



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 1st, 2025

Kari Conn
Michigan Masonic Home
1200 Wright Avenue
Alma, MI 48801

RE: License #: AH290278031
Investigation #: 2025A1021056
Michigan Masonic Home

Dear Kari Conn:

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 authorized representative 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,

Kimberly Horst
Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|--|--------------------------------------|
| License #: | AH290278031 |
| Investigation #: | 2025A1021056 |
| Complaint Receipt Date: | 05/19/2025 |
| Investigation Initiation Date: | 05/20/2025 |
| Report Due Date: | 07/18/2025 |
| Licensee Name: | Michigan Masonic Home, Inc. |
| Licensee Address: | 1200 Wright Ave Alma, MI 48801 |
| Licensee Telephone #: | (989) 466-3801 |
| Administrator/ Authorized Representative: | Kari Conn |
| Name of Facility: | Michigan Masonic Home |
| Facility Address: | 1200 Wright Avenue Alma, MI 48801 |
| Facility Telephone #: | (989) 463-3141 |
| Original Issuance Date: | 09/19/2005 |
| License Status: | REGULAR |
| Effective Date: | 08/01/2024 |
| Expiration Date: | 07/31/2025 |
| Capacity: | 138 |
| Program Type: | AGED |

II. ALLEGATION(S)

| | Violation Established? |
|-----------------------------------|------------------------|
| Inadequate staff at the facility. | Yes |
| Additional Findings | No |

III. METHODOLOGY

| | |
|------------|---|
| 05/19/2025 | Special Investigation Intake 2025A1021056 |
| 05/20/2025 | Special Investigation Initiated - Telephone referral placed to APS |
| 05/21/2025 | Inspection Completed On-site |
| 05/27/2025 | Comment Additional intake received on staffing |
| 06/05/2025 | Comment Additional intake received on staffing |
| 06/16/2025 | Comment Additional intake received on staffing |
| 07/01/2025 | Exit Conference |

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

ALLEGATION:

Inadequate staff at the facility.

INVESTIGATION:

On 05/19/2025, the licensing department received three separate intakes on lack of staff at the facility. The complainant alleged Resident A was not checked on regularly because of lack of staff and Resident A fell. The complainant alleged residents have eloped from the facility because of lack of staff. The complainant alleged residents are being neglected because of lack of staff. All intakes were

anonymous and therefore I was unable to contact the complainant for additional information.

On 05/27/2025, the licensing department received another intake with allegations that on 05/23/2025, there was only one medical assistant to administer medications for 66 residents.

On 05/21/2025, I interviewed staff person 1 (SP1) at the facility. SP1 reported the facility has two shifts. SP1 reported on first shift there are to be two or three medical assistants and four or five aids. SP1 reported on second shift there are to be two medical assistants and two aids. SP1 reported there are 64 residents in the facility and only one person is a two person assist. SP1 reported there is only one resident with a catheter. SP1 reported there are at least 10 residents that are at a level one care level which indicates the residents are mostly independent. SP1 reported the facility is currently using some agency staff for second shift. SP1 reported the facility does not pull from the skilled nursing facility to fill shift shortages. SP1 reported the facility does have a mandating policy in which an employee may have to stay four hours past their end shift time. SP1 reported the average call light response time is under 10 minutes. SP1 reported Resident A did have a fall on 05/17/2025. SP1 reported Resident A was checked on and then approximately 10 minutes later was found on the ground in her room. SP1 reported it appeared Resident A was attempting to transfer herself to the restroom. SP1 reported Resident A was transported to the emergency room for an evaluation. SP1 reported even though Resident A fell, she was checked on appropriately. SP1 reported no residents are an elopement risk and no residents have eloped from the facility.

On 05/21/2025, I interviewed SP2 at the facility. SP2 reported over the weekend, 05/16-05/18, there was inadequate number of staff at the facility. SP2 reported there were only two medical assistants and four aids. SP2 reported she was responsible for over 30 medication administrations. SP2 reported there was also a fall on 05/17 and 05/18 which resulted in both medical assistants pulled off the medication carts to assist with falls.

On 05/21/2025, I interviewed SP3 at the facility. SP3 reported typically there are five aids and three medical assistants. SP3 reported over the weekend there was only two medical assistants and four aids. SP3 reported it was very chaotic all weekend and residents did not receive timely attention.

On 05/21/2025, I interviewed SP4 at the facility. SP4 reported she worked 05/16-05/18. SP4 reported Resident A was checked on 10 minutes prior to the fall. SP4 reported Resident A was checked on appropriately. SP4 reported during this timeframe, the facility only had two medical assistants. SP4 reported each medical assistant was responsible for approximately 30 medication administrations. SP4 reported when the fall occurred on 05/16 and 05/17, it pulled both medical assistants off the medications carts to assist in managing the incident. SP4 reported residents are getting impatient with employee response time and then end of falling. SP4

reported the care aids are also responsible for assisting with serving the meals which takes away from resident care.

On 05/21/2025, I interviewed Resident B at the facility. Resident B reported there is inadequate staff at the facility. Resident B reported she has had to wait up to 30 minutes for staff assistance. Resident B reported at times her medications are late.

On 05/21/2025, I interviewed administrator Kari Conn at the facility. Administrator reported the facility has adequate staff. Administrator reported even with two medical assistants and four care aids the staffing ratio is 1:10.

I reviewed the call light response time for 05/16/2025-05/18/2025. The average call light response time was nine minutes.

On 05/22/2025, I interviewed the administrator by telephone regarding the staffing complaint for 05/23/2025. The administrator reported there was a timeframe on 05/23/2025, that the facility pulled from the skilled nursing facility to assist with medication administration because the facility was short on medical assistants.

I reviewed the staff schedule for 05/23/2025. The schedule revealed on day shift there was five aids. The schedule revealed there was one medical assistant from 0600-1000 and one medical assistant from 0600-1100. There was a medical assistant from the skilled nursing facility that worked 11:00am-2:00pm. Another medical assistant then worked 3:00pm-6:00pm. In addition, on night shift there was only one medical assistant from 10:00pm-6:00am.

| APPLICABLE RULE | |
|------------------------|---|
| R 325.1931 | Employees; general provisions. |
| | (5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans. |
| ANALYSIS: | Interviews conducted and review of staff schedules revealed the facility has worked below their staffing ratios as described by SP1 and the Administrator. In addition, the facility has had to utilize staff from another licensed health care facility to fill staff shortages. |
| CONCLUSION: | VIOLATION ESTABLISHED |

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.



05/30/2025

Kimberly Horst
Licensing Staff

Date

Approved By:



06/30/2025

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

Date