



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 30, 2025

Sunil Bhattad  
Memory Mission, LLC  
415 N Chippewa St.  
Shepherd, MI 48883

RE: License #: AL370377901  
Investigation #: 2025A1033011  
Stone Lodge Supportive Senior Living

Dear Mr. Bhattad:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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,

A handwritten signature in cursive script that reads "Jana Lipps". The signature is written in dark ink on a light background.

Jana Lipps, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL370377901
<b>Investigation #:</b>	2025A1033011
<b>Complaint Receipt Date:</b>	01/02/2025
<b>Investigation Initiation Date:</b>	01/07/2025
<b>Report Due Date:</b>	03/03/2025
<b>Licensee Name:</b>	Memory Mission, LLC
<b>Licensee Address:</b>	415 N Chippewa St. Shepherd, MI 48883
<b>Licensee Telephone #:</b>	(989) 828-5683
<b>Administrator:</b>	Sunil Bhattad
<b>Licensee Designee:</b>	Sunil Bhattad
<b>Name of Facility:</b>	Stone Lodge Supportive Senior Living
<b>Facility Address:</b>	415 N. Chippewa Street Shepherd, MI 48883
<b>Facility Telephone #:</b>	(989) 828-5683
<b>Original Issuance Date:</b>	04/01/2016
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	10/01/2024
<b>Expiration Date:</b>	09/30/2026
<b>Capacity:</b>	14

Program Type:	AGED ALZHEIMERS
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## ALLEGATION(S)

	Violation Established?
Resident A fell and hit her head, resulting in a significant injury. Direct care staff were not providing adequate supervision. <b><i>*This complaint was previously investigated by adult foster care licensing consultant, Julie Elkins. Special Investigation #2025A0466005.</i></b>	N/A
Direct care staff do not receive required trainings.	Yes
Direct care staff do not provide adequate personal care. The residents are being left in soiled incontinence briefs and the direct care staff are “double briefing” residents to avoid changing their incontinence briefs regularly.  Resident B was dropped by direct care staff and broke her wrist. The direct care staff was not providing adequate supervision.	No
The direct care staff are not adequately feeding residents who cannot feed themselves. These residents are not receiving adequate nutrition.	No
Additional Findings	Yes

## II. METHODOLOGY

01/02/2025	Special Investigation Intake 2025A1033011
01/03/2025	APS Referral- Denied APS referral.
01/07/2025	Special Investigation Initiated - On Site Interviews conducted with direct care staff/home manager, Deb James, direct care staff, Aubrey Groat, Kimberly MacConnell, Maria Jewell, direct care staff/assistant home manager, Jessica Foster. Review of resident records initiated.
01/08/2025	Contact - Telephone call made Interview conducted with licensee designee, Sunil Bhattad.
01/08/2025	Contact - Telephone call made Interview conducted with licensing consultant, Julie Elkins

01/08/2025	Contact - Document Sent Email correspondence with licensee designee, Sunil Bhattad. Documentation requested.
01/08/2025	Contact - Telephone call made Interview conducted with direct care staff, Courtney Millmine.
01/13/2025	Contact – Telephone call made Interview conducted with direct care staff/home manager, Deb James.
01/13/2025	Contact – Document received. Resident Register received via email from licensee designee, Sunil Bhattad.
01/17/2025	Contact – Document received. Email correspondence received from licensee designee, Sunil Bhattad.
01/21/25	Contact – Document sent Email correspondence sent to licensee designee, Sunil Bhattad, requesting clarification on employee training records.
01/22/2025	Contact – Telephone call made Interview conducted with The Care Team Hospice, nurse case manager, Adam Burggraf.
01/24/2025	Exit Conference Telephone call made to licensee designee, Sunil Bhattad. Voicemail message left and email correspondence sent detailing investigation findings. Mr. Bhattad returned call and findings discussed via telephone.

