



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 26, 2024

Angel Miller
Angel Manor LLC
11123 N. McKinley Rd.
Montrose, MI 48457

RE: License #: AM250355582
Investigation #: 2025A0779005
Angel Manor

Dear Angel Miller:

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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 899-5659

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM250355582
Investigation #:	2025A0779005
Complaint Receipt Date:	10/21/2024
Investigation Initiation Date:	10/22/2024
Report Due Date:	12/20/2024
Licensee Name:	Angel Manor LLC
Licensee Address:	11123 N. McKinley Rd., Montrose, MI 48457
Licensee Telephone #:	(810) 691-0085
Administrator:	Sadie Badour
Licensee Designee:	Angel Miller
Name of Facility:	Angel Manor
Facility Address:	9219 N. Elms Rd., Clio, MI 48420
Facility Telephone #:	(810) 639-0222
Original Issuance Date:	04/10/2014
License Status:	REGULAR
Effective Date:	10/10/2024
Expiration Date:	10/09/2026
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The home sometimes only has one staff person on duty to care for 12 residents that is not sufficient based on the needs of the residents.	Yes
Resident B, C, and D have pressure sores from being not changed and neglected.	No
Resident A and others are being overdosed with morphine to make them compliant.	No
Bedbound residents are not being fed and only provided liquids.	No

III. METHODOLOGY

10/21/2024	Special Investigation Intake 2025A0779005
10/22/2024	APS Referral Complaint was received from APS.
10/22/2024	Special Investigation Initiated - Telephone Spoke to APS worker, Brandi Morris.
10/25/2024	Inspection Completed On-site
10/25/2024	Contact - Face to Face Spoke to a resident's guardian.
10/25/2024	Contact - Face to Face Spoke to McLaren Hospice nurse.
10/25/2024	Contact - Face to Face Spoke to Residential Hospice nurse.
11/26/2024	Inspection Completed On-site
11/26/2024	Exit Conference Held with administrator, Sadie Badour.

ALLEGATION:

The home sometimes only has one staff person on duty to care for 12 residents that is not sufficient based on the needs of the residents.

INVESTIGATION:

On 10/25/24, an on-site inspection was conducted and administrator, Sadie Badour was interviewed. Admin Badour admitted that they are in need of hiring more staff and that she has been known to work some 1st and 3rd shifts alone. Admin Badour stated that she will often sleep at the facility overnight and be available if staff need her. Admin Badour reported that she feels confident in herself that she can work alone and still provide good care, but that she would not trust most staff to be able to do the same. Admin Badour stated that they currently have 10 residents.

During the interview with Admin Badour, multiple *Assessment Plan for AFC Residents* were reviewed and a discussion took place regarding the amount of care that is required to provide adequate and safe care for the current residents. It was determined that Resident B and Resident C require full assistance from staff in order to complete all activities of daily living (ADL's). Resident C utilizes a Hoyer lift for all transfers that requires 2 staff to operate safely. Admin Badour stated that certain staff can do it on their own, but that Resident C feels more secure with 2 staff when using the Hoyer. Four residents require 1 staff assistance for transfers in and out of bed/chairs. The other 4 residents are able to complete ADL's with prompting and/or minimal assistance from staff. Three residents utilize the use of Geri chairs and multiple residents require the assistance of wheelchairs and/or walkers.

Also reviewed were the facility's fire drills. All the fire drills practiced were completed in a safe adequate amount of time, but they were all practiced when the facility had 2 staff on shift at the time of the drills. Admin Badour agreed that only 1 staff would have a difficult time evacuating all 10 residents in a safe amount of time.

The facility's staff schedule for October 2024 was reviewed. The schedule confirmed that there were multiple days in October where Admin Badour worked either 1st or 3rd shift alone. It also showed that staff person, Sheryl Roberts, had worked several 3rd shifts alone. When all other staff worked, there were 2 staff working.

During the on-site inspection on 10/25/2024, brief conversation took place with a few different residents. All the residents at this facility suffer from some degree of dementia. The residents were not able to answer any complex questions, but did say that there are always staff in the facility to help them when needed. They were not able to say how many staff work each shift. The residents said that they like living in this facility and were all observed to be clean, well-groomed, and appears to be doing well.

