



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 20, 2022

Ann Meldrum
Samaritas
Suite A
2080 Union Ave. SE
Grand Rapids, MI 49507

RE: License #: AS610015816
Investigation #: 2023A0467012
Samaritas --Mararebecah Lane

Dear Ms. Meldrum:

Attached is the Special Investigation Report for the above referenced facility. Due to the violation 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 the rule will be achieved.
- Who is directly responsible for implementing the corrective action for the violation.
- Specific time frames for the 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 #:	AS610015816
Investigation #:	2023A0467012
Complaint Receipt Date:	11/15/2022
Investigation Initiation Date:	11/16/2022
Report Due Date:	01/14/2023
Licensee Name:	Samaritas
Licensee Address:	Suite A 2080 Union Ave. SE Grand Rapids, MI 49507
Licensee Telephone #:	(313) 823-7700
Administrator:	Ann Meldrum
Licensee Designee:	Ann Meldrum
Name of Facility:	Samaritas --Mararebecah Lane
Facility Address:	2760 Mararebacah Lane Muskegon, MI 49442-1577
Facility Telephone #:	(231) 777-5767
Original Issuance Date:	03/14/1994
License Status:	REGULAR
Effective Date:	08/23/2022
Expiration Date:	08/22/2024
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
Resident A was observed soaked in urine and feces on multiple occasions when staff member Veronica Melgoza worked.	Yes

III. METHODOLOGY

11/15/2022	Special Investigation Intake 2023A0467012
11/15/2022	APS Referral Complaint received from Muskegon County APS
11/16/2022	Special Investigation Initiated - Telephone Gene Gray, Muskegon County APS Worker
11/22/2022	Inspection Completed On-site
11/22/2022	Contact – Telephone Call made Staff member Mary Enders
11/23/2022	Contact – Telephone call made Case Manager Sera Castaneda
12/20/2022	Exit conference completed with licensee designee, Ann Meldrum

ALLEGATION: Resident A was observed soaked in urine and feces on multiple occasions when staff member Veronica Melgoza worked.

INVESTIGATION: On 11/15/22, I received a BCAL online complaint stating that Resident A is non-verbal, communicates only through a Bliss Board, and is wheelchair bound. Resident A is 100% dependent on aid. Resident A has been observed several times to be distraught and covered in her own urine and feces. Her bed has also been observed to be soaked in urine and feces. Resident A does have a history of not wanting to get out of bed. Resident A sitting in her own urine and feces only happens with staff member Veronica Melgoza is working. When Ms. Melgoza is on shift, she will not change Resident A, will not allow her to sit up/ambulate, or use her own Bliss Board. When Resident A is stuck in her bed covered in urine and feces, she is unable to communicate due to not having her Bliss Board. Instead, Resident A cries in bed. This has been an ongoing issue since Ms. Melgoza started working at the AFC home. There is concern if this continues, Resident A will develop bed sores.

On 11/16/22, I spoke to Muskegon County Adult Protective Services (APS) worker, Gene Gray. He confirmed that he went to the facility yesterday to see Resident A. During his time at the facility, Resident A was observed to be clean. Mr. Gray informed me that Larry Spataro with Recipient Rights is involved on the case as well. Mr. Gray would like to meet at the facility on Tuesday, 11/22/22 to interview staff member Ms. Melgoza and other needed parties.

On 11/16/22, Mr. Gray emailed me, Recipient Rights Officer, Larry Spataro, and house manager Darcy Torrey regarding a time to meet at the home to discuss case allegations. All parties agreed to meet at the home on Tuesday, 11/22/22 at 10:30 am.

On 11/22/22, I made an announced onsite investigation to the facility. Upon arrival, introductions were made with Muskegon County APS worker, Mr. Gray and Recipient Rights Officer, Larry Spataro. Introductions were also made with house manager Madelyn Hoffman, previous house manager Darcy Torrey, and Resident A. Resident A was interviewed at the dining room table with Ms. Torrey assisting her with her bliss board due to being non-verbal.

