



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 13, 2022

Delissa Payne
Spectrum Community Services
Suite 700
185 E. Main St
Benton Harbor, MI 49022

RE: License #: AS410338053
Investigation #: 2023A0467003
Lake Gerald Home

Dear Mrs. Payne:

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 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Mullins".

Anthony Mullins, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410338053
Investigation #:	2023A0467003
Complaint Receipt Date:	10/17/2022
Investigation Initiation Date:	10/17/2022
Report Due Date:	12/16/2022
Licensee Name:	Spectrum Community Services
Licensee Address:	Suite 700, 185 E. Main St Benton Harbor, MI 49022
Licensee Telephone #:	(734) 458-8729
Administrator:	Delissa Payne
Licensee Designee:	Delissa Payne
Name of Facility:	Lake Gerald Home
Facility Address:	9410 Lake Gerald Sparta, MI 49345
Facility Telephone #:	(616) 205-5557
Original Issuance Date:	02/27/2013
License Status:	REGULAR
Effective Date:	08/27/2021
Expiration Date:	08/26/2023
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
The facility is not appropriately staffed based on resident's needs.	Yes
Residents are left in soiled linens for an extended period of time when house manager Erin Ganley works.	Yes
Residents are not receiving quality meals.	No
Additional Findings	Yes

III. METHODOLOGY

10/17/2022	Special Investigation Intake 2023A0467003
10/17/2022	Special Investigation Initiated - Telephone
10/26/2022	Inspection Completed On-site
10/31/2022	Contact – telephone call made Marci Northuis (Staff)
11/02/2022	Contact – text message received Marci Northuis
11/29/2022	Contact – telephone call made Eva Whitcomb (staff)
11/29/2022	Contact – telephone call made Nadijh Wilson (staff)
11/29/2022	Contact – telephone call made Lori Veldt (volunteer)
11/30/2022	Contact – telephone call made Melissa Gekeler – Recipient Rights
12/13/2022	APS Referral made.
12/13/2022	Exit conference completed with licensee designee, Delissa Payne

ALLEGATION: The facility is not appropriately staffed based on resident's needs.

INVESTIGATION: On 10/17/22, I spoke to Lindsay LaPrise from Ionia County CMH (The Right Door). Ms. LaPrise stated that on 10/10/22 and 10/14/22, Ms. Ganley

was the only staff member working and there is concern that there are not enough staff to address the residents needs.

On 10/26/22, I made an unannounced onsite investigation to the facility. Upon arrival, I spoke to house manager Erin Ganley on the front porch. Mrs. Ganley stated that she does not believe any of the residents in the home require a two-person assist. Instead, Mrs. Ganley stated that a two-person assist is needed only if there's an "emergency", such as a fire requiring Resident A or Resident B's rapid evacuation. Mrs. Ganley stated that Resident B has Harrington rods and uses a Hoyer lift, which can be operated by one person. I explained to Mrs. Ganley that no one can predict when an emergency will occur. Therefore, if Resident A and Resident B require a two-person assist during an emergency, there needs to be two staff members working on each shift.

Mrs. Ganley acknowledged that there have been times when she or other staff members have worked in the home by themselves. Mrs. Ganley acknowledged that the facility is "short staffed" and that she tries to assist as much as possible to prevent this from happening. Mrs. Ganley stated that the home typically has two people scheduled on all shifts. If the home is short staffed, it could be due to a staff "call off" or the schedule not being filled due to the lack of staff. Mrs. Ganley stated that the home is in the process of hiring more staff and two new people recently started and another staff member will be starting soon. Mrs. Ganley stated that there has not been more than two hours at a time when she or other staff have been working alone in the facility. Mrs. Ganley stated that there is only one person working in the home today but added, "that's okay because there's only three residents."

I requested to see copies of all the resident's assessment plans. Mrs. Ganley did not have copies of Resident B and C's assessment plan, but she did provide copies of the other three residents' assessment plans. Resident A's assessment plan did not accurately reflect his need for a two-person assist.

