GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 5, 2025

Jennifer Herald
Oliver Woods Retirement Village LLC
Suite 200
3196 Kraft Ave SE
Grand Rapids, MI 49512

RE: License #: AL780282845
Investigation #: 2025A1033030
Oliver Woods 3

Dear Ms. Herald:

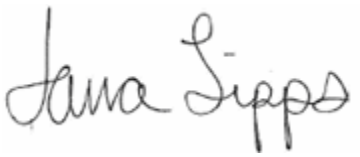
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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) 335-5985.

Sincerely,



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

License #:	AL780282845
Investigation #:	2025A1033030
Complaint Receipt Date:	04/28/2025
Investigation Initiation Date:	04/29/2025
Report Due Date:	06/27/2025
Licensee Name:	Oliver Woods Retirement Village LLC
Licensee Address:	Suite 200 3196 Kraft Ave SE Grand Rapids, MI 49512
Licensee Telephone #:	(810) 334-8809
Administrator:	Kimberley Gaunt
Licensee Designee:	Jennifer Herald
Name of Facility:	Oliver Woods 3
Facility Address:	1330 W. Oliver St. Owosso, MI 48867
Facility Telephone #:	(989) 729-6060
Original Issuance Date:	10/26/2006
License Status:	REGULAR
Effective Date:	08/29/2023
Expiration Date:	08/28/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED

II. ALLEGATION(S)

	Violation Established?
Direct care staff are not properly trained to provide for resident care.	Yes
The facility is not properly staffed to provide for the care of the current residents.	Yes
Resident A experienced a fall due to improper supervision, protection, and safety from the direct care staff.	No

III. METHODOLOGY

04/28/2025	Special Investigation Intake 2025A1033030
04/29/2025	Inspection Completed On-site Interviews conducted with licensee designee, Jennifer Herald, direct care staff/wellness director, Shelby Root. Review of staff schedule, resident assessment plans, direct care staff trainings initiated today.
04/29/2025	Special Investigation Initiated - Telephone Telephone interview conducted with Complainant 2.
05/20/2025	Contact – Telephone call made Attempt to interview direct care staff, Brianna Hunt. Voicemail message left, awaiting returned call.
05/20/2025	Contact – Telephone call made Attempt to interview direct care staff, Laurie Reed. Voicemail message left, awaiting returned call.
05/20/2025	Contact – Telephone call made Attempt to interview direct care staff, Deborah Morris. Voicemail message left, awaiting response.
05/20/2025	Contact – Telephone call made Attempt to interview direct care staff, Kaylee Gamelin. Ms. Gamelin reported she could not be interviewed as she was driving her vehicle and would return the call at a more convenient time.
05/20/2025	Contact – Telephone call made Interview conducted with direct care staff, Tasha Call, via telephone.

05/20/2025	Contact – Document Sent Email correspondence sent to Wellness Director, Shelby Root.
05/20/2025	Contact – Document Received Email correspondence received from Wellness Director, Shelby Root.
05/22/2025	Contact – Telephone call made Interview conducted with Wellness Director, Shelby Root.
05/27/2025	Contact – Document Received Email correspondence received from Ms. Root.
06/05/2025	Exit Conference Conducted via telephone with licensee designee, Jennifer Herald.

ALLEGATION: Direct care staff are not properly trained to provide for resident care.

INVESTIGATION:

On 4/22/25 I received an online complaint regarding the Oliver Woods 3, adult foster care facility (the facility). The complaint alleged that direct care staff are not being properly trained prior to assumption of their duties. This complaint was received under special investigation intake #205237 and was filed under another licensed adult foster care facility license number, on the same campus as the facility. The complaint reported allegations of improper direct care staff training for all four licensed adult foster care facilities on this campus. On 4/22/25 I had email correspondence with Complainant 1. Complainant 1 reported that the direct care staff are not properly trained, but did not provide specific information as to the lack of training being referenced.

