



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 15, 2023

Subbu Subbiah
Woodland Park Assisted Living LLC
2585 Stanton St.
Canton, MI 48188

RE: License #: AM250309137
Investigation #: 2024A0580006
Woodland Park Assisted Living

Dear Subbu Subbiah:

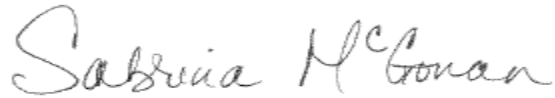
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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.

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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan".

Sabrina McGowan, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 835-1019

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM250309137
Investigation #:	2024A0580006
Complaint Receipt Date:	10/19/2023
Investigation Initiation Date:	10/24/2023
Report Due Date:	12/18/2023
Licensee Name:	Woodland Park Assisted Living LLC
Licensee Address:	2363 E. Coldwater Rd. Flint, MI 48505
Licensee Telephone #:	(812) 202-9149
Administrator:	Ponnammal Subbiah
Licensee Designee:	Subbu Subbiah
Name of Facility:	Woodland Park Assisted Living
Facility Address:	2363 E. Coldwater Road Flint, MI 48505
Facility Telephone #:	(812) 202-9149
Original Issuance Date:	09/22/2011
License Status:	REGULAR
Effective Date:	12/13/2021
Expiration Date:	12/12/2023
Capacity:	12
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Staff Frederick was hired with a bad background check.	No
Staff are smoking cannabis.	No
Licensee Subbu Subbiah did all the Staff CPR online himself.	No
The facility is short staffed.	No
Residents are not being toileted or provided with 2-person assists.	No
There are missing narcotic medications.	No
There is never enough food in the home.	No
Fire drills are not being done.	No
The facility is not maintaining a pest control system.	No
Additional Findings	Yes

III. METHODOLOGY

10/19/2023	Special Investigation Intake 2024A0580006
10/24/2023	Special Investigation Initiated - Telephone Call to Relative Guardian A.
10/25/2023	Inspection Completed On-site Onsite conducted. Interview with Aisha Pettigrew.
11/29/2023	Inspection Completed On-site Unannounced onsite inspection.
12/06/2023	Contact - Document Received Documents requested received via email.

12/06/2023	Contact - Telephone call made Call to staff Diane Stokes.
12/07/2023	Contact - Telephone call made Call to Public Guardian C.
12/07/2023	Contact - Telephone call made Call to staff Kirsten Albring.
12/07/2023	Contact - Telephone call made Call to staff Breana Johnson.
12/07/2023	Contact - Telephone call made Call to staff Carolyn Williams.
12/07/2023	Contact - Telephone call made Call to staff Angela Trumbull.
12/08/2023	Inspection Completed On-site Interview/observation of residents.
12/08/2023	Contact - Face to Face Spoke with Relative Guardian G.
12/11/2023	Contact - Telephone call made Spoke with Donald Gonzalez of Superior Pest Solutions.
12/11/2023	Contact - Telephone call made Call to Public Guardian B.
12/11/2023	Contact - Telephone call made Call to Optima Home Health Care.
12/11/2023	Contact - Telephone call made Call to Relative Guardian E.
12/11/2023	Contact - Telephone call received Call from Relative Guardian E.
12/13/2023	APS Referral A referral was made to APS sharing the allegations.
12/15/2023	Exit Conference Exit conference with the licensee designee, Subbu Subbiah.

ALLEGATION:

Staff Frederick Turnipseed was hired with a bad background check.

INVESTIGATION:

On 10/19/2023, I received a complaint via BCAL Online complaints.

On 10/24/2023, I placed a call to Relative Guardian A. A voice mail message was left requesting a return call.

On 10/25/2023, I conducted an unannounced onsite inspection at Woodland Park Assisted Living. Contact was made with the home manager, Aisha Pettigrew. She denied that staff, Frederick Turnipseed was not deemed appropriate to work in an AFC. She stated that he received an ICHAT background check temporarily. He was subsequently fingerprinted. He is no longer employed at the facility.

On 10/25/2023, while onsite, Residents were observed in both their bedrooms and in the living room areas of the home. The residents were observed as being adequately dressed and groomed. They appeared to be receiving adequate care.

On 11/29/2023 I conducted an unannounced onsite inspection at Woodland Park. Contact was made with the licensee Subbu Subbiah, who denied the allegations that he did not complete a background check for former staff, Frederick Turnipseed.

