



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

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DIRECTOR

August 29, 2023

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Complaint Investigation

Participants

Shawne Cripps, Health Care Surveyor
Ann Marie Silva, Administrator
Juanita Gutierrez, Director of Nursing

General Information: The Bureau of Community and Health Systems (BCHS) within the Michigan Department of Licensing and Regulatory Affairs (LARA) is responsible for assuring that long-term care facilities (nursing homes) comply with state licensing requirements by means of a state licensure survey and/or complaint investigation under the authority of the Michigan Public Health Code, Act 368 of 1978, Article 17 Facilities and Agencies, Part 201 General Provisions (MCL 333.20101 through 333.20211); Part 17 Nursing Homes (MCL 333.21701 through 333.21799e); and/or the Michigan Administrative Rules for Health Facilities or Agencies (R 325.45101 through R 325.45385). Although The Orchards of Southgate is certified for Medicare and Medicaid reimbursement, due to circumstances related to the COVID-19 world-wide pandemic, the Federal Survey & Certification Division was unable to investigate these complaint allegations under the authority of Federal Code of Regulations within their 12-month timeframe as specified in the CMS memorandum QSO-22-02-ALL and the investigation fell to the State Nursing Home Licensing Team.

This report will address multiple intakes from a specific facility and the process for handling those intakes will be as follows: Allegations identified for each intake that have been found to have a corresponding administrative rule or public health code statute will be investigated and the rule/statute included in the report. An investigation will commence with the assistance of the nursing facility to address potential isolated and/or systemic issues suggested by the allegation. An allegation is not a determination of noncompliance in all instances. This will include the facility's process for identification and resolution of problems through policy, process, and quality assurance activities. The ultimate goal of the department is to protect the health, safety and welfare of residents, patients, and clients receiving care and services from state licensed nursing homes and allow providers the opportunity to demonstrate compliance through this exercise.

Complaint Allegations

Intake Number	Allegation	Applicable Administrative Rule/Public Health Code Statute
MI127760	1. It was alleged resident call lights were not answered in a reasonable amount of time.	R 325.45165 Performance improvement initiatives; indicators.
	2. It was alleged residents were not provided incontinence care after soiling adult incontinence brief.	R 325.45379(2)(d) Nursing care services.
	3. It was alleged water was not provided to residents, even at mealtimes.	R 325.45379(2)(f) Nursing care services.
	4. It was alleged the facility does not have adequate staffing levels to address needs of residents.	333.21720a Director of nursing; nursing personnel; effective date of subsection (1); natural disaster or other emergency.
MI00127987	1. It was alleged resident call lights were not answered in a reasonable amount of time	R 325.45165 Performance improvement initiatives; indicators.
	2. It was alleged residents were not provided incontinence care after soiling adult incontinence brief.	R 325.45379(2)(d) Nursing care services.
MI00128015	1. It was alleged a resident was not screened for COVID-19 at time of admission.	R 325.45137(c) Ongoing surveillance and prevention program; communicable disease reporting.
	2. It was alleged a resident was not treated by the physician for Diabetes Mellitus.	333.21707 Prescribing course of medical treatment; limitations on authority.

Bureau Investigation Findings: An investigation for Intake 127760, 127987, and 128015 was completed with the Administrator and Director of Nursing on 08/29/2023. The administrator was able to describe processes to address allegations described in the multiple intakes. The responses of the administrator to the allegation(s) do not infer noncompliance by the facility. Rather, responses represent actions that are taken by the facility to address concerns similar to those identified in the intake allegations.

Findings for Intake MI00127760 Allegation #1: *It was alleged resident call lights were not answered in a reasonable amount of time. R 325.45165 Performance improvement initiatives; indicators. Rule 165. The quality assessment and performance improvement program must establish performance improvement initiatives that focus on high risk, high volume, and problem-prone areas. If no performance improvement projects are conducted in a calendar year, justification explaining why no performance improvement projects were conducted must be documented.*

The call light system is a push-button system that lights at the nursing station and above the resident doors. Each call light is tested monthly by maintenance personnel. All staff members have been educated to answer call lights. This education is reinforced with monthly staff meetings. Call light response times are addressed as part of the facility's Quality Assurance and Performance Improvement System. The administrator reported an improved response time has been seen.

Conclusion: The facility monitors call light response times through Quality Assurance activities. This allegation is not substantiated. No action is required at this time.

Findings for Intake MI00127760 Allegation #2: *It was alleged residents were not provided incontinence care after soiling adult incontinence brief. R 325.45379 Nursing care services. (2) Personal care must be provided in accordance with the patient's preferred schedule and meet all of the following patient needs: (d) Incontinence and perineal care.*

Residents incontinence ability is assessed by nursing and a care plan developed to increase continence and/or cleaning after incontinence episodes. The specific Resident of Concern (ROC) for this complaint is currently receiving physical therapy to increase transfer skills so toileting can be achieved using a bedside commode. The resident has no pain that may interfere with toileting.

Conclusion: The facility has a continence rehabilitation program and policies and procedures for changing briefs and cleaning episode of incontinence. This allegation is not substantiated. No action is required at this time.

