



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 17, 2023

Angela Tuck
Tucks Health Services LLC
7236 Pawnee Trail
Rogers City, MI 49779

RE: License #: AL710406406
Investigation #: 2023A0360020
Golden Beach Manor

Dear Ms. Tuck:

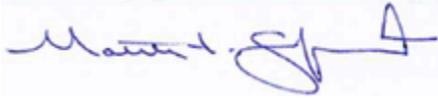
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (866) 865-0006.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew Soderquist", with a stylized flourish at the end.

Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
Ste 3
931 S Otsego Ave
Gaylord, MI 49735
(989) 370-8320

enclosure

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

I. IDENTIFYING INFORMATION

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| License #: | AL710406406 |
| Investigation #: | 2023A0360020 |
| Complaint Receipt Date: | 03/20/2023 |
| Investigation Initiation Date: | 03/21/2023 |
| Report Due Date: | 05/19/2023 |
| Licensee Name: | Tucks Health Services LLC |
| Licensee Address: | 18955 Us 23 N Millersburg, MI 49759 |
| Licensee Telephone #: | (989) 351-8091 |
| Administrator: | Angela Tuck |
| Licensee Designee: | Angela Tuck |
| Name of Facility: | Golden Beach Manor |
| Facility Address: | 18955 Us 23 N Millersburg, MI 49759 |
| Facility Telephone #: | (989) 351-8091 |
| Original Issuance Date: | 03/01/2022 |
| License Status: | REGULAR |
| Effective Date: | 09/01/2022 |
| Expiration Date: | 08/31/2024 |
| Capacity: | 20 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS, AGED |

II. ALLEGATION(S)

| | Violation Established? |
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| The facility does not have enough food. | No |
| Additional Findings | Yes |

III. METHODOLOGY

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| 03/20/2023 | Special Investigation Intake 2023A0360020 |
| 03/21/2023 | Special Investigation Initiated - Telephone Ruth Hewitt NEMCMH ORR |
| 03/23/2023 | Inspection Completed On-site DCS Casey Wolgast, Kristine Eldridge, ORR Rob Keyes |
| 04/05/2023 | Contact – Document Received Mike Tuck |
| 04/13/2023 | Inspection Completed On-site DCS Casey Wolgast, Relative 1-A, Resident A, Hospice nurse Paula Fabis |
| 04/17/2023 | Contact - Telephone call received Ruth Hewitt ORR |
| 05/05/2023 | Contact – Telephone call made Licensee Angie Tuck |
| 05/08/2023 | Inspection Completed On-site Licensee Angie Tuck, Resident A, B, C, D |
| 05/15/2023 | Inspection Completed On-site ORR Rob Keyes and Elizabeth Kowalski, Licensee Angie Tuck |
| 05/16/2023 | APS Referral online |
| 05/17/2023 | Exit Conference With licensee designee Angie Tuck |

ALLEGATION: The facility does not have enough food.

INVESTIGATION: On 3/20/2023 I was assigned a complaint from the LARA online complaint system.

On 3/21/2023 I was contacted by Ruth Hewitt from Northeast Michigan Community Mental Health. Ms. Hewitt stated rights officer Rob Keyes will be assigned the investigation.

On 3/23/2023 I made an unannounced onsite inspection at the facility with rights officer Rob Keyes. Direct care staff Casey Wolgast stated the facility has plenty of food. He stated they receive a food delivery every two weeks and the owner also shops during the week to supplement the food that runs low. He stated they serve three meals a day. I observed the fridge, dry food storage and freezers. There was plenty of milk, eggs, butter, meats, canned vegetables, pasta, and cereals. The home also makes fresh bread daily. I then interviewed direct care staff Kristine Eldridge. Ms. Eldridge stated they serve three meals a day and there is plenty of food.

