



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 28, 2023

Gina Dillon
Chandler Pines, LLC
1435 Coit Ave NE
Grand Rapids, MI 49505

RE: License #: AM410390297
Investigation #: 2023A0583020
Chandler Pines

Dear Mrs. Dillon:

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, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM410390297
Investigation #:	2023A0583020
Complaint Receipt Date:	02/17/2023
Investigation Initiation Date:	02/17/2023
Report Due Date:	03/19/2023
Licensee Name:	Chandler Pines, LLC
Licensee Address:	1435 Coit Ave NE Grand Rapids, MI 49505
Licensee Telephone #:	(616) 745-4675
Administrator:	Gina Dillon
Licensee Designee:	Gina Dillon
Name of Facility:	Chandler Pines
Facility Address:	Unit A 7555 Chandler Dr. NE Belmont, MI 49306
Facility Telephone #:	(616) 745-4675
Original Issuance Date:	04/22/2019
License Status:	REGULAR
Effective Date:	10/22/2021
Expiration Date:	10/21/2023
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED, AGED, DEVELOPMENTALLY DISABLED, ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Residents are unkept.	No
Residents are not weighed.	Yes
Residents appear underweight.	No
The facility is unclean.	Yes

III. METHODOLOGY

02/17/2023	Special Investigation Intake 2023A0583020
02/17/2023	Special Investigation Initiated - Letter APS complaint made
02/17/2023	APS Referral
02/17/2023	Contact - Document Sent Ken Philips, BFS
02/21/2023	Inspection Completed On-site Licensee Designee Gina Dillon, Staff Stacie Crider, Staff Elizabeth Guernsey, Relative 1, Resident A
02/24/2023	Contact – Email Licensee Designee Gina Dillon
02/27/2023	Contact – Telephone Relative 2
02/28/2023	Exit Conference Licensee Designee Gina Dillon

ALLEGATION: Residents are unkept.

INVESTIGATION: On 02/17/2023 I received an anonymous complaint from the BCAL online reporting system. The allegations stated that “employees are not providing care to residents, residents don’t look presentable, the staff are not providing showers, nor they are toileting residents every couple hours, residents’ hair is greasy and not combed and teeth are not brushed”.

On 02/17/2023 I emailed the complaint allegations to Adult Protective Services centralized intake.

On 2/21/2023 I completed an unannounced on site investigation at the facility and privately interviewed licensee designee Gina Dillon, staff Stacie Crider, staff Elizabeth Guernsey, Relative 1, and Resident A.

Licensee designee Gina Dillon stated residents are provided adequate personal care and denied the allegations are true. Ms. Dillon stated staff check and change residents every two hours, shower residents at least twice weekly, and provide oral care twice daily. Ms. Dillon stated residents present as appropriately dressed and groomed daily.

Staff Stacie Crider stated residents are provided adequate personal care. Ms. Crider stated residents are checked and changed every two hours, showered at least twice weekly, and provided oral care twice per day. Ms. Crider stated residents present as appropriately dressed and groomed daily.

Staff Elizabeth Guernsey stated residents are provided adequate personal care. Ms. Guernsey stated residents are checked and changed every two hours, showered at least twice weekly, and provided oral care twice per day. Ms. Guernsey stated residents are dressed and groomed daily.

Relative 1 stated she visits the facility at least twice per week. Relative 1 stated she has observed facility residents to present with adequate hygiene. Relative 1 stated she observes staff check and change residents often, shower residents twice weekly, and groom residents daily. Relative 1 stated she is happy with the level of care provided by staff, and she has no concerns at this time.

Resident A stated staff provide adequate personal care. Resident A stated staff check and change residents every two hours, shower residents at least twice per week, and assist residents with oral care twice per day. Resident A presented with adequate personal care and appeared groomed appropriately.

While on site I observed multiple residents. Each resident I observed presented with appropriate hygiene.

On 02/24/2023 I interviewed Relative 2 via telephone. Relative 2 stated he is Resident G's Power of Attorney and visits the facility at least once per week. Relative 2 stated Resident G always presents as appropriately dressed and groomed. Relative 2 stated he observes that facility staff "do a fantastic job" with resident care.

On 02/28/2023 I completed an exit conference via telephone with licensee designee Gina Dillon. Ms. Dillon stated she agreed with the special investigation findings.

