



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

July 6, 2022

Leone Swanberg
5329 McCords
Alto, MI 49302

RE: License #: AM410016238
Investigation #: 2022A0583034
Swanberg - Countryside AFC

Dear Ms. Swanberg:

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 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---------------------------------------|--|
| License #: | AM410016238 |
| Investigation #: | 2022A0583034 |
| Complaint Receipt Date: | 06/07/2022 |
| Investigation Initiation Date: | 06/08/2022 |
| Report Due Date: | 07/07/2022 |
| Licensee Name: | Leone Swanberg |
| Licensee Address: | 5329 McCords Alto, MI 49302 |
| Licensee Telephone #: | (616) 893-6613 |
| Administrator: | Benjamin Visel |
| Licensee Designee: | N/A |
| Name of Facility: | Swanberg - Countryside AFC |
| Facility Address: | 6575 Whitneyville Road Alto, MI 49302 |
| Facility Telephone #: | (616) 868-6003 |
| Original Issuance Date: | 03/10/1995 |
| License Status: | REGULAR |
| Effective Date: | 03/06/2022 |
| Expiration Date: | 03/05/2024 |
| Capacity: | 12 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL AGED |

II. ALLEGATION(S)

| | Violation Established? |
|--|-----------------------------------|
| Resident A did not receive his medications as prescribed. | No |
| Resident A's funds were mismanaged. | Yes |
| Resident A's bed was observed without adequate linens on multiple occasions. | No |
| Additional Findings | Yes |

III. METHODOLOGY

| | |
|------------|--|
| 06/07/2022 | Special Investigation Intake 2022A0583034 |
| 06/07/2022 | Contact - Document Sent Ed Wilson, Recipient Rights |
| 06/08/2022 | Special Investigation Initiated - Telephone Kristen Zolen, Supports Coordinator |
| 06/10/2022 | Contact - Face to Face Melissa Gekeler, Resident A |
| 06/24/2022 | Inspection Completed On-site Staff Kailee Shipley |
| 06/24/2022 | APS Referral |
| 06/27/2022 | Contact – Fax Staff Kailee Shipley |
| 06/28/2022 | Contact – Telephone Staff Kailee Shipley |
| 06/28/2022 | Contact - Face to Face Resident B |
| 06/28/2022 | Contact - Telephone Kimberly Novack, Behavioral Specialist |
| 06/30/2022 | Contact - Telephone Relative 1 |
| 06/30/2022 | Contact – Telephone Staff Kailee Shipley |
| 06/30/2022 | Exit Conference Licensee Leone Swanberg |

ALLEGATION: Resident A did not receive his medications as prescribed.

INVESTIGATION: On 06/07/2022 complaint allegations were received from the BCAL online reporting system. The complaint alleged that facility staff failed to pass Resident A's medications.

On 06/08/2022 I interviewed Self Determination Coordinator Kristen Zolen via telephone. Ms. Zolen stated Resident A previously resided at the facility until 05/27/2022 at which time Resident A moved into the home of Relative 1. Ms. Zolen confirmed that Relative 1 is Resident A's guardian. Ms. Zolen stated Relative 1 recently informed Ms. Zolen that on 05/027/2022 Relative 1 was provided unopened bottles of Resident A's multi vitamins, fish oil, and melatonin by staff Kailee Shipley which had not been administered to Resident A while residing at the facility.

On 06/10/2022 I interviewed Resident A at Hope Network day program privately. Recipient Rights staff Melissa Gekeler was present during the interview. Resident A stated staff Kailee Shipley administered his medications regularly unless he was out of the medications. Resident A could not recount the dates he was "out" of medications given his developmental disability.

