



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 16, 2024

Melissa Hinkson
Teal Lake Senior Living Community, Inc
290 W. Water Street
Negaunee, MI 49866

RE: License #: AH520364507
Investigation #: 2023A1035010
Teal Lake Senior Living Community, Inc

Dear Ms. Hinkson:

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) 284-9730.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jennifer Heim".

Jennifer Heim, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(313) 410-3226

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH520364507
Investigation #:	2023A1035010
Complaint Receipt Date:	08/07/2023
Investigation Initiation Date:	08/07/2023
Report Due Date:	10/06/2023
Licensee Name:	Teal Lake Senior Living Community, Inc
Licensee Address:	290 W. Water Street Negaunee, MI 49866
Licensee Telephone #:	(906) 586-3019
Administrator:	Neil Hinkson
Authorized Representative	Melissa Hinkson
Name of Facility:	Teal Lake Senior Living Community, Inc
Facility Address:	290 W. Water Street Negaunee, MI 49866
Facility Telephone #:	(906) 401-0511
Original Issuance Date:	09/22/2015
License Status:	REGULAR
Effective Date:	03/22/2023
Expiration Date:	03/21/2024
Capacity:	46
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Home accepting residents requiring higher level of care.	No
Residents are eloping.	Yes
Insufficient staffing levels.	No
Additional Findings	No

III. METHODOLOGY

08/07/2023	Special Investigation Intake 2023A1035010
08/07/2023	Special Investigation Initiated - Letter email sent to Auth Rep and Admin requesting documentation.
09/01/2023	Inspection Completed On-site
09/11/2023	Contact - Document Received Documents received from Neil Administrator
09/14/2023	Contact - Document Received document received from Neil Admin
01/16/2024	Inspection Completed-BCAL Sub. Compliance
01/16/2024	Exit Conference Conducted by email with authorized representative Ms. Hampton

ALLEGATION:

Home accepting residents requiring higher levels of care.

INVESTIGATION:

On August 7, 2023, the Department received a complaint through the online complaint department which read: “The facility, at the direction of the owner, is routinely accepting residents requiring higher levels of care beyond capability for an assisted living including those that are immobile requiring total lift and nursing home/ higher skilled nursing care demands. This is putting both residents as well as staff at risk on a daily basis. Additionally, patients that require memory care have also been accepted and as a result there have been incidents of elopement and falls related to it. Moreover, despite the aforementioned, the staff is being required to perform high level of nurse care beyond the capability of the facility without appropriate staffing.”

On September 1, 2023, an onsite investigation was conducted. I interviewed Neal Hinkson facility administrator. Neal states he was recently appointed to the position related to the former administrator stepping down abruptly. Neal states the residents living within the home are appropriate for an assisted living environment. Additional services are provided for individuals requiring higher skilled nursing care. When the needs exceed the skill level or capacity of the home hospice and home care services are initiated. Neal is unaware of any elopements or near miss elopements. Neal states the facility staff according to census and resident needs. Staffing has been maintained and appropriate. Neal states “Our falls are documented on the licensing incident report forms. All our falls are reviewed, and corrective action is then taken.”

While onsite I interviewed staff person (SP)1 which states she had received training on resident care, transfers, and medication administration. There is one resident that requires a Hoyer lift for transfers. Some residents require more time related to them being slower, but they are appropriate for assisted living. SP1 does not recall an increased in resident falls.

While onsite I interviewed SP2 which states she was trained on providing appropriate care related to activities or daily living, transfer training, and medication training SP2 states last month the facility had a couple residents which required more care, since then one of those residents expired and the other is improving daily with therapy services. SP2 does not recall any recent resident falls.

SP3 states “I’ve had training from previous jobs therefore I already had knowledge of what was required. Training was provided on medication administration, activities of daily living, and transfer training. There are a couple residents requiring lifts for transfers and one resident requires more assistance, hospice services assist with that resident.

SP4 states she was properly trained to take care of the residents and administer medications. SP4 states there are a couple residents requiring more assistance and one individual is “very needy”, but everyone is appropriate for this environment.

While onsite I interviewed four residents that staff stated required “more” assistance. Residents interviewed stated their needs are met and they’re happy with the quality of care. Service plans reviewed during this time which indicated appropriate placement of residents in review. One resident in review requires and receives additional services from hospice.

