GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 3, 2022

Timothy Adams
Lakeshore Care Corp.
7280 Belding Rd. NE
Rockford, MI 49341

RE: License #:	AM610080832
Investigation #:	2023A0356001
	Cedar Creek Personal Care 2

Dear Mr. Adams:

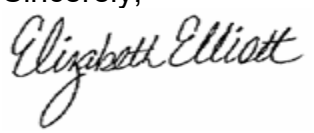
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,



Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM610080832
Investigation #:	2023A0356001
Complaint Receipt Date:	10/03/2022
Investigation Initiation Date:	10/03/2022
Report Due Date:	12/02/2022
Licensee Name:	Lakeshore Care Corp.
Licensee Address:	7280 Belding Rd. NE Rockford, MI 49341
Licensee Telephone #:	(616) 813-5471
Administrator:	Timothy Adams
Licensee Designee:	Timothy Adams
Name of Facility:	Cedar Creek Personal Care 2
Facility Address:	8842 Cedar Creek Drive Holton, MI 49425
Facility Telephone #:	(616) 821-0281
Original Issuance Date:	05/21/1998
License Status:	REGULAR
Effective Date:	06/27/2022
Expiration Date:	06/26/2024
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL, AGED

II. ALLEGATION(S)

	Violation Established?
Staff at the facility did not have access to the medication room and were unable to administer a needed breathing treatment to Resident A.	Yes
The back yard of the facility smelled of sewage and the main bathroom toilet leaks and is in disrepair.	No

III. METHODOLOGY

10/03/2022	Special Investigation Intake 2023A0356001
10/03/2022	Special Investigation Initiated - Telephone Bob Grabinski, Fire Chief, Holton Township.
10/03/2022	Contact - Documents received Reports from Cpt. Grabinski
10/05/2022	Contact - Document received IR (Incident Report)
10/07/2022	APS Referral
10/07/2022	Inspection Completed On-site Interviewed face to face, Nikki Bidwell, Resident A, Cody Califf, & Hailey Berry (new live in staff). Sheila Patterson, home manager (on the phone).
10/07/2022	Contact - Document Received Resident MAR
10/12/2022	Contact - Document Received Facility docs
10/18/2022	Contact-Telephone Call made Claude LeBlanc, Community In home care.
10/18/2022	Contact-Telephone Call made Ms. Patterson and Ms. Berry.
11/03/2022	Exit Conference-Licensee Designee, Tim & Jessica Adams.

ALLEGATION: Staff at the facility did not have access to the medication room and were unable to administer a needed breathing treatment to Resident A.

INVESTIGATION: On 10/03/2022, I received a telephone complaint from Holton Fire Department, Chief Grabinski stated on 10/01/2022 at 6:26a.m., they responded to the facility after a call for medical assistance for Resident A, due to difficulty breathing. Chief Grabinski stated Resident A's pulse oxygen level was 77% when it should be 95-99%. Chief Grabinski stated Resident A stated that she requested a breathing treatment from the nighttime direct care worker (DCW), but the DCW did not have access to the medication room and was unable to administer the medication. Chief Grabinski stated Resident A was lethargic, sitting in her wheelchair in the dining room area of the facility. Chief Grabinski stated Resident A required two breathing treatments in the ambulance and was taken "priority 1" to the hospital.

On 10/05/2022, I reviewed the IR (Incident Report) written on 10/04/2022 by Shelia Patterson (home manager) and received on 10/05/2022. The incident is documented as having occurred on 10/01/2022 at 6:25a.m. The IR documented the following information: *'The client told staff that she was having chest pains and problems breathing. Client requested to go to the ER for evaluation. Call for emergency personnel to transport the resident and stayed with the client until the first responders arrived.'* Attached to the IR is the After Visit Summary from Trinity Health. The summary documented Resident A was seen for shortness of breath and COPD (chronic obstructive pulmonary disease) exacerbation, albuterol and ipratropium-albuterol last given at 7:25a.m. Resident A's oxygen saturation was documented at 94%.

