



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 20, 2024

Trina Watson
Waterford Oaks Senior Care Inc.
6474 Oak Valley Rd.
Waterford, MI 48237

RE: License #: AL630337056
Investigation #: 2024A0605020
Waterford Oaks Senior Care, Inc. West

Dear Ms. Watson:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
3026 W. Grand Blvd
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 303-6348

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL630337056
Investigation #:	2024A0605020
Complaint Receipt Date:	03/13/2024
Investigation Initiation Date:	03/13/2024
Report Due Date:	05/12/2024
Licensee Name:	Waterford Oaks Senior Care Inc.
Licensee Address:	3385 Pontiac Lake Road Waterford, MI 48328
Licensee Telephone #:	(248) 681-4788
Administrator:	Trina Watson
Licensee Designee:	Trina Watson
Name of Facility:	Waterford Oaks Senior Care, Inc. West
Facility Address:	3387 Pontiac Lake Road Waterford, MI 48328
Facility Telephone #:	(248) 682-6788
Original Issuance Date:	05/14/2013
License Status:	REGULAR
Effective Date:	01/09/2024
Expiration Date:	01/08/2026
Capacity:	20
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Facility is understaffed.	Yes
Medications are not being passed correctly, being found on the floors. Residents being taken to the hospital that do not receive their insulin shots correctly.	No
Residents not eating properly.	No
Staff not showering residents.	No
There's a dip in the floor.	Yes

III. METHODOLOGY

03/13/2024	Special Investigation Intake 2024A0605020
03/13/2024	Special Investigation Initiated – Telephone Left message for reporting person (RP)
03/14/2024	Inspection Completed On-site Conducted an unannounced on-site investigation
03/21/2024	APS Referral Adult Protective Services (APS) referral made
04/08/2024	Contact - Telephone call made Interviewed direct care staff (DCS) Kayla Davis, Cory Hughes and Daisy Richardson regarding allegations Left messages for DCS Jenna Towns, Eni Muca and Toni Williams
04/15/2024	Contact - Telephone call made Left messages for DCS Jenna Towns and Toni Williams and sent SMS notification to Eni Muca due to voicemail box full
04/15/2024	Contact - Telephone call received Interviewed DCS Toni Williams regarding the allegations

04/17/2024	Contact – Telephone call made Followed up with DCS Anastasia Hagerman and Kayla Davis
04/22/2024	Contact – Telephone call made Interviewed DCS Linda Curd and followed up with Cory Hughes
04/22/2024	Contact - Telephone call made Attempted to call licensee designee Trina Watson, but receive the following message: Welcome to Verizon Wireless, call cannot be completed, please check the number and dial again
04/22/2024	Exit Conference I conducted an exit conference with licensee designee Trina Watson and Executive Director Brianna Newman with my findings

ALLEGATION:

Facility is understaffed.

INVESTIGATION:

On 03/13/2024, intake #200029 was assigned for investigation regarding allegations of medications not being passed, residents are not being changed or showered, residents are not eating and there is insufficient staff.

On 03/14/2024, I conducted an unannounced on-site investigation. There are two buildings sharing the same parking lot. Both are Waterford Oaks Senior Care; however, this intake was regarding Waterford Oaks Senior Care-West. This building is the memory care building. I interviewed licensee designee Trina Watson and her daughter, the home manager (HM) Ashley Watson regarding the allegations. There are 20 residents residing at this facility. There are three shifts: first (7AM-3PM), second (3PM-11PM) and third (11PM-7AM). There are only two direct care staff (DCS) per shift. Out of the 20 residents, two of those residents are a two-person assist. Ms. Watson believes even with two residents being two-person assist, having only two DCS is sufficient to meet the needs of all the residents even during an emergency. During first shift, there are more than two staff members present that includes Ashley and administration. However, there are no additional staff members present during the second shift and third shift. Ashley also believes that there are enough staff during each shift to meet the needs of the residents including the two residents who are a two-person assist. Ms. Watson and Ashley denied any abuse or neglect to the residents by any DCS. Ms. Watson stated she would not tolerate any abuse and neglect and would report this herself. There have not been any incidents where DCS have abused residents.

