GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 9, 2022

Michele Locricchio
Anthology of Northville
44600 Five Mile Rd
Northville, MI 48168

RE: License #: AH820399661
Investigation #: 2022A0585068
Anthology of Northville

Dear Ms. Locricchio:

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 (517) 284-9730.

Sincerely,

Brender L. Howard

Brender Howard, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street, P.O. Box 30664
Lansing, MI 48909
(313) 268-1788
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH820399661
Investigation #:	2022A0585068
Complaint Receipt Date:	07/13/2022
Investigation Initiation Date:	07/13/2022
Report Due Date:	09/12/2022
Licensee Name:	CA Senior Northville Operator, LLC
Licensee Address:	44600 Five Mile Rd Northville, MI 48168
Licensee Telephone #:	(312) 994-1880
Administrator:	Nicole Lumberg
Authorized Representative:	Michele Locricchio
Name of Facility:	Anthology of Northville
Facility Address:	44600 Five Mile Rd Northville, MI 48168
Facility Telephone #:	(248) 697-2900
Original Issuance Date:	08/12/2020
License Status:	REGULAR
Effective Date:	02/12/2022
Expiration Date:	02/11/2023
Capacity:	103
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident A sustained a shoulder fracture after a staff attempted to transfer her, did not get evaluated properly and was not sent to ER for assessment.	Yes
Additional Findings	No

III. METHODOLOGY

07/13/2022	Special Investigation Intake 2022A0585068
07/13/2022	Special Investigation Initiated - Telephone Called the complainant to discuss allegations.
07/13/2022	APS Referral Emailed the complainant to Adult Protective Services (APS).
12/09/2022	Exit Conference. Conducted with authorized representative Michele Locricchio.

ALLEGATION:

Resident A sustained a shoulder fracture after a staff attempted to transfer her, did not get evaluated properly and was not sent to ER for assessment.

INVESTIGATION:

On 7/13/2022, the department received the allegations via the BCHS Online Complaint website.

On 7/13/2022, a referral was made to Adult Protective Services (APS). This complaint was assigned to APS worker.

On 7/13/2022, a letter was received from Department of Human Services Oakman Adult Services District acknowledging receipt of the APS referral. This referral was assigned to APS worker Annette Bearden.

On 7/19/2022, an onsite was conducted at the facility. On the day of the onsite, administrator Michele Locricchio was not in the building. I interviewed director of wellness Charisse Woodward at the facility. Ms. Woodward stated that Resident A has a fracture. She stated that staff was attempting to transfer Resident A to her wheelchair. She stated that staff was transferring Resident A when they both stumbled over the wheelchair. She stated that two staff were present, but the other staff was securing the chair when they fell over it. She stated that the assessment was completed at the time of the fall.

On 7/19/2022, I interviewed Employee A at the facility. Employee A stated that she was getting Resident A up when they both fell. She explained that Resident A fell on her. She stated that Resident A did not say that she was hurt. She stated that the other caregiver was securing the chair while she was getting Resident A up when they both fell. She stated that she has been working on the facility since March. Employee A stated that she had training and shadowed another employee before working by herself in the facility.

On 8/10/2022, I interviewed nurse partitioner Tamber Townsend by telephone. Ms. Townsend stated that she advised the facility to always use a two person transfer for Resident A. She stated that she has also requested for them to use a Hoyer lift because of Resident A's inability to transfer/ambulate on her own.

Progress notes for Resident A read:

> 4/23/2022 – Notified by staff that resident had a skin tear on left lateral calf. Resident was being transferred from bed to wheelchair when her leg scraped the wheelchair leg rests. When asked if resident was in pain she said "No, I feel no pain". Wound cleaned and covered with dry dressing.
>
> 6/09/2022 – Notified by med tech who was notified by care manager that resident was on the floor. Resident observed at a 90-degree angle sitting on the floor with her back resting on her recliner and care manager sitting beside resident facing her. Care manager stated that she was transferring resident to her wheelchair when she tripped over resident's wheelchair and lowered both her and the resident to the ground. Resident's vital assessed. Resident stated her left arm was sore. Resident denied hitting her head. Skin assessed and no skin issues noted. Resident was transferred to her wheelchair. X-ray ordered for left shoulder with diagnosis of left shoulder pain.

Service plan for Resident A read, "Admitted to the facility 3/29/2021 with diagnoses that includes cerebrovascular accident (CVA) stroke, atrial fibrillation, gastroesophageal reflux disease (GERD), hypertension, and depression. Resident A is dependent on staff for all escort needs and requires use of manual wheelchair. Resident cannot propel wheelchair. Resident has a total ambulation impairment. Resident has left sided paralysis." In the section *Transferring* it read, "Resident requires total support with transferring. Resident requires the assistance of two team members to transfer.

Position resident on edge of chair or bed. With one care giver on either side of the resident, reach one arm around the resident to grasp the transfer belt and use spare hand to support lower extremities.

APPLICABLE RULE	
R 325.1931	**Employees; general provisions.**
	(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.
For reference R 325.1901	**Definitions.**
	(21) "Service plan" means a written statement prepared by the home in cooperation with a resident and/or the resident's authorized representative or agency responsible for a resident's placement, if any, and that identifies the specific care and maintenance, services, and resident activities appropriate for each individual resident's physical, social, and behavioral needs and well-being and the methods of providing the care and services while taking into account the preferences and competency of the resident.
ANALYSIS:	Resident A's service plan notes that she requires two people during transfers with one care manager on each side when transferring. Although two care staffs were present during the transfer, only one staff was physically transferring Resident A when she fell. Staff interviewed and it was determined that vitals were taken at that time. Resident A sustained a shoulder fracture. Therefore, this claim was substantiated.
CONCLUSION:	**VIOLATION ESTABLISHED**

On 12/9/2022, I conducted an exit conference with licensee authorized representative Michele Locricchio by telephone.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of the license remains unchanged.

12/9/2022

Brender Howard — Date
Licensing Staff

Approved By:

12/09/2022

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