

# 2023

# SENTINEL PROJECT

# ANNUAL REPORT



**THE SENTINEL PROJECT**

Michigan Attorney General's Office

The Sentinel Project is an Attorney General initiative that nests within the Health Care Fraud Division mission of combatting abuse and neglect of all vulnerable adults in long-term care settings.



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# THE SENTINEL PROJECT & IMPORTANCE

Advances in healthcare have spurred an increase in the life expectancy for American citizens in recent decades. The U.S. population age 65 and over grew nearly five times faster than the total population over the 100 years from 1920 to 2020, according to the 2020 Census. The elder population reached 55.8 million or 16.8% of the population of the United States in 2020. Michigan is above that average at 17.9%. It is anticipated that the elder population numbers will continue to increase in coming years.

This influx will have implications for facilities that provide assistance and care to this population. It is crucial that we take the necessary steps now to not only prepare for this future wave but to also ensure that current residents receive the best possible care. Through the Sentinel Project, the Michigan Department of Attorney General's Health Care Fraud Division (HCFD) is working to ensure that this mission is fulfilled.

The Sentinel Project is an Attorney General initiative that nests within the HCFD mission of combatting abuse and neglect of all vulnerable adults in long-term care settings. The initiative was designed to protect vulnerable adults in skilled nursing facilities, assisted living facilities and adult foster care homes from abuse and neglect.



# THE SENTINEL PROJECT & IMPORTANCE

Under the Sentinel Project model, the HCFD will send a specially trained investigative team who will look for evidence of abuse or neglect of vulnerable individuals in these settings to help ensure that they remain free from physical and mental harm.

Within the HCFD, our team is specially trained to identify, investigate, develop a case and follow through to trial.

Our team has regular trainings and a diversity of sources that funnel information to Sentinel Project operations.

Collaboration with LARA, LTC Ombudsman, and local police agencies is also an integral part in facilitating the visits and investigations.



# THE PROCESS

1

Complaints are received through internal sources, such as hotline, online form, and traditional mail. They are also received through external sources such as law enforcement, LTC Ombudsman, LARA, and medical professionals.

2

The intake as part of its process recommends which complaints may warrant a Sentinel Project visit or require the collection of additional information relative to the complaint prior to assigning to Sentinel Project for review.

3

Identify and refer complaints to the appropriate state regulatory agencies, which may include licensing, office of recipient rights, and adult protective services.

4

Visits occur, once concluded the team decides whether to move forward with an investigation, refer to LARA, or close out.

5

Criminal investigations can take months or well over a year to complete, resulting in charges or closing of the case.

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graph TD; A[COMPLAINT RECEIVED] --> B[RECOMMENDATION]; B --> C[REFER COMPLAINTS]; C --> D[VISITS OCCUR]; D --> E[INVESTIGATION, REFER TO LARA, OR CLOSED];
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**COMPLAINT RECEIVED**

**RECOMMENDATION**

**REFER COMPLAINTS**

**VISITS OCCUR**

**INVESTIGATION,  
REFER TO LARA, OR CLOSED**



## WHAT FACTORS WE CONSIDER

Through the Sentinel Project, the HCFD has created a list of criteria that the investigative team will consider as each visit is tailored based on the complaint received. As complaint is being reviewed factors that are considered are the source of the complaint, LARA survey citations, facility reported incident reports, and past investigative complaints lodged against the facility.

Common factors that are considered a part of each Sentinel Project visit:

- staff to resident ratios;
- staffing, management, retention, and recruitment;
- staff training and operability of medical equipment used for resident transfers;
- medication availability, administration and disposal;
- controlled substance inventory and management; and
- address potential concerns related to wound care management.