**ALLEGATION: Direct care staff do not receive required trainings.**

#### **INVESTIGATION:**

On 1/2/25 I received an online complaint regarding the Stone Lodge Supportive Senior Living, adult foster care facility (the facility). The complaint alleged that direct care staff are not “certified” or experienced to provide care. There was not a complainant listed to interview regarding these allegations.

On 1/7/25 I conducted an unannounced, on-site investigation at the facility. I interviewed direct care staff/home manager, Deb James. Ms. James reported that she was just promoted to the position of home manager in November 2024. She reported that she

began working as a direct care staff member at the facility in June 2024. Ms. James reported that currently there are ten residents residing at the facility.

On 1/8/25 I had email correspondence with licensee designee, Sunil Bhattad. I requested he send documentation of required direct care staff trainings, via email, for the following direct care staff:

- Deb James
- Aubrey Groat
- Kimberly MacConnell
- Maria Jewell
- Jessica Foster
- Courtney Millmine

On 1/13/25 I made a telephone call to Ms. James, requesting direct care staff training documentation to be sent via email. Ms. James reported that she was currently in the process of sending this information via email to this licensing consultant. Ms. James reported that the current training process for new hire direct care staff members is the individual will spend two days of training with Ms. James or direct care staff/assistant home manager, Jessica Foster. She reported these two days are spent working on all required trainings except medication administration. Ms. James reported that after two days the individual is scheduled to work with another trained direct care staff member to practice what they have learned during training. Ms. James reported that after two weeks, if the direct care staff member is demonstrating competence, they will begin medication administration training. Ms. James reported that the medication administration training is scheduled for a period of three days.

On 1/17/25 I received email correspondence from Mr. Bhattad. This correspondence contained employee file training record documentation that had been requested for Ms. James, Ms. Groat, Ms. MacConnell, Ms. Jewell, Ms. Foster, & Ms. Millmine. On 1/21/25 I reviewed the documentation submitted by Mr. Bhattad. I found the following information:

- Required trainings were completed for Ms. Groat, Ms. James, Ms. MacConnell, & Ms. Jewell.
- Ms. Millmine's employee documentation was missing record of a current cardiopulmonary resuscitation training.
- Ms. Foster's employee documentation contained a cardiopulmonary resuscitation training dated 1/16/25.

On 1/21/25 I sent email correspondence to Mr. Bhattad, requesting clarification on whether Ms. Millmine had a current cardiopulmonary resuscitation training certification and whether Ms. Foster had a current cardiopulmonary resuscitation training certification prior to 1/16/25.

During the on-site investigation on 1/7/25, Ms. Foster reported that she has worked at the facility since August 2024.

During a telephone interview with Ms. Millmine on 1/8/25, she reported that she has worked at the facility since September 2024.

On 1/24/25 Mr. Bhattad returned telephone call to this consultant to address cardiopulmonary resuscitation training records for Ms. Millmine and Ms. Foster. Mr. Bhattad reported that Ms. Foster stated she had her cardiopulmonary resuscitation training completed at a previous employer but did not have documentation of this and therefore completed an additional training on 1/16/25. Mr. Bhattad reported that Ms. Millmine did not have a valid cardiopulmonary resuscitation training on file and is scheduled to take the class this week.

<b>APPLICABLE RULE</b>	
<b>R 400.15204</b>	<b>Direct care staff; qualifications and training.</b>
	<b>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</b> <b>(a) Reporting requirements.</b> <b>(b) First aid.</b> <b>(c) Cardiopulmonary resuscitation.</b> <b>(d) Personal care, supervision, and protection.</b> <b>(e) Resident rights.</b> <b>(f) Safety and fire prevention.</b> <b>(g) Prevention and containment of communicable diseases.</b>
<b>ANALYSIS:</b>	Based upon interviews conducted and documentation reviewed, it can be determined that the six employee files reviewed did demonstrate majority compliance with required direct care staff trainings. However, Ms. Millmine and Ms. Foster were not properly trained and competent in cardiopulmonary resuscitation at the time of the on-site investigation on 1/7/24 and have been employed at the facility since August 2024 and September 2024. Each direct care staff member shall be competent in all required areas of training. Therefore, a violation has been established at this time.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

