



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

Mary North
Brookdale Troy AL
4850 Northfield Parkway
Troy, MI 48098

December 1, 2023

RE: License #: AH630236943
Investigation #: 2024A1011002
Brookdale Troy AL

Dear Ms. North:

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 licensee's 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,

Andrea Krausmann, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street - P.O. Box 30664
Lansing, MI 48909
(586) 256-1632
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630236943
Investigation #:	2024A1011002
Complaint Receipt Date:	10/27/2023
Investigation Initiation Date:	10/30/2023
Report Due Date:	12/26/2023
Licensee Name:	Brookdale Senior Living Communities, Inc.
Licensee Address:	Suite 2300 6737 West Washington St. Milwaukee, WI 53214
Licensee Telephone #:	(414) 918-5000
Administrator:	Tara Hannon
Authorized Representative:	Mary North
Name of Facility:	Brookdale Troy AL
Facility Address:	4850 Northfield Parkway Troy, MI 48098
Facility Telephone #:	(248) 952-5533
Original Issuance Date:	10/01/1999
License Status:	REGULAR
Effective Date:	02/07/2023
Expiration Date:	02/06/2024
Capacity:	78
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Insufficient staffing.	No
Soiled trash was left in kitchen area during meal prep.	Yes
Facility is dirty.	No
Additional Findings	Yes

III. METHODOLOGY

10/27/2023	Special Investigation Intake 2024A1011002
10/30/2023	Special Investigation Initiated - On Site Interviews conducted, observations made, records reviewed.
10/31/2023	Contact - Document Received Housekeeper's training received from administrator via email.
10/31/2023	Contact - Document Received Email from licensee's authorized representative.
12/01/2023	Exit Conference – Conducted with authorized representative.

ALLEGATION: Insufficient staffing.

INVESTIGATION:

On 10/27/2023, the allegations were received by the department from an anonymous source. Consequently, specific information about the allegations could not be obtained.

According to the allegations, the facility's Resident Care Coordinator will not hire sufficient staff and instead requires staff to work double shifts. There were no allegations of current staff not meeting the needs of the residents.

On 10/30/2023, I met with the facility's administrator, Tara Hannon, at the facility. Ms. Hannon said she has worked at the facility for two weeks. Ms. Hannon said the licensee is aware of staffing situation and has contracted a recruiter. The recruiter screens the applicants, conducts the initial interviews, and then refers the qualified candidates to the facility for additional interviews by the administrator, resident care

coordinator or wellness coordinator. Ms. Hannon explained the facility is in need of caregivers on all three shifts: Three staff are needed on first shift, three or four staff needed on second shift, and two staff needed on third shift. Also, the facility presently has only one housekeeper and intends to hire a second “backup” housekeeper. Ms. Hannon affirmed that the current staff schedule is covered and said double shifts are not scheduled regularly, only sporadically. If a staff member cannot attend their shift, they are expected to find coverage. However, at times staff do not show or cannot find coverage, in such cases the facility will call in staff from a temporary staffing agency. Ms. Hannon said no staff are mandated to work the following shift.

On 10/30/2023, I met with the facility’s resident care coordinator (RCC), at the facility. The RCC’s comments were consistent with Ms. Hannon’s above statements. The RCC explained the facility is “always hiring staff” because staff frequently call off-duty and their repeated absences result in termination. The RCC said she schedules the staff, but when they call off-duty, or do not show for their shift, and do not find coverage for their shift, then the RCC or the nurse will typically cover the absent caregiver’s shift. The RCC also said she schedules herself as a caregiver approximately three shifts each week. The RCC said she does not require staff to work double shifts, however, many of them volunteer to work double shifts for the pay. The RCC also said that the facility utilizes a temporary staff agency at times to covers shifts, and she has had to call for a staff from the facility next door, to fill in at least one time.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.
ANALYSIS:	There was no evidence to indicate the RCC will not hire sufficient staff and instead requires staff to work double shifts. The licensee is aware of the staffing needs and is actively recruiting new hires. There were no allegations of current staff not meeting the needs of the residents.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Soiled trash was left in kitchen area during meal prep.

INVESTIGATION:

According to the allegations, feces and soiled trash were sitting in the kitchen area during meal prep. It is common practice for the daytime staff to leave trash at the entrance of the kitchen door. Again, as the complainant was anonymous, additional information could not be attained.

On 10/30/2023, I interviewed the facility's housekeeper at the facility. The housekeeper said she works Monday through Friday and removes trash from the residents' rooms each workday and takes it out to the dumpster. Initially, the housekeeper said she does not know who removes trash from the facility when she does not work, then she said that possibly the caretakers remove the trash on weekends. Together, the housekeeper and I walked to the service hallway, which is the entrance to the kitchen, and also has an exit hallway door to the outside. The housekeeper and I observed an open bag of garbage on the floor of the service hallway at the entrance of the kitchen. The housekeeper said she did not know why this garbage was left here nor who left it.

The housekeeper and I also observed a large garbage can of debris inside the kitchen with no lid. There was no staff in the kitchen. The housekeeper entered the kitchen, located a garbage can lid stored behind a wire shelving unit, and placed the lid on the can. We also observed two smaller garbage cans in the kitchen that had no lids.

The housekeeper and I then walked thru the service hallway, and she showed me a wheel barrel type device at the exit door, filled with bags of garbage. The housekeeper explained this was trash she had gathered from the residents' rooms and community rooms that she now removes from the building. The housekeeper wheeled the wheel barrel out to the dumpster and emptied it there. Also, in the service hallway, next to the wheel barrel device, we observed a large garbage can containing bags of garbage with no lid in place. The housekeeper said this was not her can of garbage and she did not know who put it there. The housekeeper located a trash can lid inside the maintenance room and placed it on the can.

