



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 20, 2023

Theresa Bursley
AH Jenison Subtenant LLC
6755 Telegraph Rd Ste 330
Bloomfield Hills, MI 48301

RE: License #: AL700397745
Investigation #: 2023A0467042
AHSL Jenison Maplewood

Dear Mrs. Bursley:


Attached is the Special Investigation Report for the above referenced facility. Due to the violation 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 the rule will be achieved.
- Who is directly responsible for implementing the corrective action for the violation.
- Specific time frames for the 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Mullins".

Anthony Mullins, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL700397745
Investigation #:	2023A0467042
Complaint Receipt Date:	05/04/2023
Investigation Initiation Date:	05/04/2023
Report Due Date:	07/03/2023
Licensee Name:	AH Jenison Subtenant LLC
Licensee Address:	One SeaGate, Suite 1500 Toledo, OH 43604
Licensee Telephone #:	(248) 203-1800
Administrator:	Theresa Bursley
Licensee Designee:	Theresa Bursley
Name of Facility:	AHSL Jenison Maplewood
Facility Address:	887 Oak Crest Lane Jenison, MI 49428
Facility Telephone #:	(616) 457-3576
Original Issuance Date:	03/11/2019
License Status:	REGULAR
Effective Date:	09/11/2021
Expiration Date:	09/10/2023
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED

II. ALLEGATION(S)

	Violation Established?
Resident A is not receiving her medications as prescribed.	Yes
The facility does not have enough staffing to attend to Resident A needs.	No
Resident's are being served cold food	No

III. METHODOLOGY

05/04/2023	Special Investigation Intake 2023A0467042
05/04/2023	APS Referral Complaint received from Ottawa County APS worker, Emily Fewless.
05/04/2023	Special Investigation Initiated - Telephone Spoke to Emily Fewless via email.
05/04/2023	Inspection Completed On-site
06/20/2023	Exit conference completed with Theresa Bursley, licensee designee.

ALLEGATION: Resident A is not receiving her medications as prescribed.

INVESTIGATION: On 5/4/23, I received a complaint from Ottawa County Adult Protective Services (APS) worker, Emily Fewless. The complaint stated that staff are inconsistent in ensuring that Resident A receives her medication as prescribed. On 5/4/23, I spoke to Ms. Fewless via phone and we agreed to meet at the AFC at 3:00 pm.

On 5/4/23, I made an unannounced onsite investigation to the facility. Upon arrival, I met with APS worker, Emily Fewless. Ms. Fewless and I made entry into the facility and made our way to Resident A's room. After knocking on the door, Resident A and her daughter, Family Member 1 (FM1) allowed entry into her room and agreed to discuss the allegations. FM 1 stated that Resident A had a stroke last year, making it hard for her to voice her feelings and concerns. Therefore, FM 1 did most of the speaking for her mother. FM 1 stated that on 5/2/23, Resident A did not receive her 6:00 am medication until 8:00 am due to staff not providing them in a timely manner. FM 1 stated that other residents did not receive their 6:00 am medication until 8:00 am as well.

After speaking to Resident A and her mother, Ms. Fewless and I spoke to the wellness director, Jennifer Hicks. Mrs. Hicks denied having any knowledge of Resident A not receiving her medications as prescribed. Mrs. Hicks stated that she knows Resident A does sometimes miss her medications, like her stool softener Docusate because she refuses. I explained to Mrs. Hicks that I received an allegation alleging that Resident A did not receive her 6:00 am medication this past Tuesday (5/2/23) until 8:00 am. Mrs. Hicks confirmed that Resident A received her medication late. Mrs. Hicks stated that that team lead Misty Scott worked 3rd shift. Mrs. Hicks stated that Ms. Scott and the first shift staff member should have communicated with each other to ensure that Resident A and others received their 6:00 am medication as scheduled. Due to the lack of communication, Resident A received her medication two hours late.

Mrs. Hicks provided me with a copy of Resident A's Medication Administration Record (MAR) for April 2023 and the four days of May 2023. After reviewing Resident A's MAR, it was determined that she did not receive her Lidocaine 5% patch on 4/4/23 at 9:00 am due to "patch not available." On 4/21/23, Resident A did not receive her Dok 100 MG Tablet at 5:00 pm. The reason documented states "no pass." Resident A's May 2023 MAR indicated that she is scheduled to receive her Omeprazole Dr 20 MG Capsule at 6:00 am. The MAR indicates that the medication was received on 5/2 but does not accurately reflect that it was passed two hours after the scheduled time.

On 06/20/23, I conducted an exit conference with licensee designee, Theresa Bursley. She was informed of the investigative findings and agreed to complete a Corrective Action Plan (CAP) within 15 days of receipt of this report.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.
ANALYSIS:	Resident A's MAR confirmed that she did not receive her Lidocaine 5% patch on 4/4/23 or her Dok 100 MG Tablet on 4/21/23.

	<p>Resident A and her daughter confirmed that she received her 6:00 am medication (Omeprazole Dr 20 MG Capsule) two hours late on 5/2/23. Wellness Director Jennifer Hicks also confirmed this and stated that this was due to a miscommunication between 3rd and 1st shift staff members.</p> <p>Based on the information provided, there is a preponderance of evidence to support the allegation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: The facility does not have enough staff to attend to Resident A needs.

INVESTIGATION: On 5/4/23, I received a complaint from APS worker, Emily Fewless. The complaint stated that the facility is “chronically understaffed” and does not have enough staff to meet the needs of residents. Resident A is reportedly unable to manage her activities of daily living (ADL’s) and staff are neglecting her due to the lack of staffing.

