner with brief change or drainage showing through to outer layer to reduce infection and irritation to skin around the wound.

A third POC was created and certified from 08/27/2022-10/26/2022 due to Resident A's wounds worsening and continued wound care being provided by skilled nursing. The third POC order continued the need for skilled nursing services to provide skilled assessment and teaching/reinforcement to direct care staff to properly manage diabetic foot care, depression, pain, falls, and pressure ulcer prevention. The same skilled nursing orders remained in place as Resident A's wounds had continued to worsen over the previous three months. The third POC ordered skilled nursing to provide skilled teaching to facility care givers related to altered skin integrity including pressure relief measures, changing of outer dressings to coccyx wound area, teaching of pain management specifically to wound. Per the third POC, a reason to continue services was required and this reason was documented, "the justify need for continued care (recert) due to goals not being met, all wounds remain open, coccyx wound continues to increase in size despite reduction of bacterial load and necrotic tissue and there is visible and palpable bone and tendon at 9-10 O'clock in the undermined area. Contributing factors include incontinent stool and urine, outer dressing saturation without timely change, positioning, and continued pressure to area. Pain has been poorly managed with main contributing factors of miscommunication. Facility caregivers are not consistently changing outer dressing to coccyx allowing drainage to sit on wound and peri wound skin-delaying progress of healing. Due to inconsistent positioning and offloading of wound." During this certification period, Dr. Katranji provided specific orders for the facility direct care staff to adhere to and are listed as follows:

- August 29, 2022, Dr. Katranji ordered- facility caregivers are to change outer dressing as needed, but at least 2X's per facilities caregivers shift with ABD pads and tape.
- September 02, 2022, Dr. Rais ordered to discharge patient as she was transferred to skilled nursing.

At the time Resident A was discharged from the AFC facility to a skilled nursing facility for additional care, Dr. Katranji completed a full wound assessment summary of Resident A's wounds from the time of his involvement. This summary, completed on September 9, 2022, is listed below, and demonstrates the progression of Resident A's wounds:

- Onset date of 06/06/2022, Rt Heel, Stage II
- Onset date of 06/08/2022, Mid coccyx, PU Stated IV
- Onset date of 06/08/2022, Dis, Rt Low Buttock, PU Stage III
- Onset date of 07/11/2022, Lat-Post Ledge of Rt Ft, unstaged DTI.
- Onset date of 04/29/2022, Lt Heel, stage II

On September 20, 2022, I was also provided copies of Corso Care Home Care skilled nursing notes from their medical system. These nursing notes documented multiple attempts by registered nurses to educate and guide direct care staff members on the proper techniques to assure Resident A's wounds healed. The nursing notes also

documented incidents when skilled nursing staff from Corso Care Home Care arrived at the facility and observed physician orders not being followed by direct care staff members.

- 05/05/2022 RN spoke with facility caregivers and wellness director, encouraged to float heels, and turn/reposition every two hours to prevent further skin breakdown.
- 05/11/2022 RN provided caregiver education on proper positioning techniques and need to reposition every two hours.
- 05/16/2022 RN instructed caregivers on proper positioning and educated on the importance of every two hour turns and elevation/floating of heel to maintain skin integrity.
- 06/10/2022 Patient was noted to have heels floating on a memory foam pillow which in turn deflated and the patient's heels were on the bed. Patient was repositioned and heels back to floating on the pillow.
- 06/20/2022 Distal Stage 3 wound on buttocks has spread and become one with theorem proximal wound. Right Heel scabbed. Patient found in bed covered in urine required complete change, foul odor in room.
- 07/01/2022 Patient presents in bed offloaded with pillow under left hip. Heels dependent into mattress, wedge for elevating heel is nowhere to be found. Foul odor noted in bedroom, large amount of purulent drainage seeping through dressing.
- 07/05/2022 RN noted Patient in bed, appears unkept, poor oral hygiene, lying in urine soaked brief and sheets. Patient provided peri care including new brief and new sheets applied to bed. Assisted patient with drinking fluids, drank approximately 24oz of fluids.
- 07/18/2022 Patient in bed upon nurses arrival. Dr. Katranji's office present to debride and perform wound care regime. Questioned asked how incontinence will be managed as Corso Care RN unable to visit every time wound gets wet from urine and facility is unable to change outer dressings if become soiled. Facility caregivers should be checking patient and change brief frequently for wetness or stool and this should help maintain outer bandage.
- 07/29/2022 Dressing not replaced last night by facility, dressing was saturated and leaked through the back of the patient undergarment. Coccyx wound with increased peri wound breakdown noted most likely from moisture of drainage and urine. Very found odor noted, inner wound surfaces continue to have at least 50 to 75% slough. Spoke with Brandy and Cassidy at facility and updated on wound and verifying facility staff caregivers can change outer ABD and tape dressing. Recommended dressing be changed at every brief change or sooner if drainage saturates dressing.
- 08/01/2022 Joint visit with Dr. Katranji, debridement of wound completed. Stool found in wound causing biofilm layer, was able to scrape a large portion of it off, discussed possible wound vac. Dr. Katranji discussed care needs with facility