Later, I returned to this service hallway with the administrator. Next to the kitchen entrance, we observed a rolling cart type device, typically used by hotels to move luggage. We observed two bags of garbage on this rolling cart type device. The garbage bags were not in any cans.

On 10/30/2023, I interviewed various residents and asked if their waste cans are emptied daily by staff. Resident A said her trash is only emptied on Tuesdays, when the housekeeper is scheduled to clean her room. Resident B said his trash is not emptied every day, only once every couple of days.

APPLICABLE RULE	
R 325.1972	Solid wastes.
	All garbage and rubbish shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.
ANALYSIS:	Observations revealed the facility is not maintaining all garbage and rubbish in leakproof, nonabsorbent containers and covered with tight-fitting lids. Also, resident statements indicate the home is not removing garbage from the home daily.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Facility is dirty.

INVESTIGATION:

On 10/30/2023, I observed the facility to be generally clean. I interviewed a physical therapist that is in the facility weekly. The physical therapist said of his own clients' rooms, that "they are not unclean". Interviews with various residents revealed no complaints about cleanliness of the home. The housekeeper said she is able to clean all community rooms and all resident rooms at least once a week because the census is low at this time.

APPLICABLE RULE	
R 325.1979	General maintenance and storage.
	(1) The building, equipment, and furniture shall be kept clean and in good repair.
ANALYSIS:	There was no evidence to indicate the home is not clean.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

The resident care coordinator RCC said she is responsible for the staff schedule. Upon request, the RCC printed two weeks' worth of facility schedule from 10/15/2023 to 10/28/2023. The schedule included caregivers, RCC, med techs, housekeeper and maintenance but did not include all staff of the home, such as dietary staff. The RCC said the schedule also did not include the temporary agency staff that were brought in for different shifts. In addition, the schedule did not identify the supervisor of each shift. The RCC said "Everyone knows the med tech on duty is usually the supervisor, unless I'm here then I am the supervisor." This information was not specified on the schedule. Also, there were days/times when more than one med tech was on the schedule at the same time, such as 10/15/23 from 2pm to 10 pm when two med techs were scheduled, although only one supervisor of shift is expected.

When asked whether changes had been made to the schedule to show who actually worked, such as when staff call off-duty, did not report for duty, arrived late or left early, the RCC said she was not aware that she was required to document such updates on the schedule. When asked whether this means the staff schedule does not accurately reflect the staff that were on duty at all times, the RCC agreed. The Business Office Manager replied to the RCC that it is expected that updated changes to the schedule are to be documented.

The RCC then said that the *Daily Assignment Sheets* include information regarding staff calling off-duty, not reporting for duty, arriving late or leaving early. Review of the *Daily Assignment Sheets* for the same period of time from 10/15/2023 to 10/28/2023, revealed the sheets did not include last names of staff, the sheets did not always specify the times when staff were in the home, such as when a staff did not report for duty and the replacement staff had to drive in and did not start shift at the expected time. Also, both the *Daily Assignment Sheets* and the staff schedule revealed on 10/19/23 at 10 pm to 6 am shift, there was no med tech identified as working in the home. Instead, written on the *Daily Assignment Sheets* was "(MC Med-Tech)" indicating that a med tech working in the memory care home for the aged located next door had to cover medication administration for this home, as well as work in the memory care home. On 10/27/2023 for 2 pm to 10 pm shift, the *Daily Assignment Sheet* identified the only the temporary staffing agency, as the med tech on duty. There was no specific individual's name for this med tech. According to the RCC, this temporary staffing agency med tech would be the supervisor of resident care responsible for the residents in case of emergency, although the name of the person was omitted.

APPLICABLE RULE	
R 325.1944	Employee records and work schedules.
	(2) The home shall prepare a work schedule showing the number and type of personnel scheduled to be on duty on a daily basis. The home shall make changes to the planned work schedule to show the staff who actually worked.
For reference: R 325.1931	Employees; general provisions.
	(3) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty.
ANALYSIS:	Changes were not made to the facility's work schedule, and consequently the schedule did not always reflect the staff who actually worked nor identify the supervisor of resident care on each shift. The <i>Daily Assignment Sheets</i> also did not meet requirements of a work schedule.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

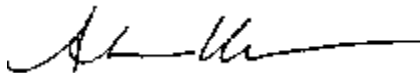
The *Daily Assignment Sheets* for 10/26/2023 from 6 am to 2 pm revealed a temporary agency staff (first name only) worked as a caregiver. Upon request, the administrator did not have a copy of this individual's training nor evidence of her competency evaluated by the administrator or designee, to work in the home. The following day 10/31/2023, administrator Tara Hannon emailed the housekeeper's training. On 10/31/2023, the licensee's authorized representative Mary North emailed that she was getting the training documents for [the temporary agency staff person] from the agency and a sister community - [the temporary agency staff person] has been working in our district as agency caregiver for over a year. The short answer is No, we do not have training documents on site for [the temporary agency staff person] at Troy Assisted Living and she did not get the orientation program when she picked up those shifts. No training documentation nor evidence of competency evaluation by the home's administrator of this temporary agency staff person was submitted.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(7) The home's administrator or its designees are responsible for evaluating employee competencies.
ANALYSIS:	There is no evidence to confirm that the administrator or designee of this home provided training and evaluated the competency of the temporary agency staff that work in this facility, particularly as the training curriculum applies to and is based on this home's program statement, this home's disaster plan, and these residents' service plans.
CONCLUSION:	VIOLATION ESTABLISHED

On 12/01/2023, I conducted an exit conference with licensee Authorized Representative Mary North via telephone.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.



11/01/2023

Andrea Krausmann
Licensing Staff

Date

Approved By:



11/29/2023

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

Date