On 03/14/2024, I interviewed DCS Anastasia Hagerman regarding the allegations. Ms. Hagerman has been with this corporation for about eight months. She is the care

coordinator and works first shift from 7AM-3PM. There are always two if not three DCS during first shift. There are two residents, Resident A and Resident E who are “sometimes,” a two-person assist. Resident A and Resident B have their good days and their bad days. During their bad days, they are weaker and require two DCS to assist them in transfers to and from their wheelchairs and for meeting their personal needs such as dressing. Ms. Hagerman denied any abuse of the residents by her or any other DCS. She stated that behavior would not be tolerated by Ms. Watson.

On 03/14/2024, I interviewed DCS Alexandria Cooks regarding the allegations. Ms. Cooks has been working for this corporation since 01/24/2024. She has not been at this facility for about two weeks because she has been scheduled to work at Waterford Oaks Senior Care-East, which is located across the parking lot. She works first shift from 7AM-3PM. There are always two DCS per shift. There are a couple of residents that are a two person assist, Resident A and Resident E; however, only if they are having bad days. When Resident A and Resident E are having bad days, they are weaker and require two DCS for transfers and for assistance with their personal care such as dressing and toileting. Ms. Cooks stated that when she works with DCS Anastasia Hagerman, she and Ms. Hagerman can provide proper care to all the residents; however, if she is working with a newer DCS, then definitely having three DCS on shift would “help.” Ms. Cooks has not heard any concerns about residents being abused by any DCS. Ms. Cooks stated that is not tolerated here and that she would report it.

I interviewed Resident H and Resident I who both stated that no one has hurt them at this facility and both like living here.

On 04/08/2024, I interviewed DCS Kayla Davis via telephone regarding the allegations. Ms. Davis has worked for this corporation for about five in a half year. She works second shift from 3PM-11PM and there are always two DCS during her shift. There are four residents who are a two-person assist. Ms. Davis stated, “I personally believe having three DCS is better,” with four residents being a two-person assist. Ms. Davis has participated in a fire drill; however, it has been over a year. There is a binder with the evacuation procedures that staff follow, but stated she only works weekends and fire drills are usually conducted during the week so that is why she has not participated. Ms. Davis denied any resident is getting abused by any DCS. She stated, “I would report abuse,” and any abuse is not tolerated by Ms. Watson.

On 04/08/2024, I interviewed DCS Cory Hughes via telephone regarding the allegations. Mr. Hughes is also the medication technician. He has been with this corporation since November 2023. He works third shift from 11PM-7AM. There are only two DCS during third shift. Mr. Hughes stated there are about two to three residents who are a two-person assist. He stated Resident A, Resident E and occasionally Resident C. Mr. Hughes stated he can usually assist the two-person assist residents himself because he is a “male,” who can safely transfer residents without assistance whereas other DCS cannot. Mr. Hughes has not participated in a fire drill since his employment. However, he did attend a staff meeting in February 2024 and during the

staff meeting, the fire and safety binder was “briefly,” discussed. Mr. Hughes also does not believe he along with the other DCS working with him during the third shift can get residents out “as quickly as I would like to.” Mr. Hughes denied any abuse by DCS towards any resident.

On 04/08/2024, I interviewed DCS Daisy Richardson via telephone regarding the allegations. Ms. Richardson has been working for this corporation since October 2023. She is the medication technician and works third shift from 11PM-7AM. There are only two DCS during her shift. Ms. Richardson stated, “there are at least five residents who are a two-person assist.” Ms. Richardson has never participated in a fire drill since her employment but stated “there’s a binder that states what to do.” Ms. Richardson also does not believe she and the other DCS working during the third shift would safely evacuate all the residents including the five residents who are a two-person assist. Ms. Richardson denied any abuse of residents by any DCS.