On 4/29/25 I conducted an unannounced, on-site investigation at the facility. I interviewed licensee designee, Jennifer Herald, on this date. Ms. Herald reported that there are four licensed adult foster care facilities on the campus. She reported that the direct care staff employed by the licensee are all cross trained to work in any of the licensed buildings. Ms. Herald reported that each new direct care staff member completes an orientation which includes one-to-one training with a skilled trained direct care staff member. She reported that the direct care staff complete several trainings in the Relias system which includes trainings for Resident Rights, HIPPA, Blood Borne Pathogens, Fire/Environmental Safety, and Corporate Compliance. She reported that not all the direct care staff are trained to administer medications. Ms. Herald reported that those direct care staff who are not trained to

administer medications, do not administer medications. Ms. Herald reported that those direct care staff who are trained in medication administration must complete a medication class and be supervised and signed off as competent by the direct care staff/Wellness Director, Shelby Root.

During the on-site investigation on 4/29/25, I interviewed Ms. Root regarding the allegation. Ms. Root reported that the newly hired direct care staff complete a training orientation checklist. She reported that someone who is inexperienced in direct care receives at minimum five days of training where they shadow a competent direct care staff member. She reported that individuals who are hired and have previous direct care experience shadow a trained direct care staff member for at a minimum of three days. Ms. Root reported that not all the direct care staff are trained to administer medications. She reported that these direct care staff are paired on the schedule with another direct care staff member who has been trained to administer medications.

During the on-site investigation on 4/29/25 I requested to view the direct care staff schedule for the month of April 2025. I inquired which direct care staff had been trained to administer resident medications. Ms. Root reported the following individuals have completed medication administration training:

- Sheloshah Abbott
- Destiny Brown
- Molly Carter
- Mikayla Dick
- Daniel Ford
- Kaylee Gamelin
- Kaylee Graham
- Brianna Hunt
- Mackenzie Lauback
- Ashley Longtine
- Zoie Martinez
- Deborah Morris
- Kelli Odonnell
- Jerrica Parker
- Laurie Reed
- Brooke Rhodes
- Marie Robinson
- Shelby Root
- Cassandra Russell
- Ernest Skorna
- Danielle Smith
- Bailey Sullivan
- Zoe Wolsfeld

I conducted a random review of direct care staff training records and made the following observations:

- Sheloshah Abbott
  - No documentation of completed CPR/First aid training
- Tasha Call
  - No documentation of completed CPR/First aid training
  - No documentation of completed Missing personal care/supervision/protection training
  - No documentation of completed Missing prevention and containment of communicable diseases training
- Daniel Ford
  - No documentation of completed CPR/First aid training
- Kaylee Graham
  - No documentation of completed CPR/First aid training
- Mackenzie Lauback
  - No documentation of completed CPR/First aid training
- Zoie Martinez
  - No documentation of completed CPR/First aid training
- Mikayla Dick
  - No documentation of completed CPR/First aid training
- Jerrica Parker
  - No documentation of completed CPR/First aid training
- Laurie Reed
  - No documentation of completed CPR/First aid training
- Brooke Rhodes
  - No documentation of completed CPR/First aid training
  - No documentation of completed prevention and containment of communicable diseases training
  - No documentation of completed Reporting Requirements training
  - No documentation of completed Resident Rights training
  - No documentation of completed Medication Administration training
  - No documentation of completed Behavior Intervention Techniques training
- Zoe Wolsfeld
  - No documentation of completed CPR/First aid training

On 5/19/25 I sent email correspondence to Ms. Herald and Ms. Root requesting information on CPR/First aid training for the reviewed direct care staff files. I also inquired how they train the direct care staff in the area of personal care/supervision/protection. I received a response from Ms. Root, reporting that she would obtain this information and respond with the requested information.

On 5/20/25 I interviewed direct care staff, Tasha Call, via telephone regarding the allegation. Ms. Call reported that she was hired into the facility in November 2024. She reported that she received about four days of training where she observed a trained direct care staff member. She reported that she had previous experience as a certified nurses aid and the training she received was regarding adult foster care rules, the

facility rules and regulations, and resident needs. Ms. Call reported that she completed the required Relias trainings. She reported that she has not yet completed medication administration training but is currently working on this.

