



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

August 11, 2017

Carrie Parchmon
528 Superior
Niles, MI 49120

RE: License #: AF110348948
Investigation #: **2017A0465031**
Friendly Circle

Dear Ms. Parchmon:

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) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 243-6063

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---------------------------------------|---------------------------------|
| License #: | AF110348948 |
| Investigation #: | 2017A0465031 |
| Complaint Receipt Date: | 05/24/2017 |
| Investigation Initiation Date: | 05/30/2017 |
| Report Due Date: | 07/23/2017 |
| Licensee Name: | Carrie Parchmon |
| Licensee Address: | 528 Superior Niles, MI 49120 |
| Licensee Telephone #: | (269) 684-1117 |
| Administrator: | Carrie Parchmon |
| Licensee Designee: | N/A |
| Name of Facility: | Friendly Circle |
| Facility Address: | 528 Superior Niles, MI 49120 |
| Facility Telephone #: | (269) 684-1117 |
| Original Issuance Date: | 03/03/2014 |
| License Status: | REGULAR |
| Effective Date: | 08/29/2016 |
| Expiration Date: | 08/28/2018 |
| Capacity: | 6 |
| Program Type: | MENTALLY ILL |

II. ALLEGATION(S)

| | Violation Established? |
|---|-----------------------------------|
| Resident A was absent without notice from the facility for eight days and her location was unknown. The licensee did not contact the local authority. | No |
| Resident A was gone from the facility for eight days and was not given her prescription medication during this time. | Yes |

III. METHODOLOGY

| | |
|------------|---|
| 05/24/2017 | Special Investigation Intake 2017A0465031 |
| 05/30/2017 | Special Investigation Initiated - Telephone Left voice mail for complainant. |
| 05/31/2017 | Inspection Completed On-site Reviewed Resident A's file and interviewed her. Interviewed licensee. |
| 05/31/2017 | Exit Conference Conducted Exit Conference with licensee. |
| 05/31/2017 | Inspection Completed-BCAL Sub. Compliance |
| 06/12/2017 | Contact – Telephone Contacted Relative A1 |

ALLEGATION:

Resident A was absent without notice from the facility for eight days and her location was unknown. The licensee did not contact the local authority.

INVESTIGATION:

On 5/24/2017, a complaint was received, alleging that Resident A was missing from the facility for approximately eight days and a missing person report was not filed.

On 5/31/2017, I conducted an onsite investigation at Friendly Circle. I reviewed Resident A's *Assessment Plan for AFC Residents*, which stated that Resident A is able to move independently in the community and is allowed to sign herself in and

out of the facility. A review of the file confirmed that Resident A is her own decision-maker, her own payee, and does not have a legal guardian.

I interviewed licensee, Carrie Parchmon. Ms. Parchmon reported that Resident A was gone from the facility from 5/23/2017 – 5/30/2017. Ms. Parchmon reported that on 5/22/2017, Resident A notified her that she was planning to visit her daughter in Hamilton, MI from 5/23/2017 – 5/30/2017. Ms. Parchmon showed me the Resident Sign-In/Sign-Out Sheet, which confirmed this information. I also observed a piece of notebook paper, which Resident A had provided to Ms. Parchmon prior to leaving the facility, which contained the name and contact information for Resident A's daughter. Ms. Parchmon reported that during the dates of 5/23/2017 – 5/30/2017, Resident A was not missing. Ms. Parchmon stated that she was aware of where Resident A was located and had contact information available to speak to Resident A if needed.

I interviewed Resident A, who reported that she spent a week with her daughter during the month of May 2017. Resident A reported that she did inform Ms. Parchmon of this plan prior to leaving the facility. Resident A stated that she provided Ms. Parchmon with the contact information of where she was going to be, as well as phone number for her daughter. Resident A reported that she spoke to Ms. Parchmon on at least one occasion during the time that she was visiting her daughter.

