

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

February 2, 2024

Marcia Cawley Lifes Choice Limited Liability Company 2930 Hampshire Blvd Grand Rapids, MI 49506

> RE: License #: AS410415815 Investigation #: 2024A0583016 Lifes Choice 2

Dear Mrs. Cawley:

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 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,

Toya Zylstra, Licensing Consultant Bureau of Community and Health Systems Unit 13, 7th Floor 350 Ottawa, N.W. Grand Rapids, MI 49503 (616) 333-9702

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410415815
Investigation #:	2024A0583016
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Complaint Receipt Date:	01/29/2024
	0.1/0.1/0.0
Investigation Initiation Date:	01/30/2024
Report Due Date:	02/28/2024
Licensee Name:	Lifes Choice Limited Liability Company
Licensee Address:	2020 Hamanahira Dhud
Licensee Address:	2930 Hampshire Blvd Grand Rapids, MI 49506
	Grana Hapiae, im 10000
Licensee Telephone #:	(616) 719-1079
Administrator:	Manaja Caudau
Administrator:	Marcia Cawley
Licensee Designee:	Marcia Cawley
Name of Facility:	Lifes Choice 2
Facility Address:	1346 Butler Avenue SE
	Grand Rapids, MI 49507
	(0.10) 551 0010
Facility Telephone #:	(616) 551-3016
Original Issuance Date:	04/12/2023
License Status:	REGULAR
Effective Date:	10/12/2023
Lifective Date.	10/12/2023
Expiration Date:	10/11/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED, MENTALLY
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II. ALLEGATION(S)

Violation Established?

Facility staff did not obtain timely medical treatment for Resident	Yes
A's fractured ankle.	

III. METHODOLOGY

01/29/2024	Special Investigation Intake 2024A0583016
01/30/2024	APS Referral
01/30/2024	Inspection Completed On-site
01/30/2024	Special Investigation Initiated - Telephone
01/31/2024	Inspection Completed On-site
01/31/2024	Contact - Telephone call made Complainant
01/31/2024	Contact - Telephone call made Relative 1
02/01/2024	Contact - Telephone call made Harmony Cares Physician Assistant Kim Haper
02/02/2024	Exit Conference Licensee Designee Marcia Cawley

ALLEGATION: Facility staff did not obtain timely medical treatment for Resident A's fractured ankle.

INVESTIGATION: On 01/29/2024 complaint allegations were received from the BCAL Online Complaints System. The complaint stated that Resident A had fallen at the facility causing a fractured ankle and accompanying tendon damage however it is alleged that facility staff did not obtain timely treatment for the injuries.

On 01/30/2024 I emailed the complaint allegation to Adult Protective Services Centralized Intake.

On 01/30/2024 I completed an unannounced onsite investigation at the facility however no one appeared to be home as no one answered the door. I left my business card in the front door.

On 01/31/2024 I interviewed the complainant via telephone. The complaint stated that she was recently alerted from Relative 1 that Resident A had suffered multiple falls at the facility within the past month causing Resident A to have sustained a fractured ankle and tendon damage which will require surgical repair. The complainant stated that Relative 1 reported that facility staff did not seek timely medical treatment for Resident A's injuries. The complainant stated that Resident A is a poor historian given his diagnosis of dementia and stroke.

On 01/31/2024 I interviewed Relative 1 via telephone. Relative 1 stated that Resident A has sustained multiple falls while residing at the facility. Relative 1 stated that on 01/23/2024 Resident A was scheduled for a routine physician's visit at the facility. Relative 1 stated that during the 01/23/2024 medical evaluation Resident A complained of ankle pain and was observed with a swollen left ankle and difficulty walking. Relative 1 stated that Resident A's medical provider, Physician Assistant Kim Harper, observed the injury and ordered an immediate xray which indicated Resident A sustained three ankle fractures and a tendon injury which require surgical repair. Relative 1 stated that Resident A is scheduled for surgical repair of his injuries 02/02/2024. Relative 1 stated that facility staff have observed Resident A to fall multiple times at the facility including a recent fall in the kitchen from approximately two weeks ago. Relative 1 stated that facility staff did not inform Relative 1 of the "kitchen fall" and did not inform Relative 1 that Resident A had been complaining of pain afterwards. Relative 1 stated that she had not observed Resident A in person and had not spoken to Resident A via telephone the two weeks preceding Resident A's 01/23/2024 medical appointment.

On 01/31/2024 I completed an unannounced onsite investigation at the facility and privately interviewed Licensee Designee Marcia Cawley, staff Joseph Stevenson, Resident A, and Resident B.

