



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 30th, 2024

Marie Wieland
The Ridge at Lansing
1634 Lake Lansing Road
Lansing, MI 48912

RE: License #: AH330386131
Investigation #: 2024A1021087
The Ridge at Lansing

Dear Marie Wieland:

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,

Kimberly Horst

Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH330386131
Investigation #:	2024A1021087
Complaint Receipt Date:	09/18/2024
Investigation Initiation Date:	09/19/2024
Report Due Date:	11/18/2024
Licensee Name:	Ridgeline Lansing, LLC
Licensee Address:	Ste 207 2095 Summer Lee Dr Rockwall, TX 75032
Licensee Telephone #:	(517) 507-3303
Administrator/ Authorized Representative:	Marie Wieland
Name of Facility:	The Ridge at Lansing
Facility Address:	1634 Lake Lansing Road Lansing, MI 48912
Facility Telephone #:	(517) 507-3303
Original Issuance Date:	11/30/2018
License Status:	REGULAR
Effective Date:	08/01/2024
Expiration Date:	07/31/2025
Capacity:	66
Program Type:	ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Facility fire suppression alarm does not work, and facility is not completing fire drills.	No
Doors are not locked.	No
Medications are not secured.	No
Insufficient staff on second and third shift.	No
Medications are administered incorrectly.	Yes
Heating and cooling units are not working.	No
Additional Findings	Yes

III. METHODOLOGY

09/18/2024	Special Investigation Intake 2024A1021087
09/19/2024	Special Investigation Initiated - On Site
09/16/2024	Contact-Telephone call made Interviewed SP6
	Exit Conference

The complainant identified some concerns that were not related to home for the aged licensing rules and statutes. Therefore, only specific items pertaining to homes for the aged provisions of care were considered for investigation. The following items were those that could be considered under the scope of licensing. The complainant identified concerns of resident abuse. These allegations were investigated under AH330386131_SIR_2024A1010064 and AH330386131_SIR_2024A1010076.

ALLEGATION:

Facility fire suppression system does not work, and facility is not completing fire drills.

INVESTIGATION:

On 09/18/2024, the licensing department received an anonymous complaint with allegations the facility fire alarm system does not work, and facility is not completing fire drills.

Due to the complaint was anonymous, I was unable to contact the complainant for additional information.

On 09/18/2024, I sent these allegations to the Bureau of Fire Services (BFS).

On 09/19/2024, I interviewed staff person 1 (SP1) at the facility. SP1 reported the facility completes fire drills once a month on various shifts. SP1 reported the facility has outside providers come in to check their fire systems and all fire systems are working properly.

On 09/19/2024, I interviewed SP2 at the facility. SP2 reported the facility does complete fire drills. SP2 reported no concerns with lack of fire preparedness.

On 09/19/2024, I interviewed SP3 and SP4 at the facility. SP3 and SP4 statements were consistent with those made by SP2.

I reviewed the BFS report dated 06/12/2024 for the facility. The report revealed the facility was in full compliance with BFS.

APPLICABLE RULE	
R 325.1917	Compliance with other laws, codes, and ordinances.
	(2) A home shall comply with the department's health care facility fire safety rules being R 29.1801 to R 29.1861 of the Michigan Administrative Code.
ANALYSIS:	Interviews conducted and review of documentation revealed lack of evidence to support this allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Doors are not locked.

INVESTIGATION:

The complainant alleged the internet is not working which impacts the front doors locking, the timecard machine, and fax machine.

SP1 reported there was an issue with the internet at the facility. SP1 reported the door that was affected by this was the employee entrance door which resulted in the employees using the front door to access the facility. SP1 reported no other doors were affected by the outage. SP1 reported no resident care was affected by the internet issue.

On 09/19/2024, I interviewed administrator Marie Wieland at the facility. Ms. Wieland reported there were issues with the internet which took some time to fix as there were multiple service providers assisting with the issue. Ms. Wieland reported all the resident doors still locked and there were no concerns with resident safety. Ms. Wieland reported resident care was not affected by the internet issues.

SP2 reported the doors are secure at the facility. SP2 reported there was an issue with the employee door inside the break room, but this did not affect the safety of the residents.

SP4 statements were consistent with those made by SP2.

I observed multiple doors at the facility. The doors were alarmed and secure at the facility.

APPLICABLE RULE	
R 325.1921	Governing bodies, administrators, and supervisors.
	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>
For Reference: R 325.1901	Definitions.
	<p>(p) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.</p>

ANALYSIS:	Interviews conducted and observations made revealed lack of evidence to support this allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Medications are not secured.

INVESTIGATION:

The complainant alleged controlled substances are not accounted for and are not properly stored.

SP2 reported controlled substances are double locked in the medication cart. SP2 reported at the beginning and end of each shift, the medications are counted and documented. If there was a discrepancy, the facility nurse would be contacted. SP2 reported medications are always secured.

SP3 statements were consistent with those made by SP2.

I observed two medication carts at the facility. Each medication cart was locked and controlled substances were double locked. At each medication cart, there was a *Controlled Medication Shift Change Log* document. This document was signed at the beginning and end of each shift for the previous three months.

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.
For Reference: R 325.1901	Definitions.
	(p) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the

	home, or when the resident's service plan states that the resident needs continuous supervision.
ANALYSIS:	Interviews conducted and observations made revealed lack of evidence to support this allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Insufficient staff on second and third shift.

