



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 6, 2023

Stacey Keast
AH Kentwood Subtenant LLC
6755 Telegraph Road Suite
Bloomfield Hills, MI 48301

RE: License #: AL410397696
Investigation #: 2023A0467035
AHSL Kentwood Fieldstone

Dear Ms. Keast:

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.

Pease 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,



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 #:	AL410397696
Investigation #:	2023A0467035
Complaint Receipt Date:	02/14/2023
Investigation Initiation Date:	02/14/2023
Report Due Date:	04/15/2023
Licensee Name:	AH Kentwood Subtenant LLC
Licensee Address:	One SeaGate, Suite 1500 Toledo, OH 43604
Licensee Telephone #:	(248) 203-1800
Administrator:	Stacey Keast
Licensee Designee:	Stacey Keast
Name of Facility:	AHSL Kentwood Fieldstone
Facility Address:	5980 Eastern Ave SE. Kentwood, MI 49508
Facility Telephone #:	(616) 455-1357
Original Issuance Date:	01/22/2019
License Status:	REGULAR
Effective Date:	07/22/2021
Expiration Date:	07/21/2023
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED

II. ALLEGATION(S)

	Violation Established?
Resident A and Resident B have bedsores that are not being treated.	No
New staff members Ania Garza and Ilesha Henton have not completed their background checks.	Yes
New staff members Ania Garza and Ilesha Henton have not completed their TB test.	No

III. METHODOLOGY

02/14/2023	Special Investigation Intake 2023A0467035
02/14/2023	Special Investigation Initiated - Telephone
02/16/2023	Inspection Completed On-site
02/21/2023	Contact – Telephone call made to Faith Hospice
02/21/2023	Contact – Telephone call made to Gentiva Hospice
02/28/2023	Contact – Telephone call made to The Care Team Home Health & Hospice.
03/06/2023	APS Referral – sent via email
03/06/2023	Exit conference completed with licensee designee, Stacey Keast

ALLEGATION: Resident A and Resident B have bedsores that are not being treated.

INVESTIGATION: On 2/14/23, I received a BCAL online complaint stating that residents have bedsores due to neglect and lack of care.

On 2/14/23, I spoke to the complainant to receive the names of the residents she was referring to. The complainant stated that Resident A and Resident B both have bedsores that are not being treated. The complainant stated that she asked the nurse about the residents’ bedsores and, “she got an attitude so I left it alone.” The complainant did not know the name of the nurse that she spoke to. The complainant stated that since she began working at the facility, she has only seen staff treat the residents’ bedsores one time. The complainant stated that she charted that the residents did not receive wound care.

It should be noted that I spoke to a second complainant, who also expressed Concern regarding Resident A having bed sores that are not being treated. The complainant also stated that Resident B hasn't been out of bed in weeks and that he is supposed to be out of bed at 11:00 am daily but this doesn't occur. In addition, the complainant also listed concerns regarding Resident C sitting in his wheelchair all day and not having his briefs changed.

On 2/16/23, I reviewed an incident report (IR) regarding Resident A that was sent to me on 2/4/23 by licensee designee, Ms. Keast. The IR indicated that assistant wellness director, Tasha Johnson and Ms. Keast completed a skin inspection for Resident A. Upon doing so, Ms. Keast and Ms. Johnson, *'observed 2 open areas on residents buttocks. One on the right buttock, one on the left buttock.'* Measurements were obtained by Ms. Keast. The IR indicated that Resident A's vital signs were obtained, *'cleansed open areas, first aid administered.'* The IR indicates that Resident A's husband and son, who are her DPOAs were notified via voicemail at 5:17pm on the day this occurred. The family called back at 7:00 pm the same day, which is when the information was relayed. Resident A was positioned to allow her treated areas to be off the bed. Resident A's physician was notified via voicemail. In the corrective measures taken to remedy and/or prevent recurrence section of the IR, Ms. Keast wrote, *'Faith hospice to be contacted to evaluate & sign up for services, including skilled nursing for wound care on 2/4/23 per family. Care plan updated to reflect increased frequency with checks and repositioning to increase proper blood profusion for wound healing/prevention.'*

On 2/16/23, I made an unannounced onsite investigation to the facility. Upon arrival, I spoke to licensee designee, Stacey Keast and assistant wellness director, Tasha Johnson. Ms. Keast confirmed that Resident A does have wound care, which is reportedly being treated by Faith Hospice. Ms. Keast provided me with the name and phone number of Paul Harris, hospice nurse through Faith Hospice to confirm this. Ms. Keast stated that the wound was noticed on Resident A's buttocks on 2/3/23 or 2/4/23 by staff and she went to observe and treat it prior to completing an incident report. Ms. Keast stated that Resident A has, "reoccurring pressure ulcers" on her buttocks and this is noted in her assessment plan.

