



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 25, 2019

Marcia Curtiss  
Lifehouse Crystal Manor Operations LLC  
Suite 115  
21800 Haggerty Rd.  
Northville, MI 48167

RE: License #: AL410302931  
Investigation #: 2019A0340049  
Addington Place of Grand Rapids Seaside

Dear Mrs. Curtiss:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan.

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 (616) 356-0183.

Sincerely,



Rebecca Piccard, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 446-5764

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL410302931
<b>Investigation #:</b>	2019A0340049
<b>Complaint Receipt Date:</b>	08/27/2019
<b>Investigation Initiation Date:</b>	08/27/2019
<b>Report Due Date:</b>	10/26/2019
<b>Licensee Name:</b>	Lifehouse Crystal Manor Operations LLC
<b>Licensee Address:</b>	Suite 115 21800 Haggerty Rd. Northville, MI 48167
<b>Licensee Telephone #:</b>	(616) 262-1792
<b>Administrator:</b>	Jill Quick
<b>Licensee Designee:</b>	Marcia Curtiss
<b>Name of Facility:</b>	Addington Place of Grand Rapids Seaside
<b>Facility Address:</b>	1175 68th Street S.E. Grand Rapids, MI 49508
<b>Facility Telephone #:</b>	(616) 281-8054
<b>Original Issuance Date:</b>	03/25/2010
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	09/26/2018
<b>Expiration Date:</b>	09/25/2020
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED MENTALLY ILL AGED

## II. ALLEGATION(S)

	Violation Established?
Staff are not adequately trained.	Yes
Residents are left in soiled clothes with no brief or bed linens.	No
Residents do not receive their scheduled medications.	Yes
Resident Assessment Plans have not been completed.	No
Oxygen tanks are not stored properly.	No
Staff are not trained in emergency procedures.	Yes
Additional Findings	Yes

## III. METHODOLOGY

08/27/2019	Special Investigation Intake 2019A0340049
08/27/2019	APS Referral
08/27/2019	Special Investigation Initiated - Face to Face
08/27/2019	Inspection Completed On-site
08/28/2019	Contact - Document Sent Jill Quick
08/29/2019	Contact - Document Sent Jill Quick
08/29/2019	Inspection Completed On-site
09/26/2019	Inspection Completed On-site fire drill with Brian Sherman
10/08/2019	Inspection Completed On-site
10/21/2019	Contact – Phone call made Jill Quick
10/24/2019	Exit Conference Designee Marcia Curtiss

**ALLEGATION: Staff are not adequately trained.**

**INVESTIGATION:** On August 26, 2019 I received a complaint from the BCAL online complaints. It stated that staff at Addington Place are not adequately trained to provide resident care.

On August 26, 2019 I completed a referral to Adult Protective Services.

On August 27, 2019 I conducted an unannounced facility inspection. I first spoke with Administrator Jill Quick and Corporate Nurse Jeanine Hayes. They informed me that new staff are given a 3-day training before they can work. One day is spent with Human Resources to cover paperwork and AFC required training and then 2 days are spent shadowing experienced staff.

On August 27, 2019 I interviewed Staff 1, asking her about the training she has received. Staff 1 informed me that she previously worked at a different AFC home and was trained prior to her employment at Addington. Staff 1 stated there is supposed to be a day of orientation and then a few days of shadowing experienced staff in order to complete the training, but she has not experienced that. Staff 1 thought that she may not have received the training because she has AFC experience that it wasn't necessary.

On August 27, 2019 I interviewed Staff 2. She informed me that staff do not receive any formal training. Once people are hired, they are put on the schedule the first day without training. Staff 2 stated that training is supposed to occur but because they have been "short staffed", they go right on the schedule. Whatever training goes on would be "on the job". The only thing new people would not be doing is passing resident medication because only certain, designated staff are the only ones to pass medication. I asked Staff 2 if there is training done with HR and she denied that this is happening

On August 27, 2019 I interviewed Staff 3. Staff 3 stated there is no mentoring or shadowing when new staff is hired. People are put on the floor as soon as they are hired. She stated she believes a staffing shortage has created desperation to keep the shifts filled. I asked Staff 3 if she had spent a day with HR going over required paperwork and AFC training. She told me that she has not ever done this.