On 5/20/25 I received email correspondence from Ms. Root. Ms. Root provided the requested documentation of completed Cardiopulmonary Resuscitation trainings that were requested for direct care staff members. Ms. Root only provided documentation of completed CPR/First aid training for five of the eleven files requested.

On 5/22/25 I conducted a telephone interview with Ms. Root. Ms. Root reported that she was having difficulty obtaining all the completed trainings for the direct care staff that had been requested. She reported that some of the Cardiopulmonary Resuscitation training certificates were not currently available for review, and she was looking into this issue. She reported that the Relias system was not providing her with evidence of completed trainings for several direct care staff members who she was sure had completed the required trainings. Ms. Root reported that the direct care staff are trained in the area of personal care/supervision/protection with a training titled, Elements of Connection Points – Direct Care. She further reported that there is an orientation check-off list that also highlights this type of training being provided to direct care staff. I requested Ms. Root provide evidence of completed trainings for the following direct care staff, in the following areas by 5/27/25:

- Zoie Martinez: CPR/First Aid
- Mikayla Dick: CPR/First Aid
- Laurie Reed: CPR/First Aid
- Brooke Rhodes: CPR/First Aid, Reporting Requirements, Resident Rights, Medication Administration, Prevention and containment of communicable diseases, Behavior Techniques
- Tasha Call: Personal Care/Supervision/Protection, Resident Rights, Prevention and containment of communicable diseases.
- Daniel Ford: CPR/First Aid
- Mackenzie Lauback: CPR/First Aid

On 5/27/25 I received email correspondence from Ms. Root. Ms. Root provided documentation of Mackenzie Lauback CPR/First Aid certification dated 7/27/23 and Laurie Reed CPR/First Aid certification dated 3/24/23 – 3/2025. She further provided a *Caregiver Competency Checklist* for Tasha Call dated 5/22/25, which highlighted training completed in Personal Care/Supervision/Protection. Ms. Root reported in this email correspondence that she did not have documentation of the other trainings requested on 5/22/25.

APPLICABLE RULE	
R 400.15204	**Direct care staff; qualifications and training.**
	(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: **(a) Reporting requirements.** **(b) First aid.** **(c) Cardiopulmonary resuscitation.** **(d) Personal care, supervision, and protection.** **(e) Resident rights.** **(f) Safety and fire prevention.** **(g) Prevention and containment of communicable diseases.**
ANALYSIS:	Based upon the direct care staff training records reviewed during this investigation and interviews conducted with Ms. Herald and Ms. Root, it can be determined that there are direct care staff members providing resident care who are missing documentation of completed trainings. Ms. Martinez, Ms. Dick, Ms. Rhodes, Mr. Ford, and Ms. Reed are all found to be missing documentation of current cardiopulmonary resuscitation certifications. Ms. Rhodes did not have documentation of completed trainings in reporting requirements, resident rights, prevention and containment of communicable diseases, and behavior techniques. Ms. Call was missing documentation of resident rights and prevention and containment of communicable diseases. Based upon these observations, a violation has been established at this time.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 400.15312	**Resident medications.**
	(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: **(a) Be trained in the proper handling and administration of medication.**
ANALYSIS:	Based upon documentation reviewed during this investigation it can be determined that Ms. Root was not able to produce documentation of completed medication administration training for direct care staff, Brooke Rhodes, despite identifying that Ms. Rhodes is scheduled as a direct care staff member who administers medications at the facility. Therefore, a violation has been established at this time.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION: The facility is not properly staffed to provide for the care of the current residents.