APPLICABLE RULE	
R 400.14303	Resident care; licensee responsibilities.

	(1) Care and services that are provided to a resident by the home shall be designed to maintain and improve a resident's physical and intellectual functioning and independence. A licensee shall ensure that all interactions with residents promote and encourage cooperation, self-esteem, self-direction, independence, and normalization.
ANALYSIS:	<p>Licensee designee Gina Dillon stated residents are provided adequate personal care.</p> <p>Staff Stacie Crider and Elizabeth Guernsey both stated residents are provided adequate personal care.</p> <p>Relative 1 stated she has observed facility residents to present with adequate hygiene.</p> <p>Resident A stated staff provide adequate personal care.</p> <p>A preponderance of evidence was not discovered during the Special Investigation to substantiate a violation of the applicable rule.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Residents are not weighed.

INVESTIGATION: On 02/17/2023 I received an anonymous complaint from the BCAL online reporting system. The complaint alleged that residents were not weighed monthly.

On 02/21/2023 I completed an unannounced on site investigation at the facility and privately interviewed licensee designee Gina Dillon.

Licensee designee Gina Dillon stated she was hired to work at the facility the second week of November 2022. Ms. Dillon stated she was unsure if residents were weighed monthly prior to her appointment but did acknowledge that Resident F was not weighed December 2022 and January 2023. Ms. Dillon stated she did not know why Resident F was not weighed December 2022 and January 2023.

While on site I observed resident weight charts from July 2022 until February 2023. I noted that in July 2022 Resident I, Resident H, Resident F, Resident E, Resident C, and Resident B were not weighed. In August 2022 Resident H and Resident C were not weighed. In September 2022 Resident A, Resident B, Resident C, Resident E, Resident F, Resident G, Resident H, Resident I, and Resident J were not weighed. In November 2022 Resident E and Resident F were not weighed. In

December 2022 Resident F was not weighed and in January of 2023 Resident F was not weighed.

On 02/28/2023 I completed an exit conference via telephone with licensee designee Gina Dillon. Ms. Dillon stated she agreed with the special investigation findings and would submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.14310	Resident health care.
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.
ANALYSIS:	Resident weight charts indicated that in August 2022 Resident H and Resident C were not weighed, in September 2022 Resident A, Resident B, Resident C, Resident E, Resident F, Resident G, Resident H, Resident I, and Resident J were not weighed, in November 2022 Resident E and Resident F were not weighed, in December 2022 Resident F was not weighed and in January of 2023 Resident F was not weighed. A preponderance of evidence was discovered during the Special Investigation to substantiate a violation of the applicable rule.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Residents appear underweight.

INVESTIGATION: On 02/17/2023 I received an anonymous complaint from the BCAL online reporting system. The complaint alleged that a “couple residents look very skinny”.

On 02/21/2023 I completed an unannounced on site investigation at the facility and privately interviewed licensee designee Gina Dillon, staff Stacie Crider, staff Elizabeth Guernsey, Relative One, and Resident A.

Licensee designee Gina Dillon, staff Stacie Crider, and staff Elizabeth Guernsey each stated residents are provided with adequate nutrition. Licensee designee Gina Dillon, staff Stacie Crider, and staff Elizabeth Guernsey each stated residents are provided three nutritional meals daily plus snacks. Licensee designee Gina Dillon, staff Stacie Crider, and staff Elizabeth Guernsey each stated staff follow the posted menu and document meal substitutions.

Relative 1 stated she visits the facility at least twice per week. Relative 1 stated she has observed that residents are provided three healthy meals per day. Relative 1 stated she has observed that the meals are of adequate size. Relative 1 stated she was happy with the meals served at the facility.

Resident A stated staff provide three “balanced” meals per day plus snacks. Resident A stated meals include fresh fruit and vegetables. Resident A stated staff follow the posted menu and there are always “seconds” available to residents who request them.