On 04/15/2024, I interviewed DCS Jenna Towns via telephone regarding the allegations. Ms. Towns has been working for this corporation for two years. She works Saturdays only on first shift from 7AM-3PM and there are three DCS during first shift. Ms. Towns stated Resident A is a two-person but sometimes Resident F and Resident G can also be two-person assists if they are having bad days. She has not had any issues with Resident E being a two-person assist as she can provide care to them because they have a Hoyer lift which one-person can use for transfers. Ms. Towns stated she too has never participated in a fire drill since her employment because, “fire drills are only done during the week when I don’t work.” Ms. Towns reported having a binder with the evacuation procedures for staff to follow and she knows if there is an emergency, to “grab every resident and get out from the nearest door.” Ms. Towns reported that DCS are not abusing residents and residents have never reported to her that they have been abused by any DCS. Families have never reported any abuse of residents.

On 04/15/2024, I interviewed DCS Toni Williams regarding the allegations. Ms. Williams has been working for this corporation since February 2024. She seldomly works at this building but when she does, she works a couple of days out of the month. She works first shift and there are sometimes two and sometimes three DCS on shift when she is working at this facility. There are a couple of residents who are a two-person assist but she is unsure of their names.

On 04/17/2024, I followed up with DCS Anastasia Hagerman via telephone. Ms. Hagerman has never participated in a fire drill during the time she has worked at this facility but was present during a staff meeting a couple months ago when evacuation practices were discussed. If there was an emergency, she stated, “I along with the other staff would collectively gather the people outside.” However, Ms. Hagerman stated she would not be able to safely evacuate all the residents including the two-person assist residents with only two DCS working during her first shift.

On 04/17/2024, I followed up with DCS Kayla Davis via telephone. Ms. Davis stated that Resident A, Resident E, Resident F, and Resident G are a two-person assist. Resident C is a two-person assist when he is weak but that usually occurs whenever he returns from being hospitalized. Currently, he is not a two-person assist.

On 04/22/2024, I interviewed via telephone DCS Linda Curd regarding the allegations. Ms. Curd stated that she was working and only available to speak for a few minutes. Ms. Curd has been at this facility for two years and only works the morning shift. There are about 17 residents at this facility and two-three residents are a two-person assist. There are two to three DCS working during her shift. Ms. Curd has participated in a fire drill, most recently last month. When she conducts the fire drills, she is not the person who sets off the alarm but stated that she and the other staff bring all the residents to the "common area," first and then begin the fire drill. Ms. Curd believes she can safely evacuate all the residents out safely and the times depicted on the fire drill she participated in on 01/29/2024, of 3 minutes and 32 seconds is an accurate depiction of the evacuation time even though the fire drill was not started until after all the residents were brought to one location. Ms. Curd stated she does not know how to set off the fire alarm because she has never done it.

I reviewed the following fire drills completed within the last three months:

- 2/26/2024 at 11:17PM (sleep/midnight drill), three staff members names were written on the drill: Jaqui Russo, Cory Hughes and Brianna Newman. There were 16 residents evacuated to the parking lot with an evacuation time of 3 minutes and 42 seconds. Problems encountered, none according to the fire drill documentation.
 - I reviewed February 2024 staff schedule and during the midnight shift, the only staff members on the schedule were Jaqui Russo and Cory Hughes. Under Brianna Newman's name states, "not scheduled." Ms. Newman is also the Executive Director and works 9AM-5PM.
- 01/29/2024 at 7:30AM (day/morning drill), two staff members Linda Curd and Anastasia Hagerman evacuated 17 residents to the patio area with an evacuation time of 3 minutes and 32 seconds. Problems encountered: "Staff struggles with getting bedbound patients out during drills." Corrective action taken: "Reviewed evacuation protocol and added fire drills to quarterly in service."
- 12/29/2023 at 11:15PM (sleep/midnight drill), three staff members names were written on the drill: Jaqui Russo, Cory Hughes and Brianna Newman. There were 17 residents evacuated to the parking lot with an evacuation time of 3 minutes and 29 seconds. Problems encountered: (Residents sluggish d/t waking up." Corrective action taken: "None, problem unavoidable."

NOTE: These evacuation times do not appear to be accurate given the number of residents, number of residents who are a two-person assist and the number of staff per shift. The evacuation times should be higher than what is

being reported. Fire drills are not being conducted in a proper manner as staff are told sometimes one-two hours ahead, so residents are prepped ahead of time and sometimes residents are brought to the common area first, before beginning the fire drill, which is the result of the low evacuation times.