On August 27, 2019 I interviewed Staff 4. She stated she did not receive any training when she started at Addington. Staff 4 stated that she had not ever heard of any job shadowing or mentoring. I asked her if she had completed any of the required AFC trainings with HR and she denied this had happened. She stated she has learned how to perform her required job duties while working, sometimes not knowing if she is doing things correctly or not.

On August 27, 2019 I interviewed Staff 5. She stated "someone" told her she would be trained but she never was. I asked if she had done any job shadowing and Staff 5 said she has not. I asked Staff 5 if she had gone to HR and did any video or paperwork regarding training and she said she has not. I asked her if she feels

proficient in her job duties and she said “no”. Staff 5 stated she would speak up if she is uncomfortable transferring or bathing a resident and she would call for assistance, but this has not been an issue thus far for her.

On August 27, 2019 I requested from Administrator Jill Quick a copy of the staff training log. She provided me with a blank spreadsheet which listed all staff training however, no names or dates of completed trainings were listed. When I asked for the documentation to show staff have been trained, Ms. Quick stated she does not have any of the required documentation.

On October 21, 2019 I spoke with Ms. Quick. I relayed to her the staffs’ statements that they have not received any training. I asked Ms. Quick about these statements. She stated that when new staff are hired, they are assigned to another staff to work with for one day shadowing. The next day or two is spent with another staff providing “hand-on” resident care. I asked Ms. Quick about staff spending a day doing required licensing training with HR. Ms. Quick stated that had not been happening and did not provide a reason as to why. Ms. Quick stated there will be a re-training for all staff this week to come into compliance.

On October 24, 2019 I conducted an exit conference with Designee Marcia Curtiss. I advised her of the rule violation and request for a Corrective Action Plan. Ms. Curtiss stated she understood and had no further questions.

<b>APPLICABLE RULE</b>	
<b>R 400.15204</b>	<b>Direct care staff; qualifications and training.</b>
	<p><b>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</b></p> <ul style="list-style-type: none"> <li><b>(a) Reporting requirements.</b></li> <li><b>(b) First aid.</b></li> <li><b>(c) Cardiopulmonary resuscitation.</b></li> <li><b>(d) Personal care, supervision, and protection.</b></li> <li><b>(e) Resident rights.</b></li> <li><b>(f) Safety and fire prevention.</b></li> <li><b>(g) Prevention and containment of communicable diseases.</b></li> </ul>
<b>ANALYSIS:</b>	<p>An allegation was made that staff are not adequately trained to provide resident care.</p> <p>Staff 1, 2, 3, 4 and 5 all stated they were not trained upon hire at Addington Place.</p>

	<p>Administrator Quick was unable to produce documentation to show staff have been trained..</p> <p>There is a preponderance of evidence to support this allegation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION: Residents are left in soiled clothes with no brief or bed linens.**

**INVESTIGATION:** On August 26, 2019 I received a complaint from the BCAL online complaints stating residents are left in soiled clothing and they have been left with no incontinence products, on bare mattresses with no linens.

On August 26, 2019 I completed a referral to Adult Protective Services.

On August 27, 2019 I conducted an unannounced facility inspection. I walked through every bedroom and inspected every bed and resident. I did not notice a smell of urine or feces. I did not observe any resident left soiled or without proper briefs and bedding. Corporate Nurse, Jeanine Hayes, showed me the linen closet which I viewed and noted that it was fully stocked with extra bedding. She also showed me the storage for extra briefs which I viewed and noted the home was well stocked with extra incontinence products, in addition to what I saw in each resident's room. Ms. Hayes stated that not only does each resident who requires a brief have them in their own bathrooms, but, as she had shown me, there are supply closets with additional briefs available to residents.

On August 27, 2019 I interviewed Staff 3. I informed her of the allegation that residents are left in soiled clothes and there are no briefs or linens on the beds. I asked her if she knew of any instances in which this occurred. Staff 3 stated that she has not observed any resident left in soiled clothes when she is working. Also, the only time that the linens are off the beds would be when they are being washed, but residents aren't in bed if there are no sheets on it. I then asked her thoughts on why someone would make these allegations. She stated it may be a staff person who was mad that they had to clean up after someone who soiled themselves.