On 5/4/23, I made an unannounced onsite investigation to the facility. APS worker Ms. Fewless and I met with Resident A and her daughter in her room. Resident A’s daughter, FM 1 stated that since December 2022, the facility has had “staffing issues” on every shift. FM 1 expanded on her statement by saying that the facility has different people working all the time with agency staff.

FM 1 was asked about Resident A’s ability to attend to her needs. FM 1 stated that her mother can walk with a walker and is able to use her right hand to assist “a little.” FM 1 stated that Resident A had a stroke on 4/12/22 and “seizure like activity” around the same time. Resident A then moved into the AFC home in May of 2022. FM 1 was adamant that her mother is independent with her care needs. FM 1 stated that if Resident A needs assistance, she can pull her call light and “they (staff) come quickly.”

After speaking to Resident A and her daughter, Ms. Fewless and I spoke to wellness director, Jennifer Hicks. Ms. Hicks confirmed that the facility has several residents (Resident B, Resident C, Resident D, Resident E, and Resident F) that require a two-person assist. Due to this, the facility always has at least two staff scheduled to work each shift to make sure all of the residents’ needs are being attended to. Ms. Hicks emailed the staff schedule for AHSL Jenison Maplewood from 4/1/23 to present. Each shift had two people scheduled to work each day.

On 6/20/23, I reviewed Resident A’s assessment plan. Resident A’s assessment plan confirmed that at most, she requires a one person assist to address her personal care needs.

On 06/20/23, I conducted an exit conference with licensee designee, Theresa Bursley. She was informed of the investigative findings and denied having any questions.

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:	<p>Resident A's daughter confirmed that she is independent with her care needs. Resident A's daughter stated that her mother can pull her call light when needed and staff typically respond quickly.</p> <p>Wellness Director Mrs. Hicks confirmed that the facility has multiple residents who require a two-person assist but stated that all residents' needs are being met, including Resident A.</p> <p>Resident A's assessment plan confirmed that she requires a one person assist to address her personal care needs. The staff schedule for April 2023 to May 6, 2023 indicated each shift had at least two people scheduled to work. Therefore, there is not a preponderance of evidence to support the allegation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Resident A is being served cold food.

INVESTIGATION: On 5/4/23, I received a complaint from Ottawa County APS worker, Emily Fewless. The complaint stated that Resident A is often served cold food.

On 5/4/23, APS worker, Emily Fewless and I made an unannounced onsite investigation to the facility. Upon arrival, Ms. Fewless and I made entry into the facility and made our way to Resident A's room. After knocking on the door, Resident A and her daughter, FM 1 allowed entry into the room and agreed to discuss the allegation. FM 1 stated that Resident A told her that the AFC home does not follow the menu and the food is cold at times. Despite this, Resident A stated that she had a burger today for lunch and the food was warm. FM 1 stated that the food is either cold or not appetizing and there are no other options. Resident A then confirmed that the AFC facility does offer substitute meal options. However, she

does not like the food. Per Resident A and FM 1, breakfast is made in the building and it is always hot. When there is an issue with food temperature, it's usually surrounding lunch and dinner. FM 1 is aware that lunch and dinner are made in one building for all residents and transported to the other five buildings that are a part of AHSL Jenison in food warmers. FM 1 also stated that due to Resident A's food not being warm/hot when she receives it, she's had to warm it up in a microwave.

After speaking to Resident A and her daughter, Ms. Fewless and I spoke to wellness director Jennifer Hicks. Mrs. Hicks acknowledged concerns of residents complaining about the food temperature dating back to a year ago. Since then, the culinary director, Clinton Bandellen is at the facility daily checking with residents on their meals to make sure they are satisfied. Mrs. Hicks stated that the cook staff should also be checking the food temperature logs daily to ensure that the food is at the right temperature. Mrs. Hicks stated that everyone within AHSL Jenison is working together as a team to make the residents happy and ensure that their needs are met. Mrs. Hicks stated that the cook staff at the facility typically follow the meal schedule. Mrs. Hicks stated that there are always substitute options available as well. Mrs. Hicks stated that residents have the option of having their food warmed up if they request it, or they choose a different option.

Mrs. Hicks stated that AHSL Jenison Cottonwood is the main kitchen that the food is prepared in prior to being transported to the other facilities in food warmers. Mrs. Hicks provided me with the daily temperature logs for the food for the month of April as requested. Hot foods should be at 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Per the daily food temperature logs for the month of April, the hot meals served to residents were at or above the 140 degrees Fahrenheit.

On 06/20/23, I conducted an exit conference with licensee designee, Theresa Bursley. She was informed of the investigative findings and denied having any questions. Mrs. Bursley confirmed that most residents are being served meals in the dining area together unless they aren't feeling well. Mrs. Bursley agreed to have staff check in with Resident A and others who may have complained of food temperatures in the past to ensure it's to their liking prior to leaving the food with them.

APPLICABLE RULE	
R 400.15402	Resident nutrition.
	(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are

	necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.
ANALYSIS:	<p>Resident A and her daughter stated that lunch and dinner options have been served cold in the past, leading to Resident A's food needing to be warmed up in a microwave after receiving it.</p> <p>Wellness Director Mrs. Hicks stated that the complaints of food temperature started more than a year ago and the culinary director has been involved to ensure that all residents receive warm/hot meals.</p> <p>Mrs. Hicks provided me with a copy of the food temperature logs for the month of April and all hot foods were at or above 140 degrees Fahrenheit.</p> <p>Based on this information, there is not a preponderance of evidence to support the allegation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

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

Anthony Mullins

06/20/2023

Anthony Mullins
Licensing Consultant

Date

Approved By:

Jerry Hendrick

06/20/2023

Jerry Hendrick
Area Manager

Date