On 10/25/2024, staff person, Sheryl Roberts, confirmed that she does work some 3rd shifts by herself. Staff Roberts stated that she has been working as a direct care staff in

AFC and nursing homes for over 30 years and that she feels comfortable caring for 10 residents, while working alone.

On 11/26/2024, Resident E confirmed that he is completely non-mobile and has to have a Hoyer to get in and out of his bed and Geri chair. Resident E stated that he has requested that 2 staff assist him with the Hoyer transfers, because he is afraid of falling and it is safer that way.

On 11/26/2024, an exit conference was held with administrator, Sadie Badour, who stated that she has been hiring new additional staff to help with staff scheduling. Admin Badour stated that she has been and will continue to schedule at least 2 staff on every shift.

APPLICABLE RULE	
R 400.14206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	Resident C requires the use of a Hoyer lift when doing all transfers, which requires 2 staff to ensure the transfers are done safely. Four residents require staff assistance to complete all transfers in and out of bed/chairs. Three residents are completely non-mobile and utilize Geri chairs. Multiple residents have mobility issues and utilize wheelchairs/walkers and all 10 residents suffer from some degree of dementia. It was confirmed that administrator, Sadie Badour, and staff person, Sheryl Roberts, have been working multiple shifts alone. During discussions with Admin Badour, it was determined that it would be difficult for only 1 staff to evacuate all 10 residents in a safe amount of time, in the case of a fire and/or an emergency situation. Due to the significant mobility issues and cognitive deficiencies of the residents, 1 staff per shift is insufficient for the safe supervision, personal care and protection of the current residents of this facility; therefore, violation of this rule is warranted.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Residents B, C, and D have pressure sores from being not changed and neglected.

INVESTIGATION:

On 10/22/2024, a phone conversation took place with APS (Adult Protective Services) worker, Brandi Morris, who confirmed that she was investigating the same allegation. APS Morris stated that an on-call worker went to this home over this past weekend and reported that all the residents seemed well cared for. APS Morris stated that all the residents in question are receiving Hospice services.

On 10/25/2024, Admin Badour stated that no current residents of this facility have any pressure sores. Admin Badour stated that every resident gets checked and/or changed at least every 2-hours or sooner. Admin Badour reported that 3 residents are completely non-mobile and utilize Geri chairs and multiple other residents have wheelchairs, but that no residents are left sitting in a chair or laying in bed for long periods of time, without being moved/repositioned. Admin Badour stated that each resident is taken out of their Geri, wheelchairs, and recliners at least every 2-hours when their briefs are changed. Admin Badour stated that many of the residents are able voice where they would like to be. Whether that be in bed or sitting in a chair.

On 10/25/2024, staff persons, Arianna LePard and Sheryl Roberts, confirmed that all residents are checked and/or changed at least every 2 hours. They stated that none of the current residents have any pressure sores. Staff LePard and Staff Roberts stated that they are encouraged to keep residents up and moving as much as possible. They stated that for those that are completely non-mobile, they are repositioning them in their chairs and beds.

On 10/25/2024, an in-person conversation took place with McLaren Hospice nurse, Jaina Brooks, who stated that she provides Hospice services to Resident C and Resident D, as well as 5 other residents of this facility. Nurse Brooks stated that Resident C and Resident E have sores on the heels of their feet, due to diabetes and footwear, but that none of her patients at this facility have any pressure sores. Nurse Brooks reported that their Hospice company has someone at this facility at least 5-days a week and that all their patients appear to be getting changed frequently, are always clean and well-groomed, and are getting good care. Nurse Brooks stated that all the families of the patients she has at this facility are quite satisfied with the care their loved ones are receiving at this facility. Nurse Brooks stated that she has never witnessed any resident to be left sitting in a chair or laying in a bed for long periods of time without assistance from staff.

On 10/25/2024, an in-person conversation took place with Residential Hospice nurse, Sasha Dewilde, who stated that she provides Hospice services to Resident B and Resident F. Nurse Dewilde stated that Resident B utilizes a Geri chair and Resident F

has a wheelchair, and neither of them have any pressure sores. Nurse Dewilde reported that she is at this home 1-2 days weekly and that someone from her company is there almost every day. Nurse Dewilde stated that Resident B and Resident F are always clean, well-groomed and appear to be receiving good care at this facility. Nurse Dewilde stated that she has no concerns with the care that Resident B and Resident F are being provided here.