## **ALLEGATION:**

- **Direct care staff do not provide adequate personal care. The residents are being left in soiled incontinence briefs and the direct care staff are “double briefing” residents to avoid changing their incontinence briefs regularly.**
- **Resident B was dropped by direct care staff and broke her wrist. The direct care staff was not providing adequate supervision.**

## **INVESTIGATION:**

On 1/2/25 I received an online complaint regarding the facility. The complaint alleged that the direct care staff are not providing adequate personal care, supervision, and protection to residents. The complaint alleged the following:

- Residents are being left in soiled incontinence briefs and may be “double briefed” by direct care staff.
- Resident B was dropped by a direct care staff member who was not providing adequate care and supervision. This fall resulted in Resident B breaking her wrist.

On 1/7/25 I conducted an unannounced, on-site investigation at the facility. I interviewed Ms. James on this date. Ms. James had the following report regarding the allegations.

- Ms. James reported that there are ten residents residing at the facility and all ten are incontinent. She reported that they have a protocol in place to check on residents’ personal care needs at least every two to three hours. She reported that this is not on a schedule, but they do make rounds before and after meals, before and after naps and at bedtime. She reported that this works out to about every two to three hours that each resident is being checked and changed if needed. Ms. James reported that she has not received any complaints from residents or visitors to the facility regarding incontinence care provided to the residents. She reported that none of the current residents have any wounds or skin integrity issues at this time. Ms. James further reported that there is a shower schedule for the direct care staff to follow to ensure each resident receives at minimum one shower per week. Ms. James reported that there was an incidence in August of 2024, where Resident C was being double briefed because she had frequent, heavy urination. Ms. James reported that when it was observed that the direct care staff were “double briefing” Resident C, they changed their toileting schedule to accommodate for Resident C receiving more frequent toileting checks from direct care staff. Ms. James reported that to her knowledge Resident C has not been “double briefed” since this issue was identified in August 2024.
- Ms. James reported that Resident B did have a fall and fractured her wrist at the facility, but Ms. James reported that she was not employed at the facility when this event occurred. Ms. James provided a copy of an incident report for my review during this investigation. The incident report was dated, 10/13/23. Ms.



James reported that the two direct care staff identified on the incident report, Citizen 1 and Citizen 2, no longer work at the facility.

During the on-site investigation on 1/7/25 I interviewed direct care staff, Aubrey Groat, regarding the allegations. Ms. Groat had the following to report regarding the allegations.

- Ms. Groat reported that she has been working at the facility for about two years. She reported that she primarily works first shift, 6am to 2pm. Ms. Groat reported that of the ten residents residing at the facility, most are incontinent. She reported direct care staff check and change residents at least every two hours, if not more frequently. Ms. Groat reported that about one year prior there was a direct care staff, Citizen 3, who was fired because she was not changing residents often enough. She reported that she does not have any current concerns about direct care staff on any of the three shifts, not providing adequate incontinence care to the residents. Ms. Groat reported that none of the current residents have any wounds or skin integrity issues at this time. She had no concerns that direct care staff would be “double briefing” residents.
- Ms. Groat reported that she is aware of Resident B’s injury sustained 10/13/23, where she fractured her wrist. Ms. Groat reported she was not working on the date the injury occurred. Ms. Groat reported that from her understanding, Citizen 2 was walking Resident B to the restroom and Resident B fell in the hallway. She reported that Resident B requires direct care staff to guide her when she walks by holding onto her arm. Ms. Groat reported that she is unsure whether Citizen 2 was assisting Resident B by her arm on this occasion as she was not a witness to the fall/injury. She reported that Resident B’s injury has since healed, and she is back to baseline level of functioning with her wrist.

During the on-site investigation on 1/7/25 I interviewed direct care staff, Kimberly MacConnell. Ms. MacConnell had the following to report regarding the allegations.