On 06/24/2022 I completed an unannounced onsite investigation at the facility and interviewed staff Kailee Shipley. Ms. Shipley stated upon Resident A's admission to the facility he was prescribed multivitamins, fish oil, and melatonin. Ms. Shipley stated Relative 1 provided the medications in bottles however the medications were subsequently added by the pharmacy to a blister pack leaving extra medications in the pill bottles. Ms. Shipley stated Relative 1 also sent extra bottles of the medications to the facility which were purchased for Resident A while he was on weekend visits. Ms. Shipley stated she stored the extra bottles of medications at the facility and provided the bottles to Relative 1 upon Resident A's discharge. Ms. Shipley stated Resident A was administered his medications regularly and as prescribed.

On 06/24/2022 I emailed complaint allegations to Adult Protective Services Centralized Intake.

On 06/30/2022 I interviewed Relative 1 via telephone. Relative 1 confirmed Resident A was prescribed multivitamins, fish oil, and melatonin. Relative 1 stated the medications were supplied to the facility initially in individual pill bottles, however staff Kailee Shipley demanded the medications be added to blister packs formulated by a local pharmacy which cost Relative 1 more money. Relative 1 stated upon Resident A's discharge from the facility on 05/27/2022 Relative 1 was provided Resident A's pill bottles of left over multi-vitamins, fish oil, and melatonin. Relative 1 stated he had no knowledge of Resident A not receiving his medications as prescribed while residing at the facility.

On 06/27/2022 I received via fax a copy of Resident A's Medication Administration Record from staff Kailee Shipley. The document indicated Resident A was prescribed and given one-a-day multivitamin, fish oil caps, and melatonin.

On 06/30/2022 I completed an Exit Conference via telephone with licensee Leone Swanberg. Ms. Swanberg stated she agreed with the findings.

| APPLICABLE RULE | |
|------------------------|--|
| R 400.14312 | Resident medications. |
| | (2) Medication shall be given, taken, or applied pursuant to label instructions. |
| ANALYSIS: | <p>Relative 1 stated Resident A's medications were supplied to the facility initially in individual pill bottles, however staff Kailee Shipley demanded the medications be added to blister packs formulated by a local pharmacy. Relative 1 stated upon Resident A's discharge from the facility Relative 1 was provided Resident A's pill bottles of left over multi-vitamins, fish oil, and melatonin. Relative 1 stated he had no knowledge of Resident A not receiving his medications as prescribed.</p> <p>There is insufficient evidence to substantiate a violation of the applicable rule.</p> |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ALLEGATION: Resident A's funds were mismanaged.

INVESTIGATION: On 06/07/2022 complaint allegations were received from the BCAL online reporting system. The complaint alleged that facility staff mismanaged Resident A's personal spending money.

On 06/08/2022 I interviewed Self Determination Coordinator Kristen Zolen via telephone. Ms. Zolen stated she was informed from Relative 1 that upon Resident A's 05/27/2022 discharge from the facility it was discovered via Resident A's resident funds ledger that Resident A was charged for pizza he was not present to eat.

On 06/10/2022 I interviewed Resident A at Hope Network day program privately. Recipient Rights staff Melissa Gekeler was present during the interview. Resident A stated staff Kailee Shipley was in charge of his personal funds administration and ledger. Resident A stated he was charged for facility pizza dinners that he did attend and eat. Resident A was unable to provide details regarding the amount he was charged for pizza and the dates the experiences occurred.

On 06/24/2022 I completed an unannounced onsite investigation at the facility and interviewed staff Kailee Shipley. Ms. Shipley stated the facility routinely had pizza dinners that included all residents. Ms. Shipley stated she paid for the pizza dinner with residents' funds and would divide the total pizza purchase amount amongst all residents. Ms. Shipley stated she routinely charged Resident A more than other residents paid because other residents did not have "enough money". Ms. Shipley stated the facility has a "hygiene" closet that is shared by all residents. Ms. Shipley stated facility residents pool their funds together to purchase items for the hygiene closet and share the hygiene items. Ms. Shipley stated she routinely charged Resident A more than other residents because other residents did not have enough money. Ms. Shipley stated she lacked verbal or written permission from Relative 1 who is Resident A's guardian to charge Resident A for the pizza and hygiene items.