Findings for Intake MI00127760 Allegation #3: *It was alleged water was not provided to residents, even at mealtimes. R 325.45379 Nursing care services. (2) Personal care must be provided in accordance with the patient's preferred schedule and meet all*

of the following patient needs: (f) Nourishment provided through meals and supplementary fluids with the proper consistency and texture.

Facility practice includes serving water to residents for all three meals. The kitchen staff includes cups of water on food serving trays. In addition, Nursing staff pass water to residents using disposable cups each shift. The managers ensure water is passed out. Activity staff and other staff members who are not in the Nursing Department can provide water to residents.

Conclusion: The facility practice is to serve water to residents with meals and provide cups of water at all three shifts. This allegation is not substantiated. No action is required at this time.

Findings for Intake MI00127760 Allegation #4: *It was alleged the facility does not have adequate staffing levels to address needs of residents. **333.21720a Director of nursing; nursing personnel;** Sec. 21720a. (2) A nursing home shall employ nursing personnel sufficient to provide continuous 24-hour nursing care and services sufficient to meet the needs of each patient in the nursing home. Nursing personnel employed in the nursing home shall be under the supervision of the director of nursing. A licensee shall maintain a nursing home staff sufficient to provide not less than 2.25 hours of nursing care by employed nursing care personnel per patient per day. The ratio of patients to nursing care personnel during a morning shift shall not exceed 8 patients to 1 nursing care personnel; the ratio of patients to nursing care personnel during an afternoon shift shall not exceed 12 patients to 1 nursing care personnel; and the ratio of patients to nursing care personnel during a nighttime shift shall not exceed 15 patients to 1 nursing care personnel and there shall be sufficient nursing care personnel available on duty to assure coverage for patients at all times during the shift. Staff levels for previous two weeks were reviewed and the facility met staffing ratio requirements as dictated in statute.*

The facility provided staffing hours for 8/20/2023 through 8/30/2023. Staffing to patient ratios were calculated for the time period and found to be met for all shifts.

Conclusion: This allegation is not substantiated. No action is required at this time.

Findings for Intake MI00127987 Allegation #1: *It was alleged resident call lights were not answered in a reasonable amount of time. **R 325.45165 Performance improvement initiatives; indicators.** Rule 165. The quality assessment and performance improvement program must establish performance improvement initiatives that focus on high risk, high volume, and problem-prone areas. If no performance improvement projects are conducted in a calendar year, justification explaining why no performance improvement projects were conducted must be documented.*

The call light system is a push-button system that lights at the nursing station and above the resident doors. Each call light is tested monthly by maintenance personnel. All staff members have been educated to answer call lights. This education is reinforced with

monthly staff meetings. This issue is part of the facility's Quality Assurance and Performance Improvement System. The administrator reported an improved response time has been seen.

Conclusion: The facility monitors call light response times through Quality Assurance activities. This allegation is not substantiated. No action is required at this time.

Findings for Intake MI00127987 Allegation #2: *It was alleged residents were not provided incontinence care after soiling adult incontinence brief. R 325.45379 Nursing care services. (2) Personal care must be provided in accordance with the patient's preferred schedule and meet all of the following patient needs: (d) Incontinence and perineal care.* Residents incontinence ability is assessed by nursing and a care plan developed. The resident has no pain that may interfere with toileting.

Conclusion: The facility has a continence rehabilitation program and policies and procedures for changing briefs and cleaning episode of incontinence. This allegation is not substantiated. No action is required at this time.

Findings for Intake MI001280157 Allegation #1: It was alleged the Resident was not screened for COVID-19 at time of admission. **R 325.45137 Ongoing surveillance and prevention program; communicable disease reporting.** Rule 137. The applicant or licensee shall provide and maintain an ongoing surveillance and prevention program that includes, but is not limited to, all of the following: (a) An active surveillance program for infection detection through ongoing data collection and analysis that includes patients and personnel who have access to or contact with active patient care areas, and other individuals identified by the health facility or agency policies and procedures. The facility was cited by the Federal Survey and Certification Team during a complaint investigation on 04/07/2022. An acceptable plan of correction was received. At the present time, 8/29/2023, residents are not tested for COVID-19, though screened based on symptoms.

Conclusion: This allegation was substantiated and cited by the Federal Survey and Certification Team during a complaint investigation on 04/07/2022. An acceptable plan of correction was received. No further action is required.

Findings for Intake MI001280157 Allegation #2: *It was alleged the Resident was not treated by the physician for Diabetes Mellitus. 333.21707 Prescribing course of medical treatment; limitations on authority. Sec. 21707. (1) The course of medical treatment provided to a patient in a nursing home shall be prescribed by the patient's physician.*

The Resident of Concern for this complaint was not diagnosed with Diabetes. Physician orders from the hospital did not include a diagnosis of diabetes or orders for medication to treat diabetes. The resident was in the facility for short-term rehabilitation.

Conclusion: The resident was not diagnosed with Diabetes Mellitus. This allegation is not substantiated. No action is required at this time.

Interview Summary

Through this interview process, the facility representative was able to demonstrate their ability to be compliant with the applicable Michigan Public Health Code statute and/or the State of Michigan Administrative Rule as well as the facility's ability to properly address situations that do not have corresponding statutes or rules.

Sincerely,

A handwritten signature in black ink that reads "Shawne Cripps". The signature is written in a cursive, flowing style.

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