On 04/22/2024, I followed up with DCS Cory Hughes via telephone. Mr. Hughes stated although he worked the midnight shift on 02/26/2024, he did not participate in a fire drill as stated on the fire drill submitted to me by licensee designee Trina Watson. Mr. Hughes reiterated that he has never participated in a fire drill and that he only had a discussion of the evacuation procedures during a staff meeting in February 2024.

APPLICABLE RULE	
R 400.15204	Direct care staff; qualifications and training.
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: (f) Safety and fire prevention.
ANALYSIS:	Based on my investigation and the information gathered, several DCS reported they have not participated nor are they competent with safety and fire prevention. I interviewed DCS Anastasia Hagerman, Cory Hughes, Daisy Richardson, and Jenna Towns who all stated they have not participated in a fire drill since their employment at this facility. However, they did report having a "binder," that was discussed during a February 2024 staff meeting.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.

ANALYSIS:	Based on my investigation and information gathered, there is always insufficient DCS on duty for the supervision, personal care, and protection of the residents. There are 18 residents residing at this facility. About four to five residents are a two-person assist. Resident A, Resident B, Resident E, Resident F, and Resident G. DCS Anastasia Hagerman and Alexandria Cooks both stated that Resident A and Resident E are “sometimes,” a two-person assist during their “bad days.” When Resident A and Resident E are weak, two DCS must assist in transfers and meeting their personal needs. DCS Kayla Davis reported that there are four residents who she feels are two-person assist and DCS Daisy Richardson reported that there are five residents that are a two-person assist. I reviewed the staff schedule for February and March 2024 that confirmed two DCS per shift at this facility. DCS do not feel there are enough DCS working during each shift to adequately provide for the protection and safety of all 18 residents during an emergency that requires an evacuation.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	Based on my investigation and information gathered, two DCS working per shift cannot attend to the protection and safety at all times for all 18 residents when four to five residents are considered to be a two-person assist. I interviewed several DCS Anastasia Hagerman, Alexandria Cooks, Kayla Davis, Cory Hughes, and Daisy Richardson who reported that there are approximately two-five residents who are or can be a two-person assist during their shifts. Residents A, B E, F, and G are individuals identified as requiring two DCS to assist them with transfers and their personal care needs daily or when these residents are weak. Therefore, DCS cannot safely evacuate all 18 residents during an emergency with two to five residents who are a two-person assist with only two DCS per shift.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15318	Emergency preparedness; evacuation plan; emergency transportation.
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.
ANALYSIS:	Based on my investigation, the review of the 2024 first quarter fire drills, and interviewing DCS Cory Hughes, there is question regarding the validity of the sleep drill completed on 02/26/2024. According to the drill, DCS Cory Hughes was one of the DCS who conducted the fire drill. However, Mr. Hughes stated during his interview on 04/22/2024 that although he worked that shift, he never participated in a fire drill on 02/26/2024. Therefore, a sleep drill was not practiced during the first quarter.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Medications are not being passed correctly, being found on the floors. Residents being taken to the hospital that do not receive their insulin shots correctly.

INVESTIGATION:

On 03/14/2024, I interviewed licensee designee Trina Watson and HM Ashley Watson regarding the allegations. Ms. Watson advised that all staff complete the medication training which includes passing a test. There have not been any medication errors of staff not passing medications as prescribed. Resident A receives insulin unless it is being held per doctor's order if Resident A does not eat. Resident B and Resident C receive Albuterol treatments using the nebulizer. Both receive their treatments and there have not been any concerns with staff not administering these treatments to both residents. There are residents who are prescribed with as needed medications and whenever residents ask for these medications, they are given unless the resident is on hospice, then staff contact the hospice nurse for direction. Sometimes the hospice nurse advises to administer the as needed medication and other times the hospice nurse advises to not give that medication. The staff follow the recommendations of hospice.

