



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 19, 2024

Teresa Wendt
HGA Non-Profit Homes Inc.
917 West Norton
Muskegon, MI 49441

RE: License #:	AS610411453
Investigation #:	2024A0356059
	Black Creek Cove

Dear Ms. Wendt:

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 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. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Elliott". The signature is written in black ink and is positioned below the word "Sincerely,".

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS610411453
Investigation #:	2024A0356059
Complaint Receipt Date:	09/24/2024
Investigation Initiation Date:	09/24/2024
Report Due Date:	11/23/2024
Licensee Name:	HGA Non-Profit Homes Inc.
Licensee Address:	917 West Norton Muskegon, MI 49441
Licensee Telephone #:	(231) 728-3501
Administrator:	Melanie Billings
Licensee Designee:	Teresa Wendt
Name of Facility:	Black Creek Cove
Facility Address:	2315 E. Broadway Ave. Muskegon, MI 49444
Facility Telephone #:	(616) 842-4949
Original Issuance Date:	03/11/2022
License Status:	REGULAR
Effective Date:	09/11/2024
Expiration Date:	09/10/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL, AGED

II. ALLEGATION(S)

	Violation Established?
Staff are not providing proper care and supervision to Resident A & C.	No
Resident A, B & C's special dietary requirements are not followed.	Yes
The shower chairs in the bathroom are broken.	No
Additional Findings	Yes

III. METHODOLOGY

09/24/2024	Special Investigation Intake 2024A0356059
09/24/2024	APS Referral Brook Taylor, Muskegon County DHHS, APS worker.
09/24/2024	Special Investigation Initiated - Telephone Teresa Wendt, Licensee Designee.
09/25/2024	Contact - Telephone call received Brooke Taylor, APS.
09/27/2024	Inspection Completed On-site Met Brooke Taylor at the facility and reviewed paperwork, interviewed Mechele Genigeski, Interim Home Care/HGA consultant.
09/27/2024	Contact - Document Received facility documents.
09/30/2024	Contact - Telephone call received Kara Kile, Health West, supports coordinator.
10/01/2024	Contact - Telephone call made ORR, HW Linda Wagner.
10/04/2024	Contact - Telephone call received L. Wagner, ORR, HW.
10/09/2024	Contact - Face to Face Melanie Billings, HGA Admin, Teresa Wendt, HGA LD, Myra Dutton, HGA CEO, Brooke Taylor, APS, Linda Wagner, ORR.

10/14/2024	Contact - Document Sent Teresa Wendt, reviewed files for residents, weights and requested other docs for review.
10/29/2024	Contact-Face to Face. Teresa Wendt, document review at the facility.
11/06/2024	Contact-Telephone call made. Linda Wagner, Health West-staff training.
11/12/2024	Contact-Telephone call made. Sandy Kotecki, Health West-staff training.
11/14/2024	Contact-Telephone call made. D'niya Dockery, home manager, Dr. Devivo's office, Valerie Stein.
11/14/2024	Contact-Document received. Brooke Taylor, APS.
11/15/21024	Contact-Telephone call received. Samantha Cummings, Health West supervisor. Madison Grunow, HW supports coordinator.
11/18/2024	Exit conference-Teresa Wendt, Licensee Designee.

ALLEGATION: Staff are not providing proper care and supervision to Resident A & C.

INVESTIGATION: On 09/24/2024, I received a LARA-BCHS (Licensing and Regulatory Affairs, Bureau of Community Health Systems) online complaint. The complainant reported that staff are neglecting Resident A's care and Resident A's hygiene is poor, she is required to be showered at least twice weekly, she is left in her wheelchair for long periods of time causing a pressure sore to "come and go" on her lower back.

The complainant also reported that Resident C was seen grabbing a heavy plastic bag off the counter at the facility. The bag contained an unopened bottle of Tito's vodka. The complainant reported the alcoholic drink did not belong to Resident C or any of the other residents in the facility and that Resident C could have opened the bottle and drank the alcohol which "would have been very dangerous for her." This complaint is open for investigation to Brooke Taylor, DHHS (Department of Health and Human Services) APS (Adult Protective Services) worker. On 09/24/2024, I interviewed Teresa Wendt, Licensee Designee via telephone. Ms. Wendt stated they have had a lot of staff turnover and recently the home manager, and one DCW (direct care worker) quit, but they have covered shifts, utilized a home

care agency for staff shortage and resident care has not suffered. Ms. Wendt stated Resident A attends school each weekday and is gotten up early. Staff get her ready for school and she is out of the home in school much of the week, so she is not left in her wheelchair for long periods of time, nor does she have a pressure sore. Ms. Wendt stated there have been no complaints received from Resident A's school regarding her personal hygiene that she is aware of. Ms. Wendt stated the residents, including Resident A & C are being cared for properly and according to their assessed needs.

Ms. Wendt stated Ms. Dutton also reported that she checked on Resident A's personal hygiene on 09/18/2024 and facility logs showed Resident A was being showered on a regular basis, no pressure sores were noted, and Resident A appeared clean.

