



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 2, 2025

Lauren Gowman  
Linden Square Assisted Living  
650 Woodland Drive East  
Saline, MI 48176

RE: License #: AH810334704  
Investigation #: 2025A1035006  
Linden Square Assisted Living

Dear Lauren Gowman:

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,

Jennifer Heim, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(313) 410-3226

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH810334704
<b>Investigation #:</b>	2025A1035006
<b>Complaint Receipt Date:</b>	10/23/2024
<b>Investigation Initiation Date:</b>	10/23/2024
<b>Report Due Date:</b>	12/22/2024
<b>Licensee Name:</b>	Linden Square Assisted Living, LLC
<b>Licensee Address:</b>	950 Taylor Avenue Grand Haven, MI 49417
<b>Licensee Telephone #:</b>	(616) 846-4700
<b>Administrator:</b>	Jessica Richardson
<b>Authorized Representative:</b>	Lauren Gowman
<b>Name of Facility:</b>	Linden Square Assisted Living
<b>Facility Address:</b>	650 Woodland Drive East Saline, MI 48176
<b>Facility Telephone #:</b>	(734) 429-7600
<b>Original Issuance Date:</b>	06/21/2013
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	08/01/2024
<b>Expiration Date:</b>	07/31/2025
<b>Capacity:</b>	187
<b>Program Type:</b>	ALZHEIMERS AGED

## II. ALLEGATION(S)

	Violation Established?
Residents are not receiving quality of care.	Yes
Medications is not being administered correctly or consistently. Staff are not properly trained on medication administration.	Yes
There is insufficient food supply at the facility	No
Additional Findings	Yes

The complainant identified some concerns that were not related to licensing rules and statues for a home for the aged. Therefore, only specific items pertaining to homes of the aged provisions of care were considered for investigation. The following items were that that could be considered under the scope of licensing.

## III. METHODOLOGY

10/23/2024	Special Investigation Intake 2025A1035006
10/23/2024	Special Investigation Initiated - Letter
11/26/2024	Contact - Face to Face
12/26/2024	Contact – Face to Face
01/02/2025	Inspection Complete BCAL – Sub Compliance
01/02/2025	Exit Conference.

### ALLEGATION:

Residents are not receiving quality of care.

### INVESTIGATION:

On October 23, 2024, the department received a complaint through the online complaint system which read:

*“Resident Care (ADLs) Not Being Properly Provided: Residents are not consistently receiving assistance with activities of daily living (ADLs), which includes personal hygiene, mobility assistance, and feeding. Chronic staffing shortages, leading to staff burnout, decreased quality of care. Documentation is*

*not done in real-time, further contributing to the inaccuracy of resident records. This compromises the integrity of care plans and poses legal and safety risks for both staff and residents.”*

On November 26, 2024, an onsite investigation was conducted. While onsite I interviewed Jessica Richardson Administrator who states Residents receive care in accordance with their service plans. Documentation is completed in the electronic medical record during each shift. Jessica states she is unaware of concerns related to quality of care and documentation.

While onsite I interviewed staff person (SP)1 who states residents are provided care as their service plan states. SP1 states residents are well taken care of.

While onsite I interview SP2 who states the memory care unit often has one staff member, management does not help, and they are unaware of when staff don't show up to their assigned areas. At times assisted living is over staffed. Currently there are four COVID -19 positive Residents in memory care with a census of 17 residents, three residents require two-person assist with a Hoyer lift. SP2 continues to state there are times residents in memory care do not get proper care related to not having enough staff to pass medications and provide care.

While onsite I interviewed SP3 who states there are challenges with staffing, but the staff pull together to get the job done. Charting is completed each shift and managers update service plans to meet the needs of the residents.

While onsite I interviewed Resident A who states, “sometimes I don’t know what the staff is doing, it takes a long time to get care, they seem overwhelmed, sometimes it takes 45 minutes or longer to get the call light answered.”

While onsite I interviewed Resident B who states, “the staff take good care of me.”

While onsite I interviewed Resident C who states, “the staff help as they should.”

While onsite I interviewed Resident D who states she is provided care as needed.

Through record review Resident A independently completes activities of daily living care (ADL). Resident B requires assistance from staff persons with ADL’s inclusive of showers. Resident B has multiple showers and ADL care charted as “refused” no progress notes initiated to address alternate methods or attempts to provide care. Resident C requires “set up” and “1-person full assistance for showering.” Resident C received care in accordance to service plan. Resident D requires 1-person assistance with ADL and showering care. Resident D refused seven showers October 11, 2024, through November 22, 2024, without documentation of additional attempts or alternative bathing options. According to documentation Resident E had “refused” all offered showers for the months of October and November there is no documentation of alternative bathing methods offered or attempted.

Through Direct observation Resident A, B, C, D dressed appropriately and well groomed. Through direct observation Resident E observed at bedside unclothed, window curtain open with direct view of main road and community, and bedroom door open while two staff persons provided ADL care.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<p><b>(1) Personal care and services that are provided to a resident by the home shall be designed to encourage residents to function physically and intellectually with independence at the highest practical level.</b></p> <p><b>(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.</b></p>
<b>ANALYSIS:</b>	<p>Through direct observation Resident E was being provided ADL care with window curtain open and bedroom door open not providing privacy and dignity to resident during care.</p> <p>Through record review service plans for Resident B, C, D, and E are not being followed as written.</p> <p>Based on information noted above this allegation has been substantiated.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

## **ALLEGATION:**

Medications is not being administered correctly or consistently. Staff are not properly trained on medication administration.