and their need to change patient, turn her and rotate her appropriately or “they are going to kill her if they do not do this.”

- 08/03/2022 Patients heels to be found on foam wedge, causing pressure to wounds. Noted there had been only 1 ABD pad and 2 bordered foam dressings used since Friday, had left instructions to place new ABD pads with each brief change.
- 08/05/2022 Patient coccyx wound continues to drain large amounts of foul odor and drainage, there was 1 ABD pad taped to her with excessive drainage coming through to brief, but brief was not soiled with urine or stool. Informed Cassidy of need to use 2 ABD pads at change due to excessive drainage. Tramadol not being administered, prescription not received or entered into medical administration record. Second request for Tramadol prescription to be ordered for pain every 6 hours.
- 08/10/2022 Dr. Katranji’s office notified RN that NPWT dressing is appropriate, but current facility and location of her wound NPWT not possible as caregivers in facility would not be able to repair a leak and would require multiple changes per day, suction and facility is unable to provide this care. Recommend skilled nursing facility.
- 08/28/2022 Wound continues to decline, spoke with Dr. Katranji who reported Skilled nursing facility has been found, patient will be transferred due to current facility not being able to provide appropriate care.
- 08/31/2022 Outer dressing to wound appeared to not have been changed on night shift, when brief was removed, very strong smell of ammonia and old blood, dressing brown and saturated, there was stool on the inside of the tape, brief was clean and dry. Caregivers were ordered to change dressing at each brief change but appears obvious was patient’s dressing was not changed on overnight shift.

Below are communication logs that were completed by the skilled nursing of Corso Care Home Care documenting to facility direct care staff of Resident A’s care changes/instructions and/or concerns observed during the skilled nursing visits.

- 05/16/22 SN, wound care, left heel wound care provided; supplies stocked for wound care. SN to change 3x week, M-W-F and Dr. Jaafar will see her 1x week. Please ensure her heels are floating and not pressed against a pillow as they were this am.
- 05/26/22 SN, L heel wound care provided; Please ensure heels are always floating. Both heels were digging into the mattress upon my arrival. Relative A1 called with concerns of Resident A always lying-in bed, please assist Resident A with sitting up in chair for all meals. Dr. Jaafar will treat heels tomorrow.
- 06/13/22 SN all wound care provided; I spoke with Ms. Myers, Wellness Director regarding patient being up in wheelchair and recommended she not be due to the type of wound she has. Ms. Myers will get with PCP and

obtain orders PCP deems necessary regarding wheelchair and bed bound.

- 06/15/22 SN provided wound care; No new concerns, [Resident A] was in her wheelchair, SN recommends her not sitting on her buttocks as this puts pressure on her wound and will inhibit wound healing.
- 06/17/22 SN provided wound care on heel and buttocks; [Resident A] was in pain and trying to offload her buttocks on her own while she was sitting in her wheelchair. SN recommends no sitting in wheelchair until wound on buttocks is healed.
- 06/20/22 SN provided wound care, [Resident A] was soaked in urine requiring a completed bedding change. Her R heel wound shows improvement. The coccyx/buttocks is a concern as it is tunneling now. SN recommends not being placed in a sitting position.
- 07/01/22 SN provided wound care. Wedge for lower extremities was not in room today.
- 07/27/22 SN ordered netting to be used around wound to hold dressing into place due to tape causing additional sores. This will ensure easy change by staff; netting needs to be changed multiple times per day.
- 07/29/22 SN and Dr. Katranji debrided the wound-heels unchanged, coccyx wound bigger; stool was found in the wound causing bio layer causing more dead skin; change ABD pads at every brief change or sooner if wet-if packing falls out call Corso Care.
- 08/01/22 SN ABD pad was changed 1X over the weekend after leaving written sheet with Ms. Myers, Wellness Director. Coccyx wound was debrided by Dr. Katranji. With EVERY brief change-change the large white ABD pads (8X10)-Use 2 of the pads, can be taped or placed into the bedding around her midsection; If the mesh netting gets stool or urine on it, please change, there are cut pieces; Please let RN know if this is too difficult to get on patient, will try another way; If packing comes out call RN; If skin around the wound looks red or has sores-put thick layer of Calmoseptine around the wound; Float from side to side every hour; We need to keep pressure off the wound-it has deepened into the bone & tendon which are very hard to treat, in worse case can cause death.
- 08/24/22 SN new areas of bone palpable in undermining on left side; float to sides, no pressure on coccyx, do not set up on chair due to pressure on wound; change ABD pads 2X a shift or sooner if drainage comes through.