Ms. Wendt stated Myra Dutton, COO, Chief Operating Officer for HGA was informed that a bottle of Tito's was observed on the cupboard at the facility on 09/18/2024. Ms. Wendt stated Ms. Dutton immediately went to the facility to investigate and found and retrieved a small full bottle of Tito's vodka, in the outside garbage can. Ms. Wendt stated Ms. Dutton took the bottle with her to dispose of it away from the facility. Ms. Wendt stated there were no concerns of staff smelling like alcohol or the appearance of staff being under the influence of alcohol or unable to provide care for the residents. Ms. Dutton stated Resident C did not get into the alcohol and was not harmed.

On 09/30/2024, I interviewed Kara Kile, Health West supports coordinator. Ms. Kile stated she was in the facility on 09/18/2024 when Ms. Genigeski and Ms. Billings were working. Ms. Kile stated she did not see a bottle of Tito's in the kitchen at the facility. Ms. Kile stated she did not see Resident C with a bottle of alcohol nor did Resident C or staff drink alcohol while she was in the facility. However, Ms. Kile stated Samantha Cummings, Health West supervisor did witness the bottle of vodka at the facility on 09/18/2024.

On 10/01/2024, I interviewed Linda Wagner, Office of Recipient Rights, Health West via telephone. Ms. Wagner stated she received a Recipient Rights complaint stating that a pint of Tito's vodka was left on the counter at the facility and Health West staff Mandy Kosten and Madison Grunow saw the bottle on the counter at the facility and witnessed Resident C grab the bag with a pint of vodka in it off the counter. Ms. Wagner reported that staff, Ja'Michael White was working 2nd shift and was on duty at the time Ms. Grunow and Ms. Kosten found the alcohol. Ms. Wagner stated Ms. Grunow and Ms. Kosten questioned staff and they stated the vodka was not his, possibly it was 1st shift staff's vodka. Resident C did not drink any of the alcohol and it was disposed of by staff at the facility. Ms. Wagner has an open recipient rights investigation regarding this incident.

On 09/25/2024, I interviewed APS worker, Brooke Taylor via telephone. Ms. Taylor stated, on 09/25/2024, she interviewed Mr. Spalding, Resident A's teacher at Craig school. Mr. Spalding reported his concerns about Resident A not being bathed and

cleaned by staff at the facility. Ms. Taylor stated Mr. Spalding reported Resident A is not getting showered at home and indicated that her last shower was on 9/18/24 when school staff gave her a shower. Ms. Taylor stated she asked how he knew that was her last shower and he reported that she has “very greasy hair”, and it did not appear to have been washed since that date. Ms. Taylor stated she saw Resident A on Friday, 09/20/2024 at school during an unannounced visit and Resident A’s hygiene was good. She was dressed appropriately, and her appearance was adequate.

On 09/27/2024, Ms. Taylor and I conducted an unannounced inspection at the facility. Ms. Taylor and I interviewed Mechelle Genigeski. Ms. Genigeski explained that she was “contracted” by HGA as an “interim program manager” on 09/17/2024, until they can get a new manager trained and in place at this facility. Ms. Taylor informed Ms. Genigeski about the concern from Resident A’s school regarding her personal care and Ms. Genigeski stated Resident A’s personal care is attended to by staff, and she has not noticed any issues with Resident A’s hygiene or lack of showering. Ms. Genigeski stated she has not been notified or approached by anyone from Resident A’s school regarding concerns they have about Resident A’s personal care by staff at the facility. Ms. Genigeski stated she and Ms. Billings worked at the facility first shift on the date the Tito’s Vodka was found in the kitchen at the facility, but she nor Ms. Billings saw the bottle during their shift.

On 09/27/2024, I interviewed DCW Kim Vanderlaan at the facility. Ms. Vanderlaan works 1st shift and stated she heard about the bottle of Tito’s vodka found in the kitchen at the facility but never saw it and never saw any staff that seemed to be under the influence of alcohol. Ms. Vanderlaan stated residents are being cared for and supervised according to their assessed needs.

On 09/27/2024, I reviewed the assessment plans for AFC residents for Resident A & C. Resident A’s assessment plan documents Resident A requires staff assistance with all her ADL’s (activities of daily living) including bathing, grooming, dressing, and personal hygiene. Resident C’s assessment plan documents Resident C is alert to her surroundings, she uses only written physician prescribed medications and treatments are administered by trained staff, she does not abuse alcohol or drugs and there is nothing documented stated Resident C requires increased supervision in the facility.

On 09/27/2024, I observed Resident B, C, D, & E at the facility. Resident A was at school and not in the facility. The residents are not able to participate in interviews due to cognitive deficits, but they appeared appropriately dressed, alert, clean, and engaged in different activities in the living and dining room.