- Ms. MacConnell reported that she has worked at the facility since September 2024. She reported that she has worked on both first (6am to 2pm) and second shifts (2pm to 10pm). She reported that most of the residents at the facility are incontinent. Ms. MacConnell reported that the current protocol is to check on residents at least every two hours and offer to toilet them or change their incontinence brief. Ms. MacConnell reported that she has observed this protocol being followed on both first and second shifts. She reported that she has never observed a resident being “double briefed” or left in incontinence briefs for prolonged periods. Ms. MacConnell reported that she has not received any complaints about incontinence care needs not being met from any residents or visitors to the facility.
- Ms. MacConnell was not employed at the facility on 10/13/23, when Resident B fell and fractured her wrist.

During the on-site investigation on 1/7/25 I interviewed direct care staff, Maria Jewell. Ms. Jewell had the following to report regarding the allegations.

- Ms. Jewell reported that she has worked at the facility for about seven months. She reported that she is primarily assigned to work in the kitchen, preparing meals, but is cross trained to provide resident care. Ms. Jewell reported that she frequently observes direct care staff members providing toileting and incontinence care to the residents of the facility. She reported that she has not observed any of the residents to be lacking for personal care and feels their care needs are being attended to by the current direct care staff members.
- Ms. Jewell was not employed at the facility on 10/13/23, when Resident B fell and fractured her wrist.

During the on-site investigation on 1/7/25 I interviewed direct care staff/assistant home manager, Jessica Foster. Ms. Foster had the following to report regarding the allegations.

- Ms. Foster reported that she has worked at the facility Since August of 2024. She reported that the protocol for direct care staff to follow regarding resident incontinence care is to check/change residents at least every two hours. Ms. Foster reported that Resident C has frequent, heavy urination, and they will check/change Resident C every hour. Ms. Foster reported that she has no knowledge of residents being left in soiled incontinence briefs for prolonged periods. She reported that she has not received any complaints from residents or visitors to the facility regarding resident personal care needs not being met. Ms. Foster reported that she has never observed a resident to have been “double briefed” by a direct care staff member. Ms. Foster reported that the current residents do not have any wounds or skin integrity issues at this time.
- Ms. Foster was not employed at the facility on 10/13/23, when Resident B fell and fractured her wrist.

During my unannounced, on-site visit to the facility I observed the residents to be clean and well groomed. I did not observe any residents who appeared to be lacking in their personal hygiene. I did not observe any foul odors indicating residents needed incontinence brief changes and were not being changed. There were multiple direct care staff on shift during this investigation and they appeared to be providing quality care to the residents on this date.

During the on-site investigation on 1/7/25 I reviewed the following documents:

- *Assessment Plan for AFC Residents* document for Resident B, dated 1/3/25. On page two under section, *II. Self Care Skill Assessment*, subsection, *B. Toileting*, it reads, “Needs to use toilet Q 2 hours”. Under subsection, *G. Walking/Mobility*, it reads, “1 person assist”.
- *Assessment Plan for AFC Residents* document for Resident B, dated 2/28/23. On page two, under section, *II. Self Care Skill Assessment*, subsection, *B. Toileting*, it reads, “Needs to toilet Q 2 hours. Need to sit on toilet for long periods for BM.” Under subsection, *G. Walking/Mobility*, it reads, “Stand by assist of one.”
- *Health Care Appraisal*, for Resident B, dated 3/4/24. Under section, *11. Mental/Physical Status and Limitations*, it reads, “A&O x 1, confused, mostly non-verbal. Ambulates w/human assistance or walker.”