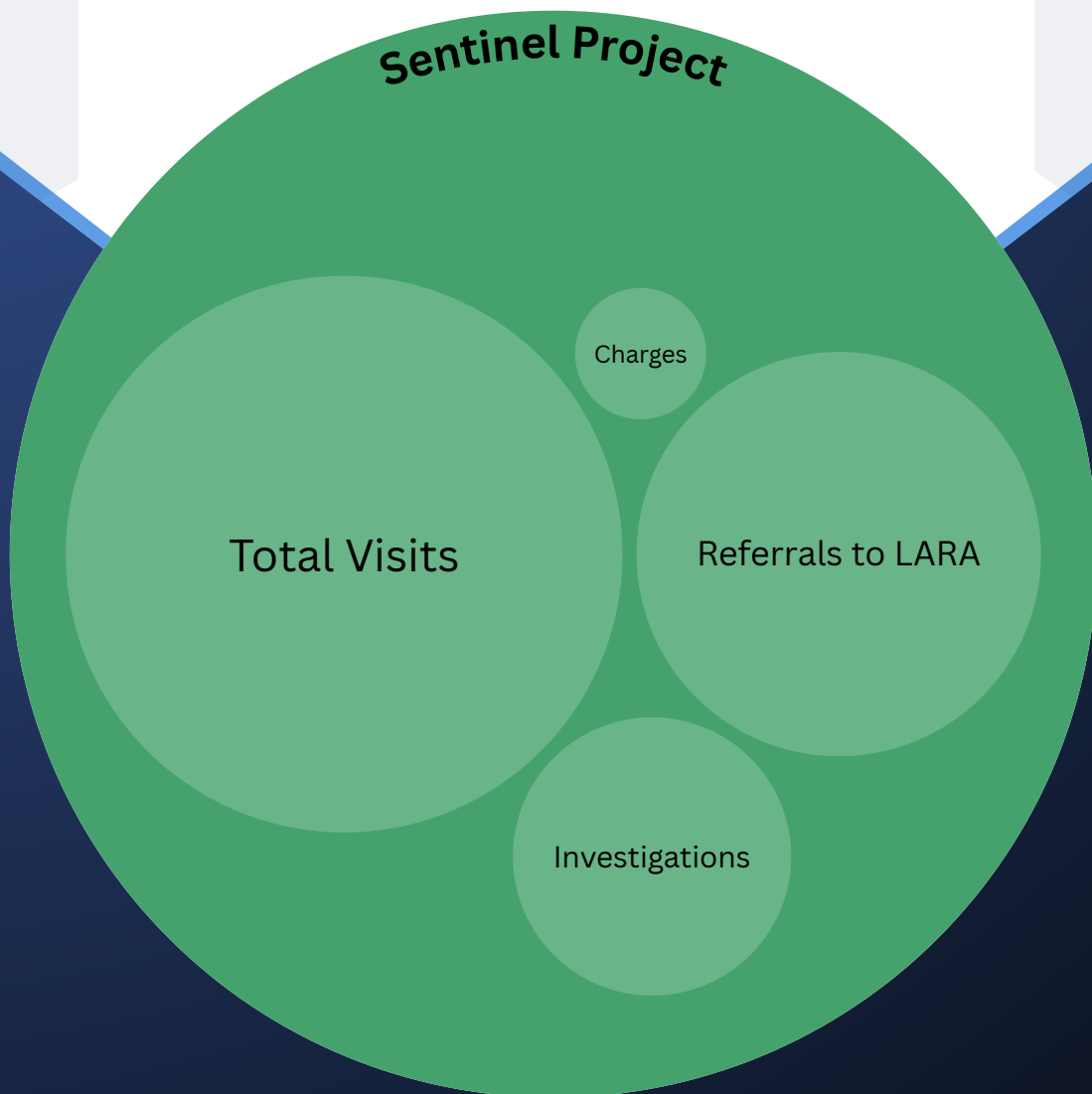
During a visit, the team interviews management, which may include Administrator, Director of Nursing (DON), Business Office Manager, Unit Supervisors, and/or Wound Care Nurse to understand the environment and procedures of the facility. Nursing care staff in the resident units, such as Registered Nurses (RN), Licensed Practical Nurses (LPN), Certified Nurse Aides (CNA), and support staff to inquire of their level of satisfaction and support from management.

The investigative team also interviews residents in a confidential setting to encourage open and frank discussion regarding the care they receive and any concerns they may have.

Our Nurse Investigator will engage in peer-to-peer conversations with nursing staff to ensure the working environment is conducive to providing quality care to the residents.

The investigative team will work with staff to identify potential criminal charges that can arise from abuse and neglect. For example, an Administrator identified a potential staff to resident abuse issue when staff failed to provide care to a resident who fell from their wheelchair while being moved by staff. This resulted in the opening of a criminal abuse/neglect investigation.