While speaking to Resident A, she confirmed that staff member Ms. Melgoza did not get her out of bed on four different occasions, leaving her laying in bed in urine. Resident A communicated that she relayed her concerns to staff member Mary Hinders. Resident A also communicated through Ms. Torrey that occasionally she does not have her bliss board on her wheelchair and therefore is unable to communicate with staff. During this onsite inspection, I observed Resident A's room and her bedding to be clean and neat. Resident A was also observed to be clean. It should be noted that staff member Mary Hinders would be able to provide additional information regarding the allegation as she reportedly observed Resident A soaked in urine while Ms. Melgoza worked. Ms. Torrey denied receiving complaints from other residents regarding Ms. Melgoza.

After speaking to Resident A, Ms. Torrey provided me with a copy of Resident A's assessment plan as requested. Resident A's assessment plan indicates that she uses "a dynavox and bliss board to communicate." It also indicates that Resident A "is transferred by staff to her toilet chair" and "needs assistance to wash her hair, body, and set water temp."

After reviewing Resident A's assessment plan, staff member Veronica Melgoza arrived at the home and introductions were made. Ms. Melgoza stated that she has worked at the home for the past seven months. Ms. Melgoza stated that she has good communication with Resident A and denied leaving her lying in urine or feces at any time. Ms. Melgoza stated that last week, Thursday, a MOKA staff member at Resident A's Day Program mentioned that Resident A has been "extremely soiled" at 10:00 am when they toilet her. Ms. Melgoza stated that she typically does not work in the mornings when Resident A goes to Day Program. Therefore, she relayed the message to the program manager, Ms. Hoffman in person and she planned to let

staff know to “void Resident A in the morning when she wakes up.” Ms. Melgoza stated that Resident A is a “heavy soiler” and when she urinates once, it can go through her briefs. She also stated that Resident A is already in her chair prior to going to Day Program.

Ms. Melgoza stated that Resident A has a history of refusing to get up in the mornings and lays in the bed until lunch time. Ms. Melgoza was adamant that she has never refused to get Resident A out of bed or refused to change her. Ms. Melgoza stated that Resident A is easy to care for and she is always in good spirits. Ms. Melgoza stated that she checks on Resident A every 2-3 hours and she is in her room at least once every hour to see how she’s doing. Ms. Melgoza again denied leaving Resident A soaked in urine and feces in bed four times. She also stated that she would not refuse to provide Resident A care for any reason. Ms. Melgoza stated that she has no idea as to why Resident A would say that she has left her in bed and soaked in urine. However, she added that she knows Resident A has a history of making false allegations. Ms. Melgoza stated there have been times that she has told Resident A she would get to her next due to being in the middle of something else but she has never intentionally left her in bed. This interview concluded with Ms. Melgoza.

Ms. Torrey stated that Monday is the only day that Ms. Melgoza is with Resident A alone. Due to the allegation, Ms. Torrey stated that she and/or licensee designee, Ann Meldrum comes to the home unannounced on Mondays to check on Resident A. Ms. Melgoza stated that this past Monday, Ms. Meldrum came to the home and Resident A was dry. Ms. Torrey and Ms. Meldrum plan to continue to stop in unannounced when Ms. Melgoza is working alone with Resident A.

On 11/22/22, I spoke to staff member Mary Enders via phone. Ms. Enders stated that she has worked at the home since September 2022 after previously working at the home earlier this year. Ms. Enders stated that she primarily works first and second shift and occasionally works 3rd shift. Ms. Enders stated that on most days, there is only one person working each shift. However, on Wednesdays and Thursdays, there are two staff on shift to assist in counting medications, completing documentation, and taking care of the vehicle used for resident transport.

