



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

Kory Feetham
Oscoda Assisted Living, LLC
5113 Cedar Lake Road
Oscoda, MI 48750

April 12, 2024

RE: License #: AL350390822
Investigation #: 2024A1038032
Oscoda Assisted Living, LLC

Dear Mr. Feetham:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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) 241-2758.

Sincerely,

Johnnie Daniels, Licensing Consultant
Bureau of Community and Health Systems
1999 Walden Dr.
Gaylord, MI 49735

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---------------------------------------|--|
| License #: | AL350390822 |
| Investigation #: | 2024A1038032 |
| Complaint Receipt Date: | 03/27/2024 |
| Investigation Initiation Date: | 03/29/2024 |
| Report Due Date: | 05/26/2024 |
| Licensee Name: | Oscoda Assisted Living, LLC |
| Licensee Address: | 5113 Cedar Lake Road Oscoda, MI 48750 |
| Licensee Telephone #: | (989) 569-6766 |
| Licensee Designee: | Kory Feetham |
| Name of Facility: | Oscoda Assisted Living, LLC |
| Facility Address: | 5113 Cedar Lake Rd. Oscoda, MI 48750 |
| Facility Telephone #: | (989) 450-8323 |
| Original Issuance Date: | 08/13/2018 |
| License Status: | REGULAR |
| Effective Date: | 02/13/2023 |
| Expiration Date: | 02/12/2025 |
| Capacity: | 20 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED ALZHEIMERS |

II. ALLEGATION(S)

| | Violation Established? |
|---|-------------------------------|
| Staff are smoking marijuana while caring for residents. | No |
| Staff members do not have a background check and their Tuberculosis test. | Yes |
| Residents are being left in soiled briefs. | No |

III. METHODOLOGY

| | |
|------------|---|
| 03/27/2024 | Special Investigation Intake 2024A1038032 |
| 03/27/2024 | APS Referral denied. |
| 03/29/2024 | Special Investigation Initiated - Face to Face interviews were conducted with administrator Nicole Chesser, dietary manager Annamay Napier, DCS Onnalei Sheppard and DCS Lindsey Marie Hutchings. |
| 03/29/2024 | Contact - Face to Face interviews were conducted with Guardian A1 and Resident A. |
| 04/12/2024 | Exit Conference- LD Kory Feetham |

ALLEGATION:

Staff are smoking marijuana while caring for residents.

INVESTIGATION:

On 3/27/24, I received a complaint from the Bureau of Community and Health Systems Online Complaint System regarding the home. The complaint alleged marijuana is being smoked within the home.

On 3/27/24, I was unable to contact the complainant as there was no contact information.

On 3/29/24, I conducted an unannounced onsite investigation at the home. I interviewed administrator Nicole Chesser who stated staff was not smoking marijuana on the property of the home. Ms. Chesser stated the home has a designated smoking area of cigarettes and vape pens. Ms. Chesser stated it is in their rules and policy there is to be no smoking or drinking alcohol in the home. Ms. Chesser stated all staff members come to work sober and able to perform their daily duties of direct care for the residents.

On 3/29/24, I reviewed the home's policy and procedures on no smoking within the home and no drinking alcohol beverages. I reviewed the homes policy and procedures on their designated smoking area while on the property of cigarettes and vape pens.

On 3/29/24, I interviewed dietary manager Annamay Napier, who stated she has not seen any staff member or resident smoking marijuana within or around the home. Ms. Napier stated all staff are required to smoke within their designated smoking areas on the outside of the building. Ms. Napier stated she has no concerns of any staff member working while under the influence of any alcoholic beverage or marijuana. Ms. Napier stated all staff are able to perform their daily direct care duties.

On 3/29/24, I interviewed direct care staff (DCS) Onnalei Sheppard whose statements were consistent with those of Ms. Chesser and Ms. Napier. Ms. Sheppard added she is currently the longest tenured staff at the home, and she has never seen or heard about Ms. Chesser smoking marijuana on the property.

On 3/29/24, I interviewed DCS Lindsey Hutchings whose statements were consistent with those of Ms. Chesser, MS. Napier and Ms. Sheppard.

