GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 12, 2023

Janet Mazzetti
Lake Orion Assisted Living, LLC
PO Box 564
Oxford, MI 48371

RE: License #: AM630378604
Investigation #: 2023A0991019
Orion Manor

Dear Ms. Mazzetti:

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 (248) 975-5053.

Sincerely,

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
(248) 296-2783

enclosure

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

## I. IDENTIFYING INFORMATION

| | |
|---|---|
| **License #:** | AM630378604 |
| | |
| **Investigation #:** | 2023A0991019 |
| | |
| **Complaint Receipt Date:** | 04/13/2023 |
| | |
| **Investigation Initiation Date:** | 04/14/2023 |
| | |
| **Report Due Date:** | 06/12/2023 |
| | |
| **Licensee Name:** | Lake Orion Assisted Living, LLC |
| | |
| **Licensee Address:** | 1814 S Lapeer<br>Lake Orion, MI 48360 |
| | |
| **Licensee Telephone #:** | (248) 814-6714 |
| | |
| **Licensee Designee:** | Janet Mazzetti |
| | |
| **Name of Facility:** | Orion Manor |
| | |
| **Facility Address:** | 1814 S. Lapeer Road<br>Lake Orion, MI 48360 |
| | |
| **Facility Telephone #:** | (248) 814-6713 |
| | |
| **Original Issuance Date:** | 06/09/2016 |
| | |
| **License Status:** | REGULAR |
| | |
| **Effective Date:** | 12/09/2022 |
| | |
| **Expiration Date:** | 12/08/2024 |
| | |
| **Capacity:** | 12 |
| | |
| **Program Type:** | PHYSICALLY HANDICAPPED<br>AGED<br>TRAUMATICALLY BRAIN INJURED<br>ALZHEIMERS |

## II. ALLEGATION(S)

| | **Violation Established**? |
|---|---|
| Residents are not getting bathed or changed regularly and are left soaked in urine and feces. | No |
| Residents get reprimanded for having accidents. The home manager put her hand over a resident's mouth and was attempting to restrain her. | No |
| Additional Findings | Yes |

## III. METHODOLOGY

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|---|---|
| 04/13/2023 | Special Investigation Intake<br>2023A0991019 |
| 04/14/2023 | Special Investigation Initiated - Telephone<br>Call to Adult Protective Services (APS) worker, Donna Dennis |
| 04/14/2023 | APS Referral<br>Received from Adult Protective Services |
| 04/19/2023 | Inspection Completed On-site<br>Interviewed staff and residents |
| 04/19/2023 | Contact - Document Received<br>Shower schedule |
| 06/07/2023 | Contact - Telephone call made<br>To area director, Lori Lee |
| 06/07/2023 | Contact - Telephone call made<br>Interviewed home manager, Rachel Smith |
| 06/07/2023 | Contact - Telephone call made<br>Left message for APS worker, Donna Dennis |
| 06/08/2023 | Contact- Document Received<br>Assessment plans and staff schedule |

| | |
|---|---|
| 06/08/2023 | Exit Conference<br>Via telephone with licensee designee, Janet Mazzetti, and area director, Lori Lee |

**ALLEGATION:**

**Residents are not getting bathed or changed regularly and are left soaked in urine and feces.**

**INVESTIGATION:**

On 04/14/23, I received a complaint from Adult Protective Services (APS) alleging that the residents at Orion Manor are not getting bathed and that they are left soaked in urine and feces. The complaint also alleged that residents are reprimanded for having accidents and that the manager put her hand over a resident's mouth and was attempting to restrain her. I initiated my investigation on 04/14/23 by contacting the assigned APS worker, Donna Dennis. Ms. Dennis stated that she has been out to the home twice. The residents appeared to be well taken care of and the home was clean. Ms. Dennis stated that staff told her the residents are showered twice a week and are changed regularly. None of the residents currently have wounds. She stated that most of the residents in the home have dementia. She was able to speak with two residents who did not have any concerns about the home. The area manager stated that she thought the complaint was made by a disgruntled employee who had been posting negative content about the home on social media.

On 04/19/23, I conducted an unannounced onsite inspection at Orion Manor. I interviewed the area director, Lori Lee. Ms. Lee stated that she has worked with the company for 25 years. She stated that there are currently ten residents living at Orion Manor. They have two staff working during the day shift, two staff during the afternoon, and one staff on the midnight shift. Ms. Lee sated that she did not have any knowledge of residents not being showered or changed in a timely manner. She stated that none of the residents' family members nor any of the staff have complained to her about residents not being showered or changed. None of the residents have wounds at this time. Ms. Lee stated that she is confident in the care that the staff provide in the home and she felt everybody's needs were being met. Ms. Lee stated that they have a shower schedule, and each resident is showered once or twice a week depending on their skin integrity. They are showered more often if needed. Briefs are changed at least every two hours or more often if needed. Ms. Lee stated that they had a disgruntled employee who went into the Lake Orion chat room on Facebook and was making negative comments about the home. She felt these comments were overexaggerated and untruthful.