Ms. Enders confirmed that she has worked multiple days with Ms. Melgoza as well as multiple days after Ms. Melgoza finished working since returning to the home in September 2022. Ms. Enders stated that she has observed Ms. Melgoza leave Resident A soaked in her urine on two different occasions. During one of the occasions that Resident A was soaked in urine, Ms. Enders observed Resident A with the back of her nightgown “rolled up to her neck.” Ms. Enders has also observed Ms. Melgoza leave Resident A in bed on more than four different occasions. She denied observing Resident A being left sitting in her own feces. However, she did share that when Resident A’s urine “smells like feces.” When Ms. Enders observed Ms. Melgoza leaving Resident A soaked in urine, she did not address it with her because she felt it would have started a “big war” as it is hard to

talk to Ms. Melgoza about anything. Ms. Enders shared that Ms. Melgoza always states, “She (Resident A) didn’t want to get out of bed” and when she goes to check on Resident A, “she’s screaming and in a panic.”

Ms. Enders stated that she has observed Resident A lying in bed screaming while pointing at the door. After observing this, Ms. Enders has asked Resident A if she wants to get out of bed and she has said yes. Ms. Enders stated that there were a few occasions that she had to give Resident A her PRN diazepam due to panicking and being in an uproar from being left in bed by Ms. Melgoza. Ms. Enders stated that she is unsure how Ms. Melgoza would not notice Resident A with these presenting concerns. Ms. Enders stated that these incidents occurred sometime between “September 2022 and now.” Ms. Enders stated that she has relayed this to staff member Ms. Torrey, and Resident A’s CMH worker, Sera Castaneda. Ms. Enders stated that she talked to a few people regarding her concerns, and she was told to file a rights complaint, to which she reportedly did. Ms. Enders was thanked for her time and this interview concluded.

On 11/23/22, I spoke to Sera Castaneda, case manager for Resident A via phone. Ms. Castaneda has been Resident A’s case manager since June or July 2022. Ms. Castaneda confirmed that she has observed Resident A lying in urine and feces at the home while staff member Veronica Melgoza worked. In fact, Ms. Castaneda stated that she assisted in changing Resident A when she was soaked in urine and feces. Ms. Castaneda stated that Resident A’s clothes were soaked just below her breast line. This occurred between October and early November 2022. Ms. Castaneda stated that she filed a recipient rights complaint on 11/8/22 or 11/9/22 to express her concerns regarding staff member Veronica Melgoza.

When Ms. Castaneda addressed this concern with Ms. Melgoza, she was told that Resident A refused to get out of bed. Ms. Castaneda acknowledged that Resident A does like to stay in bed. However, when Ms. Melgoza left the room, Ms. Castaneda stated that Resident A was distraught and tearful. Every time Ms. Castaneda has observed Resident A being left in bed, she did not have access to her bliss board and therefore, she feels she was stripped of her right to communicate. Ms. Castaneda stated that if Ms. Melgoza would have gotten Resident A out of bed, she would have had access to her communication board. Ms. Castaneda was thanked for her time.

On 12/20/22, I conducted an exit conference with licensee designee, Ann Meldrum. She was informed of the investigative findings and denied having any questions. Ms. Meldrum confirmed that Ms. Melgoza was terminated last week Thursday, 12/15/22. She agreed to complete a corrective action plan within 15 days of receipt of this report.

APPLICABLE RULE	
R 400.14303	Resident care; licensee responsibilities.

	(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.
ANALYSIS:	<p>Resident A disclosed that she was left in bed lying in her urine on four different occasions by staff member Ms. Melgoza.</p> <p>Staff member Mary Enders confirmed that Ms. Melgoza left Resident A soaked in urine on at least 2 different occasions.</p> <p>Resident A's case manager, Sera Castaneda also confirmed that she has observed Resident A lying in urine while Ms. Melgoza was working. She also observed Resident A lying in feces and cleaned Resident A with the assistance of Ms. Melgoza. Ms. Melgoza denied leaving Resident A soaked in urine or feces at any time.</p> <p>Resident A's assessment plan was reviewed and indicates that she needs assistance with toileting and bathing. Due to Ms. Melgoza not addressing Resident A's needs, there is a preponderance of evidence to support the allegation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Anthony Mullins

12/20/2022

Anthony Mullins
Licensing Consultant

Date

Approved By:

Jerry Hendrick

12/20/2022

Jerry Hendrick
Area Manager

Date