On 10/09/2024, Ms. Taylor and I met with Ms. Wagner, Ms. Wendt, Ms. Dutton, Melanie Billings, administrator, at the HGA corporate office building. Ms. Dutton confirmed that she immediately responded to the report that alcohol was observed on the counter at the facility. No staff appeared to be under the influence of alcohol

and none of the residents including Resident C drank any alcohol. Ms. Dutton stated Ms. Billings and Ms. Genigeski were working first shift in the home and never saw any alcohol on the counter while they were working. Ms. Dutton reported Health West staff, Ms. Kosten and Ms. Grunow saw the bottle of Tito's on the kitchen counter and reported it to their supervisor but did not bring the bottle to Ms. Billings or Ms. Genigeski's attention. Ms. Dutton stated later that evening, Sandy Kotecki, a supervisor at Health West called Ms. Dutton to tell her about the alcohol being in the facility and that is when Ms. Dutton went to the facility and found it in the garbage. Ms. Dutton stated when she went to the facility that evening, 09/18/2024, she observed the residents sitting in the living and dining room with staff, they were clean and taken care of, staff were not under the influence of alcohol.

On 10/09/2024, Ms. Dutton stated she has never known Resident A to have pressure sores (decubitus ulcer) from sitting too long in her wheelchair. Ms. Dutton stated she reviewed Resident A's logbook, and Resident A is getting showered more than twice weekly so she does not understand why she presents as not showered or unclean at school.

On 10/09/2024, Ms. Dutton stated the home manager, Charnay Logan and direct care worker, Ja'nieya Robertson quit on 09/18/2024 but Ms. Billings and Ms. Genigeski were there to provide care to the residents. Ms. Dutton stated on 09/18/2024 there were enough staff and continues to be enough staff on duty to provide care for the residents according to their assessed needs.

On 10/29/2024, I conducted an inspection at the facility and met with Ms. Wendt. I reviewed the Daily Progress notes for Resident A for the month of October 2024. The skin observations do not note any anomalies or skin breakdown for Resident A for the month. The shower logs do not include 7 days out of the month but the remainder of the dates for the month documented that staff completed bathing/showering for Resident A. There is no documentation of refusals to bathe by Resident A. Ms. Wendt stated Resident A is not capable of providing information pertinent to this investigation due to cognitive deficits and she is at school and not at the facility on this date.

On 11/14/2024, I interviewed Valerie Stein, RN at Dr. Devivo's office. Ms. Stein stated staff at the doctor's office report no concerns related to Resident A's hygiene when she is seen in the office and no concerns with decubitus ulcers (pressure sores) on Resident A. Ms. Stein stated in 2022, Resident A did have a pressure sore on her coccyx (lower back) but at that time, she lived with a relative and not in this facility.

On 11/14/2024, Ms. Taylor sent an email and stated she contacted Resident C's relative and guardian. Ms. Taylor stated Relative #1 reported that Resident C has been living in the current facility for two years. Resident C does well in this facility, and he doesn't have any present concerns about the care she receives. Relative #1 reported that home staff does a good job with supervising Resident C.

On 11/14/2024, I interviewed D'niya Dockery, home manager via telephone. Ms. Dockery stated residents are cared for according to their assessed needs and staff always provide supervision.

On 11/18/2024, I conducted an exit conference with Teresa Wendt, Licensee Designee via telephone. Ms. Wendt agreed with the information, analysis, and conclusion of this applicable rule.

APPLICABLE RULE	
R 400.14305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	<p>The complainant reported Resident C took a bottle of Tito's vodka that was sitting on the counter at the facility.</p> <p>Ms. Wendt, Ms. Dutton, Ms. Genigeski, Ms. Billings, Ms. Wagner, Ms. Vanderlaan, Ms. Kile reported that a bottle of Tito's vodka was in the facility, but Resident C did not drink any of the alcohol.</p> <p>Relative #1 reported to Ms. Taylor that he is satisfied with the amount of supervision Resident C receives by staff at the facility.</p> <p>Resident C's assessment plan does not document that Resident C requires increased supervision in the facility.</p> <p>Based on investigative findings, there is not a preponderance of evidence to show that staff failed to protect Resident C on 09/18/2024 when Resident C obtained a bottle of alcohol that was in the facility. Therefore, a violation of this applicable rule is not established.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.14303	Resident care; licensee responsibilities.
	(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.
ANALYSIS:	<p>The complainant reported that staff are neglecting Resident A's care.</p> <p>Ms. Wendt, Ms. Dutton, Ms. Genigeski, Ms. Billings, Ms. Wagner, Ms. Dockery & Ms. VanderLaan stated Resident A's personal care needs are being met at the facility.</p> <p>Mr. Spalding reported his concerns about Resident A not being bathed and cleaned by staff at the facility to Ms. Taylor.</p> <p>Ms. Taylor stated during an unannounced visit, Resident A's hygiene was adequate.</p> <p>Resident A's assessment plan documents Resident A requires staff assistance with bathing, grooming, dressing, and personal hygiene.</p> <p>Daily Progress notes for Resident A document skin assessments and the notes do not document any pressure sores on Resident A.</p> <p>The shower logs document Resident A as receiving bathing/showers regularly.</p> <p>Ms. Stein reported no concerns with Resident A's hygiene when she is seen in the doctor's office and no concerns with decubitus ulcers on Resident A.</p> <p>Based on investigative findings, there is not a preponderance of evidence to show that staff at the facility failed to provide care to Resident A per her written assessed needs. Therefore, a violation of this applicable rule is not established.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Resident A, B & C's special dietary requirements are not followed.