INVESTIGATION:

The complainant alleged there is insufficient staff on second and third shift.

On 09/19/2024, I interviewed SP6 at the facility. SP6 reported on second shift the facility schedules five caregivers and two medication technicians but can work with only three caregivers. SP6 reported on third shift the facility schedules two caregivers and one mediation technician. SP6 reported if there is an expected staff shortage, all employees will be contacted to pick up the shift. SP6 reported the shift is usually picked up by an employee. SP6 reported herself and SP1 will also work the floor, if needed. SP6 reported there are 40 residents in the facility. SP6 reported there are four residents that are a two person assist, two residents with behaviors, and one resident that is a fall risk. SP6 reported she has not received any concerns about staffing from family members.

SP4 reported there is sufficient staff on second shift. SP4 reported management will work the floor, if needed. SP4 reported residents receive good care at the facility and she has no concerns with staffing.

On 09/19/2024, I interviewed SP6 by telephone. SP6 reported there is sufficient staff on third shift. SP6 reported residents receive good care at the facility and she has no concerns with staffing.

I reviewed the staff schedule for 09/01-09/19. The schedule revealed the staffing ratios were met as described by SP6.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.

ANALYSIS:	Interviews conducted and schedule review revealed lack of evidence to support this allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Medications are administered incorrectly.

INVESTIGATION:

The complainant alleged medications are improperly managed and not given to residents as prescribed.

SP1 reported the facility has not had any medication errors in the past months. SP1 reported residents receive the correct medications.

SP2 reported residents receive the correct medication at the correct times. SP2 reported no concerns with medication administration.

SP3 statements were consistent with those made by SP2.

I reviewed Resident B's September medication administration record (MAR). The MAR revealed Resident B was prescribed Nuplazid 34mg capsule with instructions to administer one capsule by mouth one time a day for 90 days. This medication was listed to administer at AM and evening, which is twice a day. Resident B received this medication twice on 09/09-09/11, 09/15-09/18.

I reviewed Resident C's September MAR. The MAR revealed Resident C was prescribed Vitamin D3 500mcg. This medication was not administered 09/07-09/09, 09/11-09/19 due to facility was waiting on medication from pharmacy.

I reviewed Resident D's MAR. The MAR revealed Resident D was prescribed Nuedextra Cap 20/10mg with instruction to administer one capsule by mouth two times a day. The MAR revealed Resident D did not receive this medication 09/02-09/10 due to waiting for medication from pharmacy.

APPLICABLE RULE	
R 325.1932	Resident medications.
	(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.

ANALYSIS:	Review of Resident B, Resident C, and Resident D's MAR revealed multiple instances in which the medications were not administered as prescribed by the licensed health care professional.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Heating and cooling units are not working.

INVESTIGATION:

The complainant alleged the heating and cooling units in the residents' room do not work.

SP1 reported each resident has their own system in their room to control the heating and cooling. SP1 reported a few of the units have stopped working and were replaced. SP1 reported many residents prefer to keep their rooms very warm. SP1 reported no concerns with the heating and cooling units not working.

Ms. Wieland reported there have been some units that were replaced this summer due to the units not working. Ms. Wieland reported a few days ago a residents family member complained about the unit, and it was replaced the next day.

I observed multiple residents' rooms. In each of the room, there was a unit that controlled the heating and cooling. Each of the rooms were at a comfortable temperature for the resident.

APPLICABLE RULE	
R 325.1973	Heating.
	(2) A resident's own room or rooms in the home shall be maintained at a comfortable temperature.
ANALYSIS:	Interviews conducted and observations made revealed lack of evidence to support this allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

Review of Resident A’s MAR revealed the following medications were not initialed:

Loratadine Tab 10mg: 09/02
Losartan Tab 100mg: 09/02

Review of Resident C’s MAR revealed the following medications were not initialed:

Eliquis 2.5mg tablet: 09/02
Ferrous Sulfate: 09/02
Furosemide 20mg tab: 09/02
Memantine HCl 5mg tab: 09/02
Rivastigime Tartrate 3mg: 09/02
Vitamin C 500mg: 09/02
Vitamin D3 50mcg: 09/02

Review of Resident B’s MAR revealed the following medications were not initialed:

Cranberry 250mg: 09/02
D-Mannose 500mg: 09/02
Donepezil HCl 5mg: 09/02
Hydrocortisone Cream: 09/02
Tamsulosin HCl: 09/02
Vitamin B-12: 09/02
Vitamin C 500mg: 09/02
Rytary 48.75-195 mg: 09/02 and 09/05

APPLICABLE RULE	
R 325.1932	Resident Medications.
	(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following: (b) Complete an individual medication log that contains all of the following information: (v) The initials of the individual who administered the prescribed medication.
ANALYSIS:	Review of Resident A’s, B’s and C’s MAR revealed multiple instances on various days and shifts in which medications were not initialed that they were administered. By not having thoroughly completing the log, it is difficult to determine if the medications were administered, refused, or not administered. REPEAT VIOLATION: AH330386131_RNWL_20240403 dated 04/40/2024. Corrective action plan dated 04/12/2024.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Kimberly Horst

09/20/2024

Kimberly Horst
Licensing Staff

Date

Approved By:

Andrea Moore

09/30/2024

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

Date