



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 17, 2023

Melissa Sevegney  
Wood Care VIII, Inc.  
910 S Washington Ave  
Royal Oak, MI 48067

RE: License #: AL090281510  
Investigation #: 2023A0572031  
Leighton House Inn

Dear Ms. Sevegney:

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 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 (810) 643-7960.

Sincerely,

A handwritten signature in black ink that reads "Anthony Humphrey". The signature is written in a cursive style with a large, looping flourish at the end.

Anthony Humphrey, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(810) 280-7718

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL090281510
<b>Investigation #:</b>	2023A0572031
<b>Complaint Receipt Date:</b>	03/23/2023
<b>Investigation Initiation Date:</b>	03/28/2023
<b>Report Due Date:</b>	05/22/2023
<b>Licensee Name:</b>	Wood Care VIII, Inc.
<b>Licensee Address:</b>	910 S Washington Ave Royal Oak, MI 48067
<b>Licensee Telephone #:</b>	(219) 253-3904
<b>Administrator:</b>	Kimberly Gee
<b>Licensee Designee:</b>	Melissa Sevegney
<b>Name of Facility:</b>	Leighton House Inn
<b>Facility Address:</b>	6700 Westside Saginaw Rd Bay City, MI 48706
<b>Facility Telephone #:</b>	(989) 667-9800
<b>Original Issuance Date:</b>	12/05/2007
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	06/07/2022
<b>Expiration Date:</b>	06/06/2024
<b>Capacity:</b>	20
<b>Program Type:</b>	ALZHEIMERS AGED

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
In February 2023, Resident A went six days without a bath. She has a catheter and smelled of urine. She was wearing the same clothes from the prior week and now has open bed sores.	Yes
The facility is inadequately staffed to meet the residents' needs.	No
Resident A's meals are sporadic. She is only getting a sandwich for dinner. She had not eaten for 14 hours as of this morning (02/27/23) because they did not bring her anything to eat and the food she is receiving is not part of her diabetic diet.	No

**III. METHODOLOGY**

03/23/2023	Special Investigation Intake 2023A0572031
03/23/2023	APS Referral APS made referral.
03/28/2023	Special Investigation Initiated - On Site
03/28/2023	Contact - Face to Face Dietary Manager, Patty Seifferly and Resident A.
05/08/2023	Contact - Face to Face Home Manager, Diane McGourty and Staff, Samantha Markle.
05/08/2023	Contact - Face to Face Licensee, Hathaway Synder.
05/09/2023	Contact - Telephone call received Staff, Debra Hernandez and Staff, Courtney Thompson.
05/09/2023	Contact - Telephone call received Staff, Debra Hernandez and Staff, Marissa Geyer.
05/12/2023	Contact - Telephone call received Dr. Kershen.
05/15/2023	Contact - Telephone call made Nurse Practitioner, Kristen Heckert.

05/17/2023	Exit Conference Licensee Designee, Melissa Sevegney
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**ALLEGATION:** In February 2023, Resident A went six days without a bath. She has a catheter and smelled of urine. She was wearing the same clothes from the prior week and now has open bed sores.

**INVESTIGATION:** On 03/23/2023, the local licensing office received a complaint for investigation. Adult Protective Services (APS) referred the complaint to licensing for further investigation.

On 03/23/2023, an unannounced onsite inspection was made at Leighton House Inn, located in Bay County Michigan. Interviewed were Dietary Manager, Patty Seifferly and Resident A.

On 03/23/2023, I interviewed Resident A regarding the allegation. Resident A informed me that she is supposed to receive a bath two times per week, but it's been only once per week since January. Last week was the first time that she had received two baths in one week, but she had to complain in order to get that. She stated that she has worn the same clothing for days at a time and expects to have a change of clothing at least twice per week when she receives her showers. She has bedsores now and it is because she is not being changed.

On 03/23/2023, I attempted to interview Dietary Manager, Patty Seifferly regarding the allegation, but Ms. Seifferly stated she does not know anything about Resident A's shower schedule.

On 05/08/2023, I made another unannounced onsite inspection to Leighton House Inn and interviewed Home Manager, Diane McGourty regarding the allegation. Ms. McGourty informed me that Resident A showers twice per week and denied that there has been any point in time in which Resident A would have gone without a shower for a period of six days, unless she refused the shower. She informed me that Resident A is a very determined individual and would not allow staff to let her go without a shower and a change of clothes for six days.

On 05/08/2023, I reviewed the shower schedule which indicated that Resident A has been offered a shower at least twice per week.

On 05/08/2023, I interviewed staff Samantha Markle regarding the allegation. Ms. Markle informed me that she is aware that Resident A has gone at least a week without receiving a shower. She stated Resident A prefers her showers at night because it helps her sleep better but 2<sup>nd</sup> shift staff are not tending to her bathing needs as requested. Ms. Markle stated 2<sup>nd</sup> and 3<sup>rd</sup> shift are not changing Resident A as often as they should. Ms. Markle also stated that Resident A currently has bedsores.