On 06/30/2022 I interviewed Relative 1 via telephone. Relative 1 stated he never provided verbal or written permission to charge Resident A for the pizza and hygiene items.

On 06/30/2022 I completed an Exit Conference via telephone with licensee Leone Swanberg. Ms. Swanberg stated she would submit an acceptable Corrective Action Plan.

| APPLICABLE RULE | |
|------------------------|---|
| R 400.14315 | Handling of resident funds and valuables. |
| | (11) A licensee shall obtain prior written approval from a resident and his or her designated representative before charges are made to a resident's account. |
| ANALYSIS: | Staff Kailee Shipley acknowledged she used Resident A's personal spending money for purchases but lacked verbal or written permission from Relative 1 who is Resident A's guardian to charge Resident A for pizza and hygiene items. A preponderance of evidence supports violation of the applicable rule occurred. |
| CONCLUSION: | VIOLATION ESTABLISHED |

ALLEGATION: Resident A's bed was observed without adequate linens on multiple occasions.

INVESTIGATION: On 06/07/2022 complaint allegations were received from the BCAL online reporting system. The complaint alleged that facility staff failed to provide Resident A with bedding.

On 06/08/2022 I interviewed Self Determination Coordinator Kristen Zolen via telephone. Ms. Zolen stated Relative 1 and Behavioral Specialist Kimberly Novack both reported to Ms. Zolen that Resident A's bed was observed without bed linens on multiple occasions.

On 06/10/2022 I interviewed Resident A at Hope Network day program privately. Recipient Rights staff Melissa Gekeler was present during the interview. Resident A stated he and Resident B shared a bedroom. Resident A stated he and Resident B slept multiple times on their bed without any sheets, pillow cases, or blankets.

On 06/24/2022 I completed an unannounced onsite investigation at the facility and interviewed staff Kailee Shipley. Ms. Shipley stated Resident A and Resident B shared a bedroom and always had adequate linens on their beds unless she was completing the weekly laundry. Ms. Shipley stated she always replaced Resident A and Resident B's bed linens onto their beds as soon as their linens were clean and neither resident slept on their bed without linens.

While onsite I observed all resident beds contained adequate bed linens.

On 06/28/2022 I interviewed Behavioral Specialist Kimberly Novack via telephone. Ms. Novack stated that on 05/25/2022 she observed Resident A's bed with no bed linens. Ms. Novack stated on 05/25/2022 staff Kaylee Shipley reported Resident A's bedding was in the washing machine at that time because it was "laundry day". Ms. Novack stated she visited the facility twice per month at 3:00 pm on Wednesdays and "80% of the time" Resident A and Resident B had no bed linens on their beds. Ms. Novack stated she "wondered" if Wednesdays were the facility laundry days.

On 06/28/2022 I interviewed Resident B at Hope Network day program. Resident B confirmed he was previously the roommate of Resident A. Resident B stated he and Resident A always had linens on their beds unless staff Kailee Shipley was washing the linens.

On 06/30/2022 I interviewed Relative 1 via telephone. Relative 1 stated he observed Resident A's bed without any bedding on 05/15/2022. Relative 1 stated Resident A reported he did not have bedlinens on his bed on 05/15/2022 because staff Kailee Shipley was in the process of changing winter bedding to summer bedding. Relative 1 stated she observed Resident A's bed without any bedding on 05/27/2022. Relative 1 stated Resident A reported he did not have bedding on 05/27/2022 and hadn't had bed linens for the past two weeks. Relative 1 stated Resident A moved out the facility on 05/27/2022 and was unsure if Resident A did not have bed linens due to Resident A's personal items being packed for discharge. Relative 1 stated he never asked Ms. Shipley why Resident A did not have bed linens on 05/15/2022, 05/27/2022, or any other dates.