On August 27, 2019 I interviewed Staff 4. I informed her of the allegations and asked her if she has witnessed any of the neglect. Staff 4 stated this has not happened when she has worked but added that she did not know if it has happened on other shifts. Staff 4 also stated how the allegations about the bedding and briefs was strange since the closet is full with extras.

On October 21, 2019 I spoke with Ms. Quick. I asked her if there had been an issue with residents not receiving the proper care that might explain why someone would make these allegations. Ms. Quick stated that they did have a former staff person who had failed to show up to work back prior to the complaint being filed. When that

person was a no show, the other staff had to cover or catch up. This would have been the time that an issue would have arisen. Ms. Quick stated that the former staff person had sent her a letter after she had been terminated that had listed the same allegations as this complaint. Ms. Quick stated that since this person's termination there has not been an issue with Resident care and cleanliness.

On October 24, 2019 I conducted an exit conference with Designee Marcia Curtiss. I informed her that no violations were found. She agreed with my findings and had no further questions.

<b>APPLICABLE RULE</b>	
<b>R 400.15303</b>	<b>Resident care; licensee responsibilities.</b>
	<b>(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.</b>
<b>ANALYSIS:</b>	<p>It was alleged that residents are left in soiled clothing and without incontinence products, on bare mattresses with no linens.</p> <p>I did not observe any residents to be left soiled, or without briefs, or without bedding during my unannounced on-site inspection on 8/24/19. During this inspection I observed the linen closet with ample supply of extra bedding and a supply closet with extra briefs.</p> <p>I interviewed Staff 3 and 4 who both denied residents are left is soiled clothes when they have worked, also adding that there is an abundance of briefs and linens available.</p> <p>There is not a preponderance of evidence to support this allegation.</p>
<b>CONCLUSION</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION: Residents do not receive their scheduled medications.**

**INVESTIGATION:** On August 26, 2019 a complaint was received from the BCAL online complaints. It stated that residents at Addington Place are not receiving their scheduled medications.

On August 27, 2019 I conducted an unannounced facility inspection. The Medication Administration Record for this facility is maintained electronically. Within this system, it is possible to run a report for any medication errors. I requested a

copy of the medication error report for the previous 2 weeks. I found numerous medication errors for Residents A, B, C, D, E and F within those previous 2 weeks in which a medication was not given by staff.

A summary listing of the medication errors discovered include the following:

Resident A was not given:

- Tobramycin Sol 0.3% OP at 12 am on Aug. 15, 2019
- Tobramycin Sol 0.3% OP at 12 am on Aug. 16, 2019
- Tobramycin Sol 0.3% OP at 6 am on Aug. 15, 2019
- Tobramycin Sol 0.3% OP at 6 am on Aug. 16, 2019
- Tobramycin Sol 0.3% OP at 12 pm on Aug. 15, 2019
- Tobramycin Sol 0.3% OP at 12 pm on Aug. 16, 2019
- Tobramycin Sol 0.3% OP at 6 pm on Aug. 15, 2019

Resident B was not given:

- Lisinopril tab 10 MG at 5 pm on Aug. 28, 2019

Resident C was not given:

- Levothyroxine tab 125 MCG at 6 am on Aug. 21, 2019
- Pantoprazole tab 40 MG at 6 am on Aug. 21, 2019

Resident D was not given:

- Artificial tears – SOLN at 8 pm on Aug. 23, 2019
- Atorvastatin tab 20 MG at 8 pm on Aug. 23, 2019
- Basaglar Inj 100 Unit at 8 pm on Aug. 23, 2019
- Hydralazine HCL tab 25 MG at 8 pm on Aug. 23, 2019
- Hydroco/Apap tab 10-325 MG at 10 pm on Aug. 20, 2019
- Hydroco/Apap tab 10-325 MG at 10 pm on Aug. 23, 2019
- Trazodone tab 50 MG at 8 pm on Aug. 23, 2019