On 03/14/2024, I interviewed DCS Anastasia Hagerman regarding the allegations. Ms. Hagerman has completed her medication training. She has never missed passing a medication to a resident since working at this facility. She stated there was one DCS Kierston Monte who was terminated because she passed the wrong medication to a

resident. She does not recall the residents who were involved. Ms. Hagerman believes these allegations were made up by Ms. Monte because Ms. Hagerman follows Ms. Monte on social media and Ms. Monte posted something to the effect of calling the “state,” on this facility. Ms. Hagerman has never found medications in residents rooms and always administers Resident A his insulin unless he has not eaten, then the insulin is withheld per doctor’s orders. Ms. Hagerman stated that Resident B and Resident C receive Albuterol treatments and she has always administered this medication to both residents.

On 03/14/2024, I interviewed DCS Alexandria Cooks regarding the allegations. Ms. Cooks completed her medication training. She has never not passed medications to any resident as prescribed. Medications are always passed unless a resident refuses or unless it’s Resident A’s insulin which is withheld per doctors’ orders if Resident A does not eat. Ms. Cooks stated there are a couple of residents that receive Albuterol treatments, Residents B and C which always receive them as prescribed. She has never missed a dose of medication to either Residents B or C or any other resident. Regarding the as needed medication, they are passed when needed unless hospice states otherwise. There have not been any issues with other staff not passing medications. She has never observed medications in residents’ bedrooms as medications are always locked.

On 03/14/2024, I interviewed Resident H regarding the allegations. Resident H was unable to provide any information regarding her medications.

On 03/14/2024, I interviewed Resident I regarding the allegations. Resident I stated she does not take many medications, but always gets her medications.

On 03/14/2024, I reviewed Resident A, Resident B, and Resident C medications and medication logs for March 2024 and did not find any medication errors. I also observed Ms. Hagerman administer Resident H’s medications and she completed the Five Rights of Medication Administration correctly.

On 04/08/2024, I interviewed DCS Kayla Davis regarding the allegations. Ms. Davis completed medication training. Medications are always passed as prescribed, and she has always given medications to the right resident. Medications are locked in the medication cabinet, and she has never observed medications in any of the residents’ bedrooms. Resident A receives insulin and always gets his insulin unless he did not eat so the insulin is withheld per doctor’s orders. Resident C receives Albuterol treatment as prescribed. She stated, “I’ve been passing medications for a long time and since passing medications I have never had any errors.” There has not been a time when she began her shift and found that medications were not passed during the previous shift.

On 04/08/2024, I interviewed DCS Corey Hughes regarding the allegations. Mr. Hughes has completed medication training. During the third shift, there are only two residents, Resident B and Resident E who receive medication during his shift. These residents always get their medications as prescribed, and they have never missed a dose. There

have never been medications found in residents' bedrooms as medications are always locked. He has never administered insulin during his shift nor Albuterol because these medications are only given during first and second shifts. Residents are usually sleeping during his shift. He has not seen any medications not passed when he starts his shift by the previous DCS.

On 04/08/2024, I interviewed DCS Daisy Richardson regarding the allegations. Ms. Richardson always passes medications to all residents as prescribed. She has never begun her shift and found medications not passed by other DCS. She has never found medications in residents' bedrooms as medications are always locked up. Due to working the midnight shift, the only medication she passes is at 6AM to Resident C which is the Albuterol treatment which Ms. Richardson stated, "he always gets." During her shift, as needed medications are rarely passed as the residents are sleeping, but if residents ask for them, she administers them.

On 04/15/2024, I interviewed DCS Jenna Towns regarding the allegations. Ms. Towns completed medication training. She passes medications as prescribed to all residents and the only resident that may not receive medication is Resident A who is on insulin. If Resident A does not eat, then per doctor's orders, he cannot receive his insulin. Ms. Towns stated the Albuterol treatment is also being administered to Resident B and Resident C as prescribed and neither resident has missed a dose. She has never begun her shift and found medication not passed by other DCS. She has never found medication in residents' bedrooms as medications are always locked. Ms. Towns stated the only time she has not passed an "as needed", medication is if hospice has advised her not to pass it to the resident.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

ANALYSIS:	During the unannounced on-site investigation on 03/14/2024 I did not observe any medications on the floor or in any of the residents' bedrooms. I observed all the medications locked in the medication cabinet.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.15312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	During the unannounced on-site investigation on 03/14/2024 I reviewed Resident A, Resident B, and Resident C medications and medication logs for March 2024 and did not find any medication errors. Medications were administered properly including Resident A's insulin and Resident B's and Resident C's Albuterol treatment. I also observed Ms. Hagerman administer Resident H's medications and she completed the Five Rights of Medication Administration correctly.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Residents not eating properly.