On 4/13/2023 I conducted another unannounced onsite inspection at the facility. Direct care staff Mandy Smith was preparing a Shepherds Pie for lunch. She stated there is plenty of food at the facility. I then interviewed direct care staff Casey Walgast who stated the food supplies are good. They continue to receive every other week delivery. I observed the home to have plenty of food including milk, bread, meat, eggs, canned vegetables, and dry goods.

While at the facility on 4/13/2023 I interviewed Resident A. Resident A stated the food is just fine and she receives three meals a day and snacks if she wants. I then interviewed Relative 1-A. Relative 1-A stated he has no concerns about the food in the home. He stated Resident A receives more than enough food. I then interviewed Hospice staff Paula Fabis who is working with Resident A. Ms. Fabis stated she is in the home two days a week and there is also a Hospice nurse and she stated the home is "wonderful". They provide more than enough food and she has no concerns.

On 4/17/2023 I was contacted by rights officer Ruth Hewitt who stated she received reports that there is not very much food in the home. She stated rights officer Rob Keyes will be making another visit to the home.

On 5/5/2023 I contacted licensee designee Angie Tuck and scheduled a meeting at the facility for 5/08/2023.

On 5/08/2023 I conducted another onsite inspection at the facility. Ms. Tuck stated the facility continues to receive every other week grocery delivery. She stated she also supplements the grocery order every few days with milk and produce. I observed plenty of food in the home.

While at the facility on 5/08/2023 I interviewed Resident A. Resident A stated she receives plenty of food. I then interviewed Resident B. Resident B stated the food is good. She stated they receive three meals a day and get plenty of food. I then interviewed Resident C. Resident C stated he gets plenty of food. They serve three meals a day. He stated this is the best home he has ever been to, and he is very well taken care of. I then interviewed Resident D. Resident D stated he receives three meals a day and gets plenty of food.

On 5/15/2023 I conducted an onsite inspection at the facility with rights officers Rob Keyes and Elizabeth Kowalski. The licensee designee Angie Tuck stated they continue to receive a grocery delivery every two weeks. They make fresh bread daily. She stated she buys canned vegetables and milk and anything that they are running low on weekly. I observed the home to have plenty of food including milk, eggs, meats, butter, canned vegetables, pasta, and other dry goods.

| APPLICABLE RULE | |
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| R 400.15313 | Resident nutrition. |
| | (1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal. |
| ANALYSIS: | <p>The complaint alleged that the facility did not have enough food.</p> <p>The licensee designee Angie Tuck, direct care staff Casey Wolgast, Kristine Eldridge, and Mandy Smith all confirmed that residents are served three meals a day and there are regular grocery deliveries every other week. In addition, there is food purchased throughout the week to supplement the food supplies.</p> <p>There was plenty of food in the home during each onsite inspection on 3/23/2023, 4/13/2023, 5/08/2023 and 5/15/2023.</p> <p>Residents A, B, C and D all stated there is plenty of food in the home and three meals served a day. Relative 1-A stated there was plenty of food and had no complaints. Hospice staff Paula Fabis stated she was in the home two times per week in addition to a Hospice nurse and she had no concerns about the food in the facility.</p> <p>There is not a preponderance of evidence that the home is not serving three meals a daily and there is not enough food in the home.</p> |

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| CONCLUSION: | VIOLATION NOT ESTABLISHED |
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ADDITIONAL FINDINGS:

INVESTIGATION: While at the facility on 3/23/2023 I observed several cupboards in the dry food storage area with mouse droppings in them. There were also numerous areas of the home that had spider webs.

On 5/15/2023 I observed the dry food storage area where most of the mouse droppings had been cleaned however there was still some in the lower cupboards. The licensee designee Angie Tuck stated she would make sure that the remaining cupboards are cleaned and that a pest control program is put into place.

