



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 7, 2023

David Truetzel  
Oakleigh Macomb Operations, LLC  
40600 Ann Arbor Road, Suite 201  
Plymouth, MI 48170

RE: License #: AH500394648  
Investigation #: 2023A1019024  
Oakleigh of Macomb

Dear Mr. Truetzel:

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. Failure to submit an acceptable corrective action plan will result in disciplinary action. 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 authorized representative and a date.

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,

A handwritten signature in black ink, appearing to read "Elizabeth Gregory-Weil".

Elizabeth Gregory-Weil, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 347-5503

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH500394648
<b>Investigation #:</b>	2023A1019024
<b>Complaint Receipt Date:</b>	02/16/2023
<b>Investigation Initiation Date:</b>	02/17/2023
<b>Report Due Date:</b>	04/18/2023
<b>Licensee Name:</b>	Oakleigh Macomb Operations, LLC
<b>Licensee Address:</b>	40600 Ann Arbor Road, Suite 201 Plymouth, MI 48170
<b>Licensee Telephone #:</b>	(586) 997-8090
<b>Administrator:</b>	Helen Bisbikis
<b>Authorized Representative:</b>	David Truetzel,
<b>Name of Facility:</b>	Oakleigh of Macomb
<b>Facility Address:</b>	49880 Hayes Road Macomb, MI 48044
<b>Facility Telephone #:</b>	(586) 997-8090
<b>Original Issuance Date:</b>	12/18/2019
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	08/07/2022
<b>Expiration Date:</b>	08/06/2023
<b>Capacity:</b>	101
<b>Program Type:</b>	ALZHEIMERS AGED

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
The facility is understaffed.	No
Blood sugar checks aren't being done.	Yes
Additional Findings	No

**III. METHODOLOGY**

02/16/2023	Special Investigation Intake 2023A1019024
02/17/2023	Special Investigation Initiated - Letter Emailed admin requesting information/documentation.
02/17/2023	APS Referral
02/17/2023	Contact - Telephone call made Called complainant to conduct interview, left voicemail requesting return phone call.
03/01/2023	Contact - Telephone call made Second attempt to conduct phone interview with complainant. No answer, voicemail left.
03/01/2023	Inspection Completed On-site
03/01/2023	Inspection Completed-BCAL Sub. Compliance

The complainant identified some concerns that were not related to licensing rules and statutes for a home for the aged. Therefore, only specific items pertaining to homes for the aged provisions of care were considered for investigation. The following items were those that could be considered under the scope of licensing.

**ALLEGATION:**

**The facility is understaffed.**

**INVESTIGATION:**

On 2/16/23, the department received a complaint alleging that the facility is understaffed. The complaint alleged that the facility only has one med tech working to pass medications to all residents during the afternoon shift. The complainant did not provide any additional detail pertaining to these allegations. Attempts to reach the complainant to obtain more information have gone unanswered.

On 3/1/23, I conducted an onsite inspection. I interviewed administrator Helen “Eleni” Bisbikis at the facility. While onsite, I obtained a resident roster and observed there to be 67 residents in house, with 23 of those residing in the memory care unit. Ms. Bisbikis described four hallways that staff are scheduled on (AL 1, AL 2, Memory Care North and Memory Care South). Ms. Bisbikis reported that at the current census and acuity level of the residents, the desired staffing levels are 8 care staff on first and second shift and four care staff on third shift for the entire building. Ms. Bisbikis stated that med passing staff are included in these counts and provide care as well as passing medications. Ms. Bisbikis stated that staff are assigned to work in a specific area but are able to float and help out in other areas as needed and stated that the facility management staff help out when needed, which includes herself, nursing staff and resident care coordinator.

Ms. Bisbikis explained that management staff are on call at all times for coverage if needed. Ms. Bisbikis stated that if there are unexpected shortages in staffing, she will ask staff already working to staff over to bridge coverage and reports that many staff are willing to do that.

During my onsite, I obtained staff schedules and daily assignment sheets for the previous four weeks. Staffing levels observed were overall consistent with the levels described by Ms. Bisbikis and in some cases, there were more staff listed. Regarding medication technicians during the afternoon (second) shift as the complaint listed, I observed two to three med techs present during that shift for the entire timeframe reviewed. At no point did the documentation reflect only one med passer for the afternoon shift.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<b>(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.</b>

<b>ANALYSIS:</b>	Staff attestation combined with review of staff schedules, assignment sheets and employee coverage procedures reveal that staffing levels are sufficient to meet the needs of the residents.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Blood sugar checks aren't being done.**

**INVESTIGATION:**

The complaint alleged that staff aren't checking residents blood sugar levels which is causing residents to get sick. The complaint did not provide names of residents affected, detail of the alleged sicknesses or dates that this occurred on. At the time of this report, I was unable to reach the complainant for additional information.

On 3/1/23, I interviewed Employee 1 at the facility. She reported that eight residents required blood sugar checks during the previous four week period. Employee 1 stated that blood sugar checks are documented on the medication administration record (MAR) and denied that any residents have been sick or hospitalized as a result of blood sugar issues in recent months. MARs were obtained and reviewed for all eight residents for the month of February 2023. For five residents, I did not observe any issues with administering or documenting blood sugar checks. For the remaining three residents, I observed on 2/26/23, staff did not document that Resident A received three doses of insulin as she is ordered (only two doses were documented as given). I observed on 2/27/23, staff did not document that resident B received two doses of insulin as he is ordered (only one dose was documented as given). Resident C's MAR instructs staff to "check and record blood sugar three times daily". On 2/11/23, staff recorded two readings and the third reading was left blank. Staff failed to document a reason for the missed medications and blood sugar reading for all three instances noted above.

<b>APPLICABLE RULE</b>	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<b>(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.</b>

<b>ANALYSIS:</b>	Residents A, B and C did not have their blood sugar read or insulin administered as ordered on all dates during the timeframe reviewed.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon approval of an acceptable corrective action plan, I recommend no changes to the status of the license at this time.



03/06/2023

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Elizabeth Gregory-Weil  
Licensing Staff

Date

Approved By:



03/07/2023

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

Date