



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

June 7, 2017

Karen LaFave
Adult Learning Systems - UP, Inc
290 Rublien St, Suite F
Marquette, MI 49855

RE: License #: AS520083567
Investigation #: 2017A0233008
Transitions

Dear Ms. LaFave:

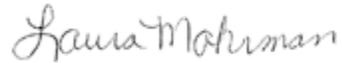
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.

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 (906) 226-4171.

Sincerely,

A handwritten signature in cursive script that reads "Laura Mohrman".

Laura Mohrman, Licensing Consultant
Bureau of Community and Health Systems
234 W. Baraga Ave.
Marquette, MI 49855
(906) 290-3428

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS520083567
Investigation #:	2017A0233008
Complaint Receipt Date:	05/03/2017
Investigation Initiation Date:	05/03/2017
Report Due Date:	07/02/2017
Licensee Name:	Adult Learning Systems - UP, Inc
Licensee Address:	290 Rublien St, Suite F Marquette, MI 49855
Licensee Telephone #:	(906) 228-7370
Administrator:	Karen LaFave
Licensee Designee:	Karen LaFave
Name of Facility:	Transitions
Facility Address:	607 Spring Street Marquette, MI 49855-9396
Facility Telephone #:	(906) 228-6359
Original Issuance Date:	11/03/1998
License Status:	REGULAR
Effective Date:	09/06/2015
Expiration Date:	09/05/2017
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
There are 3 bubble packs of controlled medication missing.	Yes
Additional Findings	Yes

III. METHODOLOGY

05/03/2017	Special Investigation Intake 2017A0233008
05/03/2017	Special Investigation Initiated - Telephone Theresa Norton made a Phone call to Cindy Lawrence - Pathways RR Officer.
05/03/2017	Contact - Document Received Incident reports received.
05/08/2017	Contact - Document Received I received a copy of the internal investigation and the initial plan of correction.
05/08/2017	Contact-Telephone call made I spoke to Karen LaFave regarding drug screen results. She reported that most of them had come back negative but 2 employees had to provide occupational medicine verification of prescribed medications. She is waiting on the results.
05/15/2017	Contact - Document Received I received a copy of the police report.
05/16/2017	Contact - Telephone call received The detective that is investigating called me to share/gather information.
05/17/2017	Contact - Face to Face Interviewed staff with RR Scott Anderson at the facility.
05/17/2017	Contact - Document Received I received copies of the medication count sheets, staff schedules the MAR, and written statements from staff.
05/18/2017	Exit Conference I met with Karen LaFave and went over my findings

5/30/2017	APS Referral made I called Brett Blackburn gave him the information I had.

ALLEGATION:

There are 3 bubble packs of controlled medication missing.

INVESTIGATION:

On May 1, 2017, Theresa Norton received a call from Karen LaFave reporting that there were 3 bubble packs of Resident A's controlled medications missing. Ms. LaFave stated that all employees that had access to the medications from April 28, 2017 to May 1, 2017, have been sent to occupational medicine for drug screening. She also stated that law enforcement was contacted. Ms. Norton contacted Cindy Lawrence Office of Recipient Rights and let her know about the incident. Ms. Norton was told that Mr. Anderson is the Recipient Rights Officer for this facility.

On May 8, 2017, I called Mr. Anderson and let him know I was back in the office and had reviewed some of the documentation. He stated that there was no word on the drug test results. We set up a date to interview the staff. Mr. Anderson stated that he requested written statements from the staff.

On May 8, 2017, I received a copy of the internal investigation and the corrective measures already initiated. The facility has drug tested the staff requesting a panel for Lorazepam. They have filed a police report and included the report number. They have had the medication locks rekeyed, they have implemented a sign out sheet for when medications keys are passed from one staff to the other, all medications will be counted prior to the keys being passed over. The controlled medications will be counted by 2 people at all times and this includes managers. Sherri Dyszel RN is updating the medication policies to be trained at their next staff meeting.