APPLICABLE RULE	
R 325.1922	Admission and retention of residents.
	(10) A home shall not retain a resident who requires continuous nursing care services of any kind normally provided in a nursing

	home as specified in MCL 333.21711(3) and MCL 333.21715(2) unless the home meets the provisions of MCL 333.21325, or the individual is enrolled in and receiving services from a licensed hospice program or a home health agency.
ANALYSIS:	<p>While onsite I interviewed staff which stated they were trained to provide appropriate care to the residents within the home. Staff stated some residents require more time which makes their day a little more difficult to balance. Currently there are two residents that require a two-person mechanical lift for transfers. One of the residents requiring a mechanical lift prefers to stay in bed.</p> <p>Service plans review on four resident which indicated appropriate levels of care to be rendered in an assisted living environment. Residents interviewed stating they are happy with their care and services provided.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Residents are eloping.

INVESTIGATION:

On August 7, 2023, the Department received a complaint through the online complaint department which read: “The facility, at the direction of the owner, is routinely accepting residents requiring higher levels of care beyond capability for an assisted living including those that are immobile requiring total lift and nursing home/ higher skilled nursing care demands. Additionally, patients that require memory care have also been accepted and as a result there have been incidents of elopement.”

On September 1, 2023, an onsite investigation was conducted. I interviewed Neal Hinkson the facility administrator. Neal states he was recently appointed the position related to the former administrator stepping down abruptly. Neal is unaware of any elopements or near miss elopements.

While onsite I interviewed staff person (SP)1 which stated she is unaware of a resident eloping in the past year she’s been employed.

While onsite I interviewed SP2 who states Resident A eloped approximately one month ago and was found down the street by a staff member coming into work. Resident A was brought back to the home, during this process family of Resident A arrived at the home for a visit and assisted getting Resident A back inside.

SP3 states approximately a month ago around 2:30 pm Resident A was observed down the street by another staff member. SP3 assisted Resident A back to the home. Resident A continues to seek the doors and does not have a wander guard pendent. Resident B has memory loss and seeks the door often. Staff provide frequent checks on these individuals to

prevent elopements. It has been brought up to management that Resident A and Resident B would benefit from a wander guard pendant. To this date neither resident has a wander guard pendant.

SP4 is unaware of an elopement or near miss elopements.

Through record review of Resident A's, client service plan indicates Resident A is not an elopement risk and does not look for people, places, or things. According to staff resident eloped one month prior to survey. Staff state Resident A is an elopement risk and frequently looks for people, places, and things. The facility was unable to provide progress notes for the months of June and July. The facility did provide progress notes for the month of September which indicates Resident A is confused and has moments of agitation. Facility was unable to provide documentation of Resident A's elopement and door seeking behavior.

Through record review of Resident B's client service plan states "Wanderguard not needed- no elopement risk." Interview with staff and record review reveals resident B wanders often, looks for people, places, and things on a regular basis.

Though record review and interview it is determined client services plans do not reflect the current care/ monitoring requirements of residents in review.

APPLICABLE RULE	
R 325.1922 2(b)	Admission and retention of residents.
	(b) That a home shall not accept an individual seeking admission unless the individual's needs can be adequately and appropriately met within the scope of the home's program statement.

ANALYSIS:	<p>Through interview and record review it was noted the service plans for Resident A and Resident B do not accurately reflect their current monitoring needs and elopement risk.</p> <p>Interview with staff indicate Resident A eloped approximately one month prior to visit. Resident A service plan does not indicate she seeks exits nor is an elopement risk. The facility was unable to provide documentation related to Resident A’s elopement. According to two staff members Resident A was observed “down the street” from the facility and was guided by two staff members and resident’s daughter back to the home.</p> <p>Interview with staff and progress note review it was reported Resident B seeks exits looking for family. Resident B’s service guide does not reflect these behaviors. Progress notes indicate resident calls out and searches for family members and becomes aggressive at times.</p> <p>According to the findings noted above this violation has been established.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Inadequate staffing levels.

INVESTIGATION:

On August 7, 2023, the Department received a complaint through the online complaint department which read: “the staff is being required to perform high level of nurse care beyond the capability of the facility without appropriate staffing.”

While onsite I interview Neil facility Administrator who stated the home staffs according to the needs of the residents and census. When staff call off the scheduler and managers attempt to fill openings.

Employee staffing schedule reviewed and coincided with Neils statements.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.

ANALYSIS:	It was noted though employee schedule review, interviews with staff, and administrator the facility is staffed to meet the needs of the residents and census. This allegation was not substantiated.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

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



09/19/2023

Jennifer Heim
Licensing Staff

Date

Approved By:



01/16/2024

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

Date