INVESTIGATION: On 09/24/2024, I received a LARA-BCHS (Licensing and Regulatory Affairs, Bureau of Community Health Systems) online complaint. The complainant reported that Resident A requires supplements via feeding tube because she requires extra nutritional intake. Resident A's special diet is not being followed and Resident A has lost a "significant amount of weight." The complainant reported Resident B requires a pureed diet and on 09/23/2024, staff at the facility, on third shift were educated on how to feed Resident B and other staff were to be trained on 09/24/2024 by the home manager, yet for lunch on 09/24/2024, Resident B and C were fed a whole hotdog which is a choking risk and against their special dietary requirements.

On 09/24/2024, I interviewed Ms. Wendt via telephone. Ms. Wendt stated the residents are fed per their IPOS, Health Care Appraisal and Assessment Plan documentation. Ms. Wendt stated staff at the facility are in-serviced by Health West (HW) staff on residents special dietary needs.

On 10/01/2024, I interviewed Linda Wagner, Office of Recipient Rights, Health West via telephone. Ms. Wagner stated she has an open ORR complaint for Resident C. Ms. Wagner stated the complainant reported that Resident C is documented as an "extreme choking hazard" and staff at the facility gave Resident C a hot dog and walked away. Staff did not monitor Resident C while eating the hot dog.

On 09/25/2024, I interviewed APS worker, Brooke Taylor via telephone. Ms. Taylor stated, Mr. Spalding reported his concerns about Resident A losing weight and does not think Resident A is being fed properly at the facility. Ms. Taylor reported on 09/20/2024, she called and interviewed the RN at Dr. Devivo's office (Ms. Taylor did not have the name of the nurse) to determine if Resident A had been seen recently in the office. Ms. Taylor stated the nurse reported that her last face-to-face visit was on 08/16/2024 and indicated that Resident A is seen regularly in the office for vital checks and weight monitoring and the RN reported having no health concerns and Resident A's weight is stable. Ms. Taylor stated the nurse did not say anything about Resident A having decubitus ulcers (pressure sores) from sitting in her wheelchair for long periods of time.

On 09/27/2024, Ms. Taylor and I conducted an unannounced inspection at the facility and interviewed Mechelle Genigeski. Ms. Genigeski stated she worked first shift with Ms. Billings on 09/18/2024 caring for the residents, when Ms. Kile, Health West case manager arrived and was adamant about feeding the residents according to their special dietary guidelines and that staff were not following resident's prescribed special diets. Ms. Genigeski stated there were no hot dogs served on the date she worked the floor which was 09/18/2024 and she has never seen hot dogs served to the residents. Ms. Genigeski stated the resident's dietary needs and restrictions are being followed by staff at the facility to the best of her knowledge. Ms. Genigeski stated she was told by Health West staff that HW does not have a speech therapist and therefore the resident plans have not been updated as far as what the resident's dietary needs and restrictions are. Ms. Genigeski stated it is

possible that staff are confused regarding resident diets. In addition, Ms. Genigeski stated Resident A has not lost any significant amount of weight that she has noticed.

On 09/27/2024, I interviewed staff Kim Vanderlaan at the facility. Ms. Vanderlaan stated residents are being fed and cared for according to their assessed needs.

On 09/27/2024, I reviewed the assessment plans for Resident A, B, & C.

- Resident A's assessment plan documents a special diet and explains Resident A has a peg tube for extra nutrition, staff will provide honey thick liquids and textured ground meat with gravy orally, no calorie restrictions. Dated 04/22/2024.
- Resident B's assessment plan documents a special diet and explains Resident B is on a mechanical soft diet. Dated 02/24/2024.
- Resident C's assessment plan documents a special diet and explains Resident C is on a mechanical soft diet. Dated 08/27/2024.

On 09/27/2024, I reviewed the health care appraisals for Resident A, B, & C.

- Resident A's HCA signed by Dr. Gabriel Devivo, DO documents Resident A's special dietary instructions as, 'PEG tube feedings, Oral-honey thick textured ground meat w/gravy.' Dated 01/10/2024.
- Resident B's HCA signed by Dr. Devivo, documents Resident B's special dietary instructions as, 'mechanical soft, honey thick liquid.' Dated 07/16/2024.
- Resident C's HCA signed by Heidi Jackson; PA documents Resident C is on a general diet. Dated 08/22/2024.

On 09/27/2024, I reviewed the Health West IPOS (Individualized Plan of Service) documents for Resident A, & C.

