



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 21, 2020

Charkyra Brooks  
JARC  
Suite 100  
30301 Northwestern  
Farmington Hills, MI 48334

RE: License #: AS630281660  
Investigation #: 2020A0611010  
Charach

Dear Ms. Brooks:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Sheena Bowman".

Sheena Bowman, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342

Enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630281660
<b>Investigation #:</b>	2020A0611010
<b>Complaint Receipt Date:</b>	12/20/2019
<b>Investigation Initiation Date:</b>	12/20/2019
<b>Report Due Date:</b>	02/18/2020
<b>Licensee Name:</b>	JARC
<b>Licensee Address:</b>	Suite 100 30301 Northwestern Farmington Hills, MI 48334
<b>Licensee Telephone #:</b>	(248) 940-2617
<b>Administrator:</b>	Charkyra Brooks
<b>Licensee Designee:</b>	Charkyra Brooks
<b>Name of Facility:</b>	Charach
<b>Facility Address:</b>	6701 Country Club Lane West Bloomfield, MI 48322
<b>Facility Telephone #:</b>	(248) 538-0972
<b>Original Issuance Date:</b>	06/14/2006
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	04/19/2019
<b>Expiration Date:</b>	04/18/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

ALLEGATION(S)

	<b>Violation Established?</b>
A staff member passed the wrong medication to Resident R.	No

**II. METHODOLOGY**

12/20/2019	Special Investigation Intake 2020A0611010
12/20/2019	Special Investigation Initiated - Telephone I made a telephone call to the AFC home however; there was no response.
01/08/2020	Contact - Face to Face I conducted an unannounced onsite investigation. I interviewed staff member McGill Borbor and staff member Rochelle Grubbs. I received copies of Resident R's medication administration record (MAR) for the month of December 2019, an appointment information record, and a medication check-in log form.
01/09/2020	Contact - Telephone call made I made a telephone call to Dr. Lepard's office. I left a voice message requesting a call back.
01/09/2020	Contact - Telephone call made I made a telephone call to the house manager, Ladawn Mills. The allegations were discussed.
01/10/2020	Contact - Telephone call made I made a telephone call to Dr. Lepard's office. I spoke with Nurse Lisa regarding the allegations.
01/14/2020	Contact - Document Received I received two copies of prescriptions for Resident R from Dr. Lepard's office.
01/14/2020	Exit Conference I conducted an exit conference with the licensee designee, Charkyra Brooks via email.

## **ALLEGATION:**

**A staff member passed the wrong medication to Resident R.**

## **INVESTIGATION:**

On 12/12/19, an incident report was received regarding Resident R being administered the wrong medication. As a result, a special investigation was opened.

On 12/20/19, I made a telephone call to the AFC group home however; there was no response.

On 01/08/20, I conducted an unannounced onsite investigation. I interviewed staff member McGill Borbor and staff member Rochelle Grubbs. I received copies of Resident R's medication administration record (MAR) for the month of December 2019, an appointment information record, and a medication check-in log form.

On 01/08/20, I interviewed staff member McGill Borbor. Regarding the allegations, Mr. Borbor stated on 12/11/19, he administered Resident R's Alprazolam .5 mg medication as the medication was prescribed to him and it was recorded in the medication book. Mr. Borbor was informed the following day that Dr. Lepard prescribed Alprazolam for Resident R inadvertently.

On 01/08/20, I interviewed staff member Rochelle Grubbs. Regarding the allegations, Ms. Grubbs stated on 12/11/19, Resident R was seen by Dr. Keith Lepard for a psychiatrist visit. A couple hours later after Resident R returned to the AFC group home following the psychiatrist visit, the pharmacy dropped off Resident R's prescription for Alprazolam .5 mg. Ms. Grubbs stated staff member Mr. Borbor logged in the medication on the medication check-in log form. I observed the medication check-in log form. The medication was logged in by Mr. Borbor and the home manager, Ladawn Mills wrote a comment stating the Alprazolam was the wrong medication. Ms. Grubbs stated she was informed the next day (12/12/19) by Ms. Mills that Dr. Lepard made a mistake with sending a prescription to the pharmacy for Alprazolam for Resident R. Ms. Mills was present with Resident R at his psychiatrist visit with Dr. Lepard and she knew that Dr. Lepard did not prescribe any new medications for Resident R. Ms. Grubbs stated the Alprazolam was sent back to the pharmacy and; Dr. Lepard indicated that he did not intend to prescribe Alprazolam to Resident R. Ms. Grubbs stated Resident R did not have an adverse reaction to the Alprazolam as he had been prescribed Alprazolam in the past.

