



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 10, 2024

Howard Barriger
Maple Ridge Manor of Manistee
1967 Maple Ridge Dr.
Manistee, MI 49660

RE: License #: AH510404870
Investigation #: 2024A1028011
Maple Ridge Manor of Manistee

Dear Howard Barriger:

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 I am not available, and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Julie Viviano, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #:	AH510404870
Investigation #:	2024A1028011
Complaint Receipt Date:	10/26/2023
Investigation Initiation Date:	10/26/2023
Report Due Date:	12/25/2023
Licensee Name:	Maple Ridge Manor of Manistee LLC
Licensee Address:	12020 Foreman SE Lowell, MI 49331
Licensee Telephone #:	(989) 903-5405
Administrator:	Kimmy Miller
Authorized Representative:	Howard Barriger
Name of Facility:	Maple Ridge Manor of Manistee
Facility Address:	1967 Maple Ridge Dr. Manistee, MI 49660
Facility Telephone #:	(989) 903-5405
Original Issuance Date:	07/02/2021
License Status:	REGULAR
Effective Date:	01/02/2023
Expiration Date:	01/01/2024
Capacity:	87
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The facility admits residents above the level of care the facility can provide.	No
Additional Findings	Yes

III. METHODOLOGY

10/26/2023	Special Investigation Intake 2024A1028011
10/26/2023	Special Investigation Initiated - Letter
10/26/2023	APS Referral APS referral made to Centralized Intake.
11/20/2023	Contact - Face to Face Interviewed Admin/Kim Miller at the facility.
11/20/2023	Contact - Face to Face Interviewed Authorized Representative/Howard Barriger at the facility.
11/20/2023	Contact - Face to Face Interviewed Employee A at the facility.
11/20/2023	Contact - Face to Face Interviewed Employee B at the facility.
11/20/2023	Contact - Document Received Received records and documentation from Admin/Kim Miller.

ALLEGATION:

The facility admits residents above the level of care the facility can provide.

INVESTIGATION:

On 10/26/2023, the Bureau received the allegations anonymously through the online complaint system.

On 10/26/2023, an APS referral was made to Centralized Intake.

On 11/20/2023, I interviewed the facility administrator, Kim Miller, at the facility who reported the facility does not admit residents above the level of care the facility can provide. Ms. Miller reported the facility care plans all services and there are a few residents that require two-person assistance. The facility does not complete wound care or catheter care, as a third-party home health agency manages those services with facility staff monitoring for any changes in condition. Ms. Miller reported all staff are trained on care plans and some staff do not understand that a two person assist to transfer, or shower is a service the facility can appropriately provide, and it is not considered a skilled nursing service. Ms. Miller reported any prospective resident is assessed prior to admittance to the facility and if it is determined the person requires care beyond what the facility can provide or if a skilled nursing service is required, then the person is not admitted and referred to an appropriate setting. Ms. Miller provided resident records and documentation for my review.

On 11/20/2023, I interviewed facility authorized representative, Howard Barriger, at the facility who reported the facility will not admit anyone who requires skilled nursing services. Mr. Barriger reported the facility operates within the parameters of the Homes for the Aged (HFA) license and some staff do not understand those parameters. Mr. Barriger confirmed there are a few residents who require two-person assistance with transfers or care, but those services are care planned and staff are appropriately trained to provide those services.

On 11/20/2023, I interviewed Employee A at the facility who reported there are residents receiving "full care" at the facility to include use of a Hoyer lift and staff are also instructed to complete a urine catch per a physician's order.

On 11/20/2023, I interviewed Employee B at the facility who reported Resident A requires a lift to transfer and two staff members to assist. Employee B confirmed there are a few other residents in the facility that require two-person assist as well. Employee B confirmed staff have intermittently completed a urine catch for a resident per a physician order.

On 11/20/2023, I spoke with Ms. Miller again at the facility and she confirmed facility staff complete urine catches for residents intermittently when it is ordered by the physician. Ms. Miller reported the urine is then sent to the lab by the facility for the physician to assess and provide further orders and instructions for the facility.

On 11/20/2023, I completed an onsite inspection of the facility due to this investigation. Residents observed were appropriately being helped by facility staff. No concerns noted.

On 11/20/2023, I reviewed Resident A's service plan which revealed the following:

- Requires two-person assist with transfers, bathing, and lower body dressing.
- Requires set-up for feeding.
- Non-ambulatory and uses a motorized wheelchair independently in community.
- Staff assist with personal hygiene.
- Has a catheter that is managed by home health agency with staff providing peri care as needed.

I also reviewed Resident B's, Resident C's, Resident D's, Resident E's, Resident F's, Resident G, Resident H service plans which revealed care services are planned appropriately for each resident.

APPLICABLE RULE	
R 325.1921	Governing bodies, administrators, and supervisors.
	(1) The owner, operator, and governing body of a home shall do all of the following: (b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.
ANALYSIS:	It was alleged the facility is admitting residents who require services about the level of care the facility can provide. Interviews, on-site investigation, and review of documentation reveal the facility provides appropriate care within the parameters of the Homes for the Aged (HFA) license. Providing a two-person assist, using a Hoyer lift, and/or completing a urine catch per a physician's order is within the parameters of the HFA license and these are not considered skilled nursing services. The facility also demonstrates appropriate care planning for residents who required two-person assist to transfer or with care. No violation found.
CONCLUSION:	VIOLATION NOT ESTABLISHED

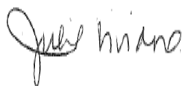
INVESTIGATION:

On 11/20/2023, review of Resident B’s service plan revealed it was last updated on 8/10/2022 and is out of compliance. Resident C’s service plan, Resident D’s service plan, and Resident E’s service plan are not dated or signed. It cannot be determined when the service plans were last updated.

APPLICABLE RULE	
R 325.1922	Admission and retention of residents.
	(5) A home shall update each resident’s service plan at least annually or if there is a significant change in the resident’s care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.
ANALYSIS:	Review of resident service plans revealed Resident A’s service has not been updated since 8/10/2022 and therefore, is out of compliance in accordance with the rule. The service plans of Resident C, Resident D, and Resident E are not dated or signed, and it cannot be determined when the service plans were last updated. Therefore, the facility is in violation.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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



12/11/2023

Julie Viviano
Licensing Staff

Date

Approved By:



01/09/2024

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

Date