- Resident A's Residential Service Program is signed by Erika Sandoval, RN and documents Resident A's diet is 'mechanical soft with honey thick liquids. All food served to (Resident A) must be mechanically soft. (Resident A) requires honey thick liquids, she typically is not able to consume enough liquids and is given supplemental liquids through her feeding tube. Avoid solids, hard, solid foods including snacks such as candy, popcorn, raw fruit or vegetables, meals, etc. Dated 04/19/2024.
- Staff and I could not locate an IPOS for Resident B at the facility on this date.
- Resident C's IPOS is signed by Rashanna Dotson, HW case manager and documents Resident C's diet is mechanical soft with thin liquids. Food cut up, staff provide reminders to slow down, monitoring for aspiration risk, monitoring so (Resident C) doesn't take food from housemates. Dated 12/31/2023.

On 09/27/2024, I reviewed Resident D & E's assessment plans and health care appraisals which indicated Resident D & E have general diets with no special dietary requirements.

On 09/30/2024, I interviewed Kara Kile, supports coordinator at Health West. Ms. Kile stated she went to the facility on 09/18/2024 for a scheduled review with the (now) former home manager Charnay Logan and discovered that Ms. Logan had left her position and was no longer working at the facility. Ms. Kile stated she talked to Ms. Genigeski and Ms. Billings and informed them of resident diets. Ms. Kile stated on 09/18/2024, she was informed that the home was being staffed by a temp staffing agency and was concerned that the staff did not know how to feed the residents who required special diets. Ms. Kile stated she in-serviced staff at the facility on the resident's special diets and when she stopped back to the facility on 09/19/2024 to drop off in-service sheets for staff to sign showing they have been trained, staff Barb Simpson and Shaunasia Ford were preparing lunch. Ms. Kile stated she observed a hot dog, in a bun and applesauce being served to Resident B and Resident C who have mechanical soft special diets. Ms. Kile stated she stopped staff from serving the hot dogs to Resident B & C, so the residents did not eat the hot dogs. Ms. Kile stated Resident B's drink was juice and it was not thickened which is part of her special diet. Ms. Kile stated she placed a special diet list showing what each resident's special diet is on the refrigerator when she left the facility on 09/18/2024. Ms. Kile stated the speech therapist went out on 09/18/2024 and in-serviced staff on mechanical soft diets and information was left in the kitchen area. Ms. Kile stated when she returned the following day, the mechanical soft diet information was in one of the mail slots in the dining room but it should be posted on the refrigerator in the kitchen so all staff can view it prior to making meals.

On 10/09/2024, Ms. Taylor and I met with Ms. Wagner, Ms. Wendt, Ms. Dutton, Melanie Billings, administrator, at the HGA corporate office building. Ms. Dutton stated all staff are in-serviced and trained on the special dietary needs of the residents. Ms. Wagner, Ms. Wendt, Ms. Dutton and Ms. Billings acknowledged there may be some confusion amongst staff because of the discrepancy discovered on Resident C's IPOS and assessment plan vs. the health care appraisal. Ms. Dutton stated Resident A's formula that is fed to her through the peg tube should be on her MAR and documented daily as to what she is being fed. Ms. Wagner stated on 10/07/2024, Sabrina McCarthy from Health West went to the facility and witnessed staff Barbara Simpson giving Resident A bites of pizza and popcorn when she requires a special diet that includes tube feeding and a mechanical soft diet.

On 10/23/2024, I received a telephone call from Helen Dobb, Compliance Officer with Health West. Ms. Dobb stated she is investigating a complaint regarding the improper feeding of Resident A by staff at the facility and by Resident's A's relative and legal guardian, Relative #2. Ms. Dobb stated information she is investigating cites that Relative #2 brings in pizza rolls, and popcorn and "bullies" staff into feeding those items to Resident A even though she is prescribed a special diet that does not include those food items.

On 10/29/2024, I conducted an announced inspection at the facility and met with Ms. Wendt to further review facility documents and records. I reviewed the special

dietary notes posted in the kitchen at the facility. The resident's diets posted documented the following information:

- Resident A's diet, level 5, minced and moist diet, feeding tube, can drink formula in a cup with a straw. Only let her take 3 sips at a time or she will choke. Drinks, level 3, moderately thick, she needs thickening in every drink.
- Resident B's diet, level 5, mechanical soft, drinks, level 3, moderately thick, she needs thickening in every drink.
- Resident C's diet, level 4, puree, everything needs to be puree, drinks, level 0, thin.
- Resident D's posted diet documented a level 5 diet, everything needs to be chopped into very small pieces.
- Resident E's posted diet documented, encourage soft food because Resident E has no teeth. Encourage her to drink something every 2-3 bites. She has no specific diet restrictions.

On 10/29/2024, I reviewed the weight logs for Resident A, B, C, D & E from April 2024-October 2024. Resident B, C, D & E's weights were documented as stable, and no significant weight loss or gains was noted.