On September 29, 2022, I completed an unannounced onsite investigation with APS Specialist Talaina Cummins and initially we met with Executive Director SarahKate Vanauker. Ms. Vanauker reported Resident A was discharged from the facility on September 06, 2022, due to Resident A's personal care needs exceeded what the facility could provide. Ms. Vanauker reported Resident A was admitted into the facility

on April 11, 2022, but otherwise she cannot provide any other information as she only recently started working at the facility. Crystal Smith, Operations Specialist, reported upon Resident A's admission, Resident A did not have any skin break down or wounds. Ms. Smith provided me with a copy of Resident A's *Health Care Appraisal* which was completed on March 24, 2022, by Nurse Practitioner Tracy Wirth. Resident A's *Health Care Appraisal* documented that she uses a walker to ambulate and her skin was normal. Ms. Smith reported the facility direct care staff members cannot provide wound care to residents because wound care is considered skilled nursing by facility administration. Ms. Smith reported direct care staff members can change the outer bandages of a wound and administer topical medications. Ms. Smith stated this care was being provided to Resident A by facility caregivers.

During my onsite investigation on September 29, 2022, I received additional physician orders, Medication Administration Records (MARs), and copies of staff notes regarding Resident A's wound care and treatment being provided by direct care staff. Per Resident A's physician's orders and Quick MAR documentation received on September 29, 2022, Resident A was prescribed to be rotated every two hours on April 29, 2022, by PCP-NP Gross which included assuring Resident A's heels were floating (not resting flat on the bed). This was ordered to be documented at shift times. According to the physician orders, the floating heel order was updated on May 11, 2022, by PCP-NP Gross ordering Resident A's feet are to be floating due to heel breakdown every time resident is in bed. This was ordered to be documented during the morning and evening shifts. Then on June 08, 2022, Dr. Rais ordered, "Q2 turn order-turn and off load patient with pillows every 2 hours, alternating left, and right sides." On July 25, 2022, Resident A was prescribed by Dr. Katranji to be rotated hourly, from left to right, right to left-off center. No Quick MAR was provided for April 29, 2022- May 08, 2022, documenting Resident A being rotated. The following Quick MARs were received documenting the following information pertaining to Resident A's heel and body rotation prescriptions.

- Quick MAR for May 09- 31, 2022- no documentation Resident A was rotated every two hours as prescribed for 14 of the 23 days.
- Quick MAR for June 01-30, 2022- no documentation Resident A was rotated every two hours as prescribed for 14 of the 30 days.
- Quick MAR for July 01-24, 2022- no documentation Resident A was rotated every two hours as prescribed for 7 of the 24 days.
- Quick MAR for July 25-31, 2022- no documentation Resident A was rotated every hour as prescribed for 4 of the 7 days.
- Quick MAR for August 01-31, 2022- no documentation Resident A was rotated every hour as prescribed for 27 of the 31 days.
- Quick MAR for September 1-6, 2022- no documentation Resident A was rotated every hour as prescribed for one of those six days.