On 12/06/2023, I received an emailed copy of the background check completed for former staff Frederick Turnipseed. An ICHAT (Internet Criminal History Access Tool) was completed on 10/08/2022. The ICHAT reflects an arrest on 08/19/2016 by Genesee Co Parks and Recreation for Misdemeanor Assault, excluding sexual. A warrant was requested. The ICHAT did not provide any information related to the charge or judicial segment. It also reflects an arrest on 03/26/2017 by Flint Township Police Department for Misdemeanor Assault, excluding sexual. A warrant was requested. The ICHAT did not provide any information related to the charge or judicial segment. His date of hire is reported is 10/30/2022. Fingerprint results completed by the Michigan Workforce Background Check, dated 12/09/2022, indicate that Frederick Turnipseed is eligible for employment.

APPLICABLE RULE	
MCL 400.734b	<p>Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.</p>
	<p>(2) Except as otherwise provided in subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents after April 1, 2006 until the adult foster care facility conducts a criminal history check in compliance with subsections (4) and (5). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. Beginning April 1, 2009, an individual who is exempt under this subsection shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (12). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006. That individual may transfer to another adult foster care facility that is under the same ownership with which he or she was employed or under contract. If that individual wishes to transfer to an adult foster care facility that is not under the same ownership, he or she may do so provided that a criminal history check is conducted by the new facility in accordance with subsection (4). If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) through (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under subsection (1)(a), he or she is no longer exempt and shall be terminated from employment or denied employment.</p>

ANALYSIS:	<p>It was alleged that staff, Frederick Turnipseed, was hired with a bad background check.</p> <p>Home manager, Aisha Pettigrew, denied the allegations. She stated that he received an ICHAT background check temporarily. He was subsequently fingerprinted.</p> <p>Licensee, Subbu Subbiah, who denied the allegations.</p> <p>Facility records reflect an ICHAT (Internet Criminal History Access Tool) for Frederick Turnipseed was completed on 10/08/2022. His date of hire is reported is 10/30/2022. Fingerprint results completed by the Michigan Workforce Background Check, dated 12/09/2022, indicate that Frederick Turnipseed is eligible for employment.</p> <p>Based on interviews conducted with the home manager, Aisha Pettigrew, licensee designee Subbu Subbiah and a review of the fingerprint results completed for staff, Frederick Turnipseed, there is not enough evidence to support the rule violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Staff are smoking cannabis.

INVESTIGATION:

On 10/25/2023, while onsite, home manager Aisha Pettigrew, denied the allegations, stating that she has never seen staff smoke marijuana while working.

On 11/29/2023, while onsite, Licensee designee, Subbu Subbiah, stated that he has no knowledge of staff smoking marijuana while working. He stated that there is a zero-tolerance substance abuse policy. Staff receive a drug test upon hire and can be sent again for retesting if suspected.

On 12/06/2023, I spoke with 3rd shift staff Diane Stokes who denied that she has observed any staff smoking marijuana while on duty.

On 12/07/2023, I spoke with staff, Kirsten Albring, who denied observing any staff smoke marijuana while on duty.

On 12/07/2023, I spoke with staff, Breana Johnson, who denied the allegations, stating that she has nee seen staff smoking marijuana while on duty.

On 12/07/2023, I spoke with staff Carolyn Williams, who stated yes, she has seen mostly all the staff and the home manager Aisha smoke at the AFC home. She adds that they smoke outside, behind the house. She denied that she also smokes stating that she took a drug test in the past.

On 12/07/2023, I spoke with 3rd shift staff, Angela Trumbull, who denied seeing staff smoke marijuana while on duty.

On 12/08/2023 I conducted an onsite inspection at Woodland Park Assisted Living. An interview was conducted with Resident A. He identified Aisha Pettigrew as the staff who smokes marijuana.

On 12/08/2023, while onsite, Resident D stated that while she has smelled something odd, she cannot say she has seen staff smoking marijuana at the facility.

On 12/08/2023, while onsite, Resident E stated that she sees staff going out to smoke, however, she does not know what they are smoking.

12/08/2023, while onsite, Resident F stated that he has smelled cannabis on the staff, however he cannot say he has seen them smoking cannabis.