- *Assessment Plan for AFC Residents* document for Resident D, dated 3/22/24. On page two under section, *II. Self Care Skill Assessment*, subsection, *B. Toileting*, it reads, "Unable to sit on toilet. Check/change Q 2 hrs."
- *Assessment Plan for AFC Residents*, document for Resident C, dated 12/5/24. On page two, under section, *II. Self Care Skill Assessment*, subsection, *B. Toileting*, it reads, "Full Assist".
- *Assessment Plan for AFC Residents* document for Resident F, dated 3/26/24. On page two under section, *II. Self Care Skill Assessment*, subsection, *B. Toileting*, it reads, "Need assist Q 2 hours".
- *Assessment Plan for AFC Residents* document for Resident E, dated 12/17/24. On page two, under section, *II. Self Care Skill Assessment*, subsection, *B. Toileting*, it reads, "May say he needs help".
- *Assessment Plan for AFC Residents* document for Resident G, dated 1/3/25. This document notes Resident G requires assistance with toileting but does not have a narrative to identify how frequently the assistance is required.
- *Hospice Showers*. This is a shower schedule the direct care staff follow. This document highlights which resident is due for a shower based on the day of the week. In reviewing this document, it is scheduled for each resident to receive a shower at least two times per week. Some residents are scheduled for up to three showers per week.
- *AFC Licensing Division Incident/Accident Report (IR)*, for Resident A, dated 10/13/23. Under the section, *Explain What Happened/Describe Injury*, it reads, "Was walking with [Resident B] to her room after being in the restroom and [Resident B] got into the doorway and fell forward and landed on her bedroom floor". Under the section, *Action Take by Staff/Treatment Given*, it reads, "Vitals taken, home manager called and resident placed in wheelchair and taken to dining room to wait for hospice nurse to arrive and assess her." Under the section, *Corrective Measures Taken to Remedy and/or Prevent Recurrence*, it reads, "Family notified as well as hospice. Niece arrived conversation between her and hospice they agreed to send her to hospital to be checked out". Citizen 1 and Citizen 2 are the direct care staff listed as being present on this date for this incident. Citizen 2 signed the IR.
- *McLaren Central Michigan Emergency Department*, note for Resident B, dated 10/13/23. Under the section, *Reason For Visit*, it reads, "Wrist Injury – Minor". Under the section, *Final Diagnosis*, it reads, "Closed fracture of left radius and ulna; reduction deformity of left arm".
- Direct care staff notes for Resident B. Under the date, 10/13/23 it reads, "[Resident B] fell at 3:15pm. Hospice nurse notified and home manager. Hospice arrived close to 6pm assessed her and made contact with family. Niece showed up and [Resident B] was taken to McLaren in Mt. Pleasant". This entry was signed by Citizen 2.

On 1/8/25 I interviewed direct care staff, Courtney Millmine, via telephone. Ms. Millmine had the following to report regarding the allegations.

- Ms. Millmine reported that she has worked at the facility since September 2024. She reported that the direct care staff provide incontinence care every two hours.

Ms. Millmine reported that she has no knowledge of direct care staff not completing resident incontinence care, or “double briefing” residents. Ms. Millmine reported that she has never observed a resident to have been left in soiled incontinence briefs for prolonged periods.

- Ms. Millmine was not employed at the facility on 10/13/23, when Resident B fell and broke her wrist.

On 1/22/25 I interviewed The Care Team Hospice, Nurse Case Manager, Adam Burggraf. Mr. Burggraf reported that he provides hospice services to several of the residents at the facility. He reported that he has been providing services at the facility for a prolonged period. He reported that he makes unannounced visits to the residents. Mr. Burggraf had the following to report regarding the allegations.

- Mr. Burggraf reported that he has never made a visit to the facility and felt that the residents were not receiving adequate personal care from the direct care staff members. He reported that the facility has never smelled of urine, feces, or other unpleasant odors. Mr. Burggraf reported that he has never observed a resident to be “double briefed” in incontinence briefs during a visit to the facility.
- Mr. Burggraf reported that he provides hospice services to Resident B. He reported that he was providing hospice services to Resident B when she had the fall where she fractured her wrist. He reported that he had no concerns about this fall being related to negligent activities from the direct care staff members. He reported that the fall was accidental, and Resident B is frail and as a result she fractured her wrist.