On 10/05/2022, I received and reviewed the Patient Care Report dated 10/01/2022, written by Holton Township Fire Department Emergency Medical Responder, Robert Sampson. The report documents the following information: *'Chief complaint, difficulty breathing, Respiratory distress, acute. Dispatched for a med 1 Difficulty Breathing. Arrived on scene to find pt* (patient) *sitting in a wheelchair in the dining area. Care staff on scene advised she was new at the facility as a live in caretaker and didn't have access to pt medications (prescripted breathing medications). When staff contacted management, they advised her to call 9-1-1. Began to assess pt vitals and symptoms. Vitals were as presented below. Continued to assess pt while waiting for EMS arrival. Trinity Health EMS arrived on scene. Transferred care to T.H.E.M.S. (Trinity Health EMS) assisted with loading of pt into the ambulance. Vital Sign Taken by: Sampson, Robert. Readings: Heart Rate: 99, Method of Heart Rate Measurement: Palpated, Level of Responsiveness (AVPU): Alert, Pulse Oximetry: 89, Respiratory Effort: Labored, Temperature: 98.7, Temperature Method: Tympanic.'*

On 10/07/2022, I conducted an unannounced inspection at the facility and interviewed DCW Nikki Bidwell, Cody Califf and Hailey Berry. Ms. Bidwell stated Resident A always has a rescue inhaler on her person and can use it when she

needs it. Ms. Bidwell stated it was not time on 10/01/2022 for Resident A's albuterol medication to be administered at 6:30a.m when she requested the treatment. Ms. Bidwell stated Resident A does not get that medication until 8:00a.m. when she (Ms. Bidwell) is on her shift. Ms. Bidwell stated Ms. Berry was at the facility when Resident A was transported to the hospital, Ms. Berry acknowledged she is the new live-in staff and while she is trained in administering medications, she did not have the keys on the morning of 10/01/2022 to get into the medication room.

On 10/07/2022, while conducting the unannounced inspection at the facility, I interviewed home manager, Sheila Patterson, via telephone as she was not at the facility. Ms. Patterson stated Resident A is supposed to wear a C pap (continuous positive airway pressure) for sleeping which would help with her breathing at nighttime, but Resident A refuses so she only uses the nebulizer. Ms. Patterson stated Resident A's rescue inhaler prescription was filled on 09/12/2022 and is empty because she uses it too much and is unable to get a refill because it is too soon for a refill. Ms. Patterson stated Ms. Bidwell will follow-up with the pharmacy to find out when the rescue inhaler can be filled but likely it is not until 10/12/2022. Ms. Patterson stated staff typically have a key to the medication room at the facility and Ms. Berry not having a key the night of 09/30/2022-10/01/2022 was an oversight. Ms. Patterson stated she and Ms. Bidwell are on call 24-7 and could have been at the facility within 20 minutes with a key if necessary. Ms. Patterson stated Claude LeBlanc, a nurse from Community Home Healthcare oversees Resident A's in-home medical care. Ms. Patterson stated Mr. LeBlanc is looking into a prescription for Resident A's albuterol nebulizer treatment to be written for around the clock, every four hours. Ms. Patterson stated that Mr. LeBlanc said if Resident A used her nebulizer as prescribed, every four hours during the daytime hours, it should get her through the night without needing a treatment, but Resident A does not always want to take the 8:00a.m., 12:00p.m., 4:00p.m. and 8:00p.m. nebulizer treatments and then overuses the rescue inhaler at night.

On 10/07/2022, I interviewed Resident A in her room at the facility. Resident A stated she has a rescue inhaler in her room to be used as needed, however, the inhaler was empty and for the past 1 ½-2 weeks she has not been able to use it. Resident A stated Ms. Bidwell and Ms. Patterson know the inhaler is empty, but neither have gotten a refill. Resident A stated she is supposed to get a breathing treatment around the clock every four hours, but she only gets the breathing treatment using a nebulizer during daytime hours, never at night. Resident A stated she needs a breathing treatment during the night and that is why she uses her rescue inhaler which is now empty, and she does not have any medications given at night to assist with her breathing. Resident A stated that is the reason she ended up going to the hospital. Resident A asked Ms. Berry for a treatment early in the morning on 10/01/2022, but Ms. Berry was unable to access the medication room to get her breathing treatment and the rescue inhaler was empty. Resident A stated 9-1-1 was called, she got a breathing treatment in the ambulance and then two more breathing treatments while at the hospital. Resident A stated staff give her the tube of albuterol, called a bullet, to put into the nebulizer, Resident A showed me the tube

and stated she has begun to use only ½ of the tube of medication at a time in her nebulizer so she can reserve the rest to use during the nighttime hours when she needs it since the rescue inhaler is empty. Resident A reported all other medications are administered as prescribed.

