



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 21, 2023

Jennifer Herald
Oliver Woods Retirement Village LLC
Suite 200
3196 Kraft Ave SE
Grand Rapids, MI 49512

RE: License #: AL780314126
Investigation #: 2024A0584004
Oliver Woods #4

Dear Mr./Ms. Herald:

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 (517) 284-9727.

Sincerely,

A handwritten signature in dark ink, reading "Candace Coburn" with a long horizontal flourish extending to the right.

Candace Coburn, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL780314126
Investigation #:	2024A0584004
Complaint Receipt Date:	11/03/2023
Investigation Initiation Date:	11/06/2023
Report Due Date:	01/02/2024
Licensee Name:	Oliver Woods Retirement Village LLC
Licensee Address:	Suite 200 3196 Kraft Ave SE Grand Rapids, MI 49512
Licensee Telephone #:	(810) 334-8809
Administrator:	Jennifer Herald
Licensee Designee:	Jennifer Herald
Name of Facility:	Oliver Woods #4
Facility Address:	1310 W. Oliver Street Owosso, MI 48867
Facility Telephone #:	(989) 729-6060
Original Issuance Date:	04/02/2012
License Status:	REGULAR
Effective Date:	10/02/2022
Expiration Date:	10/01/2024
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
On an unknown date, an unknown resident eloped from the home.	No
Unknown resident is not showered at least two days a week.	No
Additional Findings	Yes

III. METHODOLOGY

11/03/2023	Special Investigation Intake -2024A0584004.
11/06/2023	Special Investigation Initiated – Email to confidential contact.
11/16/2023	Inspection Completed On-site Interviews with Resident A, B, C, D, E, F, G, direct care staff Brandy Quaderer, facility manager Sue Latham, Jennifer Herald.
12/05/2023	Contact - Telephone interview of Relative A.
12/15/2023	Contact - Face to Face Interview with direct care worker Kelli ODonnell, reviewed 19 resident files, facility incident reports, observed lunch food service and 11 residents.
12/19/2023	Contact - Telephone Interviews with direct care staff Dominique Bailey and Madison Kidd.
12/20/2023	Exit conference with licensee designee Jennifer Herald.

ALLEGATION:

On an unknown date, an unknown resident eloped from the home.

INVESTIGATION:

On 11/3/2023, the Bureau of Community and Health Systems (BCHS) received the above allegation via a telephone call from an anonymous Complainant.

On 11/16/2023, I conducted an onsite investigation at the facility as well as interviewed Residents A, B, C, D, E, F, G, and direct care staff member Brandy Quaderer.

Residents A, B, C, D, E, F, G all appeared to be clean and well-groomed. They all reported receiving attentive, quality care by staff, were not aware of any resident eloping from the facility.

Ms. Quaderer stated she did not have any information regarding the allegation.

On 12/5/2023, I conducted a telephone interview with Relative A. Relative A had no concerns regarding the quality of care the facility was providing his mother, Resident A.

On 12/14/2023, I conducted a face-to-face interview with direct care staff member Kelli O'Donnell. Ms. O'Donnell stated she was not aware of the allegation.

I reviewed incident reports from 9/1/2023 through 12/14/2023 and found none that documented an elopement had occurred.

On 12/19/2023, I conducted telephone interviews with direct care staff members Dominique Bailey and Madison Kidd, whose statements were consistent with Ms. Quaderer and Ms. O'Donnell's statements.

APPLICABLE RULE	
R 400.15305	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.
ANALYSIS:	Based upon my investigation, which consisted of interviews with residents, direct care staff members, and a review of facility documentation pertinent to this investigation, there is no evidence to substantiate the allegation that a resident recently eloped from the facility.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Unknown resident is not showered at least two days a week.

INVESTIGATION:

On 11/3/2023, BCHS also received the above allegation via a telephone call from an anonymous Complainant.

On 11/16/2023, I conducted an onsite investigation at the facility as well as interviewed Residents A, B, C, D, E, F, G, and direct care staff member Brandy Quaderer.

Residents A, B, C, D, E, F, G all stated they are receiving attentive, quality care by staff and provided many opportunities to bathe.

Ms. Quaderer stated she did not have any information regarding the allegation.

On 12/14/2023, I conducted a face-to-face interview with direct care staff member Kelli O'Donnell. Ms. O'Donnell stated she was not aware of the allegation.

On 12/19/2023, I conducted telephone interviews with direct care staff members Dominique Bailey and Madison Kidd, whose statements were consistent with Ms. Quaderer and Ms. O'Donnell's statements.

On 12/20/2023, I reviewed the facility shower logs where the staff initialed all 19 residents had at least one shower or bath per week.

R 400.15314	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 upon my investigation, which consisted of interviews with direct care staff members, and the review of facility documentation pertinent to this investigation, there is no evidence to substantiate the allegation that any residents are not being offered assistance with bathing at least weekly and more often if necessary.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 12/14/2023, I conducted an onsite investigation and reviewed the direct care staff schedule for the month of November 2023, and established the day and afternoon shift had two direct care staff members scheduled to work. There was only one direct care staff member scheduled to work the overnight shift and provide care and supervision to the facility's 19 residents.

I reviewed all 19 resident files and identified four residents in this facility required extra staff assistance according to their *Assessment Plan for AFC Residents* (assessment plan).

Resident H requires staff assistance with toileting, eating, personal hygiene, mobility, and bathing.

Resident I requires staff assistance with transferring, toileting, mobility, and bathing.

Resident J requires staff assistance with transferring, mobility, toileting, and bathing.

Resident K requires 2 staff members assistance with the use of a Hoyer lift, as well as staff members' assistance with toileting, and transferring to and from a Geri chair.

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>Based upon my investigation, which consisted of review of facility documentation pertinent to this investigation, it has been established one direct care staff member is scheduled to provide personal care, supervision and protection to 19 residents on third shift.</p> <p>Upon assessing the personal care and supervision needs indicated in all 19 residents' assessment plans, it has been established one direct care staff member to 19 residents on third shift is not sufficient.</p>
CONCLUSION:	VIOLATION ESTABLISHED

On 12/20/2023, I conducted an exit conference via email with licensee designee Jennifer Herald and shared with her the findings of this investigation.

IV. RECOMMENDATION

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



12/20/2023

Candace Coburn
Licensing Consultant

Date

Approved By:



1/2/2024

Michele Streeter
Area Manager

Date