Ms. Keast stated that Resident A is last up for meals and first down for meals so that she us not sitting on her buttock wounds for too long. Ms. Keast stated that hospice is in place to do wound care for Resident A as staff at AHSL Kentwood are not certified to do skilled nursing care. Ms. Keast stated that Resident A has been in and out of hospice care for some time. Ms. Keast stated that Resident A's son can also speak to this as he was involved in the discussion to have her wounds treated. Ms. Keast and Ms. Johnson provided me with a copy of Resident A's assessment plan, which indicates that, *'resident has a history of skin impairment requirement prescribed by a physician. Staff to monitor the skin for any changes such as bruises, rashes, tears, and/or open wounds, any/all changes should be reported to nurse.'*

Regarding Resident B's lack of care to his buttocks wound, Ms. Keast denied this as she stated he does not have any wounds. Ms. Keast acknowledged that Resident B does have some scarring on his buttocks from old wounds but there are no current wounds. Ms. Keast stated that Resident B is followed by Gentiva Hospice and she provided me with a phone number for Benjamin Prins to confirm this. Ms. Keast stated that Resident B has small areas on his buttocks that may come and go but she remained adamant that he does not have a buttock wound/pressure ulcer. Ms. Keast stated that Resident B has wound care prevention in place due to being signed onto hospice. Ms. Keast denied Resident B needing to be out of bed at 11:00 am daily as the complainant suggested. Ms. Keast stated that Resident B likely does not have much time left to live due to his dementia.

Prior to leaving the facility, Ms. Keast and Ms. Johnson provided me with a copy of Resident B's assessment plan, which indicates, *'resident has a history of skin impairment requiring treatment prescribed by a physician. Staff to monitor the skin for any changes such as bruises, rashes, tears, and/or open wounds, any/all changes should be reported to nurse.'*

After leaving the facility on 2/16/23, I received a voicemail from licensee designee, Stacey Keast. Ms. Keast stated that she just spoke with Mr. Harris at Faith Hospice. Ms. Keast stated that Resident A's family did contact Mr. Harris regarding her care. Resident A's family spoke to Mr. Harris to begin wound care services on 2/4/23 as discussed. However, when a patient is a readmission to hospice, they can't have a RN sign them onto services. Instead, a NP or physician has to sign them on. Ms. Keast stated that Resident A was signed on to hospice on 2/9/23 and wound care started after that. Ms. Keast wanted to relay this information to explain the delay in Resident A receiving wound care treatment.

On 2/21/23, I spoke to Paul Harris, Faith Hospice nurse for Resident A. Mr. Harris stated that Resident A was admitted to service on 2/9/23. Mr. Harris stated that Resident A was previously on service but she was discharged due to an "extended prognosis." When Faith Hospice recently received the referral for Resident A to return to service, a face-to-face contact needed to be completed with the nurse practitioner prior to being accepted. Mr. Harris stated that this delayed service for Resident A "up to 48 hours." Mr. Harris confirmed that Resident A is receiving wound care for her left/right gluteal fold, coxix area, and blistering on her heel.

Mr. Harris stated that Resident A has boots that keeps her heels floating. Mr. Harris stated that Faith Hospice staff are changing Resident A's wounds on Mondays, Wednesdays and Fridays and he comes in between those days to complete wound care. Mr. Harris confirmed that Faith Hospice has not trained AHSL Kentwood staff on how to care for Resident A's wound. Mr. Harris stated, ideally, Resident A's wound would stay covered until Faith Hospice staff is there to care for it but he understands that things such as incontinence can impact that. Mr. Harris denied any concerns regarding the care that AHSL Kentwood Fieldstone has provided to Resident A.