On 05/09/2023, I interviewed staff Courtney Thompson regarding the allegation. Ms. Thompson informed me that she is new to Leighton House Inn and is not certain if Resident A is receiving showers or not being changed regularly. She stated that she heard Resident A had bedsores, but is not aware of what caused them.

On 05/09/2023, I interviewed staff Debra Hernandez regarding the allegation. Ms. Hernandez stated she has noticed Resident A not being bathed for a period of six days. Ms. Hernandez expressed her belief that the majority of the time its staff not giving her a bath, although last night (05/08/2023), Resident A did refuse a shower due to a painful bedsore that she has and she did not want to be scooting on the shower seat. Ms. Hernandez stated she has also witnessed Resident A wearing the same clothing for several days at a time. Ms. Hernandez expressed her belief that with recent staff turnover that this should no longer be an issue.

On 05/15/2023, I interviewed Nurse Practitioner, Kristen Heckert regarding the allegation. Ms. Herkert stated she is uncertain how long Resident A goes without a shower or being changed but knows that she will refuse. She is unable to determine if she is not being changed and showered due to staff or due to Resident A's refusals. Resident A will not allow for male staff to assist her with showers, however; there are mostly female staff who are employed at the facility. Ms. Heckert stated that Resident A has bedsores and expressed her belief that it is due to not being changed regularly.

On 05/16/2023, I interviewed staff Marissa Geyer regarding the allegation. Ms. Geyer has only worked at Leighton House Inn a few times, and stated she is uncertain if Resident A is not receiving regularly scheduled showers and changes.

<b>APPLICABLE RULE</b>	
<b>R 400.15314</b>	<b>Resident hygiene.</b>
	<b>(1) A licensee shall afford a resident the opportunity, and instructions when necessary, for daily bathing and oral and personal hygiene. A licensee shall ensure that a resident bathes at least weekly and more often if necessary.</b>
<b>ANALYSIS:</b>	Resident A indicated that the allegation is true, and that staff are ignoring her request to be showered and changed. Two staff members stated that they have observed Resident A going without being bathed and changed for six or more days at a time on 2 <sup>nd</sup> and 3 <sup>rd</sup> shift. The Nurse Practitioner stated that Resident A has a bedsore, and it is believed to be due to not being changed regularly. Based on my investigation, there is a preponderance of evidence to indicate a rule violation has occurred.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION: The facility is inadequately staffed to meet the residents' needs.**

**INVESTIGATION:** On 03/23/2023, I interviewed Resident A regarding the allegation. She informed me that she believes that the facility has two people working on each shift, but it “works better” when they have three people working, but people don’t want to come to work.

On 03/23/2023, I attempted to interview Dietary Manager, Patty Seifferly regarding the allegation. Ms. Seifferly stated she believes that there are at least two aides working per shift.

On 05/08/2023, I made another unannounced onsite inspection to Leighton House Inn and interviewed Home Manager, Diane McGourty regarding the allegation. Ms. McGourty informed me that they normally have three staff on 1<sup>st</sup> and 2<sup>nd</sup> shift, with two staff on 3<sup>rd</sup> shift. She also informed me that it also depends on if the facility is full, and if there are residents needing extra assistance. Today they have two staff, but that is without counting the two staff that are training.

On 05/08/2023, I reviewed the staff schedule and it appears that 2-3 staff are normally on the schedule per shift. Today they have four people on shift as they are training new employees.

On 05/08/2023, I interviewed staff Samantha Markle regarding the allegation. Ms. Markle informed me that they usually have three staff per shift, however; since the census is low, they are currently working two staff per shift. Today she is training a new hire, so there are four staff working.

On 05/09/2023, I interviewed staff Courtney Thompson regarding the allegation. Ms. Thompson informed me that sometimes she feels as if they are “short staffed”, but that is only because people chose not to come into work. Ms. Thompson stated the facility does their best to have people come in for coverage. They are currently going with two staff members per shift, due to the low ratio, but normally would have three staff per shift.

On 05/09/2023, I interviewed staff Debra Hernandez regarding the allegation. Ms. Hernandez informed me that they currently have two staff per shift. Once their population increases to “maybe sixteen”, they will have three staff working on shift.

On 05/16/2023, I interviewed staff Marissa Geyer regarding the allegation. Ms. Geyer informed me that they usually have at least two people working, but they try to have three workers on shift.

<b>APPLICABLE RULE</b>	
<b>R 400.15206</b>	<b>Staffing requirements.</b>
	<b>(1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 15 residents during waking hours or less than 1 direct care staff member to 20 residents during normal sleeping hours.</b>
<b>ANALYSIS:</b>	I observed four staff working during my onsite inspection and the schedule indicated that there are two-four staff working during day shift and two workers during nights. Staff and Resident A confirmed that there are at least two workers that are working per shift. Based on my investigation, there is not a preponderance of evidence to indicate a rule violation.
<b>CONCLUSION:</b>	VIOLATION NOT ESTABLISHED

**ALLEGATION:** Resident A's meals are sporadic. She is only getting a sandwich for dinner, she had not eaten for 14 hours as of this morning (02/27/23) because they did not bring her anything to eat and the food that she is receiving is not part of her diabetic diet.

