



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 25, 2024

Megan Burch
AH Kentwood Subtenant LLC
Ste 1600
1 Towne Sq
Southfield, MI 48076

RE: License #: AL410397696
Investigation #: 2024A0467054
AHSL Kentwood Fieldstone

Dear Mrs. Burch:

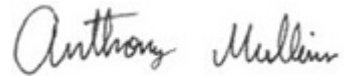
Attached is the Special Investigation Report for the above referenced facility. Due to the violation identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with the rule will be achieved.
- Who is directly responsible for implementing the corrective action for the violation.
- Specific time frames for the 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 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Mullins".

Anthony Mullins, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL410397696
Investigation #:	2024A0467054
Complaint Receipt Date:	08/13/2024
Investigation Initiation Date:	08/15/2024
Report Due Date:	10/12/2024
Licensee Name:	AH Kentwood Subtenant LLC
Licensee Address:	Ste 1600 1 Towne Sq Southfield, MI 48076
Licensee Telephone #:	(248) 203-1800
Administrator:	Megan Burch
Licensee Designee:	Megan Burch
Name of Facility:	AHSL Kentwood Fieldstone
Facility Address:	5980 Eastern Ave SE. Kentwood, MI 49508
Facility Telephone #:	(616) 455-1357
Original Issuance Date:	01/22/2019
License Status:	REGULAR
Effective Date:	07/22/2023
Expiration Date:	07/21/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED

II. ALLEGATION(S)

	Violation Established?
The facility is not adequately staffed.	Yes
Megan Burch signed-off on Resident D receiving Haloperidol and she is not doing well.	No
On 8/24/24, residents were not fed meals on time and their food was cold.	No

III. METHODOLOGY

08/13/2024	Special Investigation Intake 2024A0467054
08/15/2024	Inspection Completed On-site
08/15/2024	Special Investigation Initiated - On Site
08/15/2024	Contact – telephone call made to AFC staff member Syrena Wilks
08/15/2024	Contact – telephone call made to AFC staff member Kachmeer Williams
8/15/2024	Contact – telephone call made to AFC staff member Chanell Beckom
08/15/2024	Contact – document received from Megan Burch.
09/25/2024	APS Referral
09/25/2024	Exit conference with licensee designee, Megan Burch

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ALLEGATION: The facility is not adequately staffed.

INVESTIGATION: On 8/13/24, I received a BCAL online complaint stating that the facility is not staffed appropriately. The complaint alleged that on 8/11/24 from 8:00pm until 11:00pm, the facility residents were left unattended. It was alleged that on the morning of 8/12/24, staffed member Linda Guyton worked the unit with licensee designee, Megan Burch. The concern is that Mrs. Burch is not trained to provide care to residents, and there are residents on the unit who require a two-person assist.

On 8/15/24, I made an unannounced onsite visit to the facility. Upon arrival, I spoke to licensee designee, Megan Burch regarding the allegations. Mrs. Burch denied that

the facility was left unattended on 8/11/24. Mrs. Burch stated that on the night in question, staff members Syrena Wilks worked from 3:00pm to 11:15pm. Staff members Kachmeer Williams and Chanell Beckom both worked a double shift from 3:00 pm to 7:00 am the following morning (8/12/24). Mrs. Burch provided me with contact information for each staff member.

Regarding the morning of 8/12/24, Mrs. Burch shared that she did work at 7:00am due to a staff member calling off for the day. Mrs. Burch stated that 3rd shift staff members provided most of the care to the residents with first shift staff member, Linda Guyton. Mrs. Burch shared that she assisted Ms. Guyton with using a hoist lift for a resident. Mrs. Burch stated that she also walked a resident back to his room and handed out medications to residents after Mrs. Guyton “popped med” out of the case for residents. Mrs. Burch was transparent and told Ms. Guyton that she can’t provide care to residents due to not being trained. Despite this, Mrs. Burch came into work to assist Ms. Guyton in an attempt to be in compliance with staffing rules.

Mrs. Burch confirmed that she worked at Fieldstone on 8/12/24 as direct care staff from 7:00am to 3:00pm. Mrs. Burch stated that the life enrichment director was also working but shared that she is not able to provide care to residents. Mrs. Burch confirmed that Resident A, Resident B, and Resident C all require a two-person assist. Therefore, there should be two trained staff members on every shift. Mrs. Burch also shared that she came into the facility today at 6:00am to work since an employee needed to leave early.

While onsite, I interviewed staff member, Linda Guyton regarding the allegations. Ms. Guyton did not work on Sunday, 8/11/24 and therefore, she was not interviewed regarding staffing on that day. Ms. Guyton confirmed that she worked with licensee designee, Mrs. Burch this past Monday (8/12/24) from 7:00am until 3:00 pm. Ms. Guyton confirmed that Mrs. Burch informed her that she is not trained to provide resident care. Ms. Guyton confirmed that Resident A and Resident B both require a two-person assist so there should be two trained staff members on each shift.

On 8/15/24, I spoke to staff member, Syrena Wilks via phone regarding the allegations. Ms. Wilks confirmed that she worked on Sunday, 8/11/24 from 3:00pm until 11:15pm. However, Ms. Wilks stated that she worked at AHSL Kentwood Cobblestone as opposed to Fieldstone. Therefore, Ms. Wilks denied any knowledge of Fieldstone being left unattended.