APPLICABLE RULE	
R 400.14204	Direct care staff; qualifications and training.
	<p>(2) Direct care staff shall possess all of the following qualifications:</p> <p>(a) Be suitable to meet the physical, emotional, intellectual, and social needs of each resident.</p> <p>(b) Be capable of appropriately handling emergency situations.</p>
ANALYSIS:	<p>It was alleged that staff are smoking cannabis.</p> <p>Licensee, Subbu Subbiah stated that there is a zero-tolerance substance abuse policy. He has no knowledge of staff smoking cannabis.</p> <p>Home manager, Aisha Pettigrew and direct staff Diane Stokes, Kirsten Albring, Breana Johnson, and Angela Trumbull denied the allegations.</p> <p>Direct staff, Carolyn Williams, stated she has seen mostly all the staff and the home manager Aisha smoke at the AFC home.</p>

	<p>Resident A identified home manager, Aisha Pettigrew as the staff who smokes cannabis.</p> <p>Resident D stated that while she has smelled something odd, she cannot say she has seen staff smoking marijuana at the facility.</p> <p>Resident E stated that she sees staff going out to smoke, however, she does not know what they are smoking.</p> <p>Resident F stated that he has smelled cannabis on the staff, however he cannot say he has seen them smoking cannabis.</p> <p>Based on the interviews conducted with the licensee designee, Subbu Subbiah, home manager Aisha Pettigrew, direct staff members, Diane Stokes, Kirsten Albring, Breana Johnson, Carolyn Williams, Angela Trumbull and Residents A, D, E and F, there is not enough evidence to support the rule violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Licensee Subbu Subbiah did all the Staff CPR online himself.

INVESTIGATION:

On 10/25/2023, while onsite, home manager, Ashia denied Pettigrew denied the allegations. She stated that the CPR was completed online, however, to her knowledge, he only showed the staff the website where to get trained.

On 11/29/2023, while onsite, licensee Subbu Subbiah denied that he completed the CPR/1st Aid training for staff.

On 11/29/2023, while onsite, I interviewed staff, Eaireonia Hunter. She stated that she has worked at the facility for one month. She denied the allegations, stating that she completed her own CPR and 1st aid training.

On 12/06/2023, 3rd shift staff Diane Stokes denied the allegations, stating that she had her CPR certification, which was only 1 year-old, prior to beginning working at the facility. She stated that she will have worked for the facility for 1 year at the end of this week.

On 12/07/2023, I spoke with staff, Kirsten Albring, who stated that she completed her own CPR training. It was done on the computer.

On 12/07/2023, I spoke with staff, Breana Johnson, who denied the allegations, stating that she began working at the facility in 2022 and was certified in CPR prior to beginning. She is scheduled to be recertified in 2024.

On 12/07/2023, staff Carolyn Williams stated that she had CPR certification prior to beginning work at Woodland Park. She has worked there for the past 6 months.

On 12/08/2023, while onsite, staff files reviewed showed current CPR and 1st Aid Certification for the staff.

APPLICABLE RULE	
R 400.14204	Direct care staff; qualifications and training.
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: (b) First aid. (c) Cardiopulmonary resuscitation.
ANALYSIS:	It was alleged that Licensee Subbu Subbiah did all the Staff CPR online himself. Based on the interviews conducted with the licensee designee, Subbu Subbiah, home manager Aisha Pettigrew, direct staff members, Eaireonia Hunter, Diane Stokes, Kirsten Albring, Breana Johnson, Carolyn Williams and a review of the staff files, there is not enough evidence to support the rule violation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The facility is short staffed.

INVESTIGATION:

On 10/25/2023, while onsite, manager, Aisha Pettigrew denied the allegations that the facility is short staffed. There are currently 10 residents in the home. She identified Residents A through H as resident who require toileting assistance. She stated that Residents A can use the restroom and may need assistance cleaning himself after a bowel movement, while Resident E is the only resident that requires a 2-person assist with the use of a Hoyer lift. There are 2 staff per shift.

On 11/29/2023, while onsite, licensee Subbu Subbiah denied the allegations that the facility is short staffed. He stated that he has kept 2 shift per staff since the last violation.

On 12/06/2023, I received a copy of the staff schedules for the month of October and fire drills conducted in the year 2023. The schedule reflects that there are 2 staff per shift, 7am-3pm, 3pm-11pm and 11pm to 7am, for the entire month of October. Fire drill records indicate that the facility has done monthly fire drills for the year 2023.

On 12/06/2023, 3rd shift staff Diane Stokes denied the allegations, stating that there are 2 staff members working 3rd shift.

On 12/07/2023, I spoke with staff, Kirsten Albring, who denied the allegations that they are short staffed. She stated that she typically works 1st shift. There are always 2 staff.

On 12/07/2023, I spoke with staff, Breana Johnson who denied the allegations. She stated that she typically works 2nd shift. There are always 2 staff on duty.

