



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 15, 2022

Jordan Houston  
Allegría Village  
15101 Ford Road  
Dearborn, MI 48126

RE: License #: AH820409060  
Investigation #: 2023A0784015  
Allegría Village

Dear Mr. Houston:

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. Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Aaron L. Clum".

Aaron Clum, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 230-2778

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH820409060
<b>Investigation #:</b>	2023A0784015
<b>Complaint Receipt Date:</b>	11/17/2022
<b>Investigation Initiation Date:</b>	11/17/2022
<b>Report Due Date:</b>	01/16/2023
<b>Licensee Name:</b>	HFV Opco, LLC
<b>Licensee Address:</b>	395 Pearsall Avenue Suite K Cedarhurst, NY 11516
<b>Licensee Telephone #:</b>	(516) 371-9500
<b>Administrator/ Authorized Representative:</b>	Jordan Houston
<b>Name of Facility:</b>	Allegria Village
<b>Facility Address:</b>	15101 Ford Road Dearborn, MI 48126
<b>Facility Telephone #:</b>	(313) 584-1000
<b>Original Issuance Date:</b>	09/30/2021
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	03/31/2022
<b>Expiration Date:</b>	03/30/2023
<b>Capacity:</b>	132
<b>Program Type:</b>	ALZHEIMERS AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Resident A was provided inadequate care	No
Additional Findings	Yes

## III. METHODOLOGY

11/17/2022	Special Investigation Intake 2023A0784015
11/17/2022	APS Referral
11/17/2022	Special Investigation Initiated - Letter APS Referral
11/18/2022	Inspection Completed On-site
12/08/2022	Contact - Telephone call made Interview with newly appointed administrator/authorized rep Jordan Houston.
12/08/2022	Contact - Document Sent Request for additional investigative information/documentation
12/12/2022	Contact - Document Received Email received from Mr. Houston with investigative documents/information
12/13/2022	Exit Conference Conducted with Mr. Houston

### **ALLEGATION:**

**Resident A was provided inadequate care**

### **INVESTIGATION:**

On 11/17/2022, the department received this online complaint. A referral was made to adult protective services (APS).

According to the complaint, Resident A did not receive adequate care according to her service plan as evidenced by a lack of bathing, dressing, and housekeeping and

especially during a recent extended COVID isolation. Resident A has not been showered “as of late”. Resident A has been given food she is not supposed to have. On one morning, a “ton of empty food containers” were found in her room as well as “old plates of food and old sandwiches in her fridge”.

On 11/18/2022, I observed Resident A in her room at the facility. Resident A’s room appeared clean and Resident A appeared well groomed with a pleasant demeanor. I observed Resident A’s refrigerator to be clean with several packaged, and sealed, food items neatly stacked inside. I attempted to interview Resident A, however she was unable to provide meaningful answers to questions asked. Resident A was standing and ambulating well while showing me artwork on her wall she had personally created.

On 11/18/2022, I interviewed administrator/authorized representative Alyssa Pischel at the facility. Internum director of nursing, Tracy Rice, was present during the interview. Ms. Pischel stated Resident A moved to the AL, from the organizations independent living, on 9/12/2022. Ms. Pischel stated Resident A generally independent with activities of daily living (ADLs) in that she is physically able to perform ADLs on her own, but that she does require cuing and some physical assistance due to forgetfulness related to her Alzheimer's diagnosis. Ms. Pischel stated Resident A is service planned for two showers a week, preferred on Tuesday and Friday afternoons, and that staff are instructed to prep shower items as well as remain with her during the shower for safety and cueing. Ms. Pischel stated Resident A requires cueing and physical assistance with getting dressed daily and assistance with separating Resident clean and dirty laundry. Ms. Pischel stated housekeeping is completed daily, with deep cleaning completed at least once a week, by separate housekeeping staff while care associates provide daily “tidying” as needed. Ms. Pischel stated that for Resident A’s dietary needs, the facility has been instructed by Resident A’s physician not to provide her with any soda, beef products or caffeine. Ms. Pischel stated that on 10/23/2022, Resident A tested positive for Covid-19 and was placed on a 10-day quarantine until 11/02/2022. Ms. Pischel stated that while Resident A was personally taken off quarantine on 11/02/2022, the first floor, which Resident A lives on, remained on quarantine due to other residents having active Covid. Ms. Pischel stated that on 11/04/2022, she received a call from Relative A1 with concerns that Resident A had not received adequate care during the duration of her Covid quarantine, including lack of bathing, dressing, and housekeeping. Ms. Pischel stated that to her knowledge, staff had been consistent in providing appropriate care to Resident A, however, upon receiving these concerns, she began to investigate the matter. Ms. Pischel stated that for bathing, it is the facilities policy not to conduct showers when a resident is in quarantine for COVID-19 in order to limit unnecessary lengthy contact, potential for PPE failure in the shower and due to the potential of COVID infections to result in a resident being weaker, thus placing them at a higher risk of falls during a shower. Ms. Pischel stated that while showers are not conducted, staff still provide daily assistance with washing. Ms. Pischel stated Associates 1 and 2 were both interviewed regarding this issue, as well as Ms. Rice, on 11/04/2022 and confirmed