On 8/15/24, I spoke to AFC staff member Kachmeer Williams via phone regarding the allegations. Ms. Williams confirmed that she worked at Fieldstone on 8/11/24 from 3:00pm until 7:00am on 8/12/24. Ms. Williams stated that her colleague, Chanell Beckom worked a double shift with her and neither of them left the building unattended from 8:00pm-11:00pm, or any other time. Ms. Williams stated that a resident family member was visiting around 8:35 pm, which she and Ms. Beckom discussed.

On 8/15/24, I spoke to staff member Chanell Beckom via phone regarding the allegations. Ms. Beckom confirmed that she worked at Fieldstone on 8/11/24 from 3:00pm until 7:00am the following day 8/12/24. Ms. Beckom confirmed that she worked with Ms. Williams and denied either of them leaving the building unattended from 8:00pm until 11:00pm, or any other time. Ms. Beckom also shared that a resident's family member was at the facility visiting during the time the allegations allege the facility did not have staff. Ms. Beckom stated that the complainant probably didn't see her or Ms. Williams for part of the visit due to being in the rooms providing care to residents as opposed to being at the front desk.

On 8/15/24, I received an email from Mrs. Burch which included assessment plans for Resident A, Resident B, and Resident C, all of which confirmed that the resident's require a two-person assist with bathing.

On 09/25/2024, I conducted an exit conference with licensee designee, Megan Burch. She was informed of the investigative findings and agreed to complete a CAP within 15 days of receipt of this report.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 15 residents during waking hours or less than 1 direct care staff member to 20 residents during normal sleeping hours.
ANALYSIS:	3 rd shift staff on the night of 8/11/24 denied leaving the facility unattended. However, Mrs. Burch and Ms. Guyton both confirmed that Ms. Burch worked in the facility on 8/12/24 during first shift with Ms. Guyton despite not being trained to provide care to residents. Therefore, there is a preponderance of evidence to substantiate this applicable rule.
CONCLUSION:	VIOLATION ESTABLISHED (Repeat violation from SIR#2024A0357034)

ALLEGATION: Licensee designee Megan Burch signed-off on Resident D receiving Haloperidol and she is not doing well.

INVESTIGATION: On 8/13/23, I received a BCAL online complaint stating that licensee designee, Megan Burch signed-off on Resident D receiving Haloperidol, and she is not doing well. The complainant is concerned that Mrs. Burch is not a doctor and should not be signing off on medication orders.

On 8/15/24, I made an unannounced onsite investigation at the facility. Upon arrival, I spoke to Mrs. Burch regarding the allegation. Mrs. Burch was adamant that she never signed-off on Resident D to receive haloperidol as was alleged. Mrs. Burch acknowledged that she is not a doctor and has no legal authority to sign-off on Resident D being prescribed a medication. Instead, Mrs. Burch stated that Resident D's doctor was the only person to sign-off on her receiving haloperidol. On the same day, Mrs. Burch emailed me a copy of Resident D's haloperidol order, which clearly indicates that it was ordered by her doctor, Kaitlyn Collins on 8/5/24. Mrs. Burch also sent me a copy of Resident D's MAR for the month of August 2024, which indicated that the med was eventually put on hold per hospice prior to being discontinued.

On 09/25/2024, I conducted an exit conference with licensee designee, Megan Burch. She was informed of the investigative findings and denied having any questions.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.
ANALYSIS:	Mrs. Burch provided me with a copy of Resident D's medication order, which confirmed that it was prescribed by her doctor, Kaitlyn Collins on 8/5/24 as opposed to Mrs. Burch. Therefore, there is not a preponderance of evidence to substantiate this applicable rule.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: On 8/24/24, Residents were not fed meals on time and their food was cold.

INVESTIGATION: On 8/13/24, I received a BCAL online complaint stating that on 8/12/24, residents were not fed meals on time and their food was cold.

On 8/15/24, I made an unannounced onsite investigation at the facility. Upon arrival, I spoke to licensee designee, Megan Burch regarding the allegation. Ms. Burch was

adamant that residents received their food on time and denied that their food was cold. In fact, Mrs. Burch stated that she helped bring food to the tables for residents and the food was in warmers until it was placed on the table for residents to eat.

While onsite, I also interviewed staff member Linda Guyton regarding the allegation. Ms. Guyton worked first shift on 8/12/24 with Mrs. Burch and she denied residents being served food late or the food being cold at all. It should be noted that due to this being a memory care unit, residents were not interviewed.

On 09/25/2024, I conducted an exit conference with licensee designee, Megan Burch. She was informed of the investigative findings and denied having any questions.

APPLICABLE RULE	
R 400.15313	Resident nutrition.
	(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.
ANALYSIS:	Ms. Guyton and Mrs. Burch were the only two staff members working on 8/12/24. Both staff members denied the residents were served food late or cold. Therefore, there is not a preponderance of evidence to support this applicable rule.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

The licensee has requested the license for this facility be closed as a result of a recent fire, which led to the immediate relocation of all facility residents. Upon receipt of an acceptable corrective action plan, I recommended voluntarily closure of the license.

Anthony Mullins

09/25/2024

Anthony Mullins, Licensing Consultant

Date

Approved By:

Jerry Hendrick

09/25/2024

Jerry Hendrick, Area Manager

Date