During my onsite investigation, Resident A was away from the home due to being hospitalized and Resident C was away at school. I attempted to speak to Resident B but he refused. I attempted to speak to Resident D but she was fixated on the upcoming Thanksgiving holiday and did not respond to any of my questions. Resident E also did not respond to any of my questions. Therefore, none of the residents were interviewed

On 10/31/22, I spoke to staff member Mrs. Northuis via phone. Mrs. Northuis confirmed that the home is short staffed, causing employees to work additional shifts and longer hours. Mrs. Northuis confirmed that she has worked shifts at the home by herself and she has been able to address the residents' needs. However, she is concerned that she would not be able to get the residents out of the home in the event of an emergency.

On 11/29/22, I spoke to staff member Eva Whitcomb. Ms. Whitcomb stated that

Resident A is the only resident that requires a two-person assist with his needs.

On 11/29/22, I also spoke to Lori Veldt, volunteer for the home. Although Ms. Veldt does not do direct care work, she expressed her opinion that Resident B requires a two-person assist if staff do not use his hooyer lift. She stated that Resident C also requires a two-person assist when out in the community.

On 12/13/2022, I conducted an exit conference with licensee designee, Delissa Payne. She was informed of the investigative findings and denied having any questions. She agreed to complete a corrective action plan within 15 days of receipt of this report.

APPLICABLE RULE	
R 400.14206	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>House Manager Mrs. Ganley acknowledged that Resident A and B require a two-person assist in the event of an emergency. She also acknowledged that staff members have worked in the home by themselves.</p> <p>Mrs. Northuis acknowledged that she has worked in the home alone and is concerned that she will not be able to get residents out of the home in the event of an emergency.</p> <p>Ms. Whitcomb stated that Resident A requires a two-person assist. Ms. Veldt stated that Resident B requires a two-person assist in the home and Resident C requires a two-person assist while in the community.</p> <p>I reviewed Resident A's assessment plan and it did not accurately reflect the need for a two-person assist as Ms. Ganley states he requires.</p> <p>I was unable to review Resident B and Resident C's assessment plan due to it not being on file. Therefore, there is a preponderance of evidence exist to support the allegation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Residents are left in soiled linens for an extended period of time when house manager Erin Ganley works.

INVESTIGATION: On 10/17/22, I received a call from Lindsay LaPrise from Ionia County CMH. Ms. LaPrise stated that residents have been left in soiled sheets for an extended period of time when Mrs. Ganley works by herself. She also stated that staff member Mrs. Northuis confirmed this.

On 10/26/22, I made an unannounced onsite investigation to the facility. Upon arrival, I spoke to house manager, Erin Ganley on the front porch. Mrs. Ganley was adamant that there is no truth to residents being left in soiled linens for an extended period. Mrs. Ganley stated that she addresses any issues or concerns with residents immediately and does not wait for a second staff member to arrive. Mrs. Ganley stated that all five residents are incontinent but two of them (Resident D and E) can be toileted. Mrs. Ganley was adamant that all five residents' needs are being met. Mrs. Ganley stated Resident A does receive a shower every other day and the shower schedule is followed consistently. The only time a resident is not bathed is when they refuse.

On 10/31/22, I spoke to Mrs. Northuis via phone. Mrs. Northuis stated that when she starts her shifts at 7:00 am, residents are soaked in urine because Mrs. Ganley doesn't check on them. Mrs. Northuis has observed residents soaked in urine on several occasions since starting employment in September 2022, including Resident A. Mrs. Northuis stated, "a lot of times when she (Mrs. Ganley) works, residents are soaked." After observing residents being left soaked in urine, Mrs. Northuis stated, "I just change them." Mrs. Northuis stated that whenever Mrs. Ganley works first or second shift, "she doesn't do any work." Mrs. Northuis stated that her colleagues, Nadijh Wilson and Eva Whitcomb can confirm this as well. Instead of providing care to residents, Mrs. Northuis stated that Mrs. Ganley goes outside to smoke and/or use her phone for approximately 30-45 minute increments. Mrs. Northuis stated that she bathes residents every day that she works.