INVESTIGATION:

On 4/22/28 I received an online complaint regarding the facility. This complaint was received under special investigation intake #205237 and was filed under another licensed adult foster care facility license number, on the same campus as the facility. The complaint alleged that the facility is not being adequately staffed to provide for the care of the current residents. On 4/22/25 I interviewed Complainant 1. Complainant reported that the facility is on a campus with three other licensed adult foster care facilities. They reported that the four licensed facilities are being staffed with direct care staff who float between the four buildings. They reported that there are times when the facility is left with only one direct care staff member providing care to the residents if the other direct care staff member has been asked to assist with resident care at one of the other licensed facilities on this campus. Complainant 1 stated that the facility cares for residents who require a two-person assist with mobility, transfers, and personal care and one direct care staff member is not adequate to meet the needs of the current residents.

On 4/29/25 I conducted an unannounced on-site investigation at the facility. I interviewed licensee designee, Jennifer Herald, on this date. Ms. Herald reported that the direct care staff are cross trained to be able to work in any of the four licensed adult foster care facilities on this campus. She reported that there are times when direct care staff are scheduled in this facility and requested to float to another licensed building on this campus to assist with resident care in another building. Ms. Herald reported that there are eight direct care staff members scheduled to cover the four licensed buildings on this campus between the hours of 6am and 10pm. She reported that after 10pm the staffing on the campus is reduced to seven direct care staff members, leaving the facility with only one direct care staff member to provide care to the current residents.

During the on-site investigation on 4/29/25, I interviewed Ms. Root. Ms. Root reported that the facility currently cares for two residents who require a two-person assist with mobility, transfers, and/or personal care. She reported these residents to be Resident B & Resident C. Ms. Root reported that Resident B requires two direct care staff members to assist him with dressing and standing. She reported that Resident B’s physical therapist has instructed that he must have two direct care staff assist with these tasks due to Resident B’s unsteady gait as a result of a back fracture. Ms. Root reported that Resident C was admitted to the facility on 4/28/25 and requires the use of a Hoyer lift for transfers. She reported that Resident C requires two direct care staff to assist with his transfers, dressing, toileting, and personal care needs. Ms. Root reported that the facility is staffed with two direct care staff members at all times. She reported that there are times when this staffing might be accomplished with two direct care staff who have not been trained in medication administration. She reported that between the four licensed adult foster care facilities

on this campus, there are always two direct care staff who are trained in medication administration duties who float between the four buildings to provide for medication administration. Ms. Root reported that one direct care staff trained in medication administration can be assigned to two of the licensed facilities on the campus at a time but never is one direct care staff assigned to float between all four buildings for medication administration duties. Ms. Root reported that the direct care staff who administer medications may be assigned to a specific building on the schedule as a part of the staffing ratio and when they float to another building to administer medications, one of the direct care staff in that building may have to float to the facility to ensure adequate staffing patterns are kept for resident care. Ms. Root reported that the facility is staffed with two direct care staff members until the hour of 10pm and then this staffing ratio drops to one direct care staff member until 6am the next morning. Ms. Root reported that from 6am to 10pm there are a total of eight direct care staff members scheduled to cover all four facilities on this campus, but after 10pm until 6am there are only seven direct care staff members scheduled to cover all four facilities.

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

- *AFC Resident Register*, Oliverwoods Retirement, Building 3-AL780282845. This document indicated that at the time of the on-site investigation there were 19 residents residing in this facility.
- *SPG Wellness Evaluation – V4*, for Resident B, dated 4/16/25. I requested to review Resident B's assessment plan and was provided this document by Ms. Root and Ms. Herald. On page one under section, *II. Escort and Transfer*, subsection, *A. Escort and Transfer*, it states, "[Resident B] requires comprehensive service level due to cognitive or physical limitations. Resident may utilize a mechanical lift or require 2 person assistance." I inquired of Ms. Root what the "mechanical lift" referred to in this statement. Ms. Root reported that the mechanical lift would be a "sit-to-stand" device or a Hoyer lift. Ms. Root reported that Resident B utilizes two direct care staff members for transfers due to his physical therapy guidelines.
- *SPG Wellness Evaluation – V4*, for Resident C, dated 4/28/25. On page one, under section, *II. Escort and Transfer*, subsection, *A. Escort and Transfer*, it states, "[Resident C] requires comprehensive service level due to cognitive or physical limitations. Resident may utilize a mechanical lift or require 2 person assistance." Ms. Root reported that Resident C requires the use of a Hoyer lift, which takes two direct care staff members to facilitate transfers with this device. On page two, under section, *III. Safety*, subsection, *B. Service Plan*, it states that Resident C requires assistance from two or more direct care staff with evacuation.
- *Oliver Woods Assisted Living Date Range Schedule,* for the dates 4/1/25 – 4/29/25. I reviewed this schedule which listed the direct care staff schedule for each of the four licensed adult foster care facilities on this campus. I made the following observations:
    - The schedule for this facility identified that there was only one direct care staff member scheduled to work from 6:30pm to 6am on the