On 12/07/2023, I spoke with staff Carolyn Williams who stated that she typically works 3rd shift. There are always 2 staff on shift.

On 12/07/2023, Public Guardian C stated that she is not concerned with the care being provided to Resident C by Woodland Park staff

On 12/08/2023, while onsite, Residents A, D, E and F all stated that there are 2 staff usually working each shift.

On 12/11/2023, I placed a call to Relative Guardian E, daughter of Resident E. A voice mail message was left requesting a return call.

On 12/13/2023, Relative Guardian E responded, stating that she and her sister visit with Resident E daily and are very satisfied with the care she is receiving in the home. She has a good rapport with both the owner and the staff. They are very approachable and do their best to address any concerns.

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:	It was alleged that the facility is short staffed.

	<p>Home manager, Aisha Pettigrew denied the allegations that the facility is short staffed. There are 2 staff per shift.</p> <p>Licensee Subbu Subbiah denied the allegations that the facility is short staffed. He stated that he has kept 2 shift per staff since the last violation.</p> <p>The staff schedule for the month of October 2023 and fire drills for the year 2023 were reviewed.</p> <p>Staff Diane Stokes, Kirsten Albring, Breana Johnson, and Carolyn Williams all denied the allegations, stating that there are 2 staff members working each shift.</p> <p>Based on the interviews conducted with the licensee designee, Subbu Subbiah, home manager Aisha Pettigrew, direct staff members, Diane Stokes, Kirsten Albring, Breana Johnson, Carolyn Williams, Public Guardian C, Relative E, Residents A, D, E, F, and a review of the 2023 fire drills and the staff schedule for the month of October 2023, there is not enough evidence to support the rule violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Residents are not being toileted or provided with 2-person assists.

INVESTIGATION:

On 10/25/2023, while onsite, manager, Aisha Pettigrew denied the allegations that residents aren't being toileted or provided with 2-person assist as needed. She identified Residents A through H as resident who require toileting assistance. She stated that Residents A can use the restroom and may need assistance cleaning himself after a bowel movement, while Resident E is the only resident that requires a 2-person assist.

Resident B did fall from her bed and break her hip. She has since been provided with a hospital bed which is lower. She is represented by Public Guardian B

Resident C was placed in the facility effective 09/13/2023 with a butt wound. Staff turn her every 2 hours, however, she likes to roll back over, which has been causing the wound to worsen. She is represented by Public Guardian C. She receives wound care via Optima Home Health Care.

The AFC assessment plans for Residents A-F were reviewed. Each resident requires staff assistance with toileting.

On 10/25/2023, I spoke with Relative Guardian A who stated that she believes that there are major problems going on at the facility and she is fed up with the licensee designee. She stated that will be reporting this facility to the attorney general's office. She adds that only reason she has not removed Resident A is because he considers the facility his home.

On 11/29/2023, while onsite, staff, Eaireonia Hunter stated that since she began working a month ago, residents are checked every 2 hours. She has not seen any concerns regarding resident care.

On 12/06/2023, 3rd shift staff Diane Stokes denied the allegations stating that residents who require toileting are toileted every 2 hours.

On 12/07/2023, I spoke with Public Guardian C. She stated that Resident C came from a different AFC to Woodland Park with a butt wound. She added that she was upset because the prior AFC never informed her, however, it was discovered by Woodland Park staff on Resident C's first day being placed. While she is concerned with the wound, she is not concerned with the care being provided by Woodland Park staff. She stated that she believes that the staff are turning Resident C, however, Resident C likes to flip back over, on her own, to the position that most comfortable to her. Resident C is in the process of getting a new bed to assist with keeping her off her wound.

On 12/07/2023, I spoke with staff, Kirsten Albring. She stated that Residents are checked and changed regularly. She stated that she does brief changes about 3-4 times a day, per resident, while she is on duty.

On 12/07/2023, I spoke with staff, Breana Johnson, who denied the allegations, stating that residents are changed every 2 hours. She stated that she checks and turns Resident C every 2 hours when she is on duty. She adds that Resident C likes to reposition herself back on her bottom. She stated that Resident E requires the use of a Hoyer lift which requires 2 staff.

On 12/07/2023, I spoke with staff Carolyn Williams. She stated that she has seen residents being left wet when she arrives to work in 3rd shift. She stated that she toilets the residents every 2 hours while she is on duty. She stated that she checks and turns Resident C every 2 hours when she is on duty. She stated that Resident E requires and is provided with the use of a Hoyer lift which requires 2 staff.