Resident E was not given:

- Magic Butt Cream calmos:Desit 1:1 at 2 pm on Aug. 15, 2019

On August 27, 2019 I spoke with Corporate nurse Jeanine Hayes. I asked her to explain why so many medication errors occurred. She told me that some of the errors are because residents were away from the facility at the time and staff did not pass their medications because they weren't there. I explained to her that it should be documented that they were out of the facility, otherwise it is recorded as a medication error if it is left blank. In conversation with Ms. Hayes I discovered that the staffing at the facility has been insufficient at times and no one assigned to this building was trained to pass medications. Staff were relying upon a "med tech" who was assigned to another facility on campus. Apparently, there have been issues with that person getting to every building to pass medications when she is unable to

“get away” from her assigned facility. This issue will be addressed in a subsequent section of this report.

On October 24, 2019 I conducted an exit interview with Designee Marcia Curtis. I informed her of the allegation and my finding of a rule violation as well as the recommendation for a provisional license. I requested a Corrective Action Plan. Ms. Curtiss stated she understood and had no further questions.

<b>APPLICABLE RULE</b>	
<b>R 400.15312</b>	<b>Resident medications.</b>
	<b>(2) Medication shall be given, taken, or applied pursuant to label instructions.</b>
<b>ANALYSIS:</b>	<p>It was alleged that residents are not receiving their medications as prescribed.</p> <p>I reviewed the medication error report for the previous 2 weeks and discovered 18 medication errors had been made in which a resident did not receive their prescribed medication.</p> <p>There is a preponderance of evidence to support a rule violation.</p>
<b>CONCLUSION:</b>	<p><b>VIOLATION ESTABLISHED</b></p> <p><b>REPEAT VIOLATION: From special investigation reports 2019A0340031 (completed 5/30/2019) and 2019A0340011 (completed 3/12/2019)</b></p>

**ALLEGATION: Resident Assessment Plans have not been completed.**

**INVESTIGATION:** On August 26, 2019 I received a complaint from BCAL online complaints stating no resident assessment plans have been completed for the residents of Addington Place.

On August 27, 2019 I conducted an unannounced inspection and requested a copy of all the resident assessment plans from Administrator Jill Quick. I received and reviewed the assessment plans she was readily able to produce for me. I was able to view the resident register and compared it with the provided assessment plans. Each assessment plan was completed, current, signed and dated by Ms. Quick.

On October 24, 2019 I conducted an exit conference with Designee Marcia Curtiss. I informed her that there was no rule violation found. She agreed with my findings and had no further questions.

<b>APPLICABLE RULE</b>	
<b>R 400.15316</b>	<b>Resident records.</b>
	<b>(1)A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information: (f) Assessment plan.</b>
<b>ANALYSIS:</b>	<p>It was alleged that resident Assessment Plans have not been completed for the residents at Addington Place.</p> <p>I conducted an unannounced inspection and reviewed copies of resident assessment plans for every resident at the facility.</p> <p>There is not a preponderance of evidence to support the allegation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION: Oxygen tanks are not stored properly.**

**INVESTIGATION:** On August 26, 2019 a complaint was received from the BCAL online complaints stating the oxygen tanks at Addington Place are not being stored properly.

On August 27, 2019 I conducted an unannounced on-site inspection. I informed Ms. Hayes of the allegations. She stated she had no knowledge of any problems with the storage of oxygen tanks or any incident that would cause reason for concern. Ms. Hayes informed me that the new and old tanks are stored outside in covered bins. The tanks currently being used would be in the appropriate resident's room or with them in a mobile carrier.

I observed the oxygen tank storage bins to be outside the facility. One container held the used tanks and another one held the new ones. I walked through the facility and did not observe any oxygen tanks being left out or improperly stored.

On August 27, 2019 I interviewed Staff 2. I asked her why she thought someone would complain about the tanks not being properly stored. Staff 2 informed me that in the past the tagging had not been done to correctly identify which tank belonged to which resident. She did not believe there was a danger to the safety of the residents, but expressed her opinion that it was poor documenting on the part of staff.