the facility policy, while Associates 1 and 2 both reported having provided Resident A assistance with washing during Resident A's quarantine. Ms. Pischel stated that both Associates and Ms. Rice confirmed staff do assist Resident A with getting dressed and reported doing so during Resident A's quarantine. Ms. Pischel stated Associates 1 and 2 reported Resident A will sometimes change into other clothing, including dirty clothing, after she has been dressed for the day. Ms. Pischel stated Resident A's room was not given a "deep clean" during her quarantine, but that Associate 3, who is a housekeeper, reported Resident A's room was still regularly cleaned, daily, and had been last deep cleaned on Monday, October 31, 2022, during the time of Resident A's quarantine. Ms. Pischel stated Resident A does reportedly move her meal plates and cups in her room and place them in unorthodox places, at times, and that staff have sometimes reported finding these items in, for example, Resident A's hamper. Ms. Pischel stated she has gone into Resident A's room on several occasions since these concerns were raised to ensure staff were cleaning her room and grooming her appropriately and found they were doing so consistently. Ms. Pischel stated she did not receive one concern that Resident A had been drinking tea, at one time, due to the assumption that it may have caffeine in it. Ms. Pischel stated she was unable to confirm when this happened or if the tea Resident A was alleged to have consumed was caffeinated. Ms. Rice indicated agreement with Ms. Pischel's statements.

I reviewed Resident A's service plan, provided by Ms. Pischel, which read consistently with statements she provided regarding Resident A's ADL needs.

I reviewed Resident A's Physicians Orders, provided by Ms. Pischel, which read consistently with her statements regarding Resident A's dietary requirements.

I reviewed interview notes, provided by Ms. Pischel, dated 11/04/2022, with recorded statements from Associates 1 and 2 as well as Ms. Rice. The statements read consistently with Ms. Pischel's reporting.

I reviewed an email correspondence between Ms. Pischel and Associate 3, dated 11/07/2022, provided by Ms. Pischel. The email read consistently with Ms. Pischel's statements in that Associate 3 indicated "rooms are cleaned daily" and that a "deep clean was done Monday", referring to the previous Monday, 10/31/2022.

On 12/12/2022, I received an email from newly appointed administrator/authorized representative Jordan Houston with additional information clarifying the housekeeping schedule and responsibilities. The email read, in part, "[Resident A's room is clean daily 7 days a week between the hours of 7am-3:30pm. There is also a housekeeper on site until 1:30am daily. The daily cleaning includes dusting, cleaning the bathroom, making the bed as needed, vacuuming, or sweeping. [Resident A's room] is on a deep cleaning schedule once a month and is cleaned the 3<sup>rd</sup> week of each month. The housekeepers assigned to 1<sup>st</sup> floor AL [assisted living [associate 3] she works 5 days a week (Monday through Thursday,

Saturday/Sunday, Tuesday through Friday) and our part time employee is [associate 4]. [associate 4] covers on days when [associate 3] is off.

I reviewed the timekeeping clock in/clock out data for associates 3 and 4 for October and November 2022 which read consistently with statements provided by Mr. Houston.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<b>(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.</b>
<b>ANALYSIS:</b>	The complaint alleged Resident A was not receiving adequate care according to her service plan, including a lack of bathing, dressing, housekeeping adherence to dietary needs, and especially during a period, 10/23/2022 to 11/02/2022, in which Resident A was in quarantine due to a positive COVID-19 diagnosis. Statements from staff and documents reviewed, as well as observations made at the facility, do not support a finding. While the facility admits Resident A did not received a shower specific to her quarantine period, the facility provided a reasonable alternative given the circumstances.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

When interviewed, Ms. Pischel stated staff are supposed to document showers provided to Resident A on “shower sheets”.

Upon request, Mr. Jordan provided Shower sheets for Resident A for October and November 2022 except for shower sheets between 10/04/2022 and 11/04/2022 to which Mr. Jordan’s 12/12/2022 email read, in part, “there were no shower sheets from 10/04/2022 until November”.

I reviewed Resident A’s October and November 2022 shower sheets, provided by Mr. Jordan, which read consistently with his statements.

<b>APPLICABLE RULE</b>	
<b>R 325.1942</b>	<b>Resident records.</b>
	<b>(3) The resident record shall include at least all of the following:</b> <b>(f) Health information, as required by MCL 333.20175(1), and other health information needed to meet the resident's service plan.</b>
<b>ANALYSIS:</b>	When interviewed, Ms. Pichel reported staff are supposed to maintain shower sheet documentation for Resident A. While evidence in the investigation does not support a lack of care for Resident A, staff are still required to maintain shower sheet documentation which they failed to do for at least a month. Additionally, while the staff may have provided an alternative to showers during Resident A's quarantine period, it is still a reasonable expectation that any bathing assistance provided to her would still be documented. Based on the finding, the facility is not in compliance with this rule.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.

*Aaron L Clum*

12/13/2022

Aaron Clum  
Licensing Staff

Date

Approved By:

*Andrea L Moore*

12/15/2022

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

Date