On 01/08/20, I observed Resident R's MAR for the month of December 2019. According to the MAR, Alprazolam was administered to Resident R on 12/11/19 by Mr. Borbor at 8:00 pm. The word "error" is written on the MAR next to Alprazolam with a date of 12/12/19 by Ms. Mills.

On 01/08/20, I observed the appointment information record form. The form is dated for 12/11/19. The form indicates that Resident R was seen by Dr. Lepard for a psychiatrist visit. There were no medication changes listed on the form.

01/09/20, I made a telephone call to Ladawn Mills. Regarding the allegations, Ms. Mills stated she was present with Resident R at his psychiatrist visit with Dr. Lepard. Ms. Mills stated Resident R is already prescribed Ativan and would not need to be prescribed Alprazolam (Xanax) as well. Ms. Mills stated Dr. Lepard did not make any changes to Resident R's medications at his psychiatrist visit on 12/11/19. Ms. Mills stated Dr. Lepard unintentionally prescribed Alprazolam for Resident R following his visit on 12/11/19. Ms. Mills stated on 12/12/19, she saw that Alprazolam was listed on Resident R's MAR. Ms. Mills contacted Dr. Lepard's assistant and confirmed that Dr. Lepard did not prescribe Alprazolam for Resident R. Ms. Mills received a prescription to discontinue the Alprazolam for Resident R. Ms. Mills stated she will fax me a copy of the prescription discontinuing the Alprazolam.

On 01/10/20, I made a telephone call to Dr. Lepard's office. I spoke with Nurse Lisa regarding the allegations. Nurse Lisa stated on 12/11/19 at 12:09 pm, Dr. Lepard wrote a prescription for Alprazolam (Xanax) for Resident R. Nurse Lisa also stated on 12/11/19, she received a phone call from the AFC group home stating Resident R is not prescribed Alprazolam as he is already prescribed Ativan. Nurse Lisa spoke with Dr. Lepard and he agreed to discontinue the prescription for Alprazolam. Nurse Lisa stated on 12/11/19 at 4:09 pm, Dr. Lepard wrote a prescription discontinuing the Alprazolam. Nurse Lisa stated she will fax me a copy of the prescription prescribing the Alprazolam and the prescription discontinuing the Alprazolam.

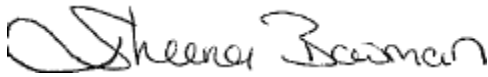
On 01/14/20, I received two prescriptions for Resident R from Dr. Lepard's office. The prescriptions are difficult to read. However, the prescriptions are dated for 12/11/19 and; both prescriptions are for Xanax.

01/14/20, I conducted an exit conference with the licensee designee, Charkyra Brooks via email. Ms. Brooks was informed that there were no rule violations found and the case will be closed.

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	Based on my findings, the staff administered Resident R Alprazolam (Xanax) on 12/11/19 due to the prescription that was written by Dr. Lepard on 12/11/19. On 12/12/19, the home manager, Ladawn Mills, realized a mistake was made with regards to Dr. Lepard prescribing Resident R Alprazolam. As a result, Ms. Mills received a discontinue prescription for the Alprazolam from Dr. Lepard's office.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

### III. RECOMMENDATION

I recommend no change in the license status.



Sheena Bowman  
Licensing Consultant

01/14/20

Date

Approved By:



For

01/21/2020

Denise Y. Nunn  
Area Manager

Date