



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 25, 2024

Lisa Cavaliere-Mancini  
Windemere Park Assisted Living I  
31900 Van Dyke Avenue  
Warren, MI 48093

RE: License #: AH500315395  
Investigation #: 2024A1027063  
Windemere Park Assisted Living I

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.

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 877-458-2757.

Sincerely,

Jessica Rogers, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 285-7433  
enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH500315395
<b>Investigation #:</b>	2024A1027063
<b>Complaint Receipt Date:</b>	05/23/2024
<b>Investigation Initiation Date:</b>	05/23/2024
<b>Report Due Date:</b>	07/22/2024
<b>Licensee Name:</b>	Van Dyke Partners LLC
<b>Licensee Address:</b>	Suite 300 30078 Schoenherr Rd. Warren, MI 48088
<b>Licensee Telephone #:</b>	(586) 563-1500
<b>Administrator:</b>	Shelly DeKay
<b>Authorized Representative:</b>	Lisa Cavaliere-Mancini
<b>Name of Facility:</b>	Windemere Park Assisted Living I
<b>Facility Address:</b>	31900 Van Dyke Avenue Warren, MI 48093
<b>Facility Telephone #:</b>	(586) 722-2605
<b>Original Issuance Date:</b>	11/15/2012
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	03/02/2024
<b>Expiration Date:</b>	07/31/2024
<b>Capacity:</b>	90
<b>Program Type:</b>	ALZHEIMERS AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
The facility lacked an organized program of visitors entering and exiting the facility.	No
Resident A lacked showers.	Yes
Resident A lacked laundry services.	Yes
There was no lunch served on 5/11/2024 and meals were late.	No
Additional Findings	No

## III. METHODOLOGY

05/23/2024	Special Investigation Intake 2024A1027063
05/23/2024	Special Investigation Initiated - Telephone Telephone call conducted with administrator Shelly DeKay on 5/22/2024 to confirm Resident A's location in the facility
05/30/2024	Inspection Completed On-site
06/05/2024	Inspection Completed-BCAL Sub. Compliance
06/25/2024	Exit Conference Conducted by email with Lisa Cavaliere-Mancini and Shelly DeKay

### **ALLEGATION:**

**The facility lacked an organized program of visitors entering and exiting the facility.**

### **INVESTIGATION:**

On May 23, 2024, the Department received allegations through the online complaint system which read on May 4, 2024, at 4:00 PM at Door B, a resident's family attempted to enter the facility, but the doors were locked, and a janitor let them in approximately 15 minutes later. The allegations read the visitors were informed that staff members must key people in and out of the facility.

Additionally, the allegations read the same evening at 6:00 PM, two staff members were locked outside and waited 20 minutes for a staff member to permit them entrance into the facility.

On May 30, 2024, an on-site inspection was conducted at the facility and staff were interviewed.

Administrator Shelly DeKay stated the facility doors were secured for residents' safety. Ms. DeKay stated a receptionist was positioned at the desk of Door B, which was the Home for the Aged (HFA) entrance, Monday through Friday 8:30 AM to 5:00 PM, and every other weekend. Ms. DeKay stated they currently only had one receptionist; however, another staff member assisted at times. Ms. DeKay stated at Door B, there was doorbell along with phone number posted for the visitors to call if a receptionist was not available. Ms. DeKay stated all staff members maintained a key fab for the entrances. Ms. DeKay stated it was the responsibility of first floor staff members to respond to the doorbell; however, if staff were providing resident care, then it could take time to respond. Ms. DeKay stated staff could communicate by walkie talkie.

Ms. DeKay stated implemented a new policy regarding agency staff. Ms. DeKay stated agency staff members must provide one personal item in exchange for a key fab and elevator key for each shift, as well as sign the facility's policy and procedure. Nonetheless, Ms. DeKay stated agency staff members must be permitted to enter the facility like visitors until they have obtained their key fab and elevator keys. Ms. DeKay stated most agency staff arrived at the facility the same time other staff were arriving and would be permitted into the facility; however, some may arrive at other times and would be required to enter as a visitor.

Employee #1 statements were consistent with Ms. DeKay. Employee #1 stated when a receptionist was not at the desk, the doorbell was loud and could be heard at the end of the 1<sup>st</sup> floor hallway. Employee #1 stated the phone number rang to both reception desks at Doors B and C.

I observed Door B and the corridor where the doorbell and sign were posted which read to please call Windemere phone and the phone number were posted. Ms. DeKay demonstrated the doorbell was in working order.

<b>APPLICABLE RULE</b>	
<b>R 325.1921</b>	<b>Governing bodies, administrators, and supervisors.</b>
	<b>(1) The owner, operator, and governing body of a home shall do all of the following:</b>

	<b>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</b>
<b>ANALYSIS:</b>	Staff attestations along with observations revealed the facility had an organized program to ensure resident safety; therefore, this allegation was not substantiated.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Resident A lacked showers.**

**INVESTIGATION:**

On May 23, 2024, the Department received allegations through the online complaint system which read Resident A had not receive a shower in three weeks and they were scheduled twice weekly.

On May 30, 2024, an on-site inspection was conducted at the facility in which staff, Resident A, and Relative A1 were interviewed.

Ms. DeKay stated residents received showers minimally once weekly.

Resident A stated his care was “good.”

Relative A1 stated Resident A had dementia and would forget. Relative A1 stated Resident A had been in the same clothing for two days.

Review of Resident A’s service plan revealed he required one person assistance for bathing, dressing, and washing his hair.

Review of the shower and laundry schedule dated April 12, 2024, read in part 1<sup>st</sup> floor showers and documentation must be completed before the end of the shift. The schedule read in part Resident A’s showers were Mondays and Fridays at 10:00 AM.