INVESTIGATION:

On 03/14/2024, I interviewed licensee designee Trina Watson and the HM Ashley Watson regarding the allegations. There have not been any concerns regarding residents not eating food. The only resident that is not eating is Resident D who is on hospice and not doing well. Hospice is following her and are aware of her decline. While I was at this facility, all the residents were in the dining room eating lunch. There was enough food in the facility. There have not been any complaints received from family members stating they have concerns about their loved ones not eating or concerns about the food.

On 03/14/2024, I interviewed DCS Anastasia Hagerman regarding the allegations. Ms. Hagerman is not aware of any concerns regarding residents not eating and there have not been any drastic changes in anyone's weight because of not eating food.

On 03/14/2024, I interviewed DCS Alexandria Cooks regarding the allegations. Ms. Cooks reported that when she was working over two weeks ago, all the residents were

eating without any concerns. Today, she reported that all the residents ate their breakfast and there were no issues. There is a resident on hospice, Resident D who is declining; therefore, she has not been eating and due to her decline, has been losing weight. Hospice is following her and aware of these issues.

On 03/14/2024, I interviewed Resident H regarding the allegations. Resident H stated, "I always get enough to eat." She reported no concerns.

On 03/14/2024, I interviewed Resident I regarding the allegations. Resident I stated she gets enough food to eat and reported no concerns.

On 04/08/2024, I interviewed DCS Kayla Davis regarding the allegations. There have not been any concerns regarding residents not eating food or any food issues. She had no other information to provide.

On 04/08/2024, I interviewed DCS Corey Hughes regarding the allegations. Mr. Hughes stated residents do not eat during his shift as they're sleeping; however, he heard that the residents that do not eat receive supplemental drinks such as Ensure. He has not heard any concerns about residents not eating or issues with the food.

On 04/08/2024, I interviewed DCS Daisy Richardson regarding the allegations. Residents are sleeping during her shift and do not eat, but she has not heard or been informed of any concerns regarding residents not eating food.

On 04/15/2024, I interviewed DCS Jenna Towns regarding the allegations. Ms. Towns had no concerns regarding residents not eating food. She has not heard any issues with residents not eating or any issues with the food. She had no additional information.

APPLICABLE RULE	
R 400.15313	Resident nutrition.
	(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.
ANALYSIS:	Based on my investigation and findings, residents are being provided meals daily and there are no residents that are not eating. During my unannounced on-site investigation on 03/14/2024, I observed all the residents eating lunch. The lunch served was in proper form, consistency and appeared nutritious. I interviewed Resident H and Resident I who stated they always get enough to eat and reported no concerns regarding the food.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Staff not showering residents.

INVESTIGATION:

On 03/14/2024, I interviewed the LD Trina Watson and the HM Ashley Watson regarding the allegations. Ashley reported that staff are required to check each resident every two hours and change the residents' if soiled. Sometimes the residents who are heavy wetter's get checked/changed more frequently. There have not been any times when Ashley or Ms. Watson arrived at the facility and found the residents sitting soiled or having poor hygiene. The staff are not required to track when they are checking and/or changing the residents. The residents have specific shower days and receive at least two showers per week. There are some residents who refuse a shower, so there are makeup days for those residents. Each resident must have at least one shower per week. The staff are required to track all showers. Ms. Watson will send me the shower tracking list via email. There have not been any complaints made to either Ms. Watson or Ashley by staff members or family members regarding residents soiled or having poor hygiene.

