



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 28th, 2024

Lauren Gowman
Railside Assisted Living Center
7955 Byron Center Ave SW
Byron Center, MI 49315

RE: License #: AH410236873
Investigation #: 2024A1021060
Railside Assisted Living Center

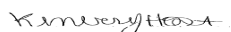
Dear Lauren Gowman:

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, 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 #:	AH410236873
Investigation #:	2024A1021060
Complaint Receipt Date:	05/08/2024
Investigation Initiation Date:	05/09/2024
Report Due Date:	07/07/2024
Licensee Name:	Railside Living Center LLC
Licensee Address:	950 Taylor Street Grand Haven, MI 49417
Licensee Telephone #:	(616) 842-2425
Administrator:	Tracy Wood
Authorized Representative:	Lauren Gowman
Name of Facility:	Railside Assisted Living Center
Facility Address:	7955 Byron Center Ave SW Byron Center, MI 49315
Facility Telephone #:	(616) 878-4620
Original Issuance Date:	04/18/1999
License Status:	REGULAR
Effective Date:	02/02/2024
Expiration Date:	07/31/2024
Capacity:	121
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Resident I fell at the facility.	No
Residents are treated disrespectfully.	No
Medications are mishandled.	No
Additional Findings	Yes

III. METHODOLOGY

05/08/2024	Special Investigation Intake 2024A1021060
05/09/2024	Special Investigation Initiated - Telephone message left with complainant
05/14/2024	Inspection Completed On-site
05/28/2024	Exit Conference

The complainant alleged Resident A fell at the facility. This allegation was investigated under SIR 2024A1021059.

ALLEGATION:

Resident I fell at the facility.

INVESTIGATION:

On 05/08/2024, the licensing department received a complaint with allegations residents have fallen at the facility.

On 05/13/2024, I interviewed the complainant by telephone. The complainant alleged Resident I fell at the facility and had three broken ribs due to the fall.

On 05/14/2024, I interviewed administrator Tracy Wood at the facility. Ms. Wood reported Resident I is a resident in the memory care unit and has advanced dementia. Ms. Wood reported Resident I fell in March and April. Ms. Wood reported following each fall Resident I was transferred to the emergency room for an evaluation because Resident I may have hit her head. Ms. Wood reported following

a hospital stay, residents are placed on increased observations. Ms. Wood reported following the fall in April 2024, Resident I did have a broken rib. Ms. Wood reported the facility initiated home physical and occupational therapy with Resident I due to recent falls.

I reviewed Resident I's service plan. The service plan read,

"I require a mat alarm for safety. Please make sure my alarm is in place. I have one in my bed and on my chair.

I am at a higher risk of falling based on a. Cognitive Impairment with periods of lethargy and varying mental function over the course of the day, b. My diagnosis include HTN, CAD, OAB, Depression, Hypothyroidism, Memory Impairment, Pulmonary Arterial, HTN, Recurrent UTI, Bilateral hearing loss, Dyslipidemia, c. I am continent and independent to toilet. d. I take medications that may cause me to be dizzy or lethargic e. Personal history of falling. Please take the following interventions to reduce my risk for falling: a. Please assess my BP if I complain of being dizzy. B. Encourage me to rest or lay down for a nap if I complain of being tired. C. Encourage me and give me time to express my feelings if I complain of feeling down. D. Encourage me to participate in activities with my peers to keep my mind busy. E. Walk with me to meals and activities. I may need to be pushed in a wheelchair for longer distances, make sure to have footrests on the wheelchair if you are pushing me. F. I have mat alarms on my chair and in my bed. Please make sure they are in place and working properly."

I reviewed observation notes for Resident I. The notes read,

"04/03: (Resident I) was observed on the floor of her room at approximately 4:30pm. She called out in pain in her with movement. EMS is called to transport to UofM health west for evaluation. Life EMS transported her to the hospital. Family and PCP are notified.

04/04: This resident was DC from the hospital today. Her daughter brought her back. No new orders at this time. Request has been made to (Relative A1) for fall alarms to be added.

05/02: Unwitnessed fall. Complaints of mid back and right rib pain. Sent to Butterworth. She was admitted.