<b>APPLICABLE RULE</b>	
<b>R 400.15303</b>	<b>Resident care; licensee responsibilities.</b>
	<b>(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.</b>

<b>ANALYSIS:</b>	Based upon interviews conducted with Ms. James, Ms. Groat, Ms. MacConnell, Ms. Jewell, Ms. Foster, Ms. Millmine, & Mr. Burggraf, as well as documentation reviewed during this investigation, it can be determined that there is not adequate evidence to suggest that the direct care staff members are not providing for the supervision, protection, and personal care of the current residents. Everyone interviewed reported that residents who are incontinent are checked and changed at least every one to two hours throughout the day and night. The direct care staff maintained a consistent narrative about personal care/showering procedures and practices performed at the facility. The residents appeared to be well groomed and cared for during the unannounced on-site investigation. Regarding Resident B's fall, resulting in her wrist being fractured, there is not adequate evidence to determine that this fall was the result of any negligent care provided by direct care staff members. Mr. Burggraf reported that he provides hospice services to Resident B and had no concerns about the circumstances surrounding the fall, which occurred in October 2023. Therefore, a violation will not be established at this time.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

### **ALLEGATION:**

**The direct care staff are not adequately feeding residents who cannot feed themselves. These residents are not receiving adequate nutrition.**

### **INVESTIGATION:**

On 1/2/25 I received an online complaint regarding the facility. The complaint alleged that the direct care staff are not adequately feeding residents who cannot feed themselves. The complaint alleges that the residents who require assistance with feeding are not receiving adequate nutrition.

On 1/7/25 I conducted an unannounced, on-site investigation at the facility. I arrived during the noon meal. I observed residents eating their meals in the dining room of the facility. I observed direct care staff sitting at tables with the residents and providing verbal cues as well as physical assistance with their meals today.

During the on-site investigation I interviewed Ms. James regarding the allegation. Ms. James reported that of the ten residents who reside at the facility, two of the residents require physical assistance with their meals. Ms. James identified these residents as Resident B and Resident D. She reported that Resident B can feed herself some days and other days she requires full assistance. She reported that the direct care staff must

first start Resident B out with placing her hand on her utensil and guiding the utensil to her mouth. Ms. James reported that after this first bite of the meal has been completed, Resident B will usually take over and feed the rest of the meal to herself. Ms. James reported that there are days when the direct care staff are required to feed the entire meal to Resident B due to her cognitive impairments. Ms. James reported that Resident D requires total assistance from direct care staff with eating every meal. She reported that she has no concerns that the direct care staff are not assisting Resident B and Resident D with their meals. Ms. James reported that Resident B & D require their meals to be soft or pureed.

During the on-site investigation on 1/7/25 I interviewed Ms. Groat regarding the allegation. Ms. Groat reported that two residents, Resident B and Resident D, require direct care staff to assist them with their meals. She reported that Resident B requires total assist with her meals 100% of the time. Ms. Groat reported that Resident B can feed herself some days, but she requires a lot of verbal queuing and physical assistance to get started. Ms. Groat reported that most of the other residents feed themselves without any assistance. She reported that there are multiple residents who require a verbal cue, but no physical assistance. Ms. Groat reported that she has no concerns that residents are not receiving adequate food and nourishment at the facility. She feels the residents are receiving adequate meals and quality care.

During the on-site investigation on 1/7/25 I interviewed Ms. MacConnell regarding the allegation. Ms. MacConnell reported that all the current residents require verbal queuing with their meals. She reported that Resident B and Resident D require verbal queuing and physical queuing/assistance. Ms. MacConnell reported that she does not have any concerns about current resident nutritional needs being met and feels that all residents are receiving adequate meals at the facility.

During the on-site investigation on 1/7/25 I interviewed Ms. Jewell regarding the allegation. Ms. Jewell reported that Resident B requires assistance with verbal cues and, at times, physical assist with her meals. She reported that there are days Resident B can feed herself with no intervention and there are days where she requires assistance from the direct care staff. Ms. Jewell reported that Resident D requires total assistance with her meals and relies on direct care staff members to feed her. Ms. Jewell reported that she has no concerns about whether Resident B and Resident D are receiving adequate nutrition and believes all direct care staff take the time to feed Resident B and Resident D.

