



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 1, 2023

Rebecca Eagle
Monark Grove Clarkston
7373 Sashabaw Rd.
Clarkston, MI 48348

RE: License #: AH630413772
Investigation #: 2023A1027033
Monark Grove Clarkston

Dear Ms. Eagle:

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 authorized representative 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) 241-1970.

Sincerely,

A handwritten signature in cursive script that reads "Jessica Rogers".

Jessica Rogers, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 285-7433
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630413772
Investigation #:	2023A1027033
Complaint Receipt Date:	01/23/2023
Investigation Initiation Date:	01/24/2023
Report Due Date:	03/22/2023
Licensee Name:	Clarkston Senior Living LLC
Licensee Address:	Ste 200 101 W. Big Beaver Road Troy, MI 48084
Licensee Telephone #:	(248) 680-7180
Administrator/ Authorized Representative:	Rebecca Eagle
Name of Facility:	Monark Grove Clarkston
Facility Address:	7373 Sashabaw Rd. Clarkston, MI 48348
Facility Telephone #:	(248) 954-1006
Original Issuance Date:	12/22/2022
License Status:	TEMPORARY
Effective Date:	12/22/2022
Expiration Date:	06/21/2023
Capacity:	83
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Staff worked prior to their workforce background check being completed.	Yes
Married residents resided in studio apartments.	Yes
Additional Findings	No

The complaint alleged independent living residents could freely enter the assisted living area which was addressed in the Corrective Action Plan (CAP) dated 12/14/2022 for the Original Licensing Study Report dated 12/22/2022.

III. METHODOLOGY

01/23/2023	Special Investigation Intake 2023A1027033
01/24/2023	Special Investigation Initiated - Letter Email sent to Ms. Eagle requesting an employee list
01/25/2023	Contact - Document Received Email received from Ms. Eagle with employee list
02/24/2023	Inspection Completed On-site
03/01/2023	Contact – Document Sent Email sent to Ms. Eagle inquiring about documentation/information requested at on-site inspection on 2/24/2023
03/02/2023	Contact – Document Received Email received from Ms. Eagle with requested documentation/information
03/03/2023	Inspection Completed – BCAL Sub. Compliance
03/09/2023	Exit Conference Conducted by voicemail with authorized representative Ms. Eagle

ALLEGATION:

Staff worked prior to their workforce background check being completed.

INVESTIGATION:

On 1/23/2023, the department received an anonymous complaint which alleged staff worked prior to the fingerprinting being completed. Due to the anonymous nature of the complaint, I was unable to obtain further information.

On 2/24/2023, I conducted an on-site inspection at the facility. I interviewed authorized representative and administrator Rebecca Eagle who stated some staff started working in the attached independent living then transitioned to the licensed home for the aged (HFA). Ms. Eagle stated the employee's date of hire was when they were hired for the independent living. Ms. Eagle stated the licensed HFA assisted living unit opened on 12/30/2022 and the memory care unit opened on 2/1/2023.

While on-site, I reviewed three employee files:

Employee #2's file read his date of hire was 12/19/2022 and his workforce background check eligibility letter was dated 1/13/2023.

Employee #3's file read her date of hire was 10/31/2022 and her workforce background check eligibility letter was dated 1/19/2023.

Employee #4's file read her date of hire was 11/7/2022 and her workforce background check eligibility letter was dated 1/3/2023.

While on-site, I interviewed Employee #1 who stated she had received her workforce background check prior to working in the facility.

On 3/2/2023, email correspondence with Ms. Eagle read each employee's date of hire within the licensed HFA was Employee #2 on 1/5/2023, Employee #3 on 1/1/2023, and Employee #4 on 1/2/2023.

I reviewed the January 2023 schedule read Employee #2 worked from 7:00 AM to 3:00 PM from 1/5/2023 through 1/8/2023, then 1/10/2023 through 1/13/2023. The schedule read Employee #3 trained on 1/1/2023, then worked 11:00 PM to 7:00 AM on 1/2/2023, 1/4/2023, and 1/6/2023, as well as 1/9/2023 through 1/11/2023. The schedule read Employee #4 worked from 7:00 AM to 3:00 PM on 1/2/2023 through 1/4/2023, 1/7/2023, 1/12/2023 and 1/13/2023.

APPLICABLE RULE	
MCL 333.20173a	Covered facility; employees or applicants for employment; prohibitions; criminal history check; procedure; conditional employment or clinical privileges; knowingly providing false information as misdemeanor; prohibited use or dissemination of criminal history information as misdemeanor; review by licensing or regulatory department; conditions of continued employment; failure to conduct criminal history checks as misdemeanor; storage and retention of fingerprints; notification; electronic web-based system; definitions.
	(2) Except as otherwise provided in this subsection or subsection (5), a covered facility shall not employ, independently contract with, or grant privileges to an individual who regularly has direct access to or provides direct services to patients or residents in the covered facility until the covered facility or staffing agency has a criminal history check conducted in compliance with this section or has received criminal history record information in compliance with subsections (3) and (10).
ANALYSIS:	Due to the anonymous nature of the complaint, a random sample of employee files were reviewed in which workforce background checks were conducted. Review of the January 2023 staff schedule and the workforce background checks for three staff members revealed they had independently provided direct services to residents in the licensed HFA in which their background checks were conducted afterwards. Based on this information, this allegation was substantiated.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Married residents resided in studio apartments.

INVESTIGATION:

On 1/23/2023, the Department received an anonymous complaint which alleged married couples resided in studio apartments, specifically apartments 161 and 240. Due to the anonymous nature of the complaint, I was unable to obtain further information.

On 2/24/2023, I conducted an on-site inspection at the facility. I interviewed Ms. Eagle who stated there were married couples in apartments 161 and 240. Ms. Eagle stated the residents had chosen those apartments due to cost. Ms. Eagle provided the apartment plans in which apartment 161 was designated as a studio and apartment 240 was designated as a one bedroom.

While on-site, I reviewed the resident roster which read Resident A and B resided in apartment 161. The roster read Resident C and D resided in apartment 240.

While on-site, I observed apartments 161 and 240 in which were consistent with the apartment plans provided by Ms. Eagle.

I reviewed the facility's Health Facilities Engineering Section (HFES) room sheets which read apartments 161 and 240 were each licensed for one bed.

APPLICABLE RULE	
R 325.1921	Governing bodies, administrators, and supervisors.
	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>
ANALYSIS:	Review of documentation, staff attestations and observations revealed a married couple resided in both rooms 161 and 240. Review of the facility's room sheets revealed apartments 161 and 240 were licensed for one bed. The number of residents residing in the apartments did not correspond to the approved licensed bed number thus the facility lacked an organized program to ensure compliance with licensed bed appropriation from HFES.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Jessica Rogers

03/03/2023

Jessica Rogers
Licensing Staff

Date

Approved By:

Andrea Moore

03/07/2023

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

Date