On 10/07/2022, I received and reviewed the MAR (medication administration record) for the month of October for Resident A. The MAR documented the following:

- Albuterol AER HFA, inhale 2 puffs by mouth every 4 hours as needed (PRN) for shortness of breath.
- Albuterol 0.83% (205mg/3ml) by nebulization route four times daily as needed (PRN), call Welcome pharmacy for refills.
- Both PRN Albuterol medications have no signatures as administered to Resident A by any staff for any dates from 10/01/2022-10/07/2022.
- Written on the MAR is Ipratropium Bromide (Albuterol 205mg/0.5mg/3ml) use 1 vial every 4 hours (with no further instructions such as daytime only, daytime and nighttime hours or 24 hours a day). Written on the MAR are the times, 8:00a.m., 10:00p.m., 4:00p.m. and 8:00p.m. the MAR is signed by staff as administered except for the 8:00a.m. dose on 10/01/2022 when Resident A was hospitalized.
- The documented 10:00p.m. medication time on the MAR is an error and should be documented as12:00p.m. Staff report they administer the medications at 12:00p.m. (noon).
- In addition, Resident A has other PRN's listed on the MAR to be administered on an as needed basis where a key to the medication room would be required to access the medications if Resident A were to need one.

On 10/12/2022, I received and reviewed a Visiting Physician Association, communication record dated 08/03/2022 and signed by Dr. Carrell that documented: *'allowed to keep aspir cream, inhaler, and nebulizer in room to use when it is needed.'*

On 10/18/2022, I interviewed Ms. Patterson and Ms. Berry via telephone. Ms. Patterson stated at the time Resident A went to the hospital, the nebulizer was prescribed every four hours and staff were administering the medication every four hours during daytime hours only. Ms. Patterson stated now the prescription is written and specifies every four hours around the clock as of 10/14/2022. Ms. Berry stated Ms. Bidwell had forgotten to give her the keys to the medication room after leaving her shift for the evening. Ms. Patterson stated Ms. Bidwell was on her way back to the facility the morning of 10/01/2022 with the keys but acknowledged that at the time Resident A requested a breathing treatment, Ms. Bidwell was not yet at the facility. Ms. Patterson stated Resident A is allowed to have the nebulizer, bullets and rescue inhaler in her room to self-administer. Ms. Berry stated staff now watch Resident A use the bullets in her nebulizer since she informed me, she only uses half and saves the other half for nighttime use.

On 10/18/2022, I interviewed Claude LeBlanc, RN, Community Home Health Care. Mr. LeBlanc stated Resident A is well progressed in her COPD and is at “stage 5”. Mr. LeBlanc stated Resident A over uses the albuterol rescue inhaler and the pharmacy will not refill the inhaler before its time. Mr. LeBlanc stated the nebulizer and bullets are to be administered four times daily at 8:00a.m., 12:00p.m., 4:00p.m. and 8:00p.m., not on a PRN or as needed basis. Mr. LeBlanc stated he has observed staff hand the bullet to Resident A, Resident A open the bullet, put it in the nebulizer mask and use it properly. Mr. LeBlanc stated he has written an order and given it to Dr. Carrell requesting Resident A’s nebulizer treatments to be administered every four hours around the clock, not just during daytime hours, and for Resident A’s ability to have the rescue inhaler to use at her own discretion be removed and staff keep the inhaler in the medication room.

On 11/03/2022, I conducted an exit conference with Licensee Designee, Tim & Jessica Adams via telephone. Mr. & Ms. Adams stated they understand the information, analysis and conclusion of this applicable rule and will submit a corrective action plan.