On 12/08/2023, while onsite, residents were observed in the living room watching television as staff prepared lunch. Residents were adequately dressed and groomed. They appeared to be receiving adequate care. When interviewed, Residents A and D denied that he waits long for toileting assistance.

On 12/08/2023, while onsite, Resident E denied waiting long periods of time for toileting assistance. She stated that staff use a 2-person Hoyer lift for assistance.

On 12/08/2023, while onsite, Resident F stated that he feels that he was to wait long period of time for assistance. He stated that overall, he likes living in the home and has no complaints.

On 12/08/2023, while onsite, I spoke with Relative Guardian G who stated that he visits with his wife at least 2 times a week. At this time, he has no current concerns regarding her care being received at Woodland Park Assisted Living.

On 12/11/2023, I spoke with the social worker at Public Guardian B's office, assigned to Resident B. She shared that the office assumed the Public Guardian role for Resident B effective 09/12/2023, after her case was transferred. She stated that she has visited with Resident B on two different occasions since assuming the role of guardian. She stated that their office was notified on 09/30/2023 regarding Resident A being sent out to the hospital due to a fall. She is not sure of what preventative measures were put in place. She has had no concerns with the care being received by Resident B at the home.

On 12/11/2023, I spoke with Marian O'Brien, Director of Nursing at Optima Home Health Care. She stated that Resident C received wound care 1-2 times a week or more as needed, depending on the state of the wound. She adds that staff were trained on how to change and reposition the resident. Marian O'Brien added that she understands that Resident C would often return to her normal position. Staff were instructed to check and turn her more often if necessary. Marian O'Brien stated that Resident C has been sent out to the hospital a couple of times due to the wound getting worse.

APPLICABLE RULE	
R 400.14303	Resident care; licensee responsibilities.
	(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.
ANALYSIS:	<p>It was alleged that Residents are not being toileted or provided with 2-person assists.</p> <p>Based on the interviews conducted with the, home manager Aisha Pettigrew, direct staff members, Eaireonia Hunter, Diane Stokes, Kirsten Albring, Breana Johnson, Carolyn Williams, Residents A, D, E, F, Relative Guardian A, Public Guardian's B and C, Relative Guardian G, Marian O'Brien, Director of Nursing at Optima Home Health Care, and a review of the AFC assessment plans for Residents A-F, there is not enough evidence to support the rule violation.</p>

CONCLUSION:	VIOLATION NOT ESTABLISHED
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ALLEGATION:

There are missing narcotic medications.

INVESTIGATION:

On 10/25/2023, while onsite I spoke with Aisha Pettigrew regarding the allegations. She denied that staff are not counting the narcotic medication to ensure that it is not being taken. Residents B and D were identified as the only 2 residents who take narcotic medication.

Both Residents B and D are prescribed Hydroco/Apap (Norco) 5-325mg, to be taken by mouth every 6 hours as needed.

The October 2023 medication logs for Residents B and D were residents observed. The logs do not reflect that either resident was given the medication during the month of October. Aisha Pettigrew admitted that the staff are recording the medication administration on the count sheets, not the medication log.

The narcotic count sheets maintained for Resident B and D indicate the number of medications at the beginning of each shift, how many are administered within the shift and the number of medications remaining at the end of each shift. The logs reflect that Resident B has no pills remaining for the month of October 2023, while Resident D has 5 pills remaining. Both residents have refills available that have not yet been filled. Based on a review of the Residents B and D's medication records and observation of the Norco pills, no pills were missing.

Upon observing the medication, Resident B had no pills remaining for the month, while Resident D had 5 pills remaining for the month.

On 11/29/2023, at the unannounced onsite inspection, I conducted another review of the medication and the medication count logs maintained for both Residents B and D. Both residents' narcotic prescription has been refilled. Narcotic medication administration is now being recorded on the November 2023 medication logs, in addition to the narcotic count sheets.

On 12/07/2023, I spoke with staff, Kirsten Albring who denied the allegations. She stated that the narcotics are counted at the beginning and end of each shift. Staff were only recording the information on the count sheet as they were trained.

