



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 14, 2022

Ryan Boutell
Fessenden Adult Foster Care, LLC
4904 Onsikamme St.
Montague, MI 49437

RE: License #: AM640361441
Investigation #: 2023A0340001
Fessenden Adult Foster Care

Dear Mr. Boutell:

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.

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

License #:	AM640361441
Investigation #:	2023A0340001
Complaint Receipt Date:	10/03/2022
Investigation Initiation Date:	10/03/2022
Report Due Date:	12/02/2022
Licensee Name:	Fessenden Adult Foster Care, LLC
Licensee Address:	4904 Onsikamme St., Montague, MI 49437
Licensee Telephone #:	(123) 167-0947
Administrator:	Ryan Boutell
Licensee Designee:	Ryan Boutell
Name of Facility:	Fessenden Adult Foster Care
Facility Address:	412 Hart Street, Hart, MI 49420
Facility Telephone #:	(231) 670-9475
Original Issuance Date:	08/01/2014
License Status:	REGULAR
Effective Date:	02/01/2021
Expiration Date:	01/31/2023
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL, AGED

II. ALLEGATION(S)

	Violation Established?
Special diets are not being followed.	Yes
There are bedbugs in the home.	No
The home is filthy.	No
Additional Findings	Yes

III. METHODOLOGY

10/03/2022	Special Investigation Intake 2023A0340001
10/03/2022	Special Investigation Initiated - Telephone PACE
10/10/2022	Inspection Completed On-site
10/12/2022	Contact – Document Received From Ms. Counterman
10/13/2022	Exit Conference Licensee Ryan Boutell

ALLEGATION: Special diets are not being followed.

INVESTIGATION: On October 3, 2022, I received a complaint from the BCAL Online Complaints. It stated that there are residents in the home who have been diagnosed with diabetes and require a special diet but they are not being provided one.

On October 10, 2022, I conducted an unannounced home inspection. Donald Counterman was present and working at this time. Lunch was being served and consisted of bologna sandwich on white bread and cheddar potato chips. I asked Mr. Counterman if any of the residents have been diagnosed with diabetes. He said Residents A and B were diabetic. I asked to see their file folders.

Inside Resident A's file I found his Health Care Appraisal. It was dated 3/17/21 and signed by PA Chris Ulrich. Under "special diet" it stated: "low carb, high protein, low sugar". There was no separate menu for Resident A, nor did I witness food prepared that would meet those requirements.

There was no Health Care Appraisal in Resident B's file.

I asked Ms. Counterman about the special diet requirements and why there was not a separate menu or a food option given to Resident A and B for their diabetes. Ms. Counterman told me that she did not know she had to provide a special diet for them. We discussed the nutritional value of the menu that she was following and that there were no fresh fruit or vegetables listed. For breakfast one day it stated, “donuts” and for lunch it stated, “sandwich”. We discussed the need for the menu to be more specific and for more nutritional foods in general to be provided to residents.

I reviewed the Medication Administration Record for both residents and found prescriptions for Metformin, Lantus and Trulicity, which are common drugs for diabetes.

On October 12, 2022, Ms. Counterman sent me a copy of Resident B’s Health Care Appraisal she had obtained from his doctor’s office. Under “Special Diet” it stated “diabetic diet”. The Health Care Appraisal was signed 8/17/22 by PA Daniel Erickson.

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(3) Special diets shall be prescribed only by a physician. A resident who has been prescribed a special diet shall be provided such a diet.
ANALYSIS:	<p>The allegation was made that residents in the home with diabetes are not getting their required special diet.</p> <p>Resident A’s Health Care Appraisal included a special diet of low carb, low sugar, and high protein. Resident B’s Health Care Appraisal ordered a special diet as a “diabetic diet”.</p> <p>While reviewing the menu, I did not find specifications for a special diet and did not see food being prepared that would meet a diabetic requirement.</p> <p>Ms. Counterman stated she did not know she had to make a separate meal for diabetic residents.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: There are bedbugs in the home.

INVESTIGATION: On October 3, 2022, a complaint was filed with this office, stating that the home has bedbugs.

On October 3, 2022, I contacted Kara Catalano from PACE, which is a program that provides all inclusive care for its contracted residents. I had previously been in contact with her regarding a resident who was being moved out of the Fessenden Home. I asked if she had noticed any bedbugs while at the home. She told me she had not seen any.