On 2/21/23, I spoke to Benjamin Prins with Gentiva Hospice. Mr. Prins informed me that he works on the “business side” of the agency and he will have a clinical staff member return my call regarding Resident B.

On 2/21/23, I received a call from Casey Nicholas, clinical manager at Gentiva Hospice. Mr. Nicholas informed me that Resident B signed on to hospice care services on 5/6/22. Mr. Nicholas reported that Resident B is currently receiving “comfort care” and is close to being in his transitional phase. When asked about wound care for Resident B, Mr. Nicholas stated that Resident B’s case manager is Carrie Lewis and she confirmed that he does not have any wounds at this time. In addition to this, Mr. Nicholas stated that Gentiva Hospice also has things in place to prevent Resident B from getting wounds such as an alternating pressure mattress. Mr. Nicholas was thanked for his time and this call ended.

On 2/28/23, I made a second unannounced onsite visit to the facility. Upon arrival, I spoke with Ms. Keast regarding Resident C reportedly sitting in her wheelchair all day and not having her brief changed. Ms. Keast stated that Resident C has dementia. Despite this, she will tell staff if her brief needs to be changed. Ms. Keast denied the allegation that Resident C is not being changed. Due to Resident C being in the memory care unit, she was not interviewed.

After speaking to Ms. Keast, I spoke to staff member Frenchell Sanders regarding Resident C. Ms. Sanders stated that she has worked for AHSL since 2017 but has been back at the Kentwood campus for the past year. Ms. Sanders confirmed that she works with Resident C often and she checks on her every two hours, which includes changing her brief if needed. Ms. Sanders stated that Resident C has hospice come in every Tuesday and Thursday and they also do checks on her. Ms. Sanders denied Resident C having any wound or bedsores.

Ms. Sanders confirmed that Resident C can communicate when she is wet and needs to be changed. Ms. Sanders denied any concerns regarding the care provided to Resident C while at the facility. Ms. Sanders stated that she works first shift so she doesn’t see 2nd and 3rd shift staff members interaction with Resident C. Ms. Sanders stated that Resident C does use a wheelchair, which is why she is often seen sitting in it. Ms. Sanders stated that she will also put Resident C in a recliner chair at times. Ms. Sanders was thanked for her time.

After speaking to Ms. Sanders, I spoke to staff member Linda Guyton. Ms. Guyton stated she has worked for the facility since 2004 and she is in AHSL Kentwood Fieldstone daily. Ms. Guyton stated that she works with Resident C often and confirmed that Resident C can communicate her need to be changed. Ms. Guyton stated she checks on Resident C every two hours and changes her brief as needed. Ms. Guyton denied any concern regarding the care that Resident C receives while she is working. Ms. Guyton stated that Resident C is on hospice care and they come in to assist with showers and check her vitals, in addition to any other needs that may arise. Ms. Guyton stated that hospice also changes Resident

C's briefs as needed.

On 2/28/23, I made a call to The Care Team Hospice agency and left a message requesting a call back to discuss Resident C and if the agency has any concerns for the care that she is receiving from American House staff.

On 3/1/23, I spoke to Erica (last name unknown) with The Care Team. I requested to speak with the hospice staff who is responsible for the oversight of Resident C's care. Erica stated that she would relay a message and have staff return my call.

On 3/1/23, I received a call from Nora Krusinski from The Care Team. Ms. Krusinski is the clinical hospice case manager (RN) for Resident C. Ms. Krusinski stated that Resident C is primarily receiving comfort care. Ms. Krusinski stated that Resident C receives skilled nursing care 1-2 times per week, home health aide 1-2 times per week (which includes baths/showers), Chaplin and social work services twice a month, and a massage therapist once a month. Ms. Krusinski denied any concerns regarding the care that Resident C is receiving from AHSL Kentwood staff. Ms. Krusinski was thanked for her time as this call ended.

On 03/06/23, I conducted an exit conference with licensee designee, Stacey Keast. She was informed of the investigative findings and denied having any questions.