On 04/19/23, I interviewed the assistant home manager, Brandy Martinez. Ms. Martinez stated that she began working for the company in 2005, but she left for a period of time and came back in 2018. With regards to the allegations she stated, "It blows my mind. None of that is true." Ms. Martinez stated that she typically works second shift from

3:00pm-11:00pm on Monday through Friday. The second shift staff are usually responsible for doing showers. She stated that they have a shower schedule, and it is “absolutely being followed.” Most of the residents are showered twice a week, but some are showered once a week. Showers are also given as needed if someone has a bowel movement and needs to be cleaned up, as wipes can only do so much. Ms. Martinez stated that all of the residents require assistance with showers. She never noticed anybody who had not been showered. She stated that all of the staff do a good job, and everyone is hands-on with the residents. The residents are checked and changed at least every two hours. She was not aware of any residents being left to sit in soiled briefs for a long period of time. None of the residents currently have any wounds. None of the residents’ family members have complained to her about the residents not being showered or changed. Ms. Martinez stated that she did not have any concerns regarding any of the staff or the care of the residents in the home. She stated that all of the staff work really hard and take good care of the residents.

On 04/19/23, I interviewed direct care worker, Naomi Black. Ms. Black stated that she has worked in the home for about five months. She stated that all of the residents are showered regularly. They get showers at least once a week and some residents are showered twice a week. Ms. Black stated that she typically works the afternoon shift from 3:00-11:00pm or 3:00-9:00pm. One or two residents are showered each day. The residents are split into A list and B list to determine which residents each staff person supervises. Ms. Black stated that usually one resident from A list and one resident from B list receive showers each day. Ms. Black stated that the residents are changed several times throughout her shift. She never observed anyone sitting in feces or urine for an extended period of time.

On 04/19/23, I interviewed direct care worker, Leah Bernal. Ms. Bernal stated that she has worked in the home for about a month, but she previously worked for the company. She stated that the residents are always showered regularly. Two residents are showered each day. Residents are also showered as needed if they have an accident. She never noticed that any resident had not been showered. Ms. Bernal stated that the residents are checked and changed at least every hour and a half to two hours. She stated that staff are constantly checking on the residents, interacting with them, and changing them as needed. She was not aware of any residents sitting in soiled briefs for a long time. Ms. Bernal stated that she did not have any concerns about any of the staff in the home or the care of the residents. She stated that they work together as a team to make sure the residents receive the proper care.

During my onsite inspection, I interviewed Resident A’s relative who was visiting with her at the home. He stated that he comes out to the home once or twice a month. He did not have any concerns about the home, or the care Resident A is receiving in the home. He stated that she has been there for a year, and everything is fine. Resident A always seems clean and appears to be changed regularly. He stated that her clothes are always clean, and her bed is made. He never saw any other residents who looked like they had not been changed or showered. He never noticed any odors in the facility.

Resident A's relative did not have any concerns about the facility or the care of Resident A.

On 04/19/23, I interviewed Resident B. Resident B stated that he has lived at Orion Manor for a year. He stated that he gets a shower once a week, because he doesn't do anything so he is not getting dirty. He stated that there was one time when staff forgot to give him a shower, but they did it the next day. Resident B stated that he uses the bathroom on his own. He stated that nobody in the facility smells, and everyone is taken care of.

On 04/19/23, I interviewed Resident C. Resident C stated that she has been living at Orion Manor for two weeks. The staff are very kind. She stated that the staff help change her often. They take good care of her.

I attempted to interview Resident D and Resident E, but they provided limited information due to their cognitive abilities. Resident D stated that he feels safe in the home and staff help change him. He was unable to answer additional questions. Resident E stated that staff take good care of her.

I observed Resident F, Resident G, and Resident H in the home. They were unable to participate in an interview due to limited cognitive and verbal abilities. All of the residents in the home appeared to be well cared for and clean. The residents had good hygiene. I did not observe any odors in the home.

I received and reviewed a copy of the home's shower schedule. It shows that each resident is being showered at least once a week.