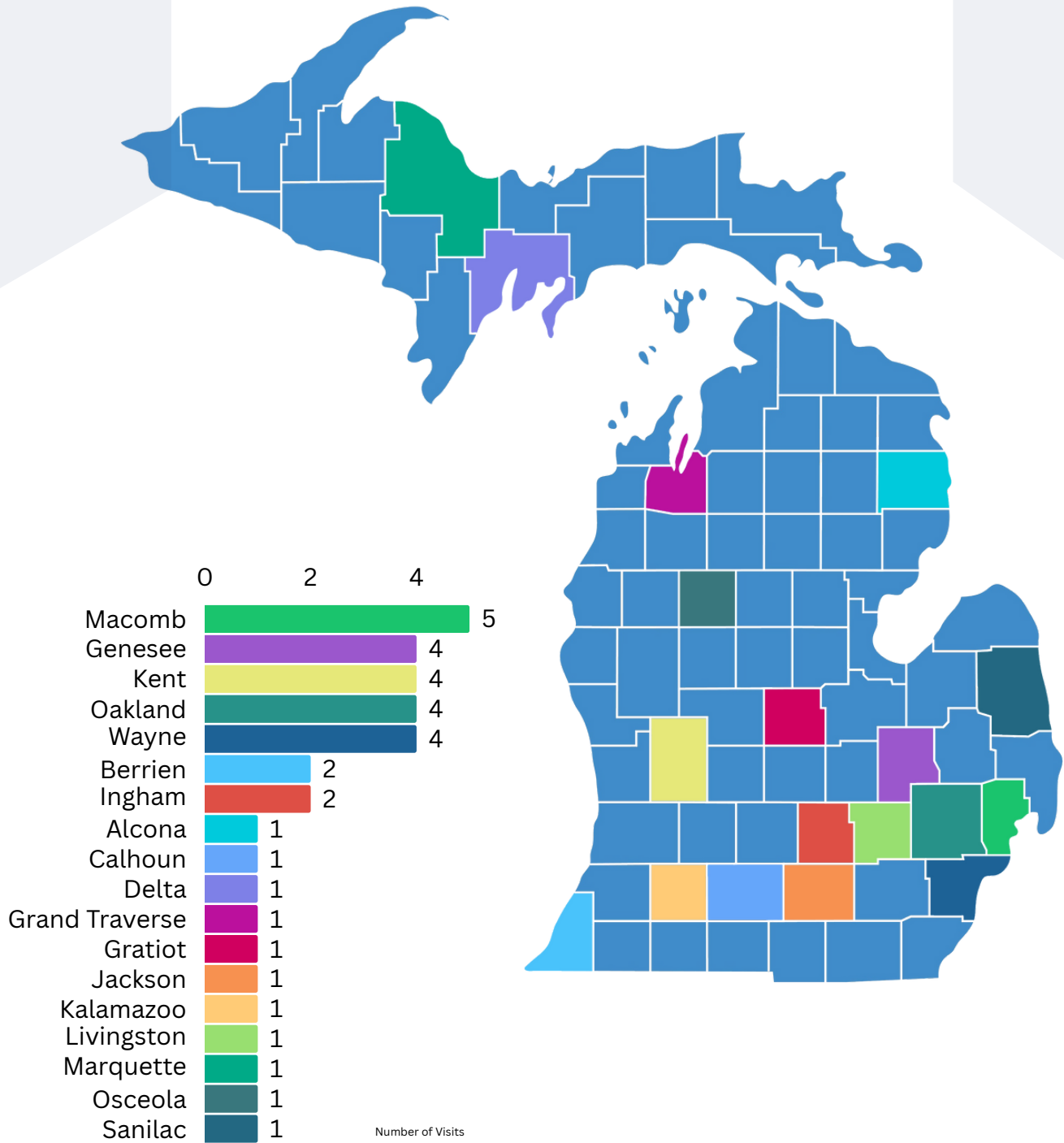
# 2023 HIGHLIGHTS



## **36 total visits:**

- 9 visits uncovered evidence that led to the opening of a criminal investigative case.
- 19 referrals to LARA regarding quality-of-care and/or regulatory related concerns.

# SENTINEL PROJECT VISITS



# TYPES OF FACILITIES



## Skilled Nursing Facilities (SNF)

An inpatient healthcare facility that provides skilled care, rehabilitation, and other related health services to patients who need nursing care, but do not require hospitalization.



## Assisted Living (AL)

A residence for elder people or people with disabilities who require help with some of the routines of daily living as well as access to medical care when needed.



## Adult Foster Care (AFC)

A group or private home living arrangement with supervision and personal care for adults who cannot live independently.

# CASES CHARGED

To date there have been two separate criminal investigations that have led to facility staff being charged criminally.

## ***PEOPLE V. MARY CHEATHAM***

In preparation for a Sentinel Project visit, agents uncovered information that a nurse employed and providing care at a facility may have been practicing while her State of Michigan nursing license was summarily suspended by the Department of Licensing and Regulatory Affairs (LARA) in early March 2021. Under state statute, practicing as a licensed health professional while the licensee is summarily suspended is the same as practicing without a license and is a four-year felony.