APPLICABLE RULE	
R 400.15303	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>Ms. Keast stated that Resident A was signed onto hospice on 2/9/23 and received wound care after that. I spoke to Mr. Harris with Faith Hospice, who confirmed that Resident A is receiving wound care and that he has not taught AHSL Kentwood Fieldstone staff how to care for the wound. Mr. Harris denied any concerns regarding the care that Resident A is receiving from AHSL Kentwood Fieldstone staff.</p> <p>Ms. Keast denied Resident B having bedsores or wounds. I spoke to Mr. Nicholas, Clinical Manager at Gentiva Hospice and he confirmed this as well.</p> <p>I reviewed Resident A and Resident B's assessment plan, which confirms that they both have a history of skin impairment requiring treatment by a physician and that staff are to monitor the skin for any changes such as bruises, rashes, tears, and/or open wounds.</p>

	<p>Ms. Sanders and Ms. Guyton denied any concerns regarding the care that Resident C receives at the facility. Hospice case manager Ms. Krusinski also denied any concerns regarding the care that Resident C receives from AHSL Kentwood staff.</p> <p>Based on the information provided, there is not a preponderance of evidence to support the allegation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: New staff members Ania Garza and Iesha Henton have not completed their background checks.

INVESTIGATION: On 2/14/23, I spoke to the complainant via phone and she stated that new staff members did not have criminal background checks completed.

On 2/21/23, I spoke to Ms. Keast via phone. Ms. Keast stated that new staff members, Ania Garza and Iesha Henton did have their background checks completed and she will send confirmation via email.

On 2/21/23, I received an email from Ms. Keast that included Ms. Garza's eligibility letter. The email also included Ms. Garza's and Ms. Henton's consent to have their background check completed. However, Ms. Henton's eligibility letter was not included in the email.

On 3/2/23, I spoke to Ms. Keast via phone regarding Ms. Henton's eligibility letter. Ms. Keast stated that Ms. Henton attempted to complete her background check twice. However, this was unsuccessful due to a "code issue" with Idemia, which is a 3rd party fingerprinting/background check company. I'm aware of this issue as AHSL Kentwood HR business partner, Jessica Francis made me aware yesterday via email. Ms. Francis is working to address the issue with Idemia and Ms. Keast is aware that the facility will be cited due to Ms. Henton working without the background clearance in place.

On 03/06/23, I conducted an exit conference with licensee designee, Stacey Keast. She was informed of the investigative findings and agreed to complete a corrective action plan within 15 days of receipt of this report.

APPLICABLE RULE	
R 400.15201	Qualifications of administrator, direct care staff, licensee, and members of the household; provision of names of employee, volunteer, or member of the household on parole or probation or convicted of felony; food service staff.

	(10) All members of the household, employees, and those volunteers who are under the direction of the licensee shall be suitable to assure the welfare of residents.
ANALYSIS:	Ms. Keast provided documentation confirming that Ms. Garza completed her background check. Ms. Keast acknowledged that Ms. Henton did not complete her background check after two failed attempts due to a code issue with the 3 rd party fingerprint/background check company. HR personnel within AHSL Kentwood is aware and working to address this issue. Therefore, there is a preponderance of evidence to support the allegation.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: New staff members Ania Garza and Iesha Henton have not completed their TB test.

INVESTIGATION: On 2/14/23, I received a BCAL online complaint stated that new staff members did not have their TB test completed prior to working.

On 2/14/23, I spoke to the complainant via phone and she confirmed the allegations.

On 2/21/23, I spoke to Ms. Keast via phone and she stated that new staff members have completed their TB test. I specifically requested to see the TB test for newer staff members that Ms. Keast discussed. Ms. Keast agreed to send verification via email.

On 2/21/23, I received an email from Ms. Keast confirming that Ms. Garza completed her TB test on 1/17/23 and the results read negative on 1/19/23. The email also confirmed that Ms. Henton completed her TB test on 12/21/22 and the results read negative on 12/23/22.

On 03/06/23, I conducted an exit conference with licensee designee, Stacey Keast. She was informed of the investigative findings and denied having any questions.

APPLICABLE RULE	
R 400.15205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the

	disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.
ANALYSIS:	Ms. Keast provided documentation to confirm that two newer staff members, Ms. Garza and Ms. Henton both completed their TB test. Therefore, there is not a preponderance of evidence to support the allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

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

Anthony Mullins

03/06/2023

Anthony Mullins
Licensing Consultant

Date

Approved By:

Jerry Hendrick

03/06/2023

Jerry Hendrick
Area Manager

Date