dates, 4/10/25, 4/13/25, 4/15/25, 4/18/25, 4/19/25, 4/21/25, 4/22/25, 4/26/25, 4/27/25.

- On 4/29/25 there was not any direct care staff member scheduled to work at the facility from 6:30pm to 6am.
- On 4/9/25 direct care staff, Ernest Skorna, was scheduled to work from 6pm to 6:30am at this facility as well as another licensed facility on the same campus.
- On 4/9/25 direct care staff, Sabrina Hughes, was scheduled to work from 6am to 6:30pm at this facility as well as another licensed facility on this campus at the same time.
- On 4/15/25 direct care staff, Kaylee Gamelin, was scheduled to work from 6am to 6:30pm at this facility as well as another licensed facility on this campus.
- On 4/17/25, Ms. Root, was scheduled to work from 6am to 6:30pm at this facility as well as another licensed facility on this campus.
- On 4/25/25, direct care staff, Sheloshah Abbott, was scheduled to work 6am to 6:30pm at this facility as well as another licensed facility on this campus.

On 5/20/25 I interviewed direct care staff, Tasha Call, via telephone, regarding the allegation. Ms. Call reported that she works at all four of the licensed adult foster care facilities on this campus. She reported that she has worked in this facility, but not as much as the other facilities. She reported that each of the licensed facilities is scheduled to have two direct care staff members per shift. She reported that she does not usually work the night shift, from 6pm to 6:30am, which makes it difficult for her to answer whether there are two direct care staff members at the facility during these hours. Ms. Call reported that she feels the facility has been adequately staffed on the dates and times she has been scheduled to work.

On 5/22/25 I interviewed Ms. Root, via telephone, regarding the findings from the direct care staff schedule reviewed during the on-site investigation. I explained to Ms. Root that I observed multiple days when direct care staff were scheduled to work 24 hours to 48 hours intervals at a time. I inquired whether this was common practice. Ms. Root reported that the longest shift a direct care staff has worked is 16 hours straight. She reported that when she views the schedule in a different format, other than the format provided during the on-site investigation, it is clear who is working at the facility and what hours they are scheduled. I requested she submit another format for my review as the one she provided while I was on-site encompassed all four licensed facilities on the property, and it is difficult to follow. Ms. Root reported she would email the schedule for April 2025 in another format.

On 5/27/25 I received email correspondence from Ms. Root. Ms. Root provided a copy of the direct care staff schedule for the facility in another format as she had previously reported. I reviewed this schedule and made the following observations:

- On 4/1/25 thru 4/7/25 there was one direct care staff scheduled between 6:30pm and 6am.