On 12/07/2023, I spoke with staff, Breana Johnson, who denied the allegations, stating that staff count narcotics at the beginning and end of each shift and record it on the

narcotic count sheet. Staff are now recording the narcotic medication on the medication log as well.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(6) A licensee shall take reasonable precautions to insure that prescription medication is not used by a person other than the resident for whom the medication was prescribed.
ANALYSIS:	<p>It was alleged that medication is missing.</p> <p>Based on a review of the Residents B and D’s medication records and observation of the Norco pills, no pills were missing.</p> <p>Manager, Aisha Pettigrew regarding the allegations, stating that that staff are not counting the narcotic medication to ensure that it is not being taken.</p> <p>Staff, Kirsten Albring, denied the allegations, stating that staff were only recording the information on the count sheet as they were trained.</p> <p>Staff, Breana Johnson, denied the allegations, stating that staff count narcotics at the beginning and end of each shift and record it on the narcotic count sheet.</p> <p>Based on the interviews conducted with the home manager Aisha Pettigrew, staff, Kirsten Albring, Breana Johnson, and review of the October 2023 medication log, not there is enough evidence to support the rule violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

There is never enough food in the home.

INVESTIGATION:

On 10/25/2023, while onsite the food supply was observed while in the home. The deep freezer contained ample packages of frozen meats, such as chicken, polish sausage,

breakfast sausage, shrimp, salmon pork chops and other frozen goods. A stock of frozen vegetables, other frozen goods and several loaves of bread was observed in an additional deep freezer. The dry goods/canned food pantry was also fully stocked.

On 11/29/2023, while onsite, I observed that while the food supply in the home had dwindled down, there was still an ample food supply to feed the residents in the home. Manager, Aisha Pettigrew stated that she is in the process of completing the grocery order for the home to replenish the food supply.

On 12/06/2023, 3rd shift staff Diane Stokes denied the allegation stating that she has never heard a resident state that they have not gotten enough food to eat.

On 12/07/2023, I spoke with staff, Kirsten Albring, who stated that at times, she helps prepare resident meals. She denied the allegations, stating that the residents always have food to eat.

On 12/07/2023, I spoke with staff, Breana Johnson, who denied the allegations. She stated that there are picky residents who sometimes do not like the main meal being served. Those residents are provided with alternatives, such as a sandwich.

On 12/07/2023, I spoke with staff Carolyn Williams. She stated that while she has never seen the home run out of food, she has seen it get low. The food is typically replenished, then it will run low again.

Oon 12/08/2023, while onsite, I observed that the food supply in the home had been replenished, fully stoked since the last unannounced observation conducted on 11/29/2023.

On 12/08/2023, while onsite, I interviewed Residents A, D, E, and F who all stated that the food is good, and they get plenty to eat.

APPLICABLE RULE	
R 400.14313	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>It was alleged that there is never enough food in the home.</p> <p>At the unannounced onsite inspection conducted on 10/25/2023, while onsite the food supply was observed as being fully stocked with meats, canned and dry goods, vegetables, fruit, and other foods.</p> <p>At the unannounced onsite inspection conducted on 11/29/2023, I observed that while the food supply in the home had dwindled down, there was still an ample food supply to feed the residents in the home.</p> <p>Staff Diane Stokes, Kirsten Albring, Breana Johnson denied the allegation.</p> <p>Staff Carolyn Williams. She stated that while she has never seen the home run out of food, however, she has seen it get low.</p> <p>Residents A, D, E, and F all stated that the food is good, and they get plenty to eat.</p> <p>Based on the interviews conducted with the home manager Aisha Pettigrew, direct staff members, Diane Stokes, Kirsten Albring, Breana Johnson, Carolyn Williams, Residents A, D, E, F, and a review of the menu and the food supply in the home, there is not enough evidence to support the rule violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Fire drills are not being done.

INVESTIGATION:

On 10/25/2023, while onsite, home manager, Aisha Pettigrew denied the allegations that fire drills are not being done.

On 11/29/2023, while onsite, licensee designee, Subbu Subbiah denied the allegations that fire drills are not being done.

On 12/06/2023, I received a copy of the 2023 fire drill documentation for the facility. Records reflect the following information: 1st shift-January 2023-3 staff, 10 residents, with a total evacuation time of 5 minutes. 2nd shift-February 2023-3 staff, 10 residents,

with a total evacuation time of 4 minutes and 20 seconds. 3rd shift-March 2023-2 staff, 12 residents, with a total evacuation time of 5 minutes. 1st shift-April 2023-3 staff, 10 residents, with a total evacuation time of 7 minutes. 2nd shift-May 2023-3 staff, 10 residents, with a total evacuation time of 3 minutes and 30 seconds. 3rd shift-June 2023-2 staff, 10 residents, with a total evacuation time of 4 minutes and 4 seconds. 1st shift-July 2023-2 staff, 10 residents, with a total evacuation time of 4 minutes and 20 seconds. 2nd shift-August 2023-3 staff, 11 residents, with a total evacuation time of 5 minutes and 19 seconds. 3rd shift-September 2023-2 staff, 11 residents, with a total evacuation time of 6 minutes. 1st shift-October 2023-2 staff, 11 residents, with a total evacuation time of 5 minutes. 2nd shift-November 2023-2 staff, 10 residents, with a total evacuation time of 7 minutes.