On August 27, 2019 I interviewed Staff 3. I asked her about the oxygen tanks for residents. She did not have any concerns about them. She stated she knew that there was storage outside for the new tanks and another storage bin for the used tanks. I asked her if she has ever noticed them lying around in the facility or not secured and she stated that she has not observed that. I asked her if she knew why someone would complain about this and Staff 3 stated she had no idea.

On September 26, 2019 I conducted an unannounced on-site inspection with Fire Marshall Brian Sherman. I showed him the storage containers and he stated they are adequate, and the tanks are properly stored.

On October 21, 2019 I spoke with Ms. Quick about the allegations. I asked her if there had been a previous issue with tanks not being stored properly. She stated she was not aware of any issues with the tanks. Ms. Quick stated staff know where they are stored and are always accessing the containers. She assumed this complaint was made by a former staff person who did not leave on good terms. The former staff had sent Ms. Quick a letter that included this allegation with no specific incident or information about the concern.

On October 24, 2019 I conducted an exit conference with Designee Marcia Curtiss. I informed her there was no violation found. Ms. Curtiss agreed with my findings and had no further questions.

<b>APPLICABLE RULE</b>	
<b>R 400.15403</b>	<b>Maintenance of premises.</b>
	<b>(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b>
<b>ANALYSIS:</b>	<p>It was alleged that oxygen tanks at the facility are not being properly stored.</p> <p>I observed the tanks stored outside in separate containers for used and new tanks. Fire Marshall Brian Sherman stated they are appropriately stored.</p> <p>Ms. Quick and Ms. Hayes reported there have not been any incidents regarding the improper storage of the tanks. All staff are aware of their location and have access to swap out the old for the new tanks.</p> <p>There is not a preponderance of evidence to support the allegation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION: Staff are not trained in emergency procedures.**

**INVESTIGATION:** On August 26, 2019 I received a complaint from BCAL online complaints stating the concern that staff are not trained in emergency procedures.

On August 27, 2019 I conducted an unannounced facility inspection. I interviewed Resident A in her room. She has lived at Addington for approximately 2 years. She told me that she had participated in a fire drill, but it was a long time ago. Resident A stated she was frustrated because there were so many new people working at the home and she wondered if they knew what they were doing. Resident A was unable to narrow down a timeframe for the last drill she participated in.

On August 27, 2019 I interviewed Staff 2, who has worked in the facility for over a year. I asked her about fire drills and the last time she remembered participating in one. Staff 2 stated she has not participated in a fire drill since she started working at Addington. She expressed concern that staff do not know what to do in the event of a fire or any other emergency. Staff 2 stated she received no training for fire drills or any other type of emergency procedure since working at Addington. I asked Staff 2 if she was ever told not to bother getting everyone out of the facility during a drill. She stated she had not been told not to evacuate everyone; however, she was never informed that everyone had to be evacuated either.

On August 27, 2019 I also interviewed Staff 3 and asked her about the training for fire drills. She informed me that there is no training. I asked her how often fire drills are conducted. Staff 3 informed me that she does not remember. She stated that she knows she has participated in one since starting work at Addington in the last few years, but she could not remember when that was. Staff 3 stated she has received no training for fire drills or any other type of emergency procedure.

On September 26, 2019 Fire Marshall Brian Sherman and I conducted an unannounced facility inspection together. Mr. Sherman pulled the fire alarm at the facility to conduct an unannounced fire drill. I watched as staff at first did not appear to know what was happening, and the few staff I saw expressed aloud that they did not know what to do or where to go with the residents. Staff asked me if everyone needed to be evacuated. I walked up and down the halls to ensure everyone was being evacuated.

At 5 minutes 45 seconds Mr. Sherman stopped the alarm. Not all the facility's residents were evacuated from the facility. There were two maintenance workers from the corporate office who were present during this process. They questioned Mr. Sherman and I as to why they had to evacuate all the facility's residents, if this was only a drill and explained that if it was a "real fire" every possible method would be used to get all residents out. Mr. Sherman and I explained that every effort needs to be made to get all of the residents out during the drills.