During the on-site investigation on 1/7/25 I interviewed Ms. Foster regarding the allegation. Ms. Foster reported that Resident B, Resident C, and Resident D, all require direct care staff assistance with their meals. Ms. Foster reported that occasionally Resident C will require physical assistance with her meals, Resident D requires assistance with her meals every time, and Resident B can feed herself sometimes but does rely on direct care staff for verbal and physical cueing. Ms. Foster reported no concerns of direct care staff members not feeding these residents during mealtimes.

During the on-site investigation on 1/7/25 I reviewed the following documentation.

- *Assessment Plan for AFC Residents* document for Resident B, dated 1/3/25. On page two under section, *II. Self Care Skill Assessment*, subsection, *A. Eating/Feeding*, it reads, "At times she will take a few bites but most of the time needs help." Under the section, *III. Health Care Assessment*, subsection, *B. Special Diets*, it reads, "Soft diet".
- *Assessment Plan for AFC Residents* document for Resident D, dated 3/22/24. On page two under section, *II. Self Care Skill Assessment*, Subsection, *A. Eating/Feeding*, it reads, "X 1 assist". Under section, *III. Health Care Assessment*, Subsection, *B. Special Diets*, it reads, "High carb pleasure eating". Under subsection, *E. Other Difficulties (Vision, Weight, Allergies, etc.)*, it reads, "weight loss".
- *Assessment Plan for AFC Residents* document for Resident C, dated 12/5/24. On page two, under section, *II. Self Care Skill Assessment*, subsection, *A. Eating/Feeding*, it reads, "Full assist".
- *Health Care Appraisal*, for Resident B, dated 3/4/24. Under section, *10. General Appearance*, it reads, "well".
- *Health Care Appraisal*, for Resident D, dated 2/1/24. Under section, *10. General Appearance*, it reads, "well-nourished".
- *Resident Weight Record* for Resident D. This document identifies that Resident D's weight was not taken between the dates 8/1/22 and 12/9/24 due to the resident requiring the use of a Hoyer lift for transfers and mobility. Ms. James reported that Resident D is not able to stand on a traditional scale and the only scale available at the facility to record resident weights is a standing scale. Ms. James reported that The Care Team Hospice provides services to Resident D and was able to begin providing weights as of 12/9/24 with a Hoyer lift scale. Resident D's most current weights documented are 180lbs on 7/3/22 (there is a notation which states, "with holding" next to this weight) and 112lbs on 12/9/24.
- *Resident Weight Record* for Resident B. Resident B's weights range from 138.3lbs upon admission to the facility on 2/28/21, to 97.8lbs which was taken on 12/10/24. There is a period from 7/1/24 through 12/10/24 where weights were not taken for Resident B. Ms. James reported that Resident B became unable to hold herself up on the scale and the facility was only equipped with a standing scale for resident use.
- I reviewed facility menus for the dates 11/17/24 through 1/7/25. I observed a healthy variety of foods being offered via the menu choices. I did not observe notations for residents who require a soft or pureed diet. I inquired of Ms. James what foods are being offered to Resident B and Resident D who she noted require a soft/pureed diet. Ms. James reported that they can puree most meals on the menu and those that are not able to be pureed they substitute healthy soft foods, such as yogurts, applesauce, and so forth, for these residents.

On 1/8/25 I interviewed Ms. Millmine via telephone regarding the allegation. Ms. Millmine reported that Resident B and Resident D require regular assistance with eating their meals. She reported that Resident B requires verbal and physical queuing and Resident D requires total assistance with eating her meals. Ms. Millmine reported that

the direct care staff are aware of these needs and are aiding the residents with verbal and physical cues.