On October 10, 2022, I conducted an unannounced home inspection. Many residents were sitting in the dining area eating lunch during my visit. I asked the group if any of them had seen any bedbugs in the home or had any bug bites. All of the residents denied having seen or been bitten by any bugs. I conducted an inspection of the resident bedrooms. Many of the beds had mattresses protective covers. I did not see any bed bugs or evidence of bed bugs in any of the resident rooms.

APPLICABLE RULE	
R 400.14401	Environmental health.
	(5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner that continually protects the health of residents.
ANALYSIS:	<p>The allegation was made that the home has bedbugs.</p> <p>Ms. Catalano from PACE stated she has not seen any sign of bedbugs.</p> <p>An onsite inspection was completed, and I did not find any bugs or evidence of bed bugs in the home. None of the residents reported having seen or been bitten by any bugs.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: The home is filthy.

INVESTIGATION: On October 3, 2022, a complaint was filed with this office, stating that the home is filthy.

On October 3, 2022, I contacted Kara Catalano from PACE. I had previously been in contact with her regarding a resident who was being moved out of the Fessenden Home. I was familiar with her contract resident whom I had met over the summer and previously cited for her bedroom having feces and urine on the floor. This was documented in SIR # 2022A0340040 on July 28, 2022.

On October 10, 2022, I conducted an unannounced home inspection. I went to the PACE resident's room. She had moved out and the room had been completely stripped and was being remodeled with new flooring and paint. There was no odor or other sign of dirtiness in this room or any other part of the home.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.
ANALYSIS:	The allegation made was that the home was filthy. During an inspection I did not find the home to be dirty or in disrepair.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION: During the course of this investigation, it was discovered that Resident A's Health Care Appraisal was dated 3/17/21, which is more than a year old.

Resident B did not have a completed Resident Health Care Appraisal in his file at the time of inspection. Mr. and Ms. Counterman searched and were unable to produce the document. It was only after she contacted the doctor's office and requested a copy that Ms. Counterman was able to provide this document to me.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

ANALYSIS:	Resident A's Health Care Appraisal was completed over a year ago. I was unable to review or locate a Health Care Appraisal for Resident B.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION: While investigating the above allegations, I reviewed Resident A and B's Medication Administration Record (MAR) and found that morning and lunch time medications had been passed but no initials were made in the MAR for any of the residents in the home. I asked Mr. Counterman why there were no initials and he stated that his wife "does the medication book". He stated he was working the first shift and gave the residents their medication, but acknowledged he did not sign the MAR. He stated that his wife "fill it (Medication Administration Record) in" when she arrives at the home. Ms. Counterman arrived shortly thereafter so I asked her about the MAR not being signed and she stated that she had trained Mr. Counterman on how to pass medications correctly, but that "obviously he did not do so".

APPLICABLE RULE	
R 400.14312	Resident medications.
	<p>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, 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> <ul style="list-style-type: none"> (i) The medication. (ii) The dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given. (vi) A resident's refusal to accept prescribed medication or procedures.
ANALYSIS:	It was discovered during the course of the investigation that the MAR was not being initialed at the time resident medications were passed as required.
CONCLUSION:	VIOLATION ESTABLISHED

	Repeat violations from SIR # 2022A0340027 on 05/26/2022 and SIR #2022A0340040 on 07/28/2022
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ADDITIONAL FINDINGS:

INVESTIGATION: While investigating the allegations above regarding a special diet being provided to a resident, I requested to see the resident menu which I did not see posted anywhere. Mr. Counterman stated he did not know where they (menus) were. Ms. Counterman looked in the medication cabinet and found a generic, undated, menu for one week which was not completely filled-out for each meal. When I arrived at the home, the residents were eating bologna sandwiches on white bread with cheddar potato chips. For Monday lunch, there was nothing indicated on the menu for the meal. No other menus were found for my review.

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.
ANALYSIS:	No menu was posted. When a menu was found it was undated, incomplete, and did not match what was being served for the meal that was occurring during my visit.
CONCLUSION:	VIOLATION ESTABLISHED

On October 13, 2022, I conducted an exit conference with Licensee Ryan Boutell. I informed him of all the allegations and my findings as well as the recommendation to modify the license to a Provisional license. I explained to Mr. Boutell what a Provisional License was and that no quality of care violation can be established for the next six months or negative action against the license will be taken. Mr. Boutell stated he did not know how to remedy the issues at this time but agreed to send me a Corrective Action Plan.

IV. RECOMMENDATION

Due to the rule violations including a repeat violation for a third time in five months, I recommend a Provisional License.

 October 13, 2022

Rebecca Piccard, Licensing Consultant Date

Approved By:



October 14, 2022

Jerry Hendrick, Area Manager

Date