On 06/30/2022 I completed an Exit Conference via telephone with licensee Leone Swanberg. Ms. Swanberg stated agreed with the findings.

| APPLICABLE RULE | |
|------------------------|--|
| R 400.14411 | Linens. |
| | (1) A licensee shall provide clean bedding that is in good condition. The bedding shall include 2 sheets, a pillow case, a minimum of 1 blanket, and a bedspread for each bed. Bed linens shall be changed and laundered at least once a week or more often if soiled. |
| ANALYSIS: | <p>Staff Kailee Shipley stated Resident A and Resident B always had linens on their beds unless she was completing the weekly laundry. Ms. Shipley stated she always replaced Resident A and Resident B's bed linens onto their beds as soon as their linens were clean and neither resident slept on their bed without linens.</p> <p>While onsite I observed all resident beds contained adequate bed linens.</p> <p>Resident B confirmed he was previously the roommate of Resident A. Resident B stated he and Resident A always had linens on their beds unless staff Kailee Shipley was washing the linens.</p> <p>A preponderance of evidence does not support violation of the applicable rule occurred.</p> |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ADDITIONAL FINDINGS: Residents' funds transaction form was observed not completed.

INVESTIGATION: While onsite on 06/27/2022 I observed Resident C's resident funds form was not completed up to date. Staff Kailee Shipley stated she had not updated Resident C's resident funds form in a "few days". I observed that Resident C's resident funds form had not been updated since 06/21/2022 and the funds did not match the total noted on the resident funds form.

On 06/30/2022 I completed an Exit Conference via telephone with licensee Leone Swanberg. Ms. Swanberg stated she would submit an acceptable Corrective Action Plan.

| APPLICABLE RULE | |
|------------------------|--|
| R 400.14315 | Handling of resident funds and valuables. |
| | (3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department. |
| ANALYSIS: | While onsite on 06/27/2022 I observed Resident C's resident funds form was not completed up to date. Staff Kailee Shipley stated she had not updated Resident C's resident funds form in a "few days". Resident C's resident funds form had not been updated since 06/21/2022 and the funds did not match the total noted on the resident funds form. A preponderance of evidence supports violation of the applicable rule occurred. |
| CONCLUSION: | VIOLATION ESTABLISHED |

ADDITIONAL FINDING: Facility staff failed to initial the administration of Resident A's medications at the time the medication was given.

INVESTIGATION: On 06/27/2022 I received via fax a copy of Resident A's Medication Administration Record from staff Kailee Shipley. On multiple dates the document contained both electronic initials and handwritten initials authored by staff Kailee Shipley.

On 06/30/2022 I interviewed staff Kailee Shipley via telephone. Ms. Shipley stated the electronic Medication Administration Record is a "hassle" and she doesn't like to use it. Ms. Shipley stated she routinely administered Resident A's medications and initialed the Medication Record in a handwritten fashion at a later date than when she administered Resident A's medications.

On 06/30/2022 I completed an Exit Conference via telephone with licensee Leone Swanberg. Ms. Swanberg stated she would submit an acceptable Corrective Action Plan.

| APPLICABLE RULE | |
|------------------------|---|
| R 400.14312 | Resident medications. |
| | (4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, |

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|--------------------|--|
| | <p>he or she shall comply with all of the following provisions:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <p>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p> |
| ANALYSIS: | <p>Resident A's Medication Administration Record contained both electronic initials and handwritten initials authored by staff Kailee Shipley.</p> <p>Staff Kailee Shipley stated she routinely administered Resident A's medications and initialed the Medication Record in a handwritten fashion at a later date than when she administered Resident A's medications.</p> <p>A preponderance of evidence supports violation of the applicable rule occurred.</p> |
| CONCLUSION: | VIOLATION ESTABLISHED |

IV. RECOMMENDATION

Upon receipt of an acceptable Corrective Action Plan, I recommend the license remain unchanged.

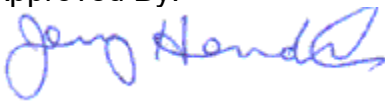


07/06/2022

Toya Zylstra
Licensing Consultant

Date

Approved By:



07/06/2022

Jerry Hendrick
Area Manager

Date