On 1/22/25 I interviewed Mr. Burggraf regarding the allegation. Mr. Burggraf reported that he has made visits to the facility during mealtimes. He reported that the residents appear to be fed nutritious meals and that the meals appear to be adequate. Mr. Burggraf reported that he has observed direct care staff feeding residents who cannot feed themselves. Mr. Burggraf reported that he has zero concerns about the quality of the food being served, the direct care staff who are providing the food, or resident nutritional needs not being met. He reported he feels the residents are provided adequate assistance with meals at the facility.

<b>APPLICABLE RULE</b>	
<b>R 400.15313</b>	<b>Resident nutrition.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	Based upon interviews conducted, documentation reviewed, as well as observations made during the on-site investigation, it can be determined that the residents are currently being provided a minimum of 3 regular, nutritious meals daily. There is not evidence to indicate that residents are not being fed by direct care staff members, including residents who require physical assistance with meals from direct care staff. Therefore, a violation will not be established at this time.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ADDITIONAL FINDINGS:**



## INVESTIGATION:

During the on-site investigation on 1/7/25, I interviewed Ms. James. Ms. James reported that the weight records for Resident B and Resident D had multiple months of missing entries because the facility does not have a wheelchair scale. She reported that the only scale available to weigh a resident is a standing scale. Ms. James reported that there are residents who are not weight bearing and cannot use the standing scale. Ms. James reported that Mr. Burggraf did identify this as an issue when he was trying to recertify Resident D for hospice services and he arranged to have a Hoyer lift scale brought to the facility in an effort to obtain a weight on Resident D.

During the on-site investigation I reviewed the following documents:

- *Resident Weight Record* for Resident D. This document identifies that Resident D's weight was not taken between the dates 8/1/22 and 12/9/24 due to the resident requiring the use of a Hoyer lift for transfers and mobility. Ms. James reported that Resident D is not able to stand on a traditional scale and the only scale available at the facility to record resident weights is a standing scale. Ms. James reported that The Care Team Hospice provides services to Resident D and was able to begin providing weights as of 12/9/24 with a Hoyer lift scale. Resident D's most current weights documented are 180lbs on 7/3/22 (there is a notation which states, "with holding" next to this weight) and 112lbs on 12/9/24.
- *Resident Weight Record* for Resident B. Resident B's weights range from 138.3lbs upon admission to the facility on 2/28/21, to 97.8lbs which was taken on 12/10/24. There is a period from 7/1/24 through 12/10/24 where weights were not taken for Resident B. Ms. James reported that Resident B became unable to hold herself up on the scale and the facility was only equipped with a standing scale for resident use.

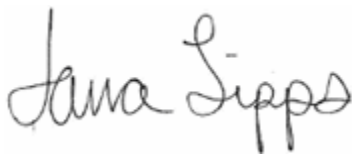
On 1/22/25 I interviewed Mr. Burggraf, via telephone. Mr. Burggraf reported that he did identify that the facility was not equipped with a wheelchair scale for their non-weight bearing residents. He reported that to recertify residents for hospice services he must provide a detailed report of their physical condition, which includes their weight. He reported that since the facility was only equipped with a standing scale, he had to order a Hoyer lift scale through a durable medical equipment company, to be delivered to the facility once every two months to obtain weights on Resident D.

APPLICABLE RULE	
R 400.15310	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.

<b>ANALYSIS:</b>	Based upon interviews with Ms. James & Mr. Burggraf, as well as review of the Resident Weight Records for Resident B & Resident D, it can be determined that the facility has not made necessary accommodations to record the weights of each resident monthly. Resident D's weight record indicated she had not had a proper weight documented in over two years. If caring for non-weight bearing residents the facility must be equipped with a scale that can accommodate this need or arrange for the resident to have a weight recorded outside of the facility. Therefore, a violation has been established.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

### III. RECOMMENDATION

Contingent upon receipt of an approved corrective action plan, no change to the status of the license recommended at this time.



1/24/25

Jana Lipps  
Licensing Consultant

Date

Approved By:



01/30/2025

Dawn N. Timm  
Area Manager

Date