GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 30, 2024

Darlene Vernier
American House Somerset
3400 Livernois Rd
Troy, MI 48083

RE: License #: AH630398531
Investigation #: 2024A1019046
American House Somerset

Dear Licensee:

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.

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,

Elizabeth Gregory-Weil, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 347-5503

enclosure

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

## I. IDENTIFYING INFORMATION

| | |
|---|---|
| **License #:** | AH630398531 |
| | |
| **Investigation #:** | 2024A1019046 |
| | |
| **Complaint Receipt Date:** | 04/10/2024 |
| | |
| **Investigation Initiation Date:** | 04/12/2024 |
| | |
| **Report Due Date:** | 06/10/2024 |
| | |
| **Licensee Name:** | MCP Troy OpCo LLC |
| | |
| **Licensee Address:** | 12377 Merit Drive, Suite 500<br>Dallas, TX 75251 |
| | |
| **Licensee Telephone #:** | (214) 443-8300 |
| | |
| **Administrator and Authorized Representative:** | Darlene Vernier |
| | |
| **Name of Facility:** | American House Somerset |
| | |
| **Facility Address:** | 3400 Livernois Rd<br>Troy, MI 48083 |
| | |
| **Facility Telephone #:** | (248) 528-8001 |
| | |
| **Original Issuance Date:** | 04/29/2020 |
| | |
| **License Status:** | REGULAR |
| | |
| **Effective Date:** | 10/19/2023 |
| | |
| **Expiration Date:** | 10/18/2024 |
| | |
| **Capacity:** | 103 |
| | |
| **Program Type:** | ALZHEIMERS<br>AGED |

## II. ALLEGATION(S)

| | **Violation Established**? |
|---|---|
| Resident A isn't getting the care she is supposed to. | No |
| Resident A was not taken to dinner timely. | Yes |
| Additional Findings | No |

## III. METHODOLOGY

| | |
|---|---|
| 04/10/2024 | Special Investigation Intake<br>2024A1019046 |
| 04/12/2024 | Special Investigation Initiated - Letter<br>Emailed APS worker for additional information and status update. |
| 04/15/2024 | Inspection Completed On-site |
| 04/16/2024 | Inspection Completed BCAL Sub. Compliance |

**ALLEGATION:**

Resident A isn't getting the care she is supposed to.

**INVESTIGATION:**

On 4/10/24, the department received a complaint forwarded from Adult Protective Services (APS) outlining care concerns involving Resident A. The complaint alleged that Resident A is not receiving the hourly nighttime checks that she is supposed to have, staff are not providing oral care to her, and no one is helping to dress or toilet her.

On 4/15/24, I conducted an onsite inspection. I interviewed administrator and authorized representative Darlene Vernier onsite and Employee 1 by telephone. Ms. Vernier and Employee 1 reported that Resident A's family has unrealistic expectations of the type of care Resident A should receive and borders on expecting one on one care for her. Ms. Venier and Employee 1 both deny that Resident A is care planned to receive hourly nighttime checks and reported that they have explained to Resident A's family that she will get "frequent checks" but have never put a specific number on the amount of checks she will get. Regarding activities of daily living (ADL's) such as oral care, dressing and toileting, Ms. Vernier and

Employee 1 reported that Resident A can perform the tasks independently, but does need some reminders and prompting from staff, however she is physically capable of completing the tasks on her own. Ms. Vernier acknowledged that Resident A independently ambulates with the use of an assistive device, and because of this, there have been times when Resident A has taken herself back to her room after dinner and gotten herself ready for bed without staff knowledge, but that is not typical. Ms. Vernier and Employee 1 reported that despite some cognitive impairment, Resident A is able to make her needs known effectively.

While onsite, I reviewed Resident A's service plan. As Ms. Vernier and Employee 1 attested to, the document does not reference nightly hourly checks as the complaint alleged. Regarding oral care, the service plan reads "Resident requires frequent verbal cues and reminders to brush teeth". Regarding toileting, the service plan reads in part "[Resident A] requires minimal support for toileting. [Resident A] is usually continent of bladder and bowels. When [Resident A] does have an accident she will go to her apartment and take the brief off. Staff should check room for tidiness as well due to her removing her briefs throughout the day." Regarding dressing, the service plan reads "[Resident A] is able to dress herself, but requires supervision as resident will wear the same clothing, and hang up dirty clothes. Staff should monitor this and check closet and dresser to ensure cleanliness."

| **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:** | Resident A's level of care described in the complaint is not consistent with staff attestations and what is outlined in her service plan. There is insufficient evidence that Resident A is not being cared for as her service plan instructs. |
| **CONCLUSION:** | **VIOLATION NOT ESTABLISHED** |

**ALLEGATION:**

Resident A was not taken to dinner timely.

**INVESTIGATION:**

The complaint alleged that on 4/8/24, Resident A was not taken to dinner until 7:11pm. Resident A has a security camera in her room that is watched closely by her family, and the allegation was observed on the video footage.

Ms. Vernier acknowledged that staff are aware of the camera in Resident A's room, and there is a sign posted outside of the room indicating it's presence. Ms. Vernier reported that due to cognitive limitations, staff need to remind Resident A when meals are being served, but that Resident A does not require staff escorts to the dining room to eat. Ms. Vernier reported that dinner service begins at 5:00pm and did not dispute that Resident A was not reminded of dinner at the normal time on 4/8/24. Ms. Vernier stated that staff were asked why Resident A was initially left out of dinner service and she was "unable to get a clear understanding".

| **APPLICABLE RULE** | |
|---|---|
| **R 325.1952** | **Meals and special diets.** |
| | **(1) A home shall offer 3 meals daily to be served to a resident at regular meal times. A home shall make snacks and beverages available to residents.** |
| **ANALYSIS:** | Staff failed to provide a timely reminder to Resident A of dinner service on 4/8/24. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

## IV. RECOMMENDATION

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

04/17/2024

_____

Elizabeth Gregory-Weil Date
Licensing Staff

Approved By:

04/30/2024

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