On 10/25/2024, an in-person conversation took place with Resident D's guardian, Guardian 1, who stated that Resident D has gone through three separate episodes of actively dying and being bedbound, before she recovers. Guardian 1 stated that when Resident D is bedbound during those times, staff check on and change her frequently. Guardian 1 reported that when she is doing well, Resident D will tell staff when she has to use the bathroom and staff will assist her. Guardian 1 stated that he is not aware of Resident D ever having any pressure sores.

On 11/26/2024, an unannounced on-site inspection was conducted and all 10 residents of this facility were observed to be clean and well-groomed. Attempts were made to interview Resident B and Resident F, but due to their dementia, they were not able to answer any questions. An attempt was also made to interview Resident C, but he was able and/or willing to talk. Resident C did confirm that staff are always around and are nice to him.

On 11/26/2024, Resident D stated that there are always staff available when she needs them. Resident D denied that she has any pressure sores and stated that staff help her to the bathroom regularly and never leave her sitting in a wet/soiled brief. Resident D stated that staff encourage her and assist her with getting out of bed daily. Resident D stated that she likes living here and feels safe at this facility.

On 11/26/2024, Resident E stated that he recently suffered a stroke, has Multiple Sclerosis, is completely non-mobile and spends all his time in his Geri chair or bed. Resident E stated that he does not have any pressure sores and that staff are good about changing and repositioning him often.

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:	Staff, residents and Hospice nurses stated that resident briefs are changed frequently and no one is left sitting in a chair or lying in bed for long periods of time without assistance. Resident D was able confirm that she does not have any pressure sores. Resident E, who is completely non-mobile and utilizes a Geri chair, has denied that he has any pressure sores. Hospice nurses have confirmed that Resident B, Resident C and none of their other patients at this facility have any pressure sores. There was no evidence found to prove that Resident B, Resident C, Resident D or any other resident has any pressure sores or is not being provided adequate personal care at this facility.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident A and others are being overdosed with morphine to make them compliant.

INVESTIGATION:

On 10/25/2024, Admin Badour stated that Resident A was on Hospice and passed away on 10/19/2024. Admin Badour stated that Resident A had terminal restlessness, advanced dementia and hardly ever slept. Admin Badour reported that the Hospice nurse was trying and struggling to find different medications that would help Resident A and calm Resident A down, but that they never gave Resident A any medication that was not prescribed and only passed medication as it was prescribed. Admin Badour stated that among many other medications, Resident A was prescribed morphine and that the dose of that morphine was changed multiple times by Hospice.

During the interview with Admin Badour, multiple resident’s medication administration records (MARs), including Resident A’s, were reviewed. It was confirmed that the morphine prescriptions written by Hospice for Resident A had been discontinued and doses were changed several times. The MAR indicates that Resident A was given morphine only as prescribed. The MARs showed that a total of 3 current residents are prescribed morphine and that only one resident was prescribed it on a daily basis. Two of the residents were prescribed morphine as a PRN (as needed) and have rarely been given the medication.

On 10/25/2024, Staff LePard and Staff Roberts stated that they follow all MARs and only past medications as prescribed. They both denied that any resident is over medicated with morphine or any other medication. Staff Roberts stated that she will

occasionally give a resident a prescribed PRN medication for agitation, but rarely gives a resident morphine.

On 10/25/2024, Hospice nurse, Jaina Brooks, stated that Resident A was a challenge and one of the worst cases of terminal restlessness she had ever witnessed. Nurse Brooks stated that they had tried several different medications to try and help Resident A, but only one at a time and that morphine did seem to work for Resident A. Nurse Brooks reported that Resident A passed away from a stroke. Nurse Brooks stated that this facility does not like to medicate residents and that they follow and administer medications as prescribed. Nurse Brooks stated that she looks at the MARs of her patients at this facility almost daily and has never observed an issue.

On 10/25/2024, Hospice nurse, Sasha Dewilde, stated that Resident B has one daily assigned medication for agitation and a PRN script for morphine, which Resident B is rarely given. Nurse Dewilde stated that Resident F has a PRN for Norco, which she rarely uses. Nurse Dewilde stated that she has not witnessed this facility to ever overuse a medication as a way to keep them compliant.