On 03/14/2024, I interviewed DCS Anastasia Hagerman regarding the allegations. Ms. Hagerman is required to check/change residents every two hours. There are currently no residents who have any rashes or bedsores. Most residents are incontinent; therefore, must be checked every two hours and if they are heavy wetter's, they get checked and/or changed more frequently. There has never been a time when she began her shift and there was a resident sitting soiled for long periods of time. There have not been any complaints made by family members regarding residents being left soiled. Residents get showers twice weekly or at least once if they refuse. Sundays are the makeup days for showers and every resident must receive at least one shower per week. There has not been a time when she began her shift and a resident had poor hygiene and needed to be showered.

On 03/14/2024, I interviewed DCS Alexandria Cooks regarding the allegations. Ms. Cooks stated there are heavy bedwetters at this facility; therefore, they get checked and changed frequently. During her shift, she is checking residents everyone and a half hour to two hours and changing as needed. There are no residents at this facility with any rashes or bedsores. She has not observed any resident sitting soiled for long periods of time during her shift or when she begins her shift. There have not been any complaints made by family members regarding residents being soiled. Residents have a shower schedule that DCS must follow. Residents are showered twice weekly, but there are some residents that refuse; however, Sunday is their makeup day. There has not been a time when she arrived at her shift and a resident had poor hygiene and needed to shower. There is a tracking sheet for showers that DCS are responsible for signing after a shower is given.

On 03/14/2024, I attempted to interview Resident A in his bedroom, but fell asleep after having lunch. Resident A appeared to have good hygiene and was dressed appropriately for the day.

On 03/14/2024, I attempted to interview Residents B and C, but they were eating lunch in the dining room. Both had good hygiene and were dressed appropriately for the day.

On 03/14/2024, I attempted to interview Resident D, but she is non-verbal. Resident D has advanced dementia and is on hospice. She was lying in bed and appeared to have good hygiene.

On 03/14/2024, I also attempted to interview Residents E, F, and G, but they too were having lunch in the dining room. All the residents appeared to have good hygiene and dressed appropriately for the day.

On 03/14/2024, I interviewed Resident H regarding the allegations. Resident H was unable to provide information regarding her personal hygiene, but she appeared clean and dressed appropriately for the day.

On 03/14/2024, I interviewed Resident I regarding the allegations. Resident I stated she can toilet herself and takes showers. She likes everything about this place. She appeared to be clean and dressed appropriately for the day.

NOTE: I reviewed the shower schedule for March 2024 and residents are being showered once if not twice weekly by staff at this facility.

On 04/08/2024, I interviewed DCS Kayla Davis regarding the allegations. Ms. Davis stated residents are checked every two hours and more if needed. There are some heavy bedwetters, so those residents get checked frequently and changed as needed. Ms. Davis stated there have been times when she began her shift and residents are wet, but not soiled. There have not been any complaints from family members regarding residents being left soiled for long periods of time. Residents get showered twice weekly, but if a resident refuses, then Sundays are the makeup days. She has not observed a resident with poor hygiene because staff did not shower them.

On 04/08/2024, I interviewed DCS Corey Hughes regarding the allegations. Mr. Hughes stated that during his shift, residents are checked every two hours and changed as needed. When he begins his shift, he walks around with the previous DCS before they leave, and he has never found a resident soiled. There have not been any complaints from other staff or from families. He does not give showers during his shift but has not had concerns of strong body odors or poor hygiene of any resident.

On 04/08/2024, I interviewed DCS Daisy Richardson regarding the allegations. Ms. Richardson checks on residents every two hours except for Resident A who is a heavy bedwetter, so she checks him every hour and changes him if wet. She has not begun her shift and found a resident soiled and not changed. Residents receive two showers a

week but, not during her shift. There is a tracking shower sheet, and she has seen refusals by residents; however, Sundays are makeup days. She has not begun her shift and found that a resident had poor hygiene and was not showered by other DCS.

On 04/15/2024, I interviewed DCS Jenna Towns regarding the allegations. Ms. Town checks the residents every two hours or more often if they are heavy bedwetters. Residents are always changed and never left wet or soiled. She has never begun her shift and found a resident soiled and not changed by the prior DCS and there have not been any complaints made by other DCS or family members regarding residents having rashes. There are no residents that have rashes or bedsores. Residents are showered twice weekly and if they refuse to shower, then Sundays are the makeup days. All residents have at least one shower per week. She has never found a resident to have poor hygiene because they had not been showered.