05/06: This resident returned from Corewell Health Hospital this day. Bruising to bilateral forearm is noted with 2 gauze pads secured with plastic tape at IV sites at the elbow of the left arm and on the back of her right hand. There is a band aid on the back of the left hand. All dressings are removed with no skin issues. The resident is smiling, interacting pleasantly with staff, is compliant with cares, and denies pain. The resident walked to evening meal with one staff assist with the walker.

05/07: Home care admission today by Interim Home Care for physical therapy services, following recent fall and spinal/rib fractures. Patient is pleasant and cooperative to work with today and daughter. Patient had very minimal pain with activity and demonstrates poor safety awareness and use of four-wheel walker.

Walker height was lowered for patient. Did speak with PCP office regarding a PRN pain medication to help patient sleep better and also requesting an order for a hospital bed with a halo railing and cover. 2 wk 4 PT was approved to work on balance, strength, pain control, and walker safety.”

APPLICABLE RULE	
R 325.1921	Governing bodies, administrators, and supervisors.
	(1) The owner, operator, and governing body of a home shall do all of the following: (b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.
For Reference: R 325.1901	Definitions.
	(p) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.
ANALYSIS:	Interviews conducted and review of documentation revealed Resident I has fallen at the facility. Following the fall, the facility implemented appropriate measures to prevent re-occurrence of falls. There is lack of evidence to support the allegation Resident I is not protected at the facility.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Residents are treated disrespectfully.

INVESTIGATION:

The complainant alleged residents are left in bed, are not up for meals, caregivers are mean to the residents, and residents are transferred incorrectly. The complainant alleged this occurs in the assisted living unit.

On 05/14/2024, I interviewed Resident J at the facility. Resident J reported she prefers to eat breakfast in her room. Resident J reported caregivers use the Hoyer Lift to transfer her out of bed and there are always two caregivers to complete the transfer. Resident J reported care staff treat her well and she has no concerns with care at the facility.

On 05/14/2024, I interviewed Resident K at the facility. Resident K reported she is always up for meals. Resident K reported all care staff treat her well and she is happy to be at the facility.

On 05/14/2024, I interviewed Resident L at the facility. Resident L reported she is up for all meals. Resident L reported the facility uses a Hoyer Lift and there is always two people to assist with the lift. Resident L reported the care staff are always very nice and she receives good care.

On 05/14/2024, I interviewed Resident M at the facility. Resident M reported it can take increased time to receive assistance, but the care is always good. Resident B reported no issues with care at the facility.

On 05/14/2024, I interviewed staff person 5 (SP5) at the facility. SP5 reported residents receive excellent care at the facility. SP5 reported she has not observed any concerns with interactions between staff and residents. SP5 reported residents are always up for meals, not left in urine, and transferred correctly.

On 05/14/2024, I walked throughout the entire facility and observed multiple residents. The residents appeared to be well-kept as observed by the residents had clean clothes on, there was no smell of urine, and residents were out of bed. I observed many interactions between staff and residents. The interactions were appropriate, and the residents received adequate attention.

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 observations made revealed lack of evidence to support this allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Medications are mishandled.

INVESTIGATION:

The complainant alleged medications are left unattended on the medication carts.

I observed five medication carts. All the medication carts were locked and were not accessible without a key. I did not observe any medications unattended.

On 05/14/2024, I interviewed SP6 at the facility. SP6 reported she is a medication technician at the facility. SP6 reported medications are not to be left out. SP6 reported she has never observed medications left out of the cart.

APPLICABLE RULE	
R 325.1979	General maintenance and storage.
	(3) Hazardous and toxic materials shall be stored in a safe manner.
ANALYSIS:	Interviews conducted and observations made revealed lack of evidence to support this allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

Ms. Wood reported Resident I requires a walker to ambulate. Ms. Wood reported Resident I is active with home physical and occupational therapy.

Resident I's service plan read,

"I am independent with mobility. I may use an assistive device if needed.

APPLICABLE RULE	
R 325.1922	Admission and retention of residents.
	(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.
ANALYSIS:	Review of Resident I's service plan revealed it was not appropriately updated to reflect the current care needs of Resident I, such as the use of the walker and the involvement of home therapy services.

CONCLUSION:	VIOLATION ESTABLISHED
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IV. RECOMMENDATION

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

Kimberly Horst

05/15/2024

Kimberly Horst
Licensing Staff

Date

Approved By:

Andrea L. Moore

05/28/2024

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

Date