



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 12, 2023

Lorenzo Cavaliere  
Belmar Oakland  
5990 Adams Road  
Troy, MI 48098

RE: License #: AH630369651  
Investigation #: 2023A1027059  
Belmar Oakland

Dear Mr. Cavaliere:

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 877-458-2757.

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) 241-1970  
enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH630369651
<b>Investigation #:</b>	2023A1027059
<b>Complaint Receipt Date:</b>	04/12/2023
<b>Investigation Initiation Date:</b>	04/14/2023
<b>Report Due Date:</b>	06/12/2023
<b>Licensee Name:</b>	Windemere Park of Troy Operations LLC
<b>Licensee Address:</b>	Suite 300 30078 Schoenherr Rd. Warren, MI 48088
<b>Licensee Telephone #:</b>	(586) 563-1500
<b>Administrator:</b>	Tracey Ryckman
<b>Authorized Representative:</b>	Lorenzo Cavaliere
<b>Name of Facility:</b>	Belmar Oakland
<b>Facility Address:</b>	5990 Adams Road Troy, MI 48098
<b>Facility Telephone #:</b>	(248) 602-2400
<b>Original Issuance Date:</b>	05/02/2016
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	11/02/2022
<b>Expiration Date:</b>	11/01/2023
<b>Capacity:</b>	69
<b>Program Type:</b>	AGED ALZHEIMERS

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Residents lacked wound care, bathing and their clothing changed.	Yes
Additional Findings	No

The Department investigated allegations pertaining to lack of changing resident's briefs in Special Investigation Report 2023A0585029.

## III. METHODOLOGY

04/12/2023	Special Investigation Intake 2023A1027059
04/14/2023	Special Investigation Initiated - Letter Email sent to Ms. Ryckman requesting an employee list and resident roster
04/14/2023	Contact - Document Received Email received from Ms. Ryckman with requested documentation
05/10/2023	Inspection Completed On-site
05/12/2023	Inspection Completed-BCAL Sub. Compliance
05/26/2023	Exit Conference Conducted by voicemail, then by email with authorized representative Mr. Cavaliere

### **ALLEGATION:**

**Residents lacked wound care, bathing and their clothing changed.**

### **INVESTIGATION:**

On 4/13/2023, the Department received a complaint forwarded by Adult Protective Services (APS) which read staff were not changing resident's wound dressings properly. The complaint read residents have open wounds in which staff do not change the dressings in between the weekly nurse visits. The complaint read residents wait for the nurse's weekly visit for wound care. The complaint read residents were not bathed, and clothes were not changed for one week. APS did not open an investigation for the allegations.

On 5/10/2023, I conducted an on-site inspection at the facility. I interviewed administrator Tracey Ryckman who stated there were four residents with wounds. Ms. Ryckman stated Resident A had hospice services who provided wound care orders which were also located on her medication administration records (MARs). Ms. Ryckman stated Resident A was bed bound with contractures and had a feeding tube. Ms. Ryckman stated Resident A's coccyx wound would improve then worsen at times. Ms. Ryckman stated staff changed her coccyx wound dressings often due to the dressing getting soiled. Ms. Ryckman stated Residents B, C and D had home care services for their vascular wounds located on their lower extremities. Ms. Ryckman stated staff would contact the home care agency's nurse if the dressing needed changed but would reinforce a dressing if needed until the nurse arrived. Ms. Ryckman stated there were not wound care orders for staff to follow since the home care agency's nurse managed them. Ms. Ryckman stated residents were bathed and clothing was changed.

While on-site, I interviewed Employee #1 who stated staff healed resident's wounds.

While on-site, I interviewed Employee #2 whose statements were consistent with Ms. Ryckman. On the facility's computer, Employee #2 showed Resident A's wound care orders prescribed by her physician, as well as staff's wound care documentation dated April 1, 2023, through May 10, 2023, which read her wound care was completed. Employee #2 showed Residents B, C and D's physician orders on the computer in which she stated the wound care orders not observed because their wounds were cared for by the home care agency staff. Employee #2 stated residents received showers twice weekly and as needed. Employee #2 stated staff completed shower sheets for each resident. Employee #2 stated Resident A's hospice agency also provided showers. Employee #2 stated each resident had a "ADL" (activities of daily living) log in which staff were to complete when care was provided.

