



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 30, 2024

Catherine Reese
The Lodge of Durand Memory Care, LLC
5720 Williams Lake Road
Waterford, MI 48329

RE: License #: AL780360986
Investigation #: 2024A0584020
Lodge of Durand MC South

Dear Ms. Reese:

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) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Candace Coburn". The signature is written in a dark ink and is positioned above the typed name and address.

Candace Coburn, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL780360986
Investigation #:	2024A0584020
Complaint Receipt Date:	02/26/2024
Investigation Initiation Date:	02/27/2024
Report Due Date:	04/26/2024
Licensee Name:	The Lodge of Durand Memory Care, LLC
Licensee Address:	5720 Williams Lake Road Waterford, MI 48329
Licensee Telephone #:	(989) 288-6561
Administrator:	Christine Marosi
Licensee Designee:	Catherine Reese
Name of Facility:	Lodge of Durand MC South
Facility Address:	8800 E. Monroe Road Durand, MI 48429
Facility Telephone #:	(989) 288-6561
Original Issuance Date:	10/21/2015
License Status:	REGULAR
Effective Date:	04/21/2022
Expiration Date:	04/20/2024
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident A's special diet is not being followed as ordered.	No
On 2/22/2024, breakfast food served did not match the menu items listed.	Yes
Additional Findings	Yes

The written complaint included allegations that were not adult foster care administrative licensing rules. Subsequently, these allegations were not investigated.

III. METHODOLOGY

02/26/2024	Special Investigation Intake - 2024A0584020.
02/27/2024	Special Investigation Initiated – Telephone contact to complainant. APS Referral sent via email to Central Intake.
03/21/2024	Contact - Face to Face interviews with Resident A, direct care staff Jessica Kerry, Becky Lucht, and Resident Care Director Breanna Young.
04/01/2024	Contact – Email to Chris Marosi, administrator.
04/09/2024	Contact - Face to Face interview with kitchen manager Angela Campbell. Contact – Face-to-face interview with administrator Chris Marosi.
04/16/2024	Exit Conference with licensee designee Catherine Reese.
04/29/2024	Email with administrator Chris Marosi.

ALLEGATIONS:

- **Resident A's special diet is not being followed as ordered.**
- **On 2/22/2024, breakfast food served did not match the menu items listed.**

INVESTIGATION:

On 2/26/2024, the Bureau of Community and Health Systems (BCHS) received the above allegations via the BCHS online complaint system. The written complaint indicated that Resident A is on hospice services and eats her meals pureed with thickened liquids. According to the written complaint, Resident A has not received extra snacks as ordered and has lost weight.

On 3/21/2024, I conducted an unannounced investigation at the facility and interviewed Resident A, direct care staff Jessica Kerry, Becky Lucht, and Resident Care Director Breanna Young.

Resident A was unwilling or unable to answer questions.

Both Ms. Kerry and Ms. Lucht verified they worked the morning shift on 2/22/2024. Ms. Kerry stated breakfast consisted of yogurt, donuts, water, juice, coffee and tea. Ms. Lucht stated she did not recall the exact food served on that morning. Both Ms. Kerry and Ms. Lucht stated they were not personally aware of Resident A's weight loss and confirmed Resident A eats well at each meal. Both Ms. Kerry and Ms. Lucht were aware of hospice's requests to provide Resident A with snacks and confirmed Resident A consumed these snacks.

Ms. Young confirmed Resident A is on hospice and has lost weight over the past couple of months according to her weight chart. Ms. Young stated Resident A has no prescribed special diet, and is allowed to eat a regular diet, as long as the food is pureed or mechanical soft. According to Ms. Young, Resident A's hospice agency requested snacks be offered to Resident A, which the facility does. However, they were not provided with an official written order to provide additional snacks to Resident A.

I requested and reviewed Resident A's weight chart. Resident A's weight chart documented the following:

December 2023 – 125 lbs.
January 2024 – 126 lbs.
February 2024 – 120.5 lbs.
March 2024 – 118 lbs.

Resident A's facility file contained the following Hospice Physician's orders:

9/19/2023 - Avoid tomato based foods.

9/28/2023 – Pureed diet with thin liquids.

3/21/2024 – Change diet to mechanical soft, have her sit upright for all meals and snacks.

I reviewed a chart created by the facility to document snacks provided to Resident A since 2/12/2024. The chart showed a variety of snack foods offered to Resident A two to three times each day. The chart indicated Resident A both consumed and refused snacks.

On 4/9/2024, I conducted a face to face interview with administrator Chris Marosi who stated the staff recently consulted with hospice regarding Resident A's weight loss and they have added additional supplements to her diet.

I conducted a face to face interview with kitchen manager Angela Campbell. Ms. Campbell stated she was working the morning of 2/22/2024. According to Ms. Campbell, both service staff scheduled to work in the facility called in absent to work that morning, leaving nobody to serve the breakfast menu as written. Ms. Campbell stated that as a result, the residents received yogurt, donuts, and beverages. Ms. Campbell admitted to neglecting to update the menu with the substitutions for that meal.

I reviewed the 2/22/2024 breakfast menu item listed as served:

Pancakes
Eggs of choice
Sausage Patty
Maple Syrup
Margarine
Assorted Beverages

On 4/29/2024, via email, Ms. Marosi provided updated information regarding Resident A's diet and reported her current weight was 119.5.

I reviewed a hospice physician's order, dated 4/12/2024, to include a Boost or Ensure supplement between, meals along with offering snacks to Resident A, three times a day.

APPLICABLE RULE	
R 400.15313	Resident nutrition.
	(3) Special diets shall be prescribed only by a physician. A resident who has been prescribed a special diet shall be provided such a diet.

ANALYSIS:	It has been established that Resident A has lost approximately 7 pounds in 4 months. Based on interviews with facility staff members, a review of Resident A's hospice orders, and Resident A's snack record, there is not enough evidence to suggest Resident A's weight loss was due to the facility not providing Resident A with additional snacks, as ordered by hospice.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.15313	Resident nutrition.
	(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.
ANALYSIS:	Based on interviews with direct care staff, kitchen manager Angela Campbell, as well as review of the facility menu, there is enough evidence to substantiate the allegation that on 2/22/2024, breakfast food served did not match the menu items listed.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 3/21/2024, I reviewed Resident A's *Assessment Plan for AFC Residents* (assessment plan), which expired on 2/13/2023. There was no documentation on Resident A's assessment plan indicating that, per hospice orders, Resident A was to avoid tomato based foods, and was to be provided a regular diet that was pureed/mechanical soft with thin liquids. There was no documentation on Resident A's assessment plan indicating staff were to ensure Resident sits upright for all meals and snacks. There was also no documentation on Resident A's assessment plan indicating staff were to offer Resident A additional snacks throughout the day and record this on a separate chart.

APPLICABLE RULE	
R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
DEFINITIONS:	"Assessment plan" means a written statement that is prepared in cooperation with a responsible agency or individual that identifies the specific care and maintenance, services, and resident activities appropriate for each individual resident's physical and behavioral needs and well-being and the methods of providing the care and services, taking into account the preferences and competency of the individual.
ANALYSIS:	It has been established Resident A's assessment plan was not updated at least annually and did not reflect her current eating and feeding needs.
CONCLUSION:	VIOLATION ESTABLISHED

On 4/16/2024, I conducted an exit conference with licensee designee Catherine Reese and informed her the findings of this investigation.

IV. RECOMMENDATION

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

Candace Coburn

4/25/2024

Candace Coburn
Licensing Consultant

Date

Approved By:

Michele Streeter

4/30/2024

Michele Streeter
Area Manager

Date