While on site I observed resident weight charts from July 2022 until February 2023. These records indicated that in July 2022 Resident I, Resident H, Resident F, Resident E, Resident C, and Resident B were not weighed, in August 2022 Resident H and Resident C were not weighed, in September 2022 Resident A, Resident B, Resident C, Resident E, Resident F, Resident G, Resident H, Resident I, and Resident J were not weighed, in November 2022 Resident E and Resident F were not weighed, in December 2022 Resident F was not weighed and in January of 2023 Resident F was not weighed. I observed that Resident G weighed 118 lbs. in 07/2022, 118 lbs. in 8/2022, 121 lbs. in 10/2022, 118 lbs. in 11/2022, 114 lbs. in 12/2022, 110 lbs. in 01/2023, and 87 lbs. in 02/2023. I did not observe other substantial losses of weight for other residents.

While onsite I observed an abundant volume of food which included fresh fruit and vegetables. I observed the facility’s menu appeared nutritionally adequate.

On 02/24/2023 I received an email from licensee designee Gina Dillon. Ms. Dillon stated the following: *“Prior to February they were weighing her (Resident G) with her walker and not subtracting the weight of her walker. When I realized this I requested that they stop weighing her with her walker to ensure that we are getting the most accurate information. We do have a couple different scales in the home too, so this may make her weight fluctuate slightly too. I had staff reweigh her today and she is currently weighing in at 90 pounds”.*

On 02/24/2023 I interviewed Relative 2 via telephone. Relative 2 stated Resident G has always weighed “between 90-100 lbs.” and while visiting he has observed Resident G to eat adequately. Relative 2 stated he has no concerns regarding Resident G’s weight.

On 02/28/2023 I completed an exit conference via telephone with licensee designee Gina Dillon. Ms. Dillon stated she agreed with the special investigation findings.

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>Licensee designee Gina Dillon, staff Stacie Crider, and staff Elizabeth Guernsey each stated residents are provided adequate nutrition. Licensee designee Gina Dillon, staff Stacie Crider, and staff Elizabeth Guernsey each stated residents are provided three nutritional meals daily plus snacks.</p> <p>While onsite I observed an abundant volume of food which included fresh fruit and vegetables. I observed the facility's menu appeared nutritionally adequate.</p> <p>Relative 1 and Relative 2 stated residents are observed to have access to an adequate diet.</p> <p>A preponderance of evidence was not discovered during the Special Investigation to substantiate violation of the applicable rule.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: The facility is unclean.

INVESTIGATION: On 02/17/2023 I received an anonymous complaint from the BCAL online reporting system. The complaint alleged that the facility smells of urine and the bathrooms are not cleaned and soaking wet briefs are placed in trash baskets with no lid.

On 02/17/2023 I received an email from Ken Philips, State Fire Marshal Inspector. Mr. Phillips stated he as always observed the facility to be clean and has no concerns regarding the maintenance of the premises.

On 02/21/2023 I completed an unannounced on site investigation at the facility and privately interviewed licensee designee Gina Dillon.

I observed the facility did not smell of urine. I did observe that multiple trash receptacles containing soiled adult briefs did not contain covers. I observed one private resident bathroom displayed dried urine and bodily fluids on the toilet base and floor. I observed the private resident bathroom contained a broken toilet paper holder secured to the wall which was sharp and posed a resident safety hazard. I observed a shared resident bathroom contained a dirty bathtub in need of cleaning. I observed the facility's dryer vent was blocked with lint causing a fire hazard.

Licensee designee Gina Dillon stated she was unaware that trash receptacles required a cover. Ms. Dillon stated she agreed that the facility did require additional cleaning in the resident bathrooms and agreed that the dryer vent required cleaning due to being a fire hazard.

On 02/28/2023 I completed an exit conference via telephone with licensee designee Gina Dillon. Ms. Dillon stated she agreed with the special investigation findings and would submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	<p>I did observe that multiple trash receptacles containing soiled adult briefs did not contain covers. I observed one private resident bathroom displayed dried urine and bodily fluids on the toilet base and floor. I observed the private resident bathroom contained a broken toilet paper holder secured to the wall which was sharp and displayed a resident safety hazard. I observed a shared resident bathroom contained a dirty bathtub in need of cleaning. I observed the facility's dryer vent was blocked with lint causing a fire hazard.</p> <p>A preponderance of evidence was discovered during the Special Investigation to substantiate violation of the applicable rule.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable Corrective Action Plan, I recommend the license remain unchanged.



02/28/2023

Toya Zylstra
Licensing Consultant

Date

Approved By:



02/28/2023

Jerry Hendrick
Area Manager

Date