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| APPLICABLE RULE | |
| R 400.15401 | Environmental health. |
| | (5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner that continually protects the health of residents. |
| ANALYSIS: | The food storage area had evidence of mouse droppings. The home had several areas of the home that had spider webs. There is a preponderance of evidence that a pest control program was not being carried out to protect the health of the residents. |
| CONCLUSION: | VIOLATION ESTABLISHED |

ADDITIONAL FINDINGS:

INVESTIGATION: While at the facility on 3/23/2023 I observed cleaning supplies in the food storage area of the home and in the kitchen. While at the facility again on 5/08/2023 I observed a bag of Seven insect poison stored in the sunroom area of the home. This was right next to a large bag of carrots. Ms. Tuck immediately brought the poison out to the garage.

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| APPLICABLE RULE | |
| R 400.15401 | Environmental health. |
| | (6) Poisons, caustics, and other dangerous materials shall be stored and safeguarded in nonresident areas and in non-food preparation storage areas. |

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| ANALYSIS: | There was a bag of insect poison being stored in a resident area that was not safeguarded. There were cleaning supplies in the food storage area of the home that were also not safeguarded. There is a preponderance of evidence that poisons, caustics, and other dangerous materials were not stored and safeguarded in nonresident areas and in non-food preparation storage areas. |
| CONCLUSION: | VIOLATION ESTABLISHED |

ADDITIONAL FINDINGS:

INVESTIGATION: While at the facility on 3/23/2023 I observed several spills in the fridge and freezers that were not cleaned up. I also observed several spilled food items in the pantry that were not cleaned up. Many of the leftover food items were not labeled or dated. I observed a bag of carrots that were spoiled.

On 5/08/2023 I conducted an onsite inspection at the facility. The refrigerator, freezers and all storage areas were cleaned and organized.

On 5/15/2023 I conducted an onsite inspection at the facility. The food in the refrigerator was labeled, dated, and properly stored. Ms. Tuck stated that she was previously unaware of the how the staff had been leaving spoiled and unlabeled food in the refrigerators and freezers. She stated that it was unacceptable, and she will ensure that the food is kept from spoilage, labeled, dated, and stored properly.

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| APPLICABLE RULE | |
| R 400.15402 | Food service. |
| | (2) All food shall be protected from contamination while being stored, prepared, or served and during transportation to a facility. |
| ANALYSIS: | While at the facility on 3/23/2023 I observed several spills in the refrigerator and freezers. Food was unlabeled and not properly stored. Ms. Tuck stated she will make sure all food is stored properly. There is a preponderance of evidence that food was not protected from contamination while being stored. |
| CONCLUSION: | VIOLATION ESTABLISHED |

ADDITIONAL FINDINGS:

INVESTIGATION: While at the facility on 3/23/2023 I observed bathroom 3 being renovated. The bathroom was completely gutted down to the studs. The facility was renovating this bathroom due to a previous investigation in which the facility was found to have cracked tile on the bathroom floor.

On 4/05/2023 I received an email from the licensee designees husband Mike Tuck with pictures of the bathroom renovation.

On 4/13/2023 I observed the bathroom renovation. There was still some work to be done including some trim and a new fan.

On 5/13/2023 I observed the bathroom renovation. The handrails were loose and there was still some work on trim, seals and electrical work that needed to be accomplished.

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| APPLICABLE RULE | |
| R 400.15403 | Maintenance of premises. |
| | (11) Handrails and nonskid surfacing shall be installed in showers and bath areas. |
| ANALYSIS: | The handrails in the bathroom were loose and need to be secured. The licensee Angie Tuck stated she will have them repaired immediately. There is a preponderance of evidence that the bathroom handrails were not secured. |
| CONCLUSION: | VIOLATION ESTABLISHED |

ADDITIONAL FINDINGS:

INVESTIGATION: While at the facility on 3/23/2023 I observed the home furnishings to be soiled and stained. There were cobwebs throughout the home. There was a hole in the wall in the hallway. Bathroom 1 trim was cracked and in disrepair. The carpeting was soiled in several areas of the home.