APPLICABLE RULE	
R 400.14312	**Resident medications.**
	(2). Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	Chief Grabinski reported that Resident A requested a breathing treatment and nighttime staff did not have access to the medication room and was unable to administer the medication. Resident A was transported to the hospital. The IR documented Resident A informed staff that she was having chest pains and difficulty breathing. The Trinity Health aftercare report documented Resident A was seen for shortness of breath and COPD exacerbation. The Fire Department report documents Resident A had difficulty breathing and was in acute respiratory distress. Staff advised she was new at the facility and didn't have access to patient medications, including Resident A’s prescription breathing medications. Resident A stated she asked Ms. Berry for a treatment on 10/01 at 6:00 a.m., but Ms. Berry was unable to access the medication room to get her breathing treatment and her rescue inhaler was empty.

	Ms. Berry, Ms. Bidwell and Ms. Patterson acknowledged Ms. Bidwell had taken the keys to the medication room when she left work and as a result Ms. Berry did not have access to resident medications the night of 09/30/2022-10/01/2022. Resident A's MAR documented, PRN Albuterol inhaler and PRN nebulizer and documented the nebulizer to be administered every four hours with no further instructions. Dr. Carrell from VPA documented Resident A was allowed to keep her inhaler and nebulizer in her room to use as needed. Mr. LeBlanc stated Resident A over uses the albuterol rescue inhaler and the pharmacy will not refill the inhaler before its time. Mr. LeBlanc stated the nebulizer and bullets are to be administered every four hours, four times during the day, not on an as-needed basis. Based on investigative findings, there is a preponderance of evidence to show that according to Resident A's MAR, there are PRN albuterol (and other) medications documented to be administered on an as needed basis. The MAR does not show the PRN's as discontinued. On the morning of 10/01/2022 Resident A requested albuterol medication because she was having difficulty breathing, but staff did not have the keys to access or administer the medication per label instructions. Therefore, a violation of this applicable rule is established.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION: The back yard of the facility smelled of sewage and the main bathroom toilet leaks and is in disrepair.

INVESTIGATION: On 10/03/2022, I received a telephone complaint from Holton Fire Chief Bob Grabinski. Chief Grabinski stated on 09/28/2022 they received a call from someone at the facility reporting a possible gas leak. Upon arrival they noticed no residents were evacuating and staff Hailey Berry was present. Chief Grabinski stated there was a strong smell of sewage coming from the back yard of the facility. Chief Grabinski stated there was no gas leak, but it was the smell of sewage that created the odor, and he suspects the septic system is bad. In addition, Chief Grabinski reported the bathroom closest to the office was in disrepair and leaking water on the floor.

On 10/03/2022, I reviewed the Environmental Health Report dated 02/26/2022, completed by Patrick Curran, Muskegon County Health Department. An inspection

of the private septic system was conducted and determined to be in substantial compliance at that time.

On 10/07/2022, I conducted an unannounced inspection at the facility and walked around the back yard and area of the septic system. I detected no smell and there was no wet or softened area of the grass in the back yard indicating that sewage was seeping into the ground around the system.

On 10/07/2022, During the unannounced inspection, I inspected the bathroom near the office and did not observe any water on the floor. The toilet sits atop a tile stand and the stand the toilet is affixed to is in disrepair. The tiles on the front of the stand are off and the wood beneath appears rotted.

On 10/07/2022, I interviewed Ms. Bidwell in person and Ms. Patterson via telephone. Ms. Bidwell and Ms. Patterson stated one of the residents called the fire department because they thought there was a gas leak. Ms. Bidwell and Ms. Patterson stated it was not a gas leak but there was an issue with the septic system, which they had checked out by a septic company and the issue was addressed. Ms. Patterson stated prior to this complaint, she noticed the sewage smell and had already scheduled an appointment with Schultz Septic for 10/06/2022. Ms. Patterson stated they came out on 10/06/2022 and returned this morning, 10/07/2022 to clean the septic tanks out prior to my unannounced inspection.

On 10/12/2022, I received and reviewed the Holton Township Fire Department report dated 09/28/2022. The report is written by Ted Hawk, and it documented the following information: '*Called for a possible gas leak inside. Arrived on the scene to find that the residents were not evacuating. Made contact with Employee Hailey. She advised us that she did not think there was a gas leak in the bathroom, but a resident insisted. HTFD personnel checked