On 06/07/23, I interviewed the home manager, Rachel Smith, via telephone. Ms. Smith stated that all of the residents are showered at least once or twice a week. The only time a resident was not showered was if they had a urinary tract infection or were ill and too weak to sit in the shower chair. She stated that in those instances, she instructed staff to give the residents a bed bath instead or switched their shower day to later in the week. She was not aware of any time when a resident was not showered or bathed at least once a week. Ms. Smith stated that staff follow the shower schedule. Staff also check and change the residents every two to three hours. She was not aware of a time when any resident sat in a soaked or soiled brief for an extended period of time.

| **APPLICABLE RULE** | |
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| **R 400.14305** | **Resident protection.** |
| | (3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act. |

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| **ANALYSIS:** | Based on the information gathered through my investigation, there is insufficient information to conclude that staff are not attending to the personal needs of the residents at all times. Staff stated that the residents are checked and changed every two hours or more often if necessary. None of the staff or residents who were interviewed expressed any concerns about residents not being changed regularly. During my unannounced onsite inspection, the residents appeared to be well taken care of and had good hygiene. The assigned Adult Protective Services worker visited the home twice and did not observe anything that raised concern regarding the appearance or care of the residents. |
| **CONCLUSION:** | VIOLATION NOT ESTABLISHED |

| **APPLICABLE RULE** | |
|---|---|
| **R 400.14314** | **Resident hygiene.** |
| | **(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.** |
| **ANALYSIS:** | Based on the information gathered through my investigation, there is insufficient information to conclude that the residents are not being bathed at least weekly and more often if necessary. All of the staff who were interviewed indicated that residents are bathed once or twice per week or more often if necessary. Staff stated that they follow the facility's shower schedule. I observed the schedule and noted that each resident is scheduled to be showered at least once a week. During my unannounced onsite inspection, the residents appeared to be well taken care of and had good hygiene. |
| **CONCLUSION:** | VIOLATION NOT ESTABLISHED |

**ALLEGATION:**

**Residents get reprimanded for having accidents. The home manager put her hand over a resident's mouth and was attempting to restrain her.**

**INVESTIGATION:**

On 04/19/23, I conducted an unannounced onsite inspection at Orion Manor. I interviewed the area director, Lori Lee. Ms. Lee stated that she never witnessed any

staff member yell at the residents or reprimand them for having an accident. She stated that she never observed the home manager put her hand over anyone's mouth or try to restrain anyone. Ms. Lee did not have any concerns about any staff being verbally or physically aggressive towards any of the residents in the home.

On 04/19/23, I interviewed the assistant home manager, Brandy Martinez. Ms. Martinez stated that she never observed any staff yelling at the residents or reprimanding them for having an accident. She never saw the home manager put her hand over anyone's mouth or attempt to restrain anyone. She stated that the home manager, Rachel, is nine months pregnant and is currently out on leave. She never saw Rachel put her hands on anyone. Rachel typically gets along well with all of the residents. Ms. Martinez stated that she did not have any concerns regarding any of the staff or the care of the residents in the home. She stated that all of the staff work really hard and take good care of the residents.

On 04/19/23, I interviewed direct care worker, Naomi Black. Ms. Black stated that she never heard staff reprimand the residents for having an accident. She stated that she never witnessed the home manager put her hand on anyone's mouth or try to restrain any of the residents.

On 04/19/23, I interviewed direct care worker, Leah Bernal. Ms. Bernal stated that she never heard any staff reprimand the residents for being soiled. She never heard staff yell at any of the residents. Ms. Bernal was not aware of the home manager ever putting her hands on any of the residents or restraining anyone.

During my onsite inspection, I interviewed Resident A's relative who was visiting with her at the home. He did not have any concerns about the home, or the care Resident A is receiving in the home. Resident A never complains about staff being mean or yelling.

On 04/19/23, I interviewed Resident B. Resident B stated that none of the staff yell or reprimand the residents. He stated that sometimes he yells at the old ladies in the home. The home manager, Rachel, tells him not to yell at the other residents. He never saw Rachel put her hands on anybody. He stated that he did not have any complaints about the facility.

On 04/19/23, I interviewed Resident C. Resident C stated that the staff are very kind. Nobody is rude or mean. She feels safe in the home, and everybody is very nice. They take good care of her.

I attempted to interview Resident D and Resident E, but they provided limited information due to their cognitive abilities. Resident D stated that he feels safe in the home. He was unable to answer additional questions. Resident E stated that staff take good care of her. She never saw staff put their hands on anyone's mouth.

I observed Resident F, Resident G, and Resident H in the home. They were unable to participate in an interview due to limited cognitive and verbal abilities.

On 06/07/23, I interviewed the home manager, Rachel Smith, via telephone. Ms. Smith never observed any staff yell or reprimand a resident for being soiled. She stated that she did not have any concerns about the care of the residents. She felt the staff were doing their duties and providing appropriate care to meet the needs of the residents. Ms. Smith denied ever putting her hand over a resident's mouth and attempting to restrain a resident. She stated that she has never put her hands on any of the residents. She has never seen any other staff person being physically aggressive towards the residents.