On 5/13/2023 Ms. Tuck stated she was unaware of the number of cobwebs in the home and will have it cleaned. She stated several of the residents have incontinence issues and they put pads on the furniture where those residents sit. She stated if the furniture and carpet get soiled, they have a commercial carpet cleaner and will clean the furniture and carpets. She stated Resident E has required extensive supervision which has been very taxing on staff time, and they have not been able to clean the facility as usual. I observed Resident E's bedroom to have soiled carpet. She stated

she will have the facility cleaned properly. She stated the hole in the wall in the hallway will be repaired immediately.

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| APPLICABLE RULE | |
| R 400.15403 | Maintenance of premises. |
| | (2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance. |
| ANALYSIS: | The home was found on 3/23/2023 to have numerous cobwebs, stained carpets, and flooring. Ms. Tuck stated she will have the facility cleaned. There is a preponderance of evidence that the home furnishings and housekeeping standards did not present a comfortable, clean and orderly appearance. |
| CONCLUSION: | VIOLATION ESTABLISHED |

ADDITIONAL FINDINGS:

INVESTIGATION: While at the facility on 3/23/2023 I observed resident bathroom 1 to have water damaged flooring. Resident bathroom 2 cabinet doors were broken, and the bathroom sink was very slow draining. The newly renovated bathroom had missing trim and rubber seal for the shower tile. Resident bathroom in bedroom 12 had mold growing around the base of the toilet.

On 5/13/2023 Ms. Tuck and I reviewed each of the bathroom areas and the concerns. Ms. Tuck stated the plan is to renovate bathrooms 1 and 2 over the next several months. She stated they spent thousands of dollars recently renovating bathroom 3. She stated she would have all the facility bathrooms cleaned properly. She stated she would have the trim and seals for the newly renovated bathroom repaired immediately.

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| APPLICABLE RULE | |
| R 400.15403 | Maintenance of premises. |
| | (7) All water closet compartments, bathrooms, and kitchen floor surfaces shall be constructed and maintained so as to be reasonably impervious to water and to permit the floor to be easily kept in a clean condition. |
| ANALYSIS: | Resident bathroom 1 has water damaged flooring. Resident bathroom 2 cabinets were broken and had a slow drain. The |

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| | newly renovated bathroom had missing trim and seals. There was mold growing around the base of a resident toilet. |
| CONCLUSION: | VIOLATION ESTABLISHED |

ADDITIONAL FINDINGS:

INVESTIGATION: While at the facility on 3/23/2023 I observed bathroom 3 fan cover to be melted. The fan worked properly however it appeared that someone left the ceiling heater on, and it melted the cover.

On 5/08/2023 I observed the fan cover was still present and not repaired. Ms. Tuck stated she would have it repaired and have the heater removed.

On 5/15/2023 I observed bathroom 3 fan was disconnected and not working. Ms. Tuck stated she is having the fan replaced with just a fan so there is no heating element in the bathroom.

| APPLICABLE RULE | |
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| R 400.15407 | Bathrooms. |
| | (1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily. |
| ANALYSIS: | Resident bathroom 3 did not have a window or forced ventilation. Ms. Tuck stated the ventilation fan will be replaced and installed soon. There is a preponderance of evidence that the bathroom did not have forced ventilation to the outside. |
| CONCLUSION: | VIOLATION ESTABLISHED |

On 5/17/2023 I conducted an exit conference with the licensee designee Angie Tuck. Ms. Tuck concurred with the findings and stated she has cleaned up all the bathrooms. She has vacuumed all window sills where there were cobwebs. She has purchased home defense pest control products and applied to the exterior of the home. She has discussed proper storage of cleaning product and food with staff. She stated she will submit a corrective action plan for approval.

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action, I recommend no change in the

status of the license.



05/17/2023

Matthew Soderquist
Licensing Consultant

Date

Approved By:



05/17/2023

Jerry Hendrick
Area Manager

Date