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 investigation and findings, residents are being changed and not left soiled and are being showered once or twice a week. During my unannounced on-site investigation on 03/14/2024, I observed all the residents to be clean and dressed appropriately for the day. No concerns were noted to any of the residents' personal hygiene. I also reviewed March 2024 shower schedule and residents are being showered.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

There is a dip in the floor.

INVESTIGATION:

On 03/14/2024, I interviewed the LD Trina Watson and the HM Ashley Watson regarding the allegations. In 2012, Ms. Watson wanted to put a fish tank in the area between the living room and hallway so there was an outlet placed on the floor where the dip is. Ms. Watson decided not to, and the dip was covered with carpet. I put my foot in the dip, and it was significant where a person can trip; however, according to both Ms. Watson and Ashley there have never been any falls by any resident at this facility. Ms. Watson stated that no licensing consultant has "mentioned," or "cited," her for this

and she feels it is not an issue. I advised Ms. Watson that the dip is significant enough to cause a fall; therefore, it should be repaired.

On 03/14/2024, I interviewed DCS Anastasia Hagerman regarding the allegations. Ms. Hagerman stated there is a dip in the hallway that has been there since she began working. There has not been any resident that has fallen because of the dip. Residents are walking over it without any issues.

On 03/14/2024, I interviewed DCS Alexandra Cooks regarding the allegations. Ms. Cooks stated that the dip in the hallway floor has been there since she began employment. She is not sure why there is a dip there, but stated there has not been any falls by residents or anyone else at this facility.

On 04/08/2024, I interviewed DCS Kayla Davis regarding the allegations. Ms. Davis stated there was a dip in the floor, but that the LD had the dip repaired about two weeks ago. Prior to the repair, there have not been any falls by anyone including residents.

On 04/08/2024, I interviewed DCS Corey Hughes regarding the allegations. Mr. Hughes stated there is a dip in the main hallway, but he has never observed any resident falling because of the dip. He stated the LD "tried to fix it, it's a little better but still there."

On 04/08/2024, I interviewed DCS Daisy Richardson regarding the allegations. Ms. Richardson stated there was a dip in the hallway floor but that it was fixed about two weeks ago. A resident has never fallen because of the dip in the floor.

On 04/15/2024, I interviewed DCS Jenna Towns regarding the allegations. Ms. Towns stated there was a dip in the floor, but that it has been fixed. She has never witnessed a resident fall because of the dip in the floor.

On 04/22/2024, I conducted the exit conference with licensee designee Trina Watson and Executive Director Brianna Newman via telephone with my findings. Ms. Watson expressed that she does not agree with my findings and that these allegations were made up by a disgruntled employee whom she had terminated. Ms. Watson acknowledged that staff may need additional education on evacuation procedures, but that she has sufficient staff per shift. Ms. Newman advised that although staff reported there are about two-five two-person residents, these residents are "sometimes," a two-person assist when they require a higher level of care. Ms. Newman and Ms. Watson will be re-reviewing all these residents' plans of care and reassess their needs. Ms. Newman stated that she did conduct the fire drill on 02/26/2024 with Mr. Hughes and is not sure why Mr. Hughes stated otherwise. Ms. Newman will be reaching out to Bureau Fire Safety regarding questions pertaining to the evacuation procedures as the evacuation times on the fire drills do not reflect the type of residents at this facility.

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.
ANALYSIS:	During the on-site investigation on 03/14/2024, I observed the dip in the floor between the living room and hallway. Licensee designee Trina Watson stated there is an electrical outlet underneath the carpet where Ms. Watson intended to install a fish tank but did not. Although no residents have fallen, the dip is deep enough to cause a resident to trip and fall. On 04/22/2024, Ms. Watson stated the dip in the floor was repaired.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Frodet Dawisha

04/24/2024

Frodet Dawisha
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

5/20/2024

Denise Y. Nunn
Area Manager

Date