On 10/29/2024, I reviewed Resident A's weight record from April 2024 to present. Resident A's initial and subsequent weights were documented as follows:

- April 22, 2024, Resident A's weight was recorded as 101.2lbs,
- May 2024, 115.3lbs
- June 2024, 110.0lbs
- July 2024, 109.6lbs
- August, 110.8lbs
- September, 88lbs
- October, 94lbs
- The weight record shows a weight gain of 14lbs and then a loss of 5lbs from April to June 2024.
- The weight record shows a weight lost of almost 10lbs. from June to July 2024.
- The weight record shows a loss of 22lbs from August to September
- The weight record shows a weight gain of 6lbs from September to October 2024.

On 11/13/2024, I received and reviewed training from Health West documenting staff training on resident's special diets.

- Training documentation is dated 09/18/2024, 09/19/2024, 09/20/2024 and 10/14/2024, signed by Ms. Kile, Health West and these trainings included staff signatures showing they were trained on Resident C's IPOS which includes special dietary restrictions.

- Training documentation is dated 09/04/2024 for Resident B, signed by Rashanna Dotson, Health West case manager, on 09/18/2024 and 10/04/2024, signed by Ms. Grunow, Health West, on 09/19/2024 and 09/25/2024, signed by Sabrina McCarthy, Health West staff. The trainings included staff signatures that they were trained on Resident B's IPOS.
- I did not receive any documentation of staff trainings for Resident A.

On 11/14/2024, I reviewed Resident A's MARs for the month of September 2024. The MAR documented, '*Peptide formula 1.4KCAL/ML: Give 325ML via feeding tube three times daily with water flush up to 1200ML per day.*' The MAR is documented by staff initials when the formula is administered. There are 37 times on the MAR that is documented with a '0:.' A review of the key stated this symbol means, 'not administered, see notes.' A review of the notes documents, 'med sheet only, not needed.'

On 11/14/2024, I interviewed Valerie Stein, RN at Dr. Devivo's office. Ms. Stein stated Resident A's weight has never been at or over 100lbs. Ms. Stein stated Resident A's weight hovers around the low 90's to high 80's. Ms. Stein stated in January 2024, Resident A weighed 91lbs, July 2024, 87lbs., August 2024, 87lbs., and October 23, 2024, Resident A weighed 94.8. Ms. Stein stated staff at the doctor's office report no concerns with Resident A's hygiene and no concerns with decubitus ulcers (pressure sores) on Resident A. Ms. Stein stated in 2022, Resident A had a pressure sore on her coccyx (lower back) area but at that time, she lived with a relative and not in this facility.

On 11/14/2024, I interviewed Heidi Jackson, PA, at Muskegon Family Care. Ms. Jackson completed the Health Care Appraisal for Resident C, dated 08/24/2024 and under special dietary needs she prescribed a general diet. Ms. Jackson stated that she discovered during the summer of 2023, Resident C was hospitalized in Grand Rapids and at that time, a swallow study was conducted, and a special mechanical soft diet was prescribed that Ms. Jackson was unaware of. Ms. Jackson stated her computer information does not sync with medical information from a different area such as Grand Rapids and she was never privy to that information. Ms. Jackson stated Resident C has always been on a general diet and it wasn't until 09/18/2024 when Sidney Colgrove, Health West RN (registered nurse) called to ask what Ms. Jackson meant by a general diet that was documented on the health care appraisal and asked her (Ms. Jackson) to clarify Resident C's special dietary requirements. Ms. Jackson stated that is when she (Ms. Jackson) learned about the swallow study done in 2023. Ms. Jackson stated Ms. Colgrove described Resident C as coughing a lot and choking while eating and that she should be on a "level 4 puree, mechanical soft diet, thin liquids, drink liquids between bites and that her diet does not include hot dogs." Ms. Jackson stated she called the facility and asked staff if Resident C is coughing and choking, and staff reported that Resident C is not coughing and choking while eating and that Resident C is fine. Ms. Jackson stated as of 10/24/2024, she ordered a new swallow study to be conducted so everyone will be on the same page regarding Resident C's special diet. Ms. Jackson stated she

updated the health care appraisal for Resident C on 08/24/2024 and sent it to Health West. Ms. Jackson stated no one contacted her until 09/18/2024 questioning the general diet that she had on the document, and it was Health West that contacted her, the facility staff never did. Ms. Jackson stated the facility should follow the instructions from the swallow study in 2023 until the new swallow study is completed. Ms. Jackson stated hot dogs are not part of a mechanical soft diet.

On 11/14/2024, I interviewed Ms. Wendt, she stated Resident A moved into this facility on 4/22/24 with a recorded weight of 101.2. In reviewing her monthly weight record, she (Ms. Wendt) does not believe Resident A gained 14.1 pounds from April to May 2024 or had a loss of 22.8 pounds in one month from Aug to Sept. Ms. Wendt stated this might be staff not accurately factoring out the weight of Resident A's wheelchair if she was weighed in her wheelchair. Ms. Wendt stated she will request that Ms. Billings go to the facility as soon as possible and check the wheelchair weight and in-service all staff on taking accurate weights. Ms. Wendt stated, she suspects Resident A's wheelchair is around 20-25 pounds and that contributed to the discrepancies on the weight log but will verify for sure the weight of the wheelchair to see if that is the issue and in-service all staff.