On 10/25/2024, Guardian 1 confirmed that Resident A is prescribed morphine and that the doses of that medication have been changed by Hospice a few times. Guardian 1 stated that there has never been a time when he feels that Resident D has been over medicated with morphine or any other medication.

On 11/26/2024, Resident E confirmed that he has a PRN script for morphine. Resident E stated that they have found other things to help him with his pain and that he seldom ever has to take morphine. Resident E stated that no staff has ever tried to pressure him into taking his morphine.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	Review of Resident A’s medication administration records (MAR’s) showed that Hospice had discontinued and changed scripts of morphine for Resident A multiple times and that each script was passed as prescribed. Three current residents are prescribed morphine and the MARs indicate that the medication is being passed as prescribed or if a PRN medication, rarely being used. Two different Hospice nurses have confirmed that morphine has been prescribed to residents at this facility, but that they have not witnessed this facility to be overusing

	Morphine or passing it other than how it was prescribed. There was insufficient evidence found to prove that this home is over medicating residents or passing medication other than pursuant to label instructions.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Bedbound residents are not being fed and only provided liquids.

INVESTIGATION:

On 10/25/2024, Admin Badour stated that they have no bedbound residents at this facility currently. Admin Badour stated that Resident D has had episodes in the past where she will spend weeks at time very inactive, won't eat or get out of bed, but that Resident D is doing well currently. Admin Badour reported that it has happened three times now where Resident D has been diagnosed by Hospice as actively dying, but then rebounds and come out of it. Admin Badour stated that during these times, staff will encourage Resident D to eat and take food down to her room, but Resident A will refuse it. Admin Badour stated that residents are encouraged to come out to the dining room to eat meals, but are not forced too. Admin Badour stated that they will allow residents to eat in their rooms.

On 10/25/2024, Staff LePard and Staff Roberts stated that they do not have any residents that are bedbound or like to stay in their beds all day. They stated that everyone is encouraged to and are brought down to the dining room to eat meals, but that they will take food to resident's bedrooms if necessary. Staff LePard and Staff Roberts confirmed that Resident D has had a few episodes where she won't leave her bed and that during those times, will frequently refuse to eat or drink. Staff LePard stated that she always takes food and water to Resident D in her bedroom and tries to get her eat and drink.

On 10/25/2024, Hospice Nurse Brooks stated that Resident D will have times where she is considered actively dying, for a week or so at a time, and is essentially bedbound and won't eat or drink during those times. Nurse Brooks stated that staff will encourage Resident A to eat and drink and will allow Resident A to eat in her bedroom. Nurse Brooks is not aware of any other resident in this facility that has been bedbound.

On 10/25/2024, Guardian 1 stated that Resident D will refuse to eat or drink when she goes through her episodes. Guardian 1 stated that staff will attempt to feed Resident D in her bedroom during those times.

On 11/26/2024, Resident D stated that she has ate meals in her bedroom before. Resident D stated that when she is feeling okay, she always sits in the dining room for meals.

APPLICABLE RULE	
R 400.14313	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:	It was confirmed that this facility does not have any bedbound residents. Administrator, Sadie Badour, stated that all residents are encouraged to go to the dining room for meals and that staff take them there, but that no residents are ever forced. Staff persons, Arianna LePard and Sheryl Roberts, stated that they encourage and take residents to the dining room for meals but will take food to residents in their rooms if necessary. Resident D is the only resident known to have episodes where she is essentially bedbound and she will be taken food in her room. Resident D has stated that she has ate food in her bedroom before. There was insufficient evidence found to prove that if a resident is ever bedbound, that they are not provided/offered 3 meals daily in their bedroom.
CONCLUSION:	VIOLATION NOT ESTABLISHED

On 11/26/2024, an exit conference was held with administrator, Sadie Badour. Admin Badour was informed of the licensing rule violation and that a written corrective action plan is required.

IV. RECOMMENDATION

Upon receipt of an approved written corrective action plan, it is recommended that the status of this facility's license remain unchanged.



11/26/2024

Christopher Holvey
Licensing Consultant

Date

Approved By:



11/26/2024

Mary E. Holton
Area Manager

Date