- On 4/8/25 there was one direct care staff scheduled from 6:30am to 8:45am, 3:45pm to 4pm, and 6:30pm to 6am.
- On 4/10/25 there was one direct care staff scheduled from 6:30am to 10am and 6:30pm to 6am.
- On 4/11/25 there was one direct care staff scheduled from 9am to 10am and 6:30pm to 6am.
- On 4/12/25 there was one direct care staff scheduled from 10am to 2pm and 6:30pm to 6am.
- On 4/13/25, 4/15/25, 4/16/25, there was one direct care staff scheduled from 6:30pm to 6am.
- On 4/17/25 there was one direct care staff scheduled from 2pm to 4pm and 12am to 6am.
- On 4/18/25 there were no direct care staff scheduled from 6:30pm to 10pm.
- On 4/19/25 there was one direct care staff scheduled from 6:30pm to 6am.
- On 4/20/25 there was one direct care staff scheduled from 10am to 6pm and 3am to 6am.
- On 4/21/25 & 4/22/25 there was one direct care staff scheduled from 6:30pm to 6am.
- On 4/23/25 there was one direct care staff scheduled from 10am to 3pm and 6:30pm to 6am.
- On 4/24/25 there was one direct care staff scheduled from 3am to 6am.
- On 4/25/25 there was one direct care staff scheduled from 8am to 6pm and 3am to 6am.
- On 4/26/25 there were no direct care staff scheduled from 3:30am to 6am.
- On 4/27/25 there was one direct care staff scheduled from 6:30pm to 6am.
- On 4/28/25 there was one direct care staff scheduled from 6:30pm to 10pm and 3am to 6am.
- On 4/29/25 there was one direct care staff scheduled from 10pm to 6am.

I reviewed all four of the schedules that Ms. Root provided for all four of the licensed adult foster care facilities on this campus and cross-matched them for the dates 4/1/25 through 4/5/25. I observed the following information:

- 4/1/25: Between the hours of 6:30am to 8:45am there were only 7 direct care staff assigned to the entire campus. Between the hours of 10pm to 6am there were only 6 direct care staff scheduled for the entire campus.
- 4/2/25: Between the hours of 6:30am to 6pm there were 8 direct care staff assigned to the entire campus. Between the hours of 12am to 6am there were only 6 direct care staff scheduled for the entire campus.
- 4/3/25: Between the hours of 6:30am to 6pm there were 8 direct care staff scheduled for the entire campus. Between 3am to 6am there were 6 direct care staff scheduled for the entire campus.
- 4/4/25: Between the hours of 6:30am to 6pm there were 8 direct care staff scheduled for the entire campus. Between 4am to 6am there were six direct care staff scheduled for the entire campus.

- 4/5/25: Between the hours of 6:30am to 6pm there were 9 direct care staff scheduled for the entire campus. Between the hours of 6:30pm to 10pm there were five direct care staff scheduled for the entire campus. Between 10pm to 6am there were six direct care staff scheduled for the entire campus.

APPLICABLE RULE	
R 400.15206	**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:	Based upon interviews conducted with Ms. Root and Ms. Herald, as well as review of the direct care staff schedule, and resident assessment plans, it can be determined that Resident B and Resident C require the assistance of two direct care staff members with mobility, transfers, and/or personal care needs and there have been times when the facility has only been staffed with one direct care staff member. Furthermore, I reviewed and cross-matched the four direct care staff schedules for the four licensed facilities on this campus for the dates 4/1/25 to 4/5/25. I reviewed these schedules to determine whether adequate staffing was available on the campus for the four licensed facilities. On the dates 4/1/25 through 4/5/25 this facility was not adequately staffed to provide for the care needs of the current residents. Therefore, a violation has been established at this time.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION: Resident A experienced a fall due to improper supervision, protection, and safety from the direct care staff.

INVESTIGATION:

On 4/28/25 I received an online complaint regarding the facility. The complaint alleged that an unidentified resident experienced a fall at the facility and had been left on the floor for hours. On 4/29/25 I interviewed Complainant 2 regarding the complaint. Complainant 2 reported that the resident referenced in the complaint was Resident A. Complainant 2 reported that there are concerns that regular safety checks are not being completed on the residents residing at the facility. Complainant 2 reported that direct care staff are only rounding on residents at the beginning and the end of their 12-hour shifts.

On 4/29/25 I conducted an unannounced on-site investigation at the facility. I interviewed Ms. Root, regarding the allegation. Ms. Root reported that Resident A did experience a fall at the facility on 4/23/25. Ms. Root reported that this fall was an unwitnessed fall and Resident A did not suffer any injuries from this fall. Ms. Root reported that Resident A was found on the floor of her bedroom next to her bed during shift change as the direct care staff were rounding on the residents. Ms. Root reported that Resident A is enrolled in Corso Care Hospice and the hospice team came to the facility to evaluate Resident A for any injury. She reported that Resident A is doing well at this time.