On 11/14/2024, I reviewed Resident A's MAR and reviewed with Ms. Wendt that the MAR was only partially documented as administered. Ms. Wendt stated Resident A has an order from the doctor dated 10/7/24 for formula which says if she eats 100% of meal administer water flush only and that is why staff are only documenting on the MAR when she is tube fed because she did not eat 100% of her meal. Ms. Wendt also added that Resident A attends school every weekday and so she would not get the 1:00p.m. feeding at the facility. Ms. Wendt stated staff need to document better that she ate 100% of meal and water flush completed. Ms. Wendt stated she is currently working with the Med Lead and Manager to correct that as soon as possible. Ms. Wendt stated Resident A is being fed according to her prescribed special diet.

On 11/14/2024, I reviewed the order dated 10/07/2024, signed by Dr. G. Devivo DO. The order documented the following information, *'Feeding regime for (Resident A) is as follows, 6:30a.m. formula, 8:00a.m. formula (when not in school), 1:00p.m. formula (when not in school), after school snack plus ½ can of formula, dinner, bedtime snack plus ½ can of formula **formula to be given as tolerated** All oral food (liquids must be honey thick and food mechanical soft until further notice). The given tube feeding recommendations are based on the amount of oral meals completed. 100% meal consumed-administer water flush ONLY, 50% meal consumed, administer ½ can + water flush, 0% meal consumed, administer 1 can + water flush. No more than 1200 mL water per day including flushes (60mL per flush).'*

On 11/14/2024, I interviewed D'niya Dockery, home manager via telephone. Ms. Dockery's first day as the new home manager was 09/27/2024. Ms. Dockery stated Relative #2, brings Resident A McDonald's and feeds it to her at the facility. Ms.

Dockery stated staff do not feed Resident A food that Relative #2 brings into the facility but cannot stop Relative #2 from bringing it in and feeding it to Resident A. Ms. Dockery stated no one is on the same page when it comes to Resident A's diet and that there is no specific diet for Resident A. Ms. Dockery stated Resident A, B & C all get mechanical soft diets and Resident D & E are on general diets.

On 11/14/2024, Ms. Taylor stated she contacted Relative #1 via telephone and asked Relative #1 if he knew what Resident C's current diet plan is. Ms. Taylor stated Relative #1 indicated that he thinks it is a "soft food" diet. Relative #1 told Ms. Taylor that last summer he witnessed Resident A being fed Cheetos and was concerned about it, so he brought it up to the home manager at the time and asked that Resident C not be fed hard foods anymore and to follow her diet plan.

On 11/18/2024, I conducted an exit conference with Teresa Wendt, Licensee Designee via telephone. Ms. Wendt stated she agreed that the author of the assessment plan should review the health care appraisal to be sure they match and then make sure those documents correspond to the residents IPOS. Ms. Wendt stated they will make sure there are clear instructions for all resident special diets and that staff at the facility know what those special diets and instructions are. Ms. Wendt stated she will submit an acceptable corrective action plan.

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(3) Special diets shall be prescribed only by a physician. A resident who has been prescribed a special diet shall be provided such a diet.
ANALYSIS:	<p>The complainant reported that Resident A, B & C's special diets are not being implemented by staff at the facility.</p> <p>Upon a review of resident assessment plans, IPOS', health care appraisals, interviews with facility staff, Health West staff and medical professionals, it is clear there is differing information documenting and implementing the special diets of Resident A, B, C & D at the facility and therefore, a violation of this applicable rule is established.</p>
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14310	Resident health care.
	<p>(1) A licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician or other health care professional with regard to such items as any of the following:</p> <p>(b) Special diets.</p>
ANALYSIS:	<p>Resident C's health care appraisal signed by Heidi Jackson, PA and dated 08/24/2024, documented a general diet for Resident C.</p> <p>Resident C's IPOS dated 12/31/2023 and assessment plan dated 08/27/2024 document a mechanical soft diet.</p> <p>Ms. Jackson stated the facility never called to discuss why the assessment plan and IPOS information differed from the special dietary needs of Resident C on the health care appraisal and Ms. Jackson was unaware until notified on 09/18/2024 by Health West of a swallow study that was done in 2023 which resulted in the implementation of a special diet for Resident C.</p> <p>Based on investigative findings, the licensee and staff failed to follow the instructions and recommendations of a resident's physician or other health care professional regarding Resident C's special diet. Had they done so, they may have discovered that the prescribed special diet was not the same as the information documented on the assessment plan and IPOS. Therefore, a violation of this applicable rule is established.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: The shower chairs in the bathroom are broken.

INVESTIGATION: On 09/24/2024, I received a LARA-BCHS (Licensing and Regulatory Affairs, Bureau of Community Health Systems) online complaint. The complainant reported Resident B requires a shower chair to be showered but the shower chair in the home is broken.

On 09/27/2024, Ms. Taylor and I conducted an unannounced inspection at the facility and inspected the shower chairs in the bathroom. Resident B's shower chair was intact and not broken. All the shower chairs in the bathroom are clean and in working order. There was no indication that any chairs in the shower room were broken.

