GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 21, 2023

Rochelle Lyons
Grandhaven Living Center LLC
Suite 200
3196 Kraft Avenue SE
Grand Rapids, MI 49512

RE: License #: AL330378741
Investigation #: 2023A1033028
Grandhaven Living Center (Harbor)

Dear Ms. Lyons:

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) 284-9730.

Sincerely,

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL330378741
Investigation #:	2023A1033028
Complaint Receipt Date:	02/13/2023
Investigation Initiation Date:	02/16/2023
Report Due Date:	04/14/2023
Licensee Name:	Grandhaven Living Center LLC
Licensee Address:	Suite 200 3196 Kraft Avenue SE Grand Rapids, MI 49512
Licensee Telephone #:	(517) 420-3898
Administrator:	Rochelle Lyons
Licensee Designee:	Rochelle Lyons
Name of Facility:	Grandhaven Living Center (Harbor)
Facility Address:	3145 West Mt. Hope Lansing, MI 48911
Facility Telephone #:	(517) 485-5966
Original Issuance Date:	08/07/2017
License Status:	REGULAR
Effective Date:	02/07/2022
Expiration Date:	02/06/2024
Capacity:	20
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Direct care staff dropped Citizen 1 and Citizen 2.	No
Resident A and Resident L are not receiving routine showers by direct care staff.	Yes

III. METHODOLOGY

02/13/2023	Special Investigation Intake 2023A1033028
02/16/2023	Special Investigation Initiated - On Site- Interview with Operations Specialist, Crystal Smith, direct care staff, Celeste Weakly & Takeria Taylor, Resident A & Resident B. Review of resident records initiated.
02/27/2023	Contact - Document Sent- Email sent to licensee designee, Rochelle Lyons, requesting a telephone call to complete exit conference.
03/14/2023	Contact - Document Sent- Email sent to licensee designee, Rochelle Lyons, requesting a telephone call to complete exit conference.
03/14/2023	Exit Conference- Email and telephone calls have been made to complete exit conference with licensee designee, Rochelle Lyons. Messages have been left regarding the status of this investigation.
03/16/2023	APS Referral made, via email.
03/20/2023	Inspection Completed-BCAL Sub. Compliance

**To maintain the coding consistency of residents across several investigations, the residents in this special investigation are not identified in sequential order.*

ALLEGATION:

Direct care staff dropped Citizen 1 and Citizen 2.

INVESTIGATION:

On 2/13/23 I received an online complaint regarding the Grandhaven Living Center (Harbor) adult foster care facility (the facility). The complaint alleged Citizen 1 and Citizen 2 had both been dropped at the facility by a direct care staff member who was trying to complete a two-person mobility transfer, independently. On 2/16/23 I completed an on-site investigation and spoke with Operations Specialist, Crystal Smith. Ms. Smith reported that Citizen 1 and Citizen 2 are residents at a neighboring Grandhaven facility and do not reside in this facility.

On 2/13/23 I updated Adult Foster Care Licensing Consultant, Julie Elkins, who currently had an open investigation at the neighboring facility. Ms. Elkins will follow through on this allegation.

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:	Based upon the fact that Citizen 1 and Citizen 2 do not reside in this facility there is no violation to record in this report.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Resident A and Resident L are not receiving routine showers by direct care staff.

INVESTIGATION:

On 2/13/23 I received an online complaint regarding the facility. The complaint alleged that Resident A and Resident L are not receiving routine personal care, including showers, from direct care staff. The complaint further alleged that Resident L's resident room smells of urine and feces.

On 2/16/23 I completed an on-site investigation at the facility. I interviewed Operations Specialist, Crystal Smith. Ms. Smith reported she is covering the

temporary absence of Operations Specialist, Bobbie Huizen. Ms. Smith reported the facility does not have any monitoring tool used to track resident showers, unless the resident receives Tri County Office on Aging (TCOA) services, as they require a shower log be maintained for residents they serve.

During on-site investigation, on 2/16/23, I interviewed Resident L. Resident L was laying in her bed in her bedroom during this interview. Her room was clean, organized, and did not have a foul odor on this date. Resident L reported there are times she calls for assistance with toileting and it takes 1.5 to 2 hours for a direct care staff to assist her. Resident L reported she wears incontinence briefs, and these usually get changed every 4 to 5 hours each day. She reported she is scheduled to receive her showers/bed bath on Tuesday and Thursday each week but there are frequently times where her shower is bumped to the next day and then the next day due to direct care staff claiming they are too busy to attend to her bathing needs. Resident L verbalized that there was a period, recently, where she went five weeks without having a proper bed bath. Resident L reported she has never refused a shower.

During on-site investigation, on 2/16/23, I interviewed Resident A. Resident A reported she has resided at the facility for almost one year. Resident A reported the facility being short staffed. Resident A reported she will push her call button when she needs to have her incontinence brief changed and it can take up to two hours for a direct care staff to attend to this need. She reported, “eventually I get the care I need.” Resident A reported that she is scheduled to receive two showers per week, on Monday and Thursday, but lately she has only been receiving one shower per week. Resident A reported that the direct care staff verbalize to her that they do not have time to provide two showers per week. Resident A verbalized that she has never refused a shower. Resident A reported that she has made complaints to facility management about the lack of personal care she is receiving, and for a short while things get better and then it goes back to the original problem of direct care staff stating they do not have time to perform the personal care required.