On 11/29/22, I left Ms. Nadijh Wilson a voicemail requesting a call back. As of the completion of this investigation, Ms. Wilson has not returned my call.

On 11/29/22, I spoke to staff member Eva Whitcomb. Ms. Whitcomb stated that she has worked in the home for the past 27 years. Ms. Whitcomb works second shift in the home, which is from 3:00 pm to 11:00 pm. During her scheduled shifts, Ms. Whitcomb has not observed any concerns regarding residents being left in soiled linens. Ms. Whitcomb stated that if this were an issue, it would likely occur on first shift. She also denied any concerns regarding residents not being bathed.

On 11/29/22, I spoke to Lori Veldt, volunteer at the home. Ms. Veldt stated that she has volunteered at the home for nearly a year. Ms. Veldt recalled three different occasions when she came to the home at 9:00 am and staff had to give residents baths because, "they were soaked." During the first time, Resident E refused to

shower. Ms. Veldt stated that Resident E prefers to stick to a routine, meaning she likes to shower at the same time and day each week. The staff member working at the time was Jennifer, who Ms. Veldt stated no longer works at the home. Ms. Veldt also did not know Jennifer's last name.

The second time she observed residents soaked is when staff member Sage Ganley worked. Ms. Veldt stated that Sage Ganley is the daughter of Erin Ganley. Ms. Veldt stated that she believed this to have occurred in September 2022. Ms. Veldt stated that she didn't understand why this occurred because Sage Ganley is the staff member that told her that residents are supposed to be checked every two hours.

The third time this occurred, staff member Marci Northuis and Nadijh Wilson had to bathe the residents. Due to staff having to bathe the residents in the morning, Ms. Veldt stated that breakfast was served late to the residents. Ms. Veldt recalled Mrs. Northuis stating, "we've showered every resident today." Ms. Veldt confirmed that Ms. Ganley spends extended periods of time on her phone and smoking cigarettes outside as opposed to providing care to residents.

On 11/30/22, I spoke to Recipient Rights Officer, Melissa Gekeler. Ms. Gekeler stated that Mrs. Northuis stated that all residents were left in soaked linens one time, and she bathed them all when it occurred. Mrs. Gekeler also spoke to Ms. Wilson and she confirmed that residents were soiled 1 time when Ms. Ganley was working and she and Ms. Northuis bathed the residents when they arrived on shift.

Mrs. Gekeler also spoke to other staff members that work in the home, who told her that "you can change residents and ten minutes later they can be wet again." Mrs. Gekeler stated that Mrs. Ganley told her that residents were soiled in urine because they refused to be changed. Mrs. Ganley denied leaving residents lying in their feces.

On 12/13/2022, I conducted an exit conference with licensee designee, Delissa Payne. She was informed of the investigative findings and denied having any questions. She agreed to complete a corrective action plan within 15 days of receipt of this report.

APPLICABLE RULE	
R 400.14305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.

ANALYSIS:	<p>Mrs. Northuis disclosed that she has observed residents soaked in urine in multiple occasions after Mrs. Ganley worked with them.</p> <p>Ms. Veldt has observed residents soaked in urine on three different occasions. Ms. Wilson disclosed to Recipient Rights that she has observed residents soaked in urine on one occasion after Mrs. Ganley worked.</p> <p>Mrs. Ganley denied leaving residents soaked in urine for extended periods of time. However, two employees and one volunteer confirmed that this has occurred on at least one occasion. Therefore, a preponderance of evidence exists to support the allegation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Residents are not receiving quality meals.

INVESTIGATION: On 10/17/22, I spoke to Lindsay LaPrise from Ionia County CMH. She shared that Resident A’s guardian expressed concern regarding the quality of meals residents are getting in the home.