On 11/18/2024, I conducted an exit conference with Teresa Wendt, Licensee Designee via telephone. Ms. Wendt agreed with the information, analysis, and conclusion of this applicable rule.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	The complainant reported Resident B's shower chair is broken. Upon inspection of Resident B's shower chair, as well as the other shower chairs in the bathroom, none of the chairs are broken or are in poor condition. All the shower chairs are in clean, good working order. Therefore, a violation of this applicable rule is not established.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDING

INVESTIGATION: On 09/27/2024, I reviewed the assessment plans for Resident A, B, C, D, and E. The assessment plan for Resident A is not signed by the Responsible Agency. The assessment plan for Resident B is not signed by the Licensee or the Responsible Agency, there is a note on the assessment plan that documented the home manager contacted the case manager on 02/24/2024, 08/18/2024 and 08/25/2024 to get the document signed but it remains unsigned. The assessment plan for Resident C is not signed by the Licensee or the Responsible Agency, there is a note on the assessment plan that documented the home manager contacted the case manager on 08/01/2024, 08/18/2024 and 08/25/2024 to get the document signed but it remains unsigned. Resident D's assessment plan is not signed by the Licensee, the Responsible Agency or the residents designated representative.

On 11/18/2024, I conducted an exit conference with Teresa Wendt, Licensee Designee via telephone. Ms. Wendt agreed with the information, analysis, and conclusion of this applicable rule and stated she will submit an acceptable corrective action plan.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
ANALYSIS:	Resident A, B, C and D's assessment plans are not signed by the Licensee, responsible agency and/or the resident's designated representative. Therefore, a violation of this applicable rule is established.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDING

INVESTIGATION: On 10/29/2024, I reviewed Resident A's weights, and the weights showed a weight gain of 14lbs. in a month, a loss of 5lbs. in a month, and a loss of 22lbs in one month and then a weight gain of 6lbs. in a month. Ms. Wendt stated she suspects that staff were not documenting the weight of Resident A's wheelchair if they were weighing her in the chair.

On 11/14/2024, Ms. Stein stated Resident A's weight has never been at or over 100lbs. Ms. Stein stated Resident A's weight hovers around the low 90's to high 80's.

On 11/18/2024, I conducted an exit conference with Teresa Wendt, Licensee Designee via telephone. Ms. Wendt agreed with the information, analysis, and conclusion of this applicable rule and stated she will submit an acceptable corrective action plan.

APPLICABLE RULE	
R 400.14310	Resident health care.
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.
ANALYSIS:	While Resident A's weights are being documented at the facility since her move in date of 04/22/2024, the weights are not

	recorded properly and do not accurately show Resident A's weight.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDING

INVESTIGATION: On 11/14/2024, I reviewed Resident A's MARs for the month of September 2024. The MAR documented a 'Q-' for her prescribed formula feedings 37 times throughout the month. A review of the key stated this symbol means, 'not administered, see notes.' A review of the notes documents, 'med sheet only, not needed.'

On 11/14/2024, Ms. Wendt stated Resident A has an order from the doctor dated 10/7/24 for formula which says if she eats 100% of meal administer water flush only and that is why staff are only documenting on the MAR when she is tube fed because she did not eat 100% of her meal. Ms. Wendt stated staff need to document better and document that she ate 100% of meal water flush completed. Ms. Wendt stated Resident A is being fed according to her prescribed special diet.

On 11/14/2024, I reviewed the order dated 10/07/2024 written by Dr. Devivo but the MAR reviewed was for the month of September 2024 and it appeared as though Resident A was not fed prescribed formula 37 times throughout the month.

On 11/18/2024, I conducted an exit conference with Teresa Wendt, Licensee Designee via telephone. Ms. Wendt agreed with the information, analysis, and conclusion of this applicable rule and stated she will submit an acceptable corrective action plan.

APPLICABLE RULE	
R 400.14312	Resident medications.
	<p>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <p>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p>
ANALYSIS:	Resident A's MARs for the month of September 2024 documented, ' <i>Peptide formula 1.4KCAL/ML: Give 325ML via feeding tube three times daily with water flush up to 1200ML per day.</i> '

	<p>The MAR is documented by staff initials when the formula is administered, there are 37 times on the MAR that is documented with a '0.'</p> <p>A review of the key stated this symbol means, 'not administered, see notes.' A review of the notes documents, 'med sheet only, not needed.'</p> <p>Ms. Wendt, Ms. Dutton, Ms. Billings, Ms. Vanderlaan, Ms. Genigeski reported Resident A was fed according to her special diet.</p> <p>Resident A's weight was monitored by her doctor and her weight remained stable leading to the conclusion that Resident A is eating and maintaining her normal weight at the facility but the documentation on the MAR is not being signed and documented properly and therefore, a violation of this applicable rule is established.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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



11/18/2024

Elizabeth Elliott
Licensing Consultant

Date

Approved By:



11/19/2024

Jerry Hendrick
Area Manager

Date