Licensee Designee Marcia Cawley stated that Resident A has a history of falling at the facility. Ms. Cawley stated that facility staff routinely help Resident A back to his feet and assess him for injuries. Ms. Cawley stated that approximately two weeks ago she was informed by staff Joseph Stevenson that Resident A was heard to have fallen in the kitchen while Ms. Stevenson was working upstairs. Ms. Cawley stated that Mr. Stevenson reported that he did not directly observe the fall in the kitchen but heard the noise of Resident A falling. Mr. Stevenson stated to Ms. Cawley that Mr. Stevenson observed Resident A on the floor of the kitchen and assisted Resident A to his feet with no observable injuries. Ms. Cawley stated that she has worked at the facility since Resident A's kitchen fall and has not observed any indications that Resident A had sustained injuries from the fall. Ms. Cawley stated Resident A has not been reported of being in pain and a small amount of swelling was observed in the affected area.

Staff Joseph Stevenson stated that Resident A has a history of falling at the facility. Mr. Stevenson stated that he routinely helps Resident A back to his feet and checks for injuries after falls. Mr. Stevenson stated that approximately two weeks Mr. Stevenson was working in the upstairs of the facility when he heard the noise of Resident A falling in the kitchen. Mr. Stevenson stated that he immediately found Resident A on the floor of the kitchen and helped Resident A to his feet. Mr. Stevenson stated that he observed no indication of injuries and Resident A did not complain of pain. Mr. Stevenson stated that he has worked at the facility multiple times since Resident A's kitchen fall and Resident A has not complained of pain.

Resident A presented as sitting on his bed wearing a walking boot. Resident A stated that he fell "in the kitchen" approximately "two weeks ago". Resident A stated that Mr. Stevenson "helped me up" and Resident A informed Mr. Stevenson that his foot "hurt". Resident A stated that he continued to walk on his injured foot which was swollen but Resident A stated that he did not show his inured foot to facility staff. Resident A stated that he did inform Mr. Stevenson that his foot hurt following the injury. Resident A stated that on 01/23/2024 he informed Physician Assistant Kim Harper of the injury and the pain he was experiencing. Resident A stated he completed an x-ray which indicated Resident A has a fractured foot and tendon damage.

While onsite I attempted to interview Resident B and Resident C however both residents lacked the ability to complete interviews given their disabilities.

On 02/01/2024 I interviewed Kim Harper, Physician Assistant of Harmony Cares Medical Group. Ms. Harper stated that she is Resident A's medical treatment provider and observed Resident A at his facility on 01/23/2024 for a routine checkup. Ms. Harper stated that on 01/23/2024 she observed Resident A's gait was limited as he was utilizing furniture for stability. Ms. Harper started that Resident A explained that he was experiencing pain in his left foot area after a fall at the facility from approximately two weeks ago. Ms. Harper stated that facility staff present during the encounter could not identify the date of the fall but said "sometimes he falls". Ms. Harper stated that Resident A's ankle appeared swollen "the size of a softball" and required an immediate x-ray which revealed three fractures of the left ankle and accompanying tendon damage. Ms. Harper stated that Resident A's injured ankle could not be repaired with simple casting because it had been exasperated by walking on it for approximately two weeks. Ms. Harper stated Resident A currently requires surgical repair of his injury.

On 02/02/2024 I completed an exit conference via telephone with licensee designee Marcia Cawley. Ms. Cawley stated that she had observed Resident A walk upstairs after his fall without difficulty. Ms. Cawley stated that she would not dispute that a violation occurred and will submit an acceptable Corrective Action Plan.

APPLICABLE RULE		
R 400.14310	Resident health care.	
	(4) In case of an accident or sudden adverse change in a resident's physical condition or adjustment, a group home shall obtain needed care immediately.	
ANALYSIS:	Resident A stated that he fell in the facility's kitchen approximately two weeks ago. Resident A stated that Mr. Stevenson "helped me up" and Resident A informed Mr. Stevenson that his foot "hurt". Resident A stated that he continued to walk on his injured foot which was swollen. Staff Joseph Stevenson stated that approximately two weeks Mr. Stevenson was working in the upstairs of the facility when he heard the noise of Resident A falling in the kitchen. Mr. Stevenson stated that he immediately found Resident A on the floor of the kitchen and helped Resident A to his feet. Kim Harper, Physician Assistant of Harmony Cares Medical Group, stated that on 01/23/2024 she observed Resident A's gait was limited as he was utilizing furniture for stability. Ms. Harper started that Resident A explained that he was experiencing pain in his left foot area after a fall at the facility from approximately two weeks ago. Ms. Harper stated that Resident A's ankle appeared swollen the size of a softball and required an immediate x-ray which revealed three fractures of the left ankle and accompanying tendon damage. Ms. Harper stated that Resident A's injured ankle could not be repaired with	
	simple casting because it had been exasperated by walking on it for approximately two weeks. Ms. Harper stated Resident A currently requires surgical repair of his injury.	
	A preponderance of evidence was discovered during the course of the Special Investigation; facility staff did not seek timely medical treatment for Resident A injuries.	
CONCLUSION:	VIOLATION ESTABLISHED	

IV. RECOMMENDATION

Upon receipt of an acceptable Correction Action Plan, I recommend that the license remain unchanged.

Toya Zylstra Date Licensing Consultant

Approved By:

02/02/2024

Jerry Hendrick Date

Area Manager