On 12/06/2023, 3rd shift staff Diane Stokes stated that has participated in at least one 3rd shift fire drill.

On 12/07/2023, I spoke with staff, Kirsten Albring, who stated that she has participated in fire drills.

On 12/07/2023, I spoke with staff, Breana Johnson, who stated that she has participated in fire drills.

On 12/07/2023, I spoke with staff Carolyn Williams who stated that she has not participated in a fire drill since working for the facility.

On 12/07/2023, I spoke with staff, Angela Trumbull, who stated that she has not participated in fire drills. She typically works 3rd shift. She has been employed for 1 year.

On 12/08/2023, while onsite, Residents A, D, E and F all stated that they have participated in fire drills.

APPLICABLE RULE	
R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

ANALYSIS:	<p>It was alleged that the facility is not doing fire drills.</p> <p>Based on the interviews conducted with the licensee designee, Subbu Subbiah, home manager Aisha Pettigrew, direct staff members, Diane Stokes, Kirsten Albring, Breana Johnson, Carolyn Williams, Angela Trumbull, Residents A, D, E, F, and a review of the fire drills conducted throughout 2023, there is not enough evidence to support the rule violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The facility is not maintaining an adequate pest control system.

INVESTIGATION:

On 10/25/2023, while onsite, home manager Aisha Pettigrew stated that facility has dealt with both roaches and mice, however, no bed bugs. The facility has been receiving exterminations.

On 12/06/2023, I received an emailed copy of the most recent extermination verification conducted at Woodland Park Assisted Living. Treatment includes a one-time inspection and one time removal of an active wasp’s nest near the front entrance. Follow-up pest control treatments will be conducted for cockroaches and mice in the kitchen. The service was provided by on 09/25/2023, by Superior Pest Solutions.

On 12/06/2023, 3rd shift staff Diane Stokes denied ever seeing any pests in the facility. She stated that due to working 3rd shift she is unsure if the facility has been exterminated.

On 12/07/2023, I spoke with staff, Kirsten Albring, who denied ever seeing any pests in the facility. She is not sure if there have been any recent exterminations.

On 12/07/2023, I spoke with staff, Breana Johnson, who denied ever seeing any pests in the facility. She has not seen an exterminator in the home.

On 12/07/2023, I spoke with staff Carolyn Williams who stated that she has seen bed bugs in the facility. She has not seen the home exterminated, although the manager did tell her that it has been.

On 12/07/2023, I spoke with staff Angela Trumbull who stated that while she has not observed any pests, she has observed photos of roaches in the kitchen. While she has not observed an exterminator directly, she has seen that traps have been placed throughout the home.

On 12/08/2023, while onsite I inspected the kitchen, bedrooms, bathrooms, and basement areas of the home. No bugs, pests, or evidence of their presence was seen. Licensee Subbu Subbiah stated that the home is exterminated on a 6-month or as needed basis.

On 12/08/2023, while onsite, I spoke with Residents A, D, E and F, who all denied any seeing any pests in the home.

On 12/11/2023, I spoke with Donald Gonzalez of Superior Pest Solutions who confirmed the 10/06/2023 extermination treatment at the facility for general pests, mice, cockroaches, and the removal of a yellow jacket's nest from outside. He also confirmed that there was a follow-up inspection conducted 2 weeks after the treatment.

APPLICABLE RULE	
R 400.14401	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:	It was alleged that there are roaches, bed bugs and mice in the facility. Based on the onsite inspection conducted, interviews conducted with the licensee designee, Subbu Subbiah, home manager Aisha Pettigrew, direct staff members, Diane Stokes, Kirsten Albring, Breana Johnson, Carolyn Williams, Angela Trumbull, Residents A, D, E, F, and a review of the Superior Pest Solutions documentation, there is not enough evidence to support the rule violation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 11/29/2023, I conducted an unannounced onsite inspection at Woodland Park AFC. I was greeted at the door by Pam Rinoldo-Dikos, who identified herself as a volunteer for the facility. Pam Rinoldo-Dikos was observed carrying 2 resident files. When asked, she stated that she was updating the files.

