



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 29, 2024

Sheryl Klein
Grace Senior Living
985 N Lapeer Rd
Orion, MI 48362

RE: License #: AH630400653
Investigation #: 2024A1035029
Grace Senior Living

Dear Sheryl Klein:

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,

Jennifer Heim, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(313) 410-3226
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630400653
Investigation #:	2024A1035029
Complaint Receipt Date:	03/18/2024
Investigation Initiation Date:	03/20/2024
Report Due Date:	05/17/2024
Licensee Name:	Conscious Senior Living Properties II LLC
Licensee Address:	985 N Lapeer Rd Lake Orion, MI 48362
Licensee Telephone #:	(248) 670-9823
Administrator:	Mona Hansen – Hill
Authorized Representative:	Sheryl Klein
Name of Facility:	Grace Senior Living
Facility Address:	985 N Lapeer Rd Orion, MI 48362
Facility Telephone #:	(248) 977-6200
Original Issuance Date:	09/10/2020
License Status:	REGULAR
Effective Date:	03/10/2024
Expiration Date:	07/31/2024
Capacity:	71
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Resident neglect and medication management.	Yes
Additional Findings	No

The complainant identified some concerns that were not related to licensing rules and statutes for a home for the aged. Therefore, only specific items pertaining to homes of the aged provisions of care were considered for investigation. The following items were that that could be considered under the scope of licensing.

III. METHODOLOGY

03/18/2024	Special Investigation Intake 2024A1035029
03/20/2024	Special Investigation Initiated - Letter

ALLEGATION:

Resident neglect and medication management.

INVESTIGATION:

On March 18, 2024, the department received a complaint through the online complaint system which read: "Resident A fall in activities room weekend of February 23rd, weekend of Feb 2nd, or Feb 9th - several times. Only one caregiver whose name is Staff Person (SP)1 responsible for caring residents of entire facility 90 people (includes memory care). Resident B- trying to move laundry basket out of way where facility dropped off in room, fell, broken ribs. Resident C left in main shower room for hours after 3x of diarrhea & toilet 1 hour sitting. (appx March 2nd or 3rd) Resident D fell in dining room, without any caregivers to provide escort to room, not monitored by caregiver staff. Resident D per care plan morning medication has not been administered on time dates / times: February 18th morning meds administer at 10:30 a.m., February 19th morning meds administer 10:40 a.m., February 22nd morning meds administer at 11:30 a.m., February 25th morning meds administer at 11:15 a.m. Lack of administration of afternoon medication (month of Feb)."

On March 21, 2024, an onsite visit was conducted. While onsite I interviewed Mona Hansen-Hill, Executive Director, who states she has been newly appointed to the

position and has been making efforts to improve staffing and enforcement of policies and procedures. Mona provided policies and procedures related to falls and incidents as well as incident reports related to Resident A, B, and D falls. Facility staffing goals include two med techs and two care partners for assisted living and one med tech and two care partners for memory care. The facility currently utilizes agency staff to meet staffing needs. The facility continues to interview and hire staff to fill open positions. The facility has recently hired fifteen new team members. Mona reported that the home had several leadership positions open abruptly and have been working diligently in fill those openings.

While onsite, I interviewed SP1, who states there is one med tech per hall with one care partner. The home currently has four residents requiring two-person assistance. Staff focus is on care first then medication related to the medications being open med pass. Med techs and caregivers work together to meet the needs of the residents.

While onsite I interviewed SP2 who states she primarily works on the memory care unit, where there is usually one med tech and one to two care partners assigned daily. Staff work together to meet the needs of the eleven residents residing in this area. SP2 states they never leave Resident C unattended in her room, staff might step aside to give privacy, but they do not leave her alone. Resident C can walk and pull call cord when assistance is needed.

While onsite I interview Resident E who states at times there have been long wait times, but it has been improving over the past month. Resident E states her care needs are being met.

While onsite I interviewed Resident B who states, “care has been good for a month.”

APPLICABLE RULE	
R 325.1932	Resident medications.
	(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.

ANALYSIS:	<p>Through record review the facility is staffing according to staffing goals. In the event staffing is challenged, the facility will utilize Agency staff.</p> <p>Through interview staff members state, the home is having job fairs and hiring staff to fill open positions. Staff members state they work together to meet the needs of the residents.</p> <p>Through record review the facility followed policy post fall occurrence.</p> <p>Through record review of Resident D medication administration record for the month of February 2024 there were multiple missed doses, therefore, this allegation has been substantiated.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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



Jennifer Heim
Licensing Staff

05/15/2024

Date

Approved By:



05/30/2024

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

Date