**INVESTIGATION:** On 03/23/2023, I attempted to interview Dietary Manager, Patty Seifferly regarding the allegation. Ms. Seifferly informed me that Resident A is a diabetic. They utilize a 4-week cycle meal, and each meal is portion controlled so that it is consistent with her diabetic meal plan. Mealtimes are at 7am, noon and 5pm and they can have snacks. They also have an ala-carte menu that she likes to order off, which is different from the regular menu. If she does not want what's on the regular menu, she can choose to order off the ala-carte menu. On the regular menu, she usually writes notes indicating what she wants and does not want, and she numbers how many of the items she wants. The ala carte menu is from 8:30am to 8:30pm so it can be ordered between meals and after dinner if they are still hungry.

On 03/23/2023, I reviewed Resident A's weight record since moving to Leighton House Inn. She was 167 pounds and is now 198.4.

On 03/23/2023, I interviewed Resident A regarding the allegation. Resident A informed me that the facility is not providing her with a diabetic diet. She has been provided Jell-O that was not low in sugar, resulting in her blood sugar levels to be 308. After dinner which is at 5pm, residents don't get to eat again until 7am the next



morning. They are supposed to get snacks, but they are not getting them. Resident A stated she is always told that there are no more snacks.

On 05/08/2023, I made another unannounced onsite inspection to Leighton House Inn and interviewed Home Manager, Diane McGourty regarding the allegation. Resident A's diet is based on receiving portioned controlled meals. If Resident A does not like what is on the menu, she can order off the Ala Carte Menu. This menu is available to all residents from 8:30am to 8:30pm. Resident A writes notes on the menu as to what she wants and does not want. Resident A is provided sugar free items, such as Jell-o and sugar free sweeteners.

On 05/08/2023, I interviewed staff Samantha Markle regarding the allegation. Ms. Markle informed me that she is not normally working during dinner time, so she is not sure about the meals being sporadic. Ms. Markle stated Resident A is diabetic, and she receives the same exact meal and portion sizes as everyone else.

On 05/09/2023, I interviewed staff Courtney Thompson regarding the allegation. Ms. Thompson informed me that the residents can choose what they want to eat. Resident A was the only one to choose something different today. She ordered a Garden Salad today instead of what was on the menu. Residents receives three meals per day and snacks. She can order something else at any time, until the kitchen closes for the night. Residents can still ask for a snack if they are hungry.

On 05/09/2023, I interviewed staff Debra Hernandez regarding the allegation. Ms. Hernandez stated Resident A receives the same meal as all the other residents. The only thing that is different is that if residents are offered a piece of cake, Resident A will receive a half a piece of cake, or if she wants something that requires sugar, she will be offered some sugar free sweeteners. Ms. Hernandez was interviewed again on 05/16/2023 and informed me that she was currently in the kitchen and can see that they have diet Jell-O and sugar free syrup, so they are providing items specific to their diets.

On 05/12/2023, I interviewed Dr. Kershen regarding the allegation. Dr. Kristen informed me that he is not certain of Resident A's diabetic concerns as he only sees her for urinary concerns. Resident A has not made any complaints to their office regarding any mistreatment by the facility.

On 05/15/2023, I interviewed Nurse Practitioner, Kristen Heckert regarding the allegation. Ms. Heckert informed me that it is difficult for her to determine if Resident A is being provided a diabetic diet because although her sugar levels have been high at times, Resident A has been found to be hiding cupcakes in her room but will blame it on the facility not providing her with a diabetic diet.

On 05/16/2023, I interviewed staff Marissa Geyer regarding the allegation. Ms. Geyer informed me that they use portion control and that all of the desserts for diabetics are sugar-free.

<b>APPLICABLE RULE</b>	
<b>R 400.15313</b>	<b>Resident behavior interventions prohibitions.</b>
	<b>(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.</b>
<b>ANALYSIS:</b>	Resident A is provided three meals per day plus snacks. There is an ala carte menu which she can order off of if she does not like what is on the regular menu. This menu is available from 8:30am to 8:30pm. According to staff, Resident A receives the same meals as the other residents, however; anything with sugar, she will receive a smaller portion size or be provided with sugar-free desserts. Based on my investigation, there is not a preponderance of evidence to indicate a rule violation.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

On 05/17/2023, an Exit Conference was held with Licensee Designee, Melissa Sevegney regarding the results of the special investigation. I informed her that the facility has taken care of the issue and those staff members are no longer employed with their company and they will be scheduling some additional training for all of their current employees.

#### **IV. RECOMMENDATION**

I recommend that no changes be made to the licensing status of this large adult foster care group home, pending the receipt of an appropriate corrective action plan.



05/17/2023

\_\_\_\_\_  
Anthony Humphrey, Licensing Consultant      Date

Approved By:



05/17/2023

\_\_\_\_\_  
Jerry Hendrick, Area Manager      Date