On May 8, 2017, I spoke to Ms. LaFave regarding the drug screens. She stated that she is waiting on 2 employees results due to something found in the screen. She stated that one of the employees had told her that he would test positive for marijuana and he is one of the employees they are waiting on results to come back. This employee will need to provided written documentation that he has received counseling on the marijuana use.

On May 15, 2017, I called the Marquette City Police and requested the police report. The report was faxed to me. The report does not have any new information that was not included in the incident report.

On May 16, 2017, I received a call from the detective assigned to the case. He stated he had not heard anything from the facility in regards to drug tests. He stated that he

may not be able to do anything with the case due to lack of evidence. I let him know that I would share any information that may be helpful.

On May 17, 2017, Mr. Anderson and I interviewed Austyn Laitinen, Nate Fortin, Loni Burnett (Home Manager), Matt Matulewicz (Assistant Home Manager), Ashley Wanhala (Assistant Home Manager for another facility), Martha Iciek, Areanna Bennett, Ashley Davis, Gerald burton, Jamie Cole, Daniel Goodman. We reviewed MARS, staff schedules and medication count sheets.

Ms. Burnett manages another facility that is owned by this Licensee. On April 28, 2017, she had taken the Transition medications to the other facility to get them set up for the monthly change over. Ms. Burnett stated that she brought the medications back to the Transitions and placed them in the locked cabinet. She stated she did not put them into the lock boxes which is the policy for handling the controlled medication. Ms. Burnett stated that she did not write the information in the staff log because she did not want to bring it to staff attention. Ms. Burnett stated that no one else checked the medication in or counted it with her.

All staff deny taking the medication. All of the staff reported that they did not know the medication was in the locked cabinet and do not recall seeing it in there.

A review of the controlled medication sheets shows that there were several days throughout the month that the staff did not count the controlled medications at shift change. This failure by the staff was not addressed by management.

On May 22, 2017, Ms. LaFave informed me that Ms. Burnette was terminated.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(6) A licensee shall take reasonable precautions to insure that prescription medication is not used by a person other than the resident for whom the medication was prescribed.
ANALYSIS:	The facility had the policies and procedures in place for the accountability of the medications. The controlled medication is stored in a locked cabinet inside individual lock boxes. The staff are trained on how to handle the controlled medication. Ms. Burnett did not follow the controlled medication policy and she was the last one to account for them.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On May 17, 2017, I went to the facility to interview staff regarding this investigation. I knocked on the door and entered the facility into the kitchen area. Resident B was in the kitchen on his own with a medication cup in his hand. I asked Resident B how his day was going and if he was taking his medication. He stated he was taking his medication. There was a staff person that was sitting on the couch in the other room. I asked him his name and he stated Gerald. I asked him if Resident B manages his own medications and he stated he does not. I stated you should be watching him take the medication. Gerald stated that "he is good about taking them". I explained to him that he needs to be watching Resident B take them to be sure he is actually taking them and not putting them in his pocket or dropping them on the floor.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(3) Unless a resident's physician specifically states otherwise in writing, the giving, taking, or applying of prescription medications shall be supervised by the licensee, administrator, or direct care staff.
ANALYSIS:	The staff did not supervise Resident B while he was taking his medications.
CONCLUSION:	VIOLATION ESTABLISHED

Exit Conference: I went over my findings with Karen LaFave. I let her know that it is not clear who took the medication. I stated that the staff are not following the policies your company has in place for handling the controlled medications. There does not appear to be any consequences for not following through with counting the controlled medications. I also let her know there was an additional finding regarding the supervision of residents taking medication. Ms. Lafave stated that they were having ongoing issues with this manager and that this will most likely result in her termination as she is currently on a corrective action.

IV. RECOMMENDATION

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

Laura Mohrman

6/7/2017

Laura Mohrman
Licensing Consultant

Date

Approved By:

Mary Holton

6/7/2017

Mary E Holton
Area Manager

Date