During on-site investigation, on 2/16/23, I interviewed direct care staff, Celeste Weakly. Ms. Weakly reported she has worked for the facility as a direct care staff member for around 7 months. Ms. Weakly reported direct care staff look at the resident shower book to determine who is due for a shower on each shift. She reported that to her knowledge, Resident L is receiving showers two times per week. She reported Resident L has not complained to her that she is not receiving her scheduled showers. Ms. Weakly reported Resident A is scheduled to receive two showers per week. She reported these showers occur on second shift. She reported that she is aware that Resident A has complained to management that she had not been receiving her showers twice per week.

During on-site investigation, on 2/16/23, I interviewed direct care staff/medication technician, Takeria Taylor. Ms. Taylor reported she has worked for the facility for about 7 months. Ms. Taylor reported direct care staff look at the resident shower

book to determine who is due for a shower each day. Ms. Taylor reported that there is also a poster in the back of the resident care station that indicates who is to receive a shower each day. Ms. Taylor reported she has worked shifts where the direct care staff did not have adequate time to complete a shower and had to "bump" a resident to the next day to receive their shower. Ms. Taylor could not explain the process for follow through to ensure when a shower is "bumped" that the next shift takes responsibility to ensure the shower is provided on the next day. Ms. Taylor reported Resident L recently complained about not receiving her scheduled showers and was attended to immediately. Ms. Taylor reported Resident A has also complained about not receiving her regularly scheduled showers. Ms. Taylor reported she has worked shifts where she was informed that Resident A's shower was "bumped" because they did not have adequate staffing to manage the shower on the previous shift. Ms. Taylor reported the facility utilizes one direct care staff to perform personal care and one direct care staff to administer medications, per shift. Ms. Taylor reported the medication technician will need to assist with personal care if a resident is a two person assist with mobility and transfers. Ms. Taylor reported that due to medication technicians having to help with showers and medications, there are days when all tasks cannot be completed, which includes resident showers.

During on-site investigation, on 2/16/23, I conducted a follow-up interview with Operations Specialist, Crystal Smith, regarding the resident shower book. Ms. Smith reported that the facility has started a new process by which the direct care staff are to document when a resident has received their showers each week.

During on-site investigation, on 2/16/23, I reviewed the *Shower/Laundry Schedule* form for the facility. This form has each resident listed by day of the week their shower is scheduled for and is a weekly form. I reviewed the *Shower/Laundry Schedule* forms for the weeks, 1/16/23, 1/23/23, 1/30/23. The findings are as follows:

- 1/16/23 – 1/22/23: Resident L had zero completed showers.
  Resident A had one completed shower.
- 1/23/23 – 1/29/23: Resident L had zero completed showers.
  Resident A had zero completed showers.
- 1/30/23 – 2/4/23: Resident L had zero completed showers.
  Resident A had two completed showers.

Based upon the review of the Shower/Laundry Schedule forms I requested to review any daily documentation that may indicate a shower had been completed. Ms. Smith advised that they do keep daily *Charting Notes* for each resident, and she pulled the notes for the past 30 days for Resident A and Resident L. There were no indicated showers noted in the past 30 days for Resident L. Ms. Smith had to search the C*harting Notes* back to the date 12/1/22 to obtain documentation of a shower provided to Resident L. Resident A's *Charting Notes* dictated that she had been showered on the following dates, 1/31/23, 2/2/23, 2/7/23, 2/9/23, 2/14/23.

During on-site investigation, on 2/16/23, I reviewed the *Resident Evaluation* form for Resident L, which is used by the direct care staff as the resident assessment form. This form documented Resident L requires assistance with bathing and is scheduled on a two times per week bathing schedule. I also reviewed the *Resident Evaluation* form for Resident A. This form dictated Resident A would receive assistance with bathing two times per week from direct care staff.

On 1/6/22, Special Investigation #2022A0783007 cited *R 400.15303 (2)* which documented a resident was not provided proper eating, toileting, bathing, dressing, personal hygiene, assistance from direct care staff, as outlined in the resident assessment plan. A *Corrective Action Plan* (CAP) was submitted on 1/6/22 and an email from Licensee Designee, Rochelle Lyons, was received by Licensing Consultant, Leslie Herrguth, on 1/20/22 acknowledging her approval of the CAP, as it was not signed by Ms. Lyons.

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:	Based upon interviews with Ms. Smith, Ms. Weakly, Ms. Taylor, Resident A, and Resident L, as well as review of resident records, it can be determined direct care staff are not providing personal care as specified in the residents' written assessment plans. Both Resident A and Resident L, identified that they have been compelled to make complaints about direct care staff not providing personal care, specifically showers, that they have been instructed would occur two times per week, as outlined in their *Resident Evaluation* forms. The resident *Shower/Laundry Schedule* forms for Resident A and Resident L lacked documentation to prove direct care staff are providing regular showers/personal care to Resident A and Resident L. Furthermore, the resident *Charting Notes*, for Resident L, failed to document a shower provided for her between 12/1/22 up to the date of the on-site investigation on 2/16/23.
CONCLUSION:	**REPEAT VIOLATION ESTABLISHED [SEE SIR#2022A0783007 AND CAP DATED 1/6/22].**

IV. RECOMMENDATION

Contingent upon the receipt of an approved corrective action plan. No change to the status of the license recommended at this time.

03/21/23

Jana Lipps Date
Licensing Consultant

Approved By:

03/21/2023

Dawn N. Timm Date
Area Manager