Review of Resident A’s shower day skin assessments read in part he refused his shower on April 5, 2024; however, showers were completed on April 8, April 29, and May 19.

Review of Resident A’s progress notes read in part an “emergency” shower was completed on May 20, 2024.

<b>APPLICABLE RULE</b>	
<b>R 325.1933</b>	<b>Personal care of residents.</b>
	<b>(2) A home shall afford a resident the opportunity and instructions when necessary for daily bathing, oral and personal hygiene, daily shaving, and hand washing before meals. A home shall ensure that a resident bathes at least weekly and more often if necessary.</b>
<b>ANALYSIS:</b>	Review of Resident A's shower schedule revealed his showers were scheduled twice weekly on Monday and Friday at 10:00 AM.  However, review of Resident A's shower skin assessments revealed a lack of documentation supporting that he received showers in accordance with his schedule and this regulation, thus confirming a violation.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**Resident A lacked laundry services.**

**INVESTIGATION:**

On May 23, 2024, the Department received allegations through the online complaint system which read Resident A's laundry was not completed for three weeks, so his spouse took it home.

On May 30, 2024, an on-site inspection was conducted at the facility and staff were interviewed.

Ms. DeKay stated she had not received complaints regarding laundry. Ms. DeKay stated residents' laundry was completed on their shower day. Ms. DeKay stated day and afternoon shift staff completed residents' personal laundry, while night shift staff completed the linens in separate larger washer and dryers.

Ms. DeKay stated staff prioritized the laundry based on who had additional clothing to change into or more soiled.

Employee #1 stated staff were not always able to complete the laundry on resident's shower days.

Relative A1 stated she took Resident A's laundry home twice due to it not being completed.

I observed Resident A's laundry basket in his apartment in which there was two articles of clothing in it.

I observed the laundry room in which there was one washer and one dryer running. Three staff members entered the laundry room at that time and confirmed there was one washer and one dryer for 57 residents in the HFA.

On 6/7/2024, telephone interview conducted with Ms. Mancini revealed a second washer was purchased and installed in April 2024. Ms. Mancini stated another dryer was purchased as well; therefore, there were two washers and dryers located in the assisted living. Ms. Mancini stated there were linen washers and dryers located in the basement as well as additional washers and dryers in the Independent Living, if needed, thus there were sufficient equipment to complete residents' laundry.

Review of Resident A's service plan dated 1/8/2024 revealed staff were responsible for completing his laundry.

Review of the shower and laundry schedule dated April 12, 2024, read in part "*All bed linen must be changed with new clean linen on the first shower day of the week. AL Coordinator will wash laundry M-F for days and afternoons – Weekend laundry will be done by staff (Sat. and Sun.).*"

Review of Resident A's May 2024 Activities of Daily Living Log revealed night shift staff documented "N/A" under task completion of laundry (bedding), except on May 15, 20, 23, 24, and 29, in which night shift documentation was left blank.

<b>APPLICABLE RULE</b>	
<b>R 325.1935</b>	<b>Bedding, linens, and clothing.</b>
	<b>(3) The home shall make adequate provision for the laundering of a resident's personal laundry.</b>
<b>ANALYSIS:</b>	Staff confirmations and facility records showed that residents' laundry was scheduled for their shower days and linens were to be washed once a week.  Examination of Resident A's activities of daily living log revealed no documentation indicating that his bedding and laundry had been done. Additionally, review of Resident A's records showed no evidence of showers being provided twice weekly; therefore, this allegation was substantiated.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**There was no lunch served on 5/11/2024 and meals were late.**

**INVESTIGATION:**

On May 23, 2024, the Department received allegations through the online complaint system which read there was no lunch served on May 11, 2024, and meals have been late.

On May 30, 2024, an on-site inspection was conducted at the facility in which staff, Resident A, and Relative A1 were interviewed.

Ms. DeKay stated three meals were served daily at 8:30 AM to 8:45 AM, 12:30 PM to 12:45 PM, and 5:00 PM to 5:30 PM, along with snacks. Ms. DeKay stated there was a meal schedule posted in Resident A's apartment; however, he would often arrive to meals early.

Employee #1 stated there was food available in the kitchen in which staff could obtain if a resident missed a meal.

Resident A stated breakfast was on time today. Resident A stated his family posted a schedule with mealtimes in his apartment. I observed Resident A's schedule with mealtimes was posted by his family in his apartment which read in part 7:45 AM – 8:15 AM breakfast, 12:45 PM – 1:00 PM lunch, and 4:45 PM – 5:15 PM supper.

Relative A1 stated one time she bought lunch for Resident A and another resident because it was reported there was no meal served.

While on-site, I observed the weekly regular/no added salt/modified diabetic menu was posted along with alternative options menu.

Review of the lunch meal for May 11, 2024, read in part there were 19 residents served.

Review of Resident A's Activity of Daily Living log read in part in staff documented he consumed 100% of his meals on May 11, 2024.

<b>APPLICABLE RULE</b>	
<b>R 325.1952</b>	<b>Meals and special diets.</b>
	<b>(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.</b>



<b>ANALYSIS:</b>	<p>Review of facility records revealed three meals were served at consistent times.</p> <p>Review of the lunch meal census revealed there were 19 residents served on the first floor on May 11, 2024, which read consistent with resident census; therefore, this allegation was not substantiated.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**IV. RECOMMENDATION**

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

*Jessica Rogers*

06/05/2024

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 Jessica Rogers  
 Licensing Staff

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 Date

Approved By:

*Andrea Moore*

06/24/2024

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

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 Date