| **APPLICABLE RULE** | |
|---|---|
| **R 400.14308** | **Resident behavior interventions prohibitions.** |
| | **(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following:**<br>**(b) Use any form of physical force other than physical restraint as defined in these rules.**<br>**(f) Subject a resident to any of the following:**<br>**(ii) Verbal abuse.** |
| **ANALYSIS:** | Based on the information gathered through my investigation, there is insufficient information to conclude that staff were physically or verbally aggressive towards the residents in the home. None of the staff or residents who were interviewed had any knowledge of staff reprimanding the residents for having an accident or soiling themselves. None of the staff or residents saw the home manager, Rachel Smith, put her hand on a resident's mouth or attempt to restrain a resident. Ms. Smith denied ever putting her hands on any of the residents. |
| **CONCLUSION:** | VIOLATION NOT ESTABLISHED |

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

During my interview with direct care worker, Naomi Black. Ms. Black stated that several residents in the home require a two person assist and cannot be lifted alone. She stated that they have one staff who works from 3:00pm-11:00pm and one staff who works from 3:00pm-9:00pm, leaving only one person working in the home from the hours of 9:00pm-11:00pm. There is also only one staff scheduled for the midnight shift from 11:00pm-7:00am. Ms. Black stated that there have been times when she had to wait for the next staff to come on shift at 11:00pm to help put Resident E and Resident H to bed, as she was working alone, and the residents require a two person assist. She stated

that Resident H cannot stand on her own and she will resist and fight staff when they try to assist her. She stated that none of the residents have a Hoyer lift.

During my interview with direct care worker, Leah Bernal, Ms. Bernal confirmed that several residents in the home require a two person assist. She stated that Resident D, Resident E, Resident H, and Resident I require two people to assist with changing, transferring from their beds to a chair, and from a chair to bed. They do not have a Hoyer lift in the home.

During my interview with the area manager, Lori Lee, Ms. Lee stated that there are currently ten residents living at Orion Manor. They have two staff working during the day shift, two staff during the afternoon, and one staff on the midnight shift. Ms. Lee acknowledged that several residents in the home require a two person assist. She stated that they have two staff on shift during the times when the residents are transferred to and from bed.

During my interview with the home manager, Rachel Smith, Ms. Smith stated that Resident D, Resident E, Resident H, and Resident I require a two person assist. She stated that there is only one person on shift during the midnight shift, but the residents do not use the toilet and one person can change the residents when they are in bed. She stated that they are transferred from bed when the 7:00am staff comes on shift. Ms. Smith stated that she was not sure how fire drills were conducted during the midnight shift.

I received and reviewed a copy of the shower schedule, which also shows the designation of the residents into the A list and B list for care. The list indicates that Resident E and Resident H require a two-person transfer and Resident I is bedbound. I reviewed the assessment plan for Resident E dated 01/16/23. It notes that Resident E uses a wheelchair and is non-ambulatory. Resident E requires full staff assistance with toileting, bathing, grooming, dressing, and personal hygiene. I reviewed the assessment plan for Resident H dated 10/17/22. It notes that staff have noticed a decline in Resident H's assistance level, requiring two people for dressing, bathing, and activities of daily living (ADLs). I reviewed a copy of Resident I's assessment plan dated 06/17/22. It notes that Resident I is bedbound due to mobility, safety, and health concerns. Resident I requires full assistance from staff for toileting, bathing, grooming, and personal hygiene.

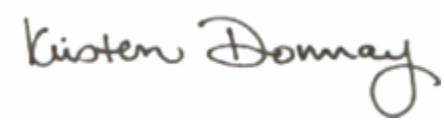
I reviewed a copy of the staff schedule from April-June 2023, which shows there are two staff scheduled to work from 7:00am-3:00pm, two staff scheduled to work from 3:00pm-9:00pm, one staff from 9:00-11:00pm, and one staff from 11:00pm-7:00am.

On 06/08/23, I conducted an exit conference via telephone with the licensee designee, Janet Mazzetti, and the area director, Lori Lee, to review my findings. They agreed to submit a corrective action plan to address the violation identified during the investigation.

| APPLICABLE RULE | |
|---|---|
| **R 400.14206** | **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 on the information gathered through my investigation, there is sufficient information to conclude that the facility does not have sufficient direct care staff on duty at all times for the care and protection of the residents. The facility only has one staff on shift from 9:00pm-11:00pm and during the midnight shift from 11:00pm-7:00am. Resident E, Resident H, and Resident I require a two person assist. Their assessment plans do not address how they can be safely transferred during the midnight shift or evacuated from the home if there was an emergency when one staff was on shift. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

## IV. RECOMMENDATION

Contingent upon the receipt of an acceptable corrective action plan, I recommend no change to the status of the license.



06/08/2023

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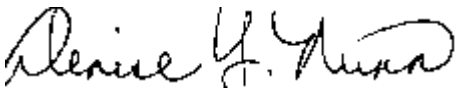
Kristen Donnay Date
Licensing Consultant

Approved By:



06/12/2023

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Denise Y. Nunn Date
Area Manager