During the on-site investigation on 4/29/25 I reviewed the following document:

- *Fall/Suspected Fall*, for Resident A, dated 4/23/25. On page one, under section, *Incident Description*, it reads, “Care specialist, Brianna Hunt, entered resident’s apartment during routine checks and observed resident laying on the floor next to her bed on her left side. Under the subsection, *Resident Description*, it reads, “I lost balance getting up to go get ice.”” The document identifies that Resident A’s durable power of attorney and the Corso Care Hospice nurse were informed of the incident.
- *Oliver Woods Assisted Living Date Range Schedule,* for the dates 4/1/25 – 4/29/25. I reviewed this schedule which listed the direct care staff schedule for each of the four licensed adult foster care facilities on this campus. I made the following observations:
    - On 4/23/25, direct care staff, Brianna Hunt, was scheduled to work at the facility from 6am to 6:30pm.

On 5/20/25 I interviewed Ms. Call via telephone regarding the allegation. Ms. Call reported that she was aware that Resident A experienced a fall at the facility, but she was not present for this fall and did not have details about this incident. Ms. Call reported that residents at the facility are rounded on by direct care staff for safety checks based on what is ordered on the *Medication Administration Record* (MAR). She reported that these safety checks are then documented on the MAR by the direct care staff.

On 5/20/25 I sent email correspondence to Ms. Root, requesting to review the MAR for Resident A for the month of April 2025. On 5/21/25 I received this document, via

email, from Ms. Root. I reviewed the document and made the following observations:

- The MAR lists the task, *Bed Assistance*, “Assist [Resident A] to bed at 12am document the assistance provided in attached chart note *Elevate head and feet for resident’s comfort*”. This task is documented as being completed by direct care staff every day for the month of April 2025.
- The MAR lists the task, *Supervision Monitoring*, “Check [Resident A] every hour while wake hours (Do not disturb from 12am to 7am) [Resident A] will call for assistance if needed in that time. Ensure with hourly checks resident has oxygen on at 5 liters and call light is within reach.” Each day of the month, from 7am to 11pm, every hour is initialed indicating the direct care staff performed the required safety checks.

On 5/22/25 I interviewed Ms. Root via telephone regarding the supervision and monitoring ordered on Resident A’s MAR. Ms. Root reported that Resident A’s daughter had requested that Resident A not be disturbed during the hours of 12am and 7am. She reported that Resident A’s daughter stated that regular safety checks wake Resident A up and then she does not get adequate sleep during the night. Ms. Root reported that conversations have been held with Resident A’s daughter regarding the request and it was finally determined that some safety checks would be okay, but these do not appear on the MAR and are not scheduled. Ms. Root reported that she did not think she had any written documentation from Resident A’s daughter regarding her request to not have safety checks performed for Resident A during the hours of 12am and 7am, but she would look for any documentation in Resident A’s chart.

On 5/27/25 I received email communication from Ms. Root regarding the allegation. Ms. Root reported that she was not able to find any written documentation regarding Resident A’s daughter requesting the direct care staff not to administer regular safety checks on Resident A from 12am to 7am each night.

APPLICABLE RULE	
R 400.15305	**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:	Based upon the interview conducted with Ms. Root and review of available documentation it can be determined that the direct care staff were following the scheduled safety checks listed on Resident A's *Medication Administration Record*. Resident A did not sustain physical injury from the fall she experienced, and the direct care staff updated the appropriate parties, such as Resident A's medical provider and the family when the fall occurred. Based upon this information, there is not adequate information to determine that the direct care staff were not providing for Resident A's safety and protection when she experienced the fall at the facility on 4/23/25. Therefore, a violation will not be established at this time.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

IV. RECOMMENDATION

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

6/3/25

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Jana Lipps Date
Licensing Consultant

Approved By:

06/05/2025

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Dawn N. Timm Date
Area Manager