On September 29, 2022, and on October 27, 2022, Wellness Director Cassidy Myers was interviewed during onsite investigations. Ms. Myers reported when Resident A was admitted to the facility in April 2022 there was no need for a skin assessment as Resident A did not have any wounds at the time of admission. Ms. Myers reported

Resident A did not develop the wound on her heel or on her buttocks/coccyx area until she went to the hospital on April 15, 2022. Ms. Myers stated skilled nursing was prescribed to assist with the care of the wounds upon Resident A's discharge from the hospital. Ms. Myers reported wound care was provided by Corso Care Home Care two times a week initially but then Resident A developed a wound on her right heel and the wounds on Resident A's left heel and buttocks area were worsening, so wound care was increased to three days a week. Ms. Myers reported the facility direct care staff were only to provide bandage and tape changes to the wound areas as well as administer topical creams but could not provide cleansing of the wound or packing of the wound as this required skilled nursing care which was not provided by the AFC facility. Ms. Myers reported on April 29, 2022, PCP-NP Emily Gross with Mid-Michigan Family Medicine prescribed Resident A be turned every two hours, floating feet while in bed (entered at shift time) which Ms. Myers reported was at 6:30am, 2:30pm, and 10:45pm. Ms. Myers reported she entered the feet floating checks into the MAR to be completed with the 2-hour rotation. Ms. Myers reported their system only documents a physician order from PCP-NP Gross from May 11, 2022, ordering Resident A's feet are to be floating due to heel breakdown every time resident is in bed, scheduled daily for 8:00am and 8:00pm. Ms. Myers reported their system does not have the order from PCP-NP Gross on April 29, 2022, prescribing floating heels while in the bed, enter as shift times. Ms. Myers, Wellness Coordinator reported shift changes are at 6:30am, 2:30am, and 10:45pm. Ms. Myers acknowledged per their system, the heel floating was entered in the MAR as twice a day and not at shift changes per the order.

On October 17, 2022, I interviewed direct care staff member (DCS) Damara Johnson who reported she began working at the facility in March 2022 and works first shift. DCS Johnson reported at the start of her employment, she did not recall Resident A having any wounds and only developed them later while she lived at the facility. DCS Johnson reported she normally worked on the adjacent hallway to Resident A and only provided personal care a few times to Resident A while she lived at the facility. DCS Johnson reported she knows Resident A's wound care was prescribed by a physician and was supposed to be provided by a home care agency nurse but does not know the specific instructions regarding the prescribed wound care for Resident A. DCS Johnson stated, "as a direct care staff, I did not provide any wound care to [Resident A], nor did I ever change the outside bandages on [Resident A] buttocks or coccyx area at the times that I provided care." DCS Johnson reported back in June or July 2022 there was a time in which she was working down Resident A's hall and observed the bandages over the wounds on Resident A's buttocks and coccyx area were saturated with feces, blood and fluids and the bandages were falling off. DCS Johnson stated she had to find other direct care staff to change the dressing because DCS Johnson was never trained in changing dressing. DCS Johnson reported if Resident A's dressings needed to be changed there was usually a staff in the building who was trained in changing the dressings or direct care staff were advised to contact the home care agency to address the wound needs of Resident A. DCS Johnson reported she was told by coworkers to not provide wound care, that it was a company policy that direct care staff cannot provide wound care because this is a medical procedure.

DCS Johnson, reported Resident A needed to be rotated from left to right every two hours with her heels floating at all times. DCS Johnson reported the rotation of Resident A was logged in the computer and documented every two hours, with a letter 'L' for left side and a letter 'R' for right side. DCS Johnson reported she was not aware the prescription for rotation changing from every two hours to hourly.

On October 17, 2022, I interviewed DCS Rasheen Henry who reported he works first shift and every other weekend. DCS Henry reported he was aware Resident A had wound care prescribed, but that it was prescribed for an outside home care agency to provide the care, not facility direct care staff members. DCS Henry reported he assisted the home care agency nurse by holding Resident A in place while they provided the wound care. DCS Henry reported he was not trained at any time in providing wound care or how to change Resident A's bandages. DCS Henry reported he was told by other direct care staff he could not provide wound care at any time. DCS Henry reported if/when the dressings would fall off Resident A's wounds, he would call the home care agency to send a nurse to change the dressings, notify the care coordinator or other staff of the dressing needing to be changed. DCS Henry stated, "sadly, over the weekends there was no home care agency available nor trained staff available and [Resident A] would go all weekend in the same dressing." DCS Henry reported he completed brief changes but did not ever change the dressing on Resident A or provide any form of wound care.