I interviewed Relative A1, who reported that she is the daughter of Resident A. Relative A1 reported that Resident A came to visit her from 5/23/2017 – 5/30/2017. Relative A1 stated that Resident A took a bus to her home. Relative A1 stated that Resident A is able to travel independently and has traveled to her home on several occasions.

| APPLICABLE RULE | |
|------------------------|---|
| R 400.1417 | Absence without notice. |
| | (1) If a resident is absent without notice, the licensee or responsible person shall do both of the following: (b) Contact the local police authority. |

| | |
|--------------------|---|
| ANALYSIS: | <p>Based upon a review of Resident A's <i>Assessment Plan for AFC Residents</i>, and interviews with Resident A, Relative A1, and Ms. Parchmon, during the dates of 5/23/2017 – 5/30/2017, Resident A was not absent without notice.</p> <p>Both Ms. Parchmon and Resident A reported that they communicated and were aware of the plan for Resident A to visit her daughter. Additionally, I observed documentation that confirmed that Ms. Parchmon was provided with the contact information for where Resident A was going to be during the time that she was absent from the facility.</p> |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ALLEGATION:

Resident A was gone from the facility for eight and was not given her prescription medication during this time.

INVESTIGATION:

On 5/31/2017, I conducted an onsite investigation at Friendly Circle. I interviewed Ms. Parchmon regarding the allegation that Resident A missed medication dosages during the time that she was gone from the facility from 5/23/2017 – 5/30/2017.

I reviewed Resident A *Medication Administration Record*, which documented that Resident A is prescribed the following medications:

- Hydroxyz 50mg tablet (1x daily-administer at bedtime)
- Quetiapine Fumate XR 200mg (1x daily-administer in morning)
- Quetiapine Fumate XR 50mg (1x daily-administer at bedtime)

Ms. Parchmon reported that she provided Resident A with a 7 day supply of Hydroxyz 50 mg and a 4 day supply of Quetiapine XR 200mg and Quetiapine XR 50mg following medications prior to her departure on 5/23/2017. Ms. Parchmon reported that on the day that Resident A left the facility, she only had a four day supply left of both dosages of the Quetiapine XR medication. I reviewed Resident A's file and confirmed that Genoa-Benton Harbor delivered a thirty day supply of Quetiapine Fumate XR 200mg and 50mg to the facility on 5/24/2017, one day after Resident A had left the facility. Ms. Parchmon acknowledged that she did not provide Resident A with an adequate supply of prescription medications prior to her departure from the facility on 5/24/2017.

I interviewed Resident A, who reported that, during the time that she gone from the facility, she was without her “bedtime medication for about three days.”

| APPLICABLE RULE | |
|------------------------|---|
| R 400.1418 | Resident medications. |
| | <p>(4) When a licensee or responsible person supervises the taking of medication by a resident, the licensee or responsible person shall comply with the following provisions:</p> <p>(b) Not adjust or modify a resident’s prescription medication without agreement and instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record in writing any adjustments or modifications of a resident’s prescription medication.</p> |
| ANALYSIS: | <p>Based on a review of Resident A’s <i>Medication Administration Record</i> and interviews with Ms. Parchmon and Resident A, Resident A was not provided with an adequate supply of her physician-prescribed Quetiapine Fumate XR medication. Resident A missed medication dosages on 5/28, 5/29, and 5/30.</p> <p>Ms. Parchmon admitted that she only provided Resident A with a four day supply of Quetiapine Fumate XR 200mg and 50mg, and knew that Resident A would not have enough medication to last for the duration of her time away from the facility.</p> |
| CONCLUSION: | VIOLATION ESTABLISHED |

I conducted an Exit Conference with Ms. Parchmon on 5/31/2017. Ms. Parchmon is in agreement with the findings of this report.

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remains unchanged.




8/11/2017

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:



08/11/2017

Dawn N. Timm
Area Manager

Date