



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 9, 2024

Paul Barber
Directors Hall
600 Golden Drive
Kalamazoo, MI 49001

RE: License #: AH390236775
Investigation #: 2024A1021029
Directors Hall

Dear Paul Barber:

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 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 (517) 284-9730.

Sincerely,

Kimberly Horst

Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH390236775
Investigation #:	2024A1021029
Complaint Receipt Date:	01/24/2024
Investigation Initiation Date:	01/26/2024
Report Due Date:	03/23/2024
Licensee Name:	Heritage Community of Kalamazoo
Licensee Address:	2400 Portage St. Kalamazoo, MI 49001
Licensee Telephone#:	(269) 343-5345
Administrator:	Amy Beach
Authorized Representative:	Paul Barber
Name of Facility:	Directors Hall
Facility Address:	600 Golden Drive Kalamazoo, MI 49001
Facility Telephone #:	(269) 349-8694
Original Issuance Date:	03/01/1974
License Status:	REGULAR
Effective Date:	08/14/2023
Expiration Date:	08/13/2024
Capacity:	89
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Residents' self-care is neglected.	No
Residents are not given enough food or the correct food.	No
Additional Findings	Yes

III. METHODOLOGY

01/24/2024	Special Investigation Intake 2024A1021029
01/26/2024	Special Investigation Initiated - On Site
01/29/2024	APS referral Allegations sent to APS for review
02/20/2024	Exit Conference

The complainant alleged the facility has bed bugs. This complaint was investigated under AH390236775_SIR_2024A1021032.

ALLEGATION:

Residents' self-care is neglected.

INVESTIGATION:

On 01/24/2024, the licensing department received an anonymous complaint with allegations residents' self-care is neglected. The complainant alleged a resident had to go to the hospital to get his toes amputated. The complainant alleged another resident died due to neglect at the facility.

Due to the anonymous complaint, I was unable to obtain any specific resident information.

On 01/29/2024, the allegations in this report were sent to centralized intake at Adult Protective Services (APS).

On 01/26/2024, I interviewed community manager Kelly Wisser at the facility. Ms. Wisser reported the last eight resident deaths have been expected as the residents were on hospice services. Ms. Wisser reported there was one resident that resided

in memory care that was sent out to the hospital due to sores on his feet. Ms. Wisser reported the resident has still not returned to the facility, but she does not believe he had any toes amputated. Ms. Wisser reported residents receive good care at the facility. Ms. Wisser reported residents have clean clothes, laundry is done, and showers are provided.

On 01/26/2024, I interviewed staff person 2 (SP2) at the facility. SP2 reported there have been no suspicious or unexpected deaths at the facility. SP2 reported residents receive appropriate care and showers. SP2 reported no concerns with residents' self-care.

On 01/26/2024, I interviewed SP3 at the facility. SP3 statements were consistent with those made by SP2.

On 01/26/2024, I interviewed Resident C at the facility. Resident C reported he is happy to be living at the facility. Resident C reported he receives good care and has no concerns about the facility.

On 01/26/2024, I observed approximately 20 residents at the facility. The residents appeared well-kept as the residents were out of bed, dressed in clean clothes, and engaged within the community.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.
ANALYSIS:	Interviews conducted and review of documentation revealed lack of evidence to support the allegation residents' self-care needs are not met.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Residents are not given enough food or the correct food.

INVESTIGATION:

The complainant alleged residents are not given adequate food or the correct food.

Ms. Wisser reported in November the facility transitioned to Next Dine for food service. Ms. Wisser reported when the facility made this transition there was some

resident concerns with the type of food available as the menus changed. Ms. Wisser reported residents are now adjusted to the change in food service. Ms. Wisser reported residents always received adequate food. Ms. Wisser reported the facility prepares special diets and residents receive the special diets.

On 01/26/2024, I interviewed Next Dine chef Connor Brown at the facility. Mr. Brown reported his company took over on December 1st. Mr. Brown reported the only disruption in meal service was meals were delayed approximately 30 minutes for the first few days of service. Mr. Brown reported the facility has a special menu of items that are always available. Mr. Brown reported the facility prepares mechanical soft diets, diabetic diets, low sodium diets, and one puree diet. Mr. Brown reported in the kitchen there is a board with resident preferences and special diets. Mr. Brown reported in the memory care unit the food is delivered to the unit and the caregivers serve the food. Mr. Brown reported the caregivers would inform the kitchen staff if there were any issues. Mr. Brown reported the residents always receive adequate food and the correct food.

On 01/26/2024, I interviewed Resident A at the facility. Resident A reported the food is okay in taste. Resident A reported she always receives three meals a day.

On 01/26/2024, I interviewed Resident B at the facility. Resident B's statements were consistent with those made by Resident A.

SP2 reported all residents receive three meals a day and the food is adequate in size. SP2 reported residents receive the correct diets.

I reviewed the menu for the week of 01/22-01/29. The menu revealed there was a variety of food items on the menu. I observed the kitchen at the facility. The kitchen had a board that listed resident allergies, preferences, and special diets. The kitchen had adequate food to serve the number of residents in the facility.

APPLICABLE RULE	
R 325.1951	Nutritional need of residents.
	A home shall meet the food and nutritional needs of a resident in accordance with the recommended daily dietary allowances of the food and nutrition board of the national research council of the national academy of sciences, adjusted for age, gender, and activity, or other national authority acceptable to the department, except as ordered by a licensed health care professional.

ANALYSIS:	Interviews conducted, observations made, and review of menus revealed lack of evidence to support the allegation residents do not receive enough food or special diets.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

Mr. Brown reported the facility does not complete a meal census. Mr. Brown reported the company is still waiting on the paperwork.

APPLICABLE RULE	
R 325.1954	Meal and food records.
	The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.
ANALYSIS:	Interviews conducted revealed the facility does not complete a meal census to record the kind and amount of food used.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Kimberly Horst

02/09/2024

Kimberly Horst
Licensing Staff

Date

Approved By:

Andrea L. Moore

02/20/2024

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

Date