On 11/29/2023, while onsite, I spoke with licensee Subbu Subbiah regarding a description of the job tasks identified for volunteer staff. Admittedly, he indicated that he has not completed a written job description identifying specific job tasks for volunteer staff.

APPLICABLE RULE	
R 400.14207	Required personnel policies.
	(3) A licensee shall have a written job description for each position. The job description shall define the tasks, duties, and responsibilities of the position. Each employee and volunteer who is under the direction of the licensee shall receive a copy of his or her job description. Verification of receipt of a job description shall be maintained in the individual's personnel record.
ANALYSIS:	<p>Pam Rinoldo-Dikos, who identified herself as a volunteer for the facility, was observed carrying resident files, which she indicated that she is updating.</p> <p>Licensee Subbu Subbiah indicated that he has not completed a written job description identifying specific job tasks for volunteer staff.</p> <p>There is enough evidence to support the rule violation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 10/25/2023, spoke with home manager Aisha Pettigrew who stated that Pam Rinoldo-Dikos is still a volunteer at the facility. She stated that no one knows when she is coming to be on shift. She often just pops up and assists with cooking, dishes, or providing directives to staff.

On 11/29/2023, while onsite, licensee designee Subbu Subbiah admitted that although she was there working, Rinoldo-Dikos was not on the schedule for the day.

On 11/29/2023, I conducted an unannounced onsite inspection at Woodland Park AFC. While onsite, I requested and reviewed a copy of the staff schedule for the day. Volunteer, Pam Rinoldo-Dikos was not on the schedule.

APPLICABLE RULE	
R 400.14208	Direct care staff and employee records.
	(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information:

	<p>(a) Names of all staff on duty and those volunteers who are under the direction of the licensee.</p> <p>(b) Job titles.</p> <p>(c) Hours or shifts worked.</p> <p>(d) Date of schedule.</p> <p>(e) Any scheduling changes.</p>
ANALYSIS:	<p>Manager, Aisha Pettigrew stated that Pam Rinoldo-Dikos is still a volunteer at the facility, however, no one knows when she is coming to be on shift.</p> <p>At the unannounced onsite inspection conducted on 11/29/2023, volunteer Pam Rinoldo-Dikos was observed working in the facility, however, she was not on the staff schedule for the day.</p> <p>Licensee designee Subbu Subbiah admitted that although she was there working on 11/29/2023, volunteer, Pam Rinoldo-Dikos was not on the schedule for the day.</p> <p>There is enough evidence to support the rule violation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 10/25/2023, while onsite at Woodland Park Assisted Living, I observed the menu posted in the home. The menu was not current, last dated for 09/23/2023.

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.
ANALYSIS:	<p>The menu observed posted in the home on 10/25/2023 was last dated on 09/23/2023.</p> <p>There is enough evidence to support the rule violation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 10/25/2023, while onsite, I determined that narcotic medications administered for both Residents B and D was not maintained on a medication log during the month of October 2023. The facility did maintain a PRN narcotic log. The logs do not contain the dosage or the label instructions for use.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: i. The medication. ii. The dosage. iii. Label instructions for use. iv. Time to be administered. v. The initials of the person who administers the medication, which shall be entered at the time the medication is given. vi. A resident’s refusal to accept prescribed medication or procedures.
ANALYSIS:	Based on the October 2023 narcotic medication logs reviewed for both Residents B and D, there is sufficient evidence to support the rule violation.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 10/25/2023, while onsite, I determined that narcotic medications administered for both Residents B and D was not maintained on a medication log during the month of October 2023. The facility did maintain a PRN narcotic log. The logs do not contain the reason for each administration of the as needed medication.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (c) Record the reason for each administration of

	medication that is prescribed on an as needed basis.
ANALYSIS:	Based on the October 2023 narcotic medication logs reviewed for both Residents B and D, there is sufficient evidence to support the rule violation.
CONCLUSION:	VIOLATION ESTABLISHED

On 12/15/2023, I conducted an exit conference with the licensee designee, Subbu Subbiah I informed Subbu Subbiah of the results of this investigation.

IV. RECOMMENDATION

Upon the receipt of an approved corrective action plan, no change to the status of the license is recommended.

Sabrina McGowan

December 15, 2023

Sabrina McGowan
Licensing Consultant

Date

Approved By:

Mary Holton

December 15, 2023

Mary E. Holton
Area Manager

Date