## **INVESTIGATION:**

On October 23, 2024, the department received a complaint through the online complaint system which read:

*“Medication Mismanagement: There have been multiple instances of medications not being administered correctly or consistently. Many residents have gone without their prescribed medications due to shortages, lack of proper inventory, or medications simply being unavailable when needed*

*Inadequately Trained Staff: Staff responsible for administering medications are often not properly trained, leading to frequent errors in dosage and distribution. This puts residents' health at serious risk and raises concerns about the safety and effectiveness of care."*

While onsite I interviewed SP1 who states medications are administered as ordered. In the event a medication is refused a note is entered with refusal explanation. SP1 states extra medications are stored in "back-up cart".

While onsite I interviewed SP2 who states, "we need more help, there are days residents don't receive their meds or care because we don't have enough staff."

While onsite I interviewed SP3 who states med tech can reorder medication when they become low. If a staff member is unable to locate a medication, "they need to look in back-up box."

While onsite I interviewed Resident A who states, "they lose drugs and often are unable to locate them for days."

While onsite I observed Resident B's morning medications being administered according to Medical Administration Record (MAR).

Through record review Resident A medications had been given as ordered. Resident B had been administered medications as ordered with notes entered for medication that had been refused. Resident C had multiple doses of Senna and Melatonin not administered with notes indicating resident refused. Resident D received medications as ordered with a note entered for medication that had been refused. Resident E had four medications with multiple refusals for multiple consecutive days without progress notes indicating physician notification or request for review.

Through record review HPM – ALC Operational Manual Section 5c Medication Administration states: "Any medication NOT administered as prescribed is considered a medication error. Medication Error Reports and Investigation should be initiated, a complete investigation and follow up will be done by the Resident Service Coordinator."

Through record review SP1, SP2, SP3 received medication administration training with competency check off.

On December 30, 2024, Assistant Director of Clinical Operations Beth Pavlak provided the following statement: "The only time the refusal would be considered a medication error is if the refusal reason is indicated as "sleeping" or "out of the building" or "in an activity." If the resident refuses his/her medication for multiple consecutive days, then the Shift Supervisor, Clinical Coordinator, or Resident Services Coordinator is to notify the LHCP/PCP and inform him/her and to seek guidance."

<b>APPLICABLE RULE</b>	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<b>(5) A home shall take reasonable precautions to ensure or assure that prescription medication is not used by a person other than the resident for whom the medication is prescribed.</b>
<b>ANALYSIS:</b>	<p>Based on record review Resident E refused multiple doses of four prescribed medications without documentation of further evaluation needed from healthcare provider.</p> <p>Based on information noted above violation established related to facility not contacting the appropriate licensed health care professional if a resident repeatedly refuses prescribed medication or treatment.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### **ALLEGATION:**

There is insufficient food supply at the facility.

#### **INVESTIGATION:**

On October 23, 2024, the department received a complaint through the online complaint system which read:

*“Residents often do not receive appropriate meals due to insufficient supplies.”*

On November 26, 2024, an onsite investigation was conducted while onsite I interviewed SP4 who states menus are created and posted monthly with meal plan and alternative meals. SP4 states food is always available to meet the needs of residents and meal plan as posted.

Through record review and direct observation, there was plenty of dry, refrigerated, and frozen food available. Monthly meal plans reviewed, food temperature logs reviewed, both in accordance with SP4’s statements.

<b>APPLICABLE RULE</b>	
<b>R 325.1951</b>	<b>Nutritional need of residents.</b>
	<b>Rule 51. A home shall meet the food and nutritional needs of a resident in accordance with the recommended daily dietary allowances of the food and nutrition board of the</b>

	<b>national research council of the national academy of sciences, adjusted for age, gender, and activity, or other national authority acceptable to the department, except as ordered by a licensed health care professional.</b>
<b>ANALYSIS:</b>	Through record review and direct observation plenty of dry, refrigerated and frozen food available. Monthly meal plans reviewed, and food temperature logs reviewed and in accordance with SP4 statements.  Based on information obtained this allegation has not been substantiated.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

#### **ADDITIONAL FINDINGS:**

Additional Findings: Unsanitary Kitchen.

#### **INVESTIGATION:**

On November 26, 2024, an onsite investigation was conducted. While onsite I interviewed SP4 states the kitchen is cleaned daily. While touring kitchen with SP4, areas of concern observed inclusive of excessive food and grease build up noted on grill, by stove pilots and oven, copious amounts of substances noted on walls, refrigerators, shelving in refrigerator, dry storage room, floors, and freezer. SP4 was unable to explain the lack of cleanliness of the kitchen status.

<b>APPLICABLE RULE</b>	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(5) The kitchen and dietary area, as well as all food being stored, prepared, served, or transported, shall be protected against potential contamination from dust, flies, insects, vermin, overhead sewer lines, and other sources.</b>



<b>ANALYSIS:</b>	Through direct observation copious amounts of food and grease buildup noted on grill, cooktop element, drip pans, and oven. Spillage noted on walls, inside mini refrigerator and floors. Food particles and dust noted on kitchen shelves. Large refrigerator noted with food improperly stored, food not labeled, food not dated, spillage on floor and shelves, several expired items. Freezer noted with spillage, debris on floor and shelves, and open non dated items.  Based on observation this allegation has been substantiated.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### IV. RECOMMENDATION

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



12/30/2024

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Jennifer Heim, Health Care Surveyor      Date  
Long-Term-Care State Licensing Section

Approved By:



01/02/2025

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