DCS Henry reported Resident A was repositioned every two hours from left to right and then right to left side. DCS Henry reported he believes it was always every two hours during Resident A's stay at the facility. DCS Henry reported as the wounds continued to worsen staff were instructed to use two pillows under Resident A's buttocks and a special wedge pillow under Resident A's feet to ensure that none of the wounds were touching the bedding at any point in time. DCS Henry reported there was a rotation log in the computer direct care staff completed when Resident A was rotated. DCS Henry reported he is not aware the rotation changed to hourly or any additional instructions regarding Resident A being rotated or specific instruction pertaining to Resident A's heels floating.

On October 25, 2022, I interviewed Relative A1 and Relative A2 who reported Resident A was admitted into the facility sometime in April 2022. Relative A1 reported Resident A was discharged to the facility with home care being provided by Corso Care Home care due to Resident A developing a wound on her heel and her coccyx area while at Sparrow Hospital. Relative A1 and Relative A2 reported initially Corso Care Home Care was providing wound care two times a week to Resident A, but the wounds continued to get worse so wound care was prescribed three times a week from Corso Care Home Care. Relative A1 and Relative A2 reported in June 2022, Resident A was supposed to see a wound specialist that did not work out. Relative A1 and Relative A2 reported Resident A was then seen by Dr. Katranji, a wound specialist who came to the facility. Relative A1 and Relative A2 reported wound care was then provided by Corso Care Home Care three times a week and Dr. Katranji's office two times a week to include Dr. Katranji's office doing debridement to the wounds. Relative A1 and Relative

A2 reported he visited Resident A daily and during his visits Resident A was rotated possibly two times a day and it was during these rotations staff would also ensure Resident A's feet were floating. Relative A1 reported Resident A was not turned every two hours and was not turned hourly towards the end of her stay at the facility. Relative A1 and Relative A2 reported there were a couple of facility staff that would attend to Resident A's outer bandages when they were saturated, but most often the bandages were left for Dr. Katranji's staff or Corso Care Home Care staff to address. Relative A1 and Relative A2 reported the staff would provide brief changes often, but rarely witnessed staff changing the wound bandages on Resident A's buttocks/coccyx area. Relative A1 reported initially the facility did not have the appropriate size pillows that were needed to keep Resident A positioned on her side to ensure Resident A was not laying on coccyx area so Relative A1 brought in the needed pillows from home. Relative A1 and Relative A2 reported Dr Katranji prescribed a "wound vac" but the facility could not provide the required care Resident A needed so Resident A was transferred out.

On October 27, 2022, I completed an onsite investigation and interviewed Carol Del Rosa, Senior Operations Manager. Ms. Del Rosa reported upon admission Resident A was seen by Emily Gross, PCP- NP with Mid-Michigan Family Medicine who ordered home care, physical therapy and occupational therapy. Ms. Del Rosa reported at admission Resident A had breakdown on left heel, no wounds and Santyl was prescribed to be administered to heel every morning. Ms. Del Rosa reported Resident A was initially seen by podiatry for heel breakdown beginning April 29, 2022 and debridement was provided to left heel by podiatry. Ms. Del Rosa reported on April 29, 2022, Resident A was prescribed Calmoseptine Ointment, apply thin layer to coccyx area twice a daily. Per Medication Administration Record (MAR) Calmoseptine Ointment was administered at 8:00am and 5:00pm. Ms. Del Rosa reported Resident A was prescribed hourly turns on July 29, 2022, by Dr. Katranji.

On October 27, 2022, I interviewed DCS Shanell Croom who reported she provided care to Resident A while Resident A resided at the facility. DCS Croom reported she passed medication, assisted with dressing, changing brief, and assisted with transfers. DCS Croom reported Resident A also had home care skilled nursing that provided specific wound care to Resident A. DCS Croom reported although she did not provide direct wound care she did remove and change bandage and tape bandage edges as often as needed, at brief changes, and when bandage became soiled or if she had a bowel movement. DCS Croom reported she did not provide direct wound care stating, "staff were supposed to keep the wounds dry and covered up." DCS Croom reported the home care nurse trained and showed DCS Croom how to change the dressing and retape it properly. DCS Croom reported Resident A did not have a log for brief or bandage changes. DCS Croom reported at times, upon shift change she found Resident A's bandages to be saturated with drainage and mucus, but Resident A's brief was dry, so staff changed Resident A's brief but did not change Resident A's bandage.