On 10/26/22, I made an unannounced onsite investigation to the facility. While onsite, I spoke to house manager Erin Ganley. Mrs. Ganley stated that Ms. LaPrise from The Right Door CMH was concerned about the food menu in the home, thinking that residents were eating the same meals daily. However, Mrs. Ganley stated that Ms. LaPrise did not realize that the menu they were looking at was only for one specific day as opposed to the full week. Mrs. Ganley acknowledged that at times, she does substitute German potatoes for mashed potatoes due to residents not eating them. While in the home, I reviewed the menu, which did list a variety of food options.

On 10/31/22, I spoke to Mrs. Northuis via phone. Mrs. Northuis stated that Mrs. Ganley buys food items that are able to be microwaved and she does not follow the menu. Mrs. Northuis stated that Mrs. Ganley shared that she would get groceries in the home on 10/26/22. However, groceries were not brought to the home until Saturday, 10/29/22. Mrs. Northuis stated that the food the residents are eating is fat foods and the resident don’t receive any healthy food. Mrs. Northuis stated that Mrs. Ganley doesn’t know what to make so the residents will eat pasta or hamburger helper daily.

On 11/29/22, I spoke to staff member Eva Whitcomb regarding the food in the home. Ms. Whitcomb stated she cooks dinner for the residents and, “I won’t cook them something that I won’t eat.” Ms. Whitcomb stated that she follows the menu as much

as possible. If there is a food item that is unavailable, Ms. Whitcomb stated that there is always an appropriate substitute item.

On 11/29/22, I spoke to Lori Veldt, volunteer at the home. Ms. Veldt stated that a former employee named Lexus (last name unknown) used to complain that there was no food she could make for lunch for the residents. Ms. Veldt stated that she didn't check the pantry or refrigerator herself but she did buy groceries for the home the following day. Ms. Veldt stated that she simply took Lexus' word that there was no food for the residents to eat. This information was reportedly relayed to Erin Ganley and she was supposed to order food. However, Lexus told Ms. Veldt that the food was never brought to the home. Ms. Veldt stated that she has never seen the staff in the home follow the menu provided.

On 12/13/2022, I conducted an exit conference with licensee designee, Delissa Payne. She was informed of the investigative findings and denied having any questions.

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.
ANALYSIS:	<p>Mrs. Ganley and Ms. Whitcomb both denied concerns with the quality of meals in the home. Ms. Whitcomb is responsible for cooking dinner for the residents and stated that there is always an appropriate substitute food item if needed. She also stated that the residents always have hot meals.</p> <p>Mrs. Northuis stated that Mrs. Ganley buys food that can be microwaved and doesn't follow the menu. Ms. Veldt stated that a former employee complained to her about the lack of food in the home. However, Veldt did not observe this herself. Ms. Veldt stated that staff do not follow the menu when providing meals to the residents.</p> <p>There is not a preponderance of evidence to support the allegation as there is not enough proof to confirm concerns with the quality of meals</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDING:

INVESTIGATION: While investigating the allegations listed above, I requested to see each resident’s assessment plans. Resident B and C did not have assessment plans on file as required. Resident D’s assessment plan was expired as it was last signed on 8/2/21. Resident E’s assessment plan was also expired as it was last signed on 8/16/21.

On 12/13/2022, I conducted an exit conference with licensee designee, Delissa Payne. She was informed of the investigative findings and denied having any questions. She agreed to complete a corrective action plan within 15 days of receipt of this report.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
ANALYSIS:	Ms. Ganley was unable to provide copies of Resident B and Resident C’s assessment plan. Resident D and E’s assessment plan were both outdated. Therefore, a preponderance of evidence exists to support the allegation.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Anthony Mullins

12/13/2022

Anthony Mullins
Licensing Consultant

Date

Approved By:



12/13/2022

Jerry Hendrick
Area Manager

Date