Mr. Sherman and I then reviewed the fire drills documented as being completed previously in the facility. The number of fire drills completed did meet licensing requirements. However, the documented times to complete the fire drills were found to be questionable as to their accuracy. The recorded fire drills showed:

- 8/19/19 during 2<sup>nd</sup> shift, 5 minutes 50 seconds
- 7/18/19 during 1<sup>st</sup> shift, 4 minutes 30 seconds
- 6/21/19 during 3<sup>rd</sup> shift, 9 minutes 35 seconds
- 5/21/19 during 2<sup>nd</sup> shift, 3 minutes 45 seconds
- 4/12/19 during 1<sup>st</sup> shift, 5 minutes 10 seconds
- 3/17/19 during 3<sup>rd</sup> shift, 11 minutes 50 seconds
- 2/26/19 during 2<sup>nd</sup> shift, 5 minutes 10 seconds
- 1/11/19 during 1<sup>st</sup> shift, 7 minutes 10 seconds

On September 26, 2019 I spoke with Ms. Quick and Ms. Hayes again. I shared with them my concerns about the chaos I witnessed, the significant difference in the documented times of the fire drills, and the residents that had been left in the facility. Ms. Quick and Ms. Hayes informed me they were unaware there is a requirement to evacuate everyone from the facility during the drills. I asked if there were any type of written plans for those residents that are bed bound or “actively dying” and they both responded that there is not. I advised them that there needs to be a written plan and that staff are in need of training.

On October 21, 2019, I interviewed Ms. Quick and asked her about the training that is provided to staff around the topic of fire drills and emergency preparedness. She stated there has not been any formal training of which she was aware. She stated that all staff will be re-trained this week so that they will be in compliance with licensing rules. We also discussed the plans for those who are bed bound or actively dying. She informed me that written plans are being made for what will be done in case of an emergency. I asked Ms. Quick if the former maintenance man who conducted the drills would have told staff not to bother evacuating everyone from the facility during the drills and she believed that is what happened.

On October 24, 2019 I conducted an exit conference with Designee Marcia Curtiss. I advised her of the violation and request for a Corrective Action Plan. Ms. Curtiss stated she does not agree with the requirement to evacuate all residents from the facility, specifically those actively dying. We further discussed having a written plan of action for those specific residents and making sure staff are trained in the event of an emergency. Ms. Curtiss stated she understood and had no further questions.

<b>APPLICABLE RULE</b>	
<b>R 400.15318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	<b>(4) A licensee shall ensure that residents, all employees, volunteers under the direction of the licensee, and</b>

	<b>members of the household are familiar with emergency and evacuation procedures.</b>
<b>ANALYSIS:</b>	It was alleged that staff are not trained to handle emergency procedures.  An unannounced fire drill was conducted by myself and Fire Marshall Brian Sherman. Staff demonstrated by their actions and words that they were unprepared and not knowledgeable as to fire drill procedures.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

### **ADDITIONAL FINDINGS**

**INVESTIGATION:** During an unannounced inspection on August 27, 2019 I had discovered through conversation some staffing issues leading to medication errors. I interviewed Administrator Jill Quick and Corporate Nurse, Jeanine Hayes on this date. I asked them why so many medication errors had occurred in this facility and they both stated it was due to only one staff person being assigned to provide direct care in the facility, and that person was not trained to pass medications. The person trained to pass medication was acting as a “floater” and was unable to get away from her assigned facility in order to come over and pass medications.

On October 24, 2019 I conducted an exit conference with Designee Marcia Curtiss. I informed her of the rule violation and request for a Corrective Action Plan. Ms. Curtiss stated she understood and had no further questions.

<b>APPLICABLE RULE</b>	
<b>R 400.15206</b>	<b>Staffing Requirements</b>
	<b>(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care and protection of residents and to provide the services specified in the resident’s resident care agreement and assessment plan.</b>
<b>ANALYSIS:</b>	During an unannounced home inspection on August 27, 2019 I discovered that “staffing issues” has led to medication errors.  Administrator Jill Quick and Corporate Nurse Jeanine Hayes both stated the medication errors were due to only one staff person being assigned to provide direct care in the facility and that person was not trained to pass medication. The person trained to pass medication was acting as a “floater” and was

