



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 10, 2024

Tyler May
American House Rochester Hills
3565 S. Adams Rd
Rochester Hills, MI 48309

RE: License #: AH630397557
Investigation #: 2024A1035056
American House Rochester Hills

Dear Tyler May:

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) 284-9730.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jennifer Heim".

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 #:	AH630397557
Investigation #:	2024A1035056
Complaint Receipt Date:	07/01/2024
Investigation Initiation Date:	07/02/2024
Report Due Date:	09/01/2024
Licensee Name:	AH Rochester MC Subtenant LLC
Licensee Address:	Ste 1600 One Towne Square Southfield, MI 48076
Licensee Telephone #:	(248) 203-1800
Administrator:	Haylee Hutchinson
Authorized Representative:	Tyler May
Name of Facility:	American House Rochester Hills
Facility Address:	3565 S. Adams Rd Rochester Hills, MI 48309
Facility Telephone #:	(248) 734-4488
Original Issuance Date:	01/16/2020
License Status:	REGULAR
Effective Date:	08/01/2024
Expiration Date:	07/31/2025
Capacity:	50
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Resident A has skin tear and bruise of unknown origin and poor quality of care.	Yes
Additional Findings	No

III. METHODOLOGY

07/01/2024	Special Investigation Intake 2024A1035056
07/02/2024	Special Investigation Initiated - Letter
07/11/2024	Contact - Face to Face
09/09/2024	Inspection Completed-BCAL Sub-Compliance
09/10/2024	Exit Conference Conducted by phone with Executive Director Haylee Hutchinson

ALLEGATION:

Resident A has skin tear and bruise of unknown origin and poor Quality of Care.

INVESTIGATION:

On July 1, 2024, the Department received a complaint forwarded from Adult Protective Services (APS) which read: "Resident A has a skin tear on her left arm. This skin tear is not new, but it was observed on 6-27-24 and it has increased in size and depth. Also, on 6-27-24, concerning bruising was observed on Resident A. Bruising is located on her mid labia on the left side, and it extends down to her buttock. No vaginal or anal trauma was noted. Resident A is not mobile enough to get herself into a position to bruise in that location. The bruising was not present on her the day prior. The bruising is very dark in color. It's unknown how it was caused, and Resident A is not able to remember or tell what happened."

On July 11, 2024, an onsite investigation was conducted. While onsite I interviewed Staff Person (SP)1 who states Resident A does not wait for assistance, she is impulsive and attempts to stand independently, she is a high fall risk. SP1 states wound care services are provided through Gentiva Hospice.

While onsite I interviewed SP2 who states Hospice assist with showers and provides wound care services. SP2 states Resident A is very impulsive and attempts to climb over Broda chair and stand.

While onsite Family A stopped in for a visit and requested to meet. Family A states Resident A has had multiple falls while at the facility most recent fall occurred when Resident A was removed from common area related to increased agitation and was left alone in her room. Family A states Resident A wrote "SOS Help Me" on a positioning pillow in her room. Family A did not bring the pillow to anyone's attention until this day.

While onsite I interviewed assigned Hospice Associate1 who states supplies are often not available for showers resulting in extra time spent attempting to locate supplies. Hospice Associate1 states Resident A is very impulsive and needs redirection frequently. Hospice Associate1 reports showers and changes in conditions are recorded in hospice charting binder.

On August 13,2024, a phone interview was conducted with Hospice Associate 2 who states she was made aware of bruise to Resident A labia, buttock and leg. Resident A was assessed facility informed it may be a Kennedy Ulcer and monitoring would continue. As days passed Hospice Associate 2 states bruising started change colors therefor it was not a Kennedy Ulcer. Open areas on right arm, left arm, and coccyx discussed Hospice Associate 2 states she was aware of these areas. Hospice Associate 2 unable to recall treatment plan at this time.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(1) Personal care and services that are provided to a resident by the home shall be designed to encourage residents to function physically and intellectually with independence at the highest practical level. (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.

<p>ANALYSIS:</p>	<p>Through direct observation Resident A was in dining area eating lunch upon arrival. Resident A appeared disheveled, clothes noted with food on shirt, open area noted on right arm with slough covering base of wound, dressing noted on left arm. Hospice Associate1 arrived during this time to provide shower and ADL care. Resident A noted to be doubled briefed. During shower multiple bruises noted in various stages of healing including bruise to left buttocks. Resident A made multiple attempts to stand during shower, redirection needed. Open area with slough noted to coccyx neither SP1 nor Hospice Associate1 stated they had not seen this wound prior to shower.</p> <p>Record review indicates Resident A has had multiple falls since February primary intervention “encourage resident to remain in common areas for staff observation” without success of reducing fall occurrences.</p> <p>Hospice charting log indicates changes in skin conditions and client changes, no charting related to reported bruise to the labia, buttock, and leg. Hospice Associate1 states she did not document this finding related to facility staff being first observers.</p> <p>Based on observation and record review violation has been substantiated.</p>
<p>CONCLUSION:</p>	<p>VIOLATION ESTABLISHED</p>

IV. RECOMMENDATION

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



Jennifer Heim
Licensing Staff

08/15/2024

Date

Approved By:



09/09/2024

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

Date