On 3/29/24 I interviewed Guardian A1 whose statements were consistent of those made by staff members Ms. Chesser, Ms. Napier, Ms. Sheppard and Ms. Hutchings. Guardian A1 added Resident A has lived at the home for two years and she has never had any concerns of staff members not being able to perform their duties due to under the influence of any kind.

| APPLICABLE RULE | |
|------------------------|---|
| R 400.15204 | Direct care staff; qualifications and training. |
| | (2) Direct care staff shall possess all of the following qualifications: (a) Be suitable to meet the physical, emotional, intellectual, and social needs of each resident. (b) Be capable of appropriately handling emergency situations. |
| ANALYSIS: | Based on my interviews of staff, Guardian A1 and the review of the home's policy and procedures, there was no corroborating evidence of staff not being able to perform their daily duties. The home had all of the appropriate policy and procedures and was following them. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ALLEGATION:

Staff members do not have a background check and their Tuberculosis test.

INVESTIGATION:

On 3/27/24, I received a complaint from the Bureau of Community and Health Systems Online Complaint System regarding the home. The complaint alleged there are staff members with no background check and Tuberculous (TB) checks.

Ms. Chesser provided me with employee files for kitchen staff Elizabeth Fulco, DCS Faith Forshee and DCS Katelynn Potts. All files contained the proper paperwork for Workforce background check and finger printing. Ms. Fulco and Ms. Forshee files were missing TB checks on file. Ms. Fulco started employment on 3/5/24 and Ms. Forshee started employment on 3/25/24. Ms. Chesser stated both staff members currently have appointments set up and have been taken off the schedule until their test and results are complete.

| APPLICABLE RULE | |
|------------------------|---|
| R 400.15205 | Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household. |
| | (5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, |

| | |
|--------------------|--|
| | other employees and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary. |
| ANALYSIS: | Based on my review of employee files, there was no TB on file for two employees of the home. The home was able schedule those appointments and remove those staff members off of the schedule until the results were received. |
| CONCLUSION: | VIOLATION ESTABLISHED |

ALLEGATION:

Residents are left in soiled briefs.

INVESTIGATION:

Ms. Chesser stated all residents are checked on every two hours if not more daily. Ms. Chesser stated Residents are checked and changed before and after every meals, when they wake up and before they go to sleep. Ms. Chesser stated Residents have a call button they can use if more changing is needed throughout the day and night. Ms. Chesser stated Resident A's Guardian is often at the home and has never voiced concerns about Resident A's treatment or lack thereof at the home.

Ms. Napier statements were consistent with those of Ms. Chesser.

Ms. Sheppard's statements were consistent with those made by Ms. Chesser. Ms. Sheppard added she provides cares to Resident A a lot. Ms. Sheppard stated she would never allow Resident A of any Resident to sit for long periods of time in soiled briefs. Ms. Sheppard stated she showers Resident A and has never noticed any skin bruising, or deterioration. Ms. Sheppard stated Residents get showered twice a week if not more when requested.

Ms. Hutchings statements were consistent with those made by Ms. Chesser, Ms. Napier and Ms. Sheppard.

Guardian A1 stated she has no concerns with Resident A living at the home. Guardian A1 stated she has never noticed any unexplained bruising on Resident A

or any issues with his skin integrity. Guardian A1 stated she comes to the home at random times throughout the day and the staff on each shift take good care of the residents.

On 3/29/24, I was unable to interview Resident A due to him unable to communicate. I was able to look at Resident A's person, with Guardian A1 and staff members present at the time, which he did not have any bruising, skin breakdown or any signs of skin irritation. Resident A appeared to be well taken care of while at the home.

| APPLICABLE RULE | |
|------------------------|--|
| 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 on my interviews with staff and Guardian A1, there was no corroborating evidence the home was not providing proper personal care to the residents. The home was taking care of each resident appropriately. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

IV. RECOMMENDATION

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

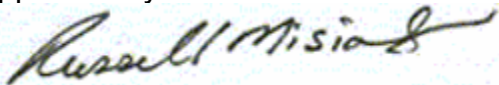


4/10/24

Johnnie Daniels
Licensing Consultant

Date

Approved By:



4/10/24

Russell B. Misiak
Area Manager

Date