GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 1, 2024

Steven Tyshka
Waltonwood at Cherry Hill II
42500 Cherry Hill
Canton, MI 48187

RE: License #: AH820336804
Investigation #: 2024A1035033
Waltonwood at Cherry Hill II

Dear Steven Tyshka:

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) 241-1970.

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 #:	AH820336804
Investigation #:	2024A1035033
Complaint Receipt Date:	04/02/2024
Investigation Initiation Date:	04/02/2024
Report Due Date:	06/02/2024
Licensee Name:	Waltonwood at Cherry Hill II, L.L.C
Licensee Address:	7125 Orchard Lake Rd #200 West Bloomfield, MI 48322
Licensee Telephone #:	(248) 865-1012
Administrator:	Tiffiany Tucker, Administrator
Authorized Representative:	Steven Tyshka
Name of Facility:	Waltonwood at Cherry Hill II
Facility Address:	42500 Cherry Hill Canton, MI 48187
Facility Telephone #:	(734) 981-5070
Original Issuance Date:	12/27/2012
License Status:	REGULAR
Effective Date:	08/01/2023
Expiration Date:	07/31/2024
Capacity:	76
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident A sustained a pressure ulcer.	Yes
Additional Findings	No

III. METHODOLOGY

04/02/2024	Special Investigation Intake 2024A1035033
04/02/2024	Special Investigation Initiated - Letter
04/15/2024	Contact - Face to Face
6/ /2024	BCAL Sub Compliance
6/ / 2024	Exit Conference Conducted with the authorized representative.

ALLEGATION:

Resident A sustained a pressure ulcer.

INVESTIGATION:

On 4/2/2024 the department received a complaint through the BCAL online complaint system which read: Resident A developed a bedsore that was discovered when the Resident A was being transported to the hospital February 20th and passed away 6 days later due to sepsis. Complainant believes that the resident's death was a result of neglect from the facility.

On 4/2/2024 an email requesting progress notes, shower sheets, admission agreement, and service plan was sent to AR. Facility provided requested documents 4/3/2024.

On 4/5/2024, Family A reached out via email providing additional information and hospital Emergency Department notes.

On 4/15/2024 an onsite investigation was conducted. While onsite I interviewed Tiffany Tucker Administrator who states she has met with Family A to address

concerns, Tiffany states at no point did Family A voice concerns related to pressure ulcers or wounds.

While onsite I interviewed staff person (SP)1 who states she has provided showers, ADL care, and peri care to Resident A and did not notice any breakdown on her buttocks or coccyx. SP1 states Family A assisted with peri care often related to Resident A being incontinent and having loose stools and had not mentioned observing wounds.

While onsite, I interview SP2 who states she has given showers and assisted with peri care post incontinent episodes and did not see any breakdown on Resident A. SP2 states in the event breakdown is noted, the supervisor is notified, and home care services or hospice, if resident is enrolled, are notified as well as family.

Through record review Resident A moved into Waltonwood at Cherry Hill Assisted Living on 4/8/2024 and was sent to the hospital on 4/20/2024. During the twelve-day stay, Resident A had four showers scheduled with receiving two of the four showers. There was no documentation of wounds, skin breakdown or pressure ulcers within the facility paperwork. Per facility routine head to toe skin assessments are not performed however routine peri care was being provided to Resident A related to incontinence without observation of skin breakdown.

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.**

ANALYSIS:	Through record review home care services were inquired on 4/13/2024. Facility states Family A was first approached related to hospice services on 4/6/2024. Family A was provided with hospice information at this time. On 4/20/2024, prior to being sent to the hospital, the facility documented having a second conversation with Family A related to considering hospice services. On 4/20/2024, Resident A was sent to the hospital for further evaluation. According to hospital records upon exam a 4x2 sacral decubitus ulcer with dry gangrene eschar, surrounding erythema was noted. Resident A had a pan scan with "findings concerning for extensive soft tissue gas in the deep subcutaneous fat concerning for necrotizing soft tissue infection." Through interview staff members deny seeing skin breakdown to the buttocks or sacrum area. The Facility does not routinely preform head to toe skin assessments however routine peri care was being provided related to incontinence without notice of skin breakdown. Hospital record review indicate sacral decubitus noted on admit to Emergency Department therefore this allegation has been substantiated.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

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

06/01/2024

Jennifer Heim — Date
Licensing Staff

Approved By:

07/05/2024

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