As part of the criminal investigation the investigative team confirmed that this nurse continued to practice despite the suspension of her license. The case was charged which led to a guilty plea based on evidence that confirmed the suspect had practiced while license was suspended.



## ***PEOPLE V. JENNIFER LYNN PORTER***

During a Sentinel Project visit in August of 2022, the team received information from facility management that they suspected a nurse in an alleged drug diversion related activity. In collaboration with the Gaylord Police Department, it was substantiated that the nurse had engaged in behavior leading to the alteration of medical records to conceal the unaccounted-for medications.

The nurse was then charged with Intentionally Placing False Information in a Medical Record, and she ultimately plead guilty to two misdemeanor counts of recklessly placing false information in a medical record.



# IMPACT

The impact of the Sentinel Project is beginning to make the nursing home industry aware of the Attorney General's focus on providing appropriate and adequate care for our elderly community.

**To date since the initiative was put into action there have been a total of 48 visits to facilities.**

Through interaction with facilities, the Sentinel Project has provided an open line of communication for facility staff to utilize the HCFD as a resource when abuse/neglect or drug diversion issues arise within their facilities. For example, following a visit, a DON reached out to the supervisory agent asking for guidance/assistance with a possible drug diversion issue.

As nursing homes, assisted living, and adult foster care facilities learn of the legal ramifications for failing to staff their facilities based on resident acuity, opportunities for management provide education to nursing staff specific to policies and procedures for appropriate care, our goal is to ensure that these facilities will begin to improve their operations and quality of care for residents.





Observations made during visits have made it clear that the vast majority of staff members in these facilities do their best to provide the highest level of care that they can, but challenges still exist that could lead to both regulatory and/or criminal violations.

Thus, part of the mission of the Sentinel Project is to bring awareness to these facilities of where and how they may remedy gaps in residents' care as well as to prevent adverse events from happening in the future.

As the initiative reaches all corners of the state, our goal is that the physical and mental well-being of senior citizens and vulnerable adults residing in these facilities will notably improve, ensuring that our loved ones receive the best care possible now and in the future.

# OBSERVATIONS

As the project continues to grow, it has been observed that COVID-19 was a significant driver in creating staff burnout.

Additionally, low wages and long hours due to being chronically short staffed remains a major challenge and directly impacts the quality of care.

The Surgeon General has highlighted morale distress as a factor in staff burnout, which we have encountered at facilities when nursing staff are aware of the care their residents require but are unable to provide it due to constraints beyond their control.

These constraints may include unavailability of supplies or equipment needed for resident care, short staffing that results in working various shifts, mandated overtime, and use of contracted (temporary) staff to assist in filling staffing voids.

The observed publicly reported CMS star ratings sometimes deviates significantly from the observations of the team during facility visits. With regularity, the team has found better conditions than expected based upon one or two-star ratings.



Still, the visits have revealed an array of concerns, such as:

- wound treatments not being administered as prescribed;
- issues with medication availability;
- medication administration errors;
- briefs not being changed for extended periods of time;
- showers not being administered on a regular basis;
- failure to answer call lights in a timely matter;
- short staffing (especially on off-shifts);



- facility maintenance issues that could lead to resident injury;
- nursing reports that CNAs don't complete jobs that are delegated to them;
- possible drug diversion;
- lapsed nursing license or CNA certification;
- improper documentation of controlled substance administration;
- resident to resident sexual assault; and
- lack of ongoing education for nurses and CNAs related to resident care procedures.



# RECOMMENDATIONS



A majority of the concerns observed within facilities stem from short staffing and retention.

Consider ways to increase number of staff and improve staff morale in order to create a positive workplace. Decreasing staff turnover will in turn decrease the need for contracted or temporary staff who may not have the commitment to provide higher quality of care for residents.

# RECOMMENDATIONS



Items that may assist in this would be to consider adding staff recruitment personnel, invest in staff education by assisting with college reimbursement for CNAs or nursing staff who want to further their education, improve communication between upper management and floor staff, and ensuring that all supplies and equipment needed for resident care are easily obtainable by floor staff.

The proposed incentive program would be to recommend for fines levied from facilities be redistributed on programs such as employee retention and staff training.





*If you or someone you know is being abused or neglected in a nursing facility, please contacting the Michigan Attorney General's Health Care Fraud Hotline at (800) 24-ABUSE (800-242-2873) or file a complaint online through the Michigan Attorney General Patient Abuse Complaint Form at [mi.gov/agcomplaints](https://mi.gov/agcomplaints).*