While on-site, I observed Residents A, B, C and D. Resident A was lying in bed, turned on her right side with pillows between her bony prominences and heel boots on. I observed Resident A had clean, dry, and intact wound dressings on her coccyx area, left ankle, and right foot. I observed Resident A's brief was clean. I observed Resident B's left lower extremity wound dressing was clean, dry, and intact. I observed Resident C's right lower extremity dressing was clean, dry, and intact. I observed a staff member was assisting Resident C with cleaning and grooming. I observed Resident D sitting in her wheelchair during an activity in which she appeared to be dressed in clean clothing and groomed. I observed Resident D's left lower extremity wound dressing was clean, dry, and intact.

While on-site, I reviewed the facility's ADL log sheets which read the resident's shower day, laundry day, as well as daily care on day, afternoon, and midnight shifts. The log read both day and afternoon shifts would initial the following as completed am care/grooming, oral/denture care, shower/bathing, glasses/hearing

aids, transfers, toileting/catheter care, two-hour safety checks, and laundry. The log read midnight shift completed toileting/catheter care, transfers, one hour safety checks, and laundry. The log read staff were to record the number of times bladder and bowel incontinent care was provided and initial it, then indicate the size of the bowel movement and initial it.

I reviewed Resident A's face sheet read in part her admission date was 8/1/2022.

I reviewed Resident A's service plan dated 8/2/2022 which read she was "NPO" (nothing by mouth) and had bolus tube feedings. The plan read she required a Hoyer lift for transfers and had a hospital bed with specialty mattress. The plan read she required total care and was incontinent of bowel and bladder. The plan read she received Accent Hospice services. The plan read under skin care treatments to keep clean and dry and reposition often. The plan read she had a right foot, left ankle and coccyx reoccurring wounds to keep dry.

I reviewed Resident A's physician orders. Order dated 8/1/2023 read to reposition Resident A every four hours. Orders dated 10/3/2022 read the wound care for her bilateral legs was to cleanse the wounds with cleanser, pat dry, apply hydrogel, cover with abdominal dressing, and gauze roll, secure with tape every day and as needed.

I reviewed Resident A's May 2023 shower sheets dated 5/3/2023, 5/7/2023 and 5/9/2023.

I reviewed Accent Care's shower schedule dated April 2023 in which read the home health aide visited once weekly to provide Resident A showers.

I reviewed Resident B's face sheet which read in part his date of admission was 4/18/2023.

I reviewed Resident B's service plan dated 4/18/2023 which read he was two-person assist for transfers, one person assist for personal care/hygiene and that he utilized a bedside commode. The plan read his skin care treatments were to his bilateral lower extremities related to cellulitis in which his dressings were to be kept dry, as well as his abdominal incision dressing was to be kept dry and intact. The plan read Resident B had Tone Homecare, nursing, physical therapy, and occupational therapy, as well as Senior Wellness as of 5/2/2023.

I reviewed Resident B's physician orders which read consistent with staff interviews.

I reviewed Resident B's May 2023 shower sheets dated 5/1/2023 and 5/8/2023.

I reviewed Resident B's May 2023 ADL log which read his shower days were every Wednesday and Saturday. The log read the day shift staff initialed toileting/catheter care and two-hour safety checks were provided on 5/1/2023, 5/4/2023 through 5/7/2023, 5/9/2023 and 5/10/2023. The log read midnight shift initialed toileting/catheter care and one hour safety checks were provided on 5/1/2023,

5/2/2023, and 5/7/2023. The log was left blank on following shifts and dates: day shift 5/8/2023, afternoon shift 5/1/2023 through 5/10/2023, and midnight shift 5/3/2023 through 5/6/2023, as well as 5/8/2023 through 5/10/2023.

I reviewed Resident C's face sheet which read in part she admitted to the facility on 5/2/2023.

I reviewed Resident C's service plan dated 5/3/2023 which read she was two-person assist with a slide board for transfers, one person assist for personal care/hygiene, was incontinent of bowel and bladder, and she utilized a wheelchair. The plan read skin care treatments were to her right lower extremity and homecare was to provide care, however staff could reinforce the dressing with kerlix wrap as needed. The plan read Resident C had homecare services.

