



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 15, 2023

Madiha Zeeshan
BIRCH RUN AFC, LLC
8340 W Potter Road
Flint, MI 48433

RE: License #: AL730411567
Investigation #: 2023A0580019
Birch Run Fields Assisted Living

Dear Ms. Zeeshan:

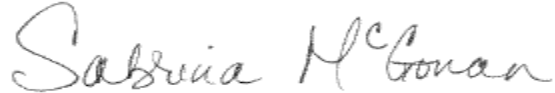
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan".

Sabrina McGowan, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 835-1019

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL730411567
Investigation #:	2023A0580019
Complaint Receipt Date:	01/30/2023
Investigation Initiation Date:	02/03/2023
Report Due Date:	03/31/2023
Licensee Name:	BIRCH RUN AFC, LLC
Licensee Address:	8340 W Potter Road Flint, MI 48433
Licensee Telephone #:	(517) 414-3719
Administrator:	Madiha Zeeshan
Licensee Designee:	Madiha Zeeshan
Name of Facility:	Birch Run Fields Assisted Living
Facility Address:	12160 Ulmer Rd Birch Run, MI 48415
Facility Telephone #:	(517) 414-3719
Original Issuance Date:	08/01/2022
License Status:	REGULAR
Effective Date:	02/01/2023
Expiration Date:	01/31/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
The facility does not have adequate staffing.	Yes
Resident A had been in her bed for three days straight, not turned, or getting changed. She was given the bare minimum in the last moments of her life.	No
Trash and feces are in almost every one of these residents' rooms at all times. Including floors, carpets, and bathrooms. The kitchen and dining area of this facility are not clean, the silverware is not clean, nor are the tables.	No

III. METHODOLOGY

01/30/2023	Special Investigation Intake 2023A0580019
02/03/2023	Special Investigation Initiated - On Site An unannounced onsite inspection was conducted.
02/03/2023	Contact - Face to Face Interview with staff, Ms. Caress Byrom.
02/03/2023	Contact - Face to Face Interview with Resident C.
02/06/2023	APS Referral A referral was made to APS sharing the allegations.
02/07/2023	Contact - Telephone call made A call was made to the licensee designee, Ms. Zeeshan.
02/09/2023	Contact - Document Received AFC Assessment Plan and IR's involving Resident A received.
02/09/2023	Contact - Telephone call made I spoke with Ms. Tiffany Grabill.
02/09/2023	Contact - Telephone call received. I spoke with staff, Ms. Hailey Crocker.
03/06/2023	Contact - Telephone call made Contact with Heart to Heart Hospice.

03/07/2023	Contact - Telephone call made I made a call to Relative Guardian A.
03/09/2023	Contact - Telephone call received I made a call to Relative Guardian B.
03/15/2023	Exit Conference An exit was conducted with the licensee designee, Ms. Zeeshan.

ALLEGATION:

The facility does not have adequate staffing.

INVESTIGATION:

On 01/30/2023, I received a complaint via BCAL Online Complaints, alleging the day shift consists of two staff members, and night shift consists of 1 worker as of 12/01/22. At the time there were 2 residents who require two person assists, one of which passed away on 01/09/2023.

On 02/03/2023, I conducted an unannounced onsite inspection at Birch Run Fields Assisted Living. Contact was made with direct care staff, Ms. Tiffany Grabill and Ms. Hailey Crocker. Also present was kitchen staff and cook, Ms. Caress Byrom. Ms. Crocker confirmed that Resident B is currently the only resident in the facility that requires a 2-person assist. Contact information for each staff was obtained.

On 02/03/2023, while onsite I observed Resident B while sitting up in bed in her room. Resident A was appropriately dressed in a gown while in bed. Her clothes were clean, and she was neat in appearance. While present, staff, Ms. Tiffany Grabill and Ms. Hailey Crocker entered the room and attended to her needs. Resident B's room was observed as being clean.

On 02/03/2023, I received an additional complaint, intake #193031, which was combined with this investigation.

On 02/06/2023, I made a referral to APS (Adult Protective Services). APS was informed of the allegations.