DCS Croom reported Resident A was required to be turned every two hours and during this time DCS Croom would put pillows under Resident A to assist with keeping

Resident A on her side. DCS Croom stated, “toward end of care for [Resident A] she had a wedge that floated her feet.” DCS Croom reported she does not remember if Resident A had any bed sores upon admission but thinks Resident A developed the bed sores from a hospital visit. DCS Croom reported Resident A did have some skin breakdown on her heel when she was admitted. DCS Croom reported Resident A feet/heels were supposed to be elevated off the bed to help those wounds heal. DCS Croom reported the MAR would notify staff every two hours to rotate Resident A and check Resident A’s feet to make sure her feet were floating. DCS Croom reported she rotated Resident A every two hours when she worked but was not aware the order was updated to hourly rotations.

On October 27, 2022, I interviewed DCS Carolyn Morton who reported she provided care to Resident A while Resident A was at the facility. DCS Morton reported she does not remember if Resident A had wounds upon admission or if she developed them at a later date. DCS Morton reported at one point Resident A did develop a wound on her right heel and her buttocks/coccyx area. DCS Morton reported Resident A’s feet were supposed to be floating, not touching bed or pillows but does not remember specific instructions of how often Resident A was supposed to be checked to ensure her feet were floating but believes it was every two hours. DCS Morton reported Resident A was supposed to be rotated every two hours while she resided at the facility. DCS Morton reported she ensured Resident A’s feet were floating when she rotated Resident A and presumed all staff did this. DCS Morton reported at one point Resident A was prescribed a foot wedge to assist in keeping Resident A’s feet floating because Resident A’s feet would deflate the pillows being used to assist in keeping Resident A’s feet floating. DCS Morton reported Resident A’s wound continued to worsen while she was the facility and a wound doctor was brought in to provide assistance with wound care. DCS Morton reported staff were supposed to change Resident A’s wound dressing by removing soiled bandages and tape and replacing with new bandages and tape. DCS Morton reported she used one bandage per change whenever she changed Resident A’s bandages. DCS Morton reported staff were only allowed to change bandages and tape, staff were not able to apply any medication creams, saline washes or pack the wound. DCS Morton reported if fecal matter was found in the wound, home care skilled nursing was contacted to come to the facility and provided the specific wound care Resident A needed. DCS Morton reported on the weekends staff were instructed to clean Resident A up the best they could and contact home care skilled nursing if specific wound care was needed. DCS Morton reported there was no documentation in the MAR regarding the bandage changes for Resident A. DCS Morton reported she cannot attest to changing Resident A’s bandages at least two times per shift.

APPLICABLE RULE	
R 400.15310	Resident health care.
	(1) A licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's

	<p>physician or other health care professional with regard to such items as any of the following:</p> <p>(d) Other resident health care needs that can be provided in the home. The refusal to follow the instructions and recommendations shall be recorded in the resident's record.</p>
ANALYSIS:	<p>Based on the information gathered during the investigation, direct care staff were not following physician's orders pertaining to Resident A's wound care routine including the need to rotate Resident A at least every two hours initially increased to one hour prior to discharge, keep Resident A's heels floating (not touching the mattress), and change the bandages and tape covering Resident A's various wounds, but especially the wound on Resident A's coccyx area, if saturated with urine, fecal matter, or drainage.</p> <p>From April 29, 2022, until Resident A's discharge in September 2022, Resident A had active physician's orders to be rotated at least every two hours and to have her heels/feet floating off the mattress as part of her wound care routine and to assist with wound healing. Per my review of Resident A's physician's orders, direct care staff members were required to document that Resident A was rotated as required and document that direct care staff assured her heels were off the bed. As stated in the investigative narrative there were numerous days during each month when Resident A was not rotated as required and per the skilled nursing notes multiple times when Resident A's heels were found resting on her bed. Corso Home Care skilled nursing note from 08/01/2022 emphasized the importance of this process when reminding direct care staff by stating, "we need to keep pressure off the wound-it has deepened into the bone & tendon which are very hard to treat, in worse case can cause death."</p> <p>Consequently, direct care staff members did not provide Resident A with the prescribed wound care treatment including bandage changes and body rotation as physician ordered to promote the healing process. Resident A was subsequently moved to receive more intensive care as her wounds had worsened from April 2022 through September 2022.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon the receipt of an acceptable correction action plan, I recommend the current status of the license remains unchanged.



11/18/2022

Bridget Vermeesch
Licensing Consultant

Date

Approved By:



11/18/2022

Dawn N. Timm
Area Manager

Date