I reviewed Resident C's physician orders which read consistent with staff interviews.

I reviewed Resident C's May 2023 shower sheets dated 5/2/2023, 5/7/2023 and 5/10/2023.

I reviewed Resident C's May 2023 ADL log which read her shower days were every Tuesday and Friday morning. The log read the day shift staff initialed am care/grooming, toileting/catheter care and two-hour safety checks were provided on 5/2/2023, 5/4/2023 through 5/7/2023, 5/9/2023 and 5/10/2023. The log read midnight shift initialed toileting/catheter care and one hour safety checks were provided on 5/2/2023, and 5/7/2023. The log was left blank on following shifts and dates: day shift 5/3/2023 and 5/8/2023, afternoon shift 5/2/2023 through 5/10/2023, midnight shift 5/3/2023 through 5/7/2023, as well as 5/8/2023 through 5/10/2023 and incontinence care from 5/2/2023 through 5/10/2023.

I reviewed Resident D's face sheet which read in part she admitted to the facility on 7/25/2018.

I reviewed Resident D's service plan updated 5/12/2023 which read she was one-person assist for transfers, one person assist for personal care/hygiene, incontinent of bowel and bladder at times, and she utilized a wheelchair. The plan read her skin care treatments were to a vascular wound on her left lower extremity, dressing changes were per her wound doctor and registered nurse with Home MD/Care Team. The plan read Resident D had the following outside providers Senior Wellness, Home MD, and Care Team for wound care starting in March 2023.

I reviewed Resident D's physician orders which read consistent with staff interviews.

I reviewed Resident D's May 2023 shower sheets dated 5/1/2023 and 5/8/2023.

I reviewed Resident D's May 2023 ADL log sheet which read her shower days were every Monday and Thursday. The log read day shift staff initialed am care/grooming, glasses/hearing aids, transfers, toileting/catheter care and two-hour safety checks were provided on 5/1/2023 through 5/7/2023, 5/9/2023, and 5/10/2023. The log read

midnight shift initialed toileting/catheter care and one hour safety checks were provided on 5/1/2023, 5/2/2023, and 5/7/2023. The log was left blank for the following shifts and dates: day shift 5/8/2023, afternoon shift 5/1/2023 through 5/10/2023, midnight shift 5/3/2023 through 5/7/2023, and 5/8/2023 through 5/10/2023 and incontinence care from 5/1/2023 through 5/10/2023.

<b>APPLICABLE RULE</b>	
<b>R 325.1921</b>	<b>Governing bodies, administrators, and supervisors.</b>
	<p><b>(1) The owner, operator, and governing body of a home shall do all of the following:</b></p> <p style="padding-left: 40px;"><b>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</b></p>
<b>For Reference: R 325. 1933</b>	<b>Personal care of residents.</b>
	<b>(2) A home shall afford a resident the opportunity and instructions when necessary for daily bathing, oral and personal hygiene, daily shaving, and hand washing before meals. A home shall ensure that a resident bathes at least weekly and more often if necessary.</b>

<b>ANALYSIS:</b>	Staff attestations and observations revealed there were four residents with wounds, however not all residents had licensed healthcare professional orders for staff to change their wound dressings. Review of Resident A's physician orders revealed her wound dressings were to be changed by staff daily and as needed which was consistent with observations of documentation completed by staff. Review of Residents B and D's ADL logs along with their May 2023 shower sheets revealed both residents did not always receive showers consistent with facility's policy. Review of Residents B, C and D's ADL logs revealed they lacked documentation for several shifts and dates in which it could not be determined if care was provided consistent with their service plans and the log. Although observations revealed residents appeared care was provided, interviews revealed staff were to complete shower sheets and ADL logs, thus the facility lacked an organized program of documentation for showers and ADL logs tasks. Based on that information, this allegation was substantiated.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

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

*Jessica Rogers*

5/12/2023

\_\_\_\_\_  
 Jessica Rogers  
 Licensing Staff

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 Date

Approved By:

*Andrea L. Moore*

05/26/2023

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

\_\_\_\_\_  
 Date