On 02/07/2023, I spoke with the licensee, Ms. Madiha Zeeshan. Ms. Zeeshan denied the allegations that the facility is short staffed. She states that currently, there are 9 residents in the facility, one of which requires a 2-person assist. Staff work 12-hour shifts, from 7am-7pm or 7pm-7am. Ms. Zeeshan states that in addition, the manager of

the facility, available onsite Monday-Friday from 9am-5pm, there are 2 direct care staff, as well as a cook on duty in the day.

On 02/09/2023, I reviewed a copy of the staff schedule at Birch Run Assisted Living from the dates of 01/02/2023-02/12/2023. One staff person works the 7pm-7am shift.

On 02/09/2023, I spoke with staff, Ms. Hailey Crocker. She stated that she typically works the morning schedule, 7am-7pm. This shift consists of the home manager, 2 direct care staff and a cook. She stated that the 7pm-7am shift is covered by one staff.

On 02/09/2023, I spoke with staff, Ms. Tiffany Grabill. She stated that there is always only one staff who works 3rd shift. Currently, to her knowledge, there is one resident in the facility that requires a 2-person assist.

On 03/09/2023, I spoke with Relative Guardian B. He stated that Resident B is unable to stand or walk and requires to people to assist her, or one, if the person is really large. She requires a wheelchair for assistance. He stated that the facility is normally short staffed although he does not have any complaints. He stated that when visiting, he will usually seek out a staff person if Resident B needs any assistance. She also wears briefs. He does not believe that she gets her briefs changed as often as needed. He does add that the care is improving with a manger being onsite daily. Resident B's room is pretty clean and kept up to date.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	<p>It was alleged that the facility is short-staffed.</p> <p>Licensee, Ms. Zeeshan, and staff Ms. Hailey Crocker both stated that Resident B requires a 2-person assist for mobility.</p> <p>The staff schedule at Birch Run Assisted Living from the dates of 01/02/2023-02/12/2023 indicate 1 staff works the 7pm-7am shift.</p> <p>Staff. Ms. Tiffaney Grabill and Ms. Hailey Crocker both stated that 1 staff works from 7pm-7am.</p> <p>Resident B was observed while in bed, requiring 2 staff to attend to her needs.</p>

	Based on the review of the staff schedule provided, interviews with the licensee designee, Ms. Madiha Zeeshan, direct care staff, Relative Guardian B, and an observation of Resident B, there is sufficient evidence to support the rule violation.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Resident A had been in her bed for three days straight, not turned, or getting changed. She was given the bare minimum in the last moments of her life.

INVESTIGATION:

On 02/03/2023, I conducted an unannounced onsite inspection at Birch Run Fields Assisted Living. While onsite I observed the residents as they were gathering in the main dining hall for lunch. The residents appeared to have proper hygiene and clothing. Staff was observed serving the residents their food and tending to their needs. They appeared to be receiving adequate care.

On 02/07/2023, I spoke with the licensee, Ms. Zeeshan. She denied the allegations that Resident A was not turned or changed during her final days prior to her death. She stated that Resident A received services from Heart-to-Heart Hospice while at the facility. Due to her fragile, small stature hospice was attempting to obtain a pressurized mattress, however, it was not obtained prior pt her passing.

On 02/09/2023, I received an emailed copy of Resident A's AFC Assessment Plan and Incident Report (IR) written when Resident A died. It states that on 01/09/2023 at 6:50am Resident A passed away on hospice. Resident had been active status since Friday 01/06/2023. Comfort measures were in place. Heart to Heart Hospice and Resident A's family were notified of the residents passing. Nurse pronounced Resident A deceased at 9:00am. Funeral home contacted and transported the body. Also received was a copy of the AFC Assessment plan for Resident A, as well as staff scheduled for the month of January 2022.

The AFC Assessment Plan for Resident A indicates Resident A requires full assistance from staff with toileting, bathing, dressing, personal hygiene, and grooming. Resident A is unable to ambulate and uses a wheelchair. The plan was signed by Relative Guardian A on 06/07/2021. The plan was not signed by the licensee designee until 01/09/2022, the date of Resident A's passing.

On 02/09/2023, I spoke with staff, Ms. Hailey Crocker. She denied the allegations that Resident A was not being turned or changed in the days leading to passing. She stated that Resident A had been declared as actively dying by hospice when they noticed the

sores. Resident A passed away fast. One day she was active, coming to the dining room for meals, the next day she did not.

On 03/06/2023, I spoke with Ms. Nadia Nyland, manager at Heart-to-Heart Hospice. She shared that Resident A began receiving hospice services effective 09/03/2021. Visits initially occurred weekly when Resident A first began receiving services. Resident A received daily visits towards the end of life. She stated that while residing in the facility, there were no concerns regarding Resident A's care. Initially she was able to get out of bed for meals with the assistance of a Geri Chair. She added that they also ordered a pressurized mattress for Resident A, however, she declined so fast that once received it was determined that it would not be safe to move from her current bed due to her fragile state. Resident A had an order to be turned every 2 hours. She stated that the sores that were observed on Resident A are typical in the last days of life. They are not preventable and not caused due to lack of care.

On 03/07/2023, I made a call to Relative Guardian A. He indicated that to his knowledge, Resident A did not have any bed sores while at the facility. He denied her room reeking of urine as alleged. Relative Guardian A has no concerns with the care provided to Resident A while residing at the facility, or in her final days.

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:	It was alleged that Resident A had been in her bed for three days straight, not turned, or getting changed. She was given the bare minimum in the last moments of her life. Based on interviews with the licensee designee, Ms. Zeeshan, direct staff Ms. Hailey Crocker, manager at Heart-to-Heart Hospice, Ms. Nadia Nyland, Relative Guardian A, documents reviewed, and an observation of other residents in the facility, there is not enough evidence to support the rule violation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Trash and feces are in almost every one of these residents' rooms at all times. Including floors, carpets, and bathrooms. The kitchen and dining area of this facility are not clean, the silverware is not clean, nor are the tables.

INVESTIGATION:

On 02/03/2023, I conducted an unannounced onsite inspection at Birch Run Fields Assisted Living. Contact was made with direct care staff, Ms. Tiffany Grabill and Ms. Hailey Crocker. Also present was kitchen staff and cook, Ms. Caress Byrom.

While onsite I conducted an inspection of each resident bedroom and bathroom occupied by residents. The rooms were cleaned, beds were made. No trash or feces was observed in the resident rooms. No medication was observed in any of the resident bedrooms. Floors and carpets throughout the resident rooms and the facility was observed as clean.

The kitchen and dining area was inspected while onsite. Residents were observed gathering for lunch in the dining area. It was observed as being clean, with a few crumbs on the floor under a table where residents were currently eating. The kitchen was observed while in the process of being cleaned as staff Ms. Byrom has just finished preparing lunch. No old food was observed as having been left on the counter for days as alleged. Ms. Byrom was observed making a grocery list. She stated that she has only worked at the facility for a few days, newly hired as the cook. She stated that she has prior kitchen experience. She shared that the licensee, Ms. Madiha Zeeshan typically makes the menu. She then goes through the groceries on hand to determine that items need to be purchased.

The facility menu was observed while onsite. The food in the Frigidaire, freezer and pantry was observed as enough food to feed the residents in accordance to the current menu observed while onsite.

While onsite I spoke with Resident C, observed while in his room eating lunch. He stated that the food was bad, however, it has gotten a lot better. He adds that the staff are lazy, and some do a better job cleaning than others. His room, bathroom and were observed as being cleaned.

On 02/09/2023, I spoke with staff, Ms. Tiffany Grabill. She stated that she has worked at the facility for approximately 1 month. She denied that the cleanliness of the facility has been an issue since her time working at the facility.

APPLICABLE RULE	
R 400.15403	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>It was alleged that trash and feces are in almost every one of these residents' rooms at all times. Including floors, carpets, and bathrooms. The kitchen and dining area of this facility are not clean, the silverware is not clean, nor are the tables.</p> <p>Based on my unannounced onsite inspection of the facility on 02/03/2023, as well as interviews with staff and Resident C, there is not enough evidence to support the rule violation</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

On 03/15/2023, I conducted an exit conference with the licensee designee, Ms. Zeeshan. Ms. Zeeshan was informed of the findings of this investigation. A correction action plan was requested.

IV. RECOMMENDATION

Upon the receipt of an approved corrective action plan, no change to the status of the license is recommend.

Sabrina McGowan

March 15, 2023

Sabrina McGowan
Licensing Consultant

Date

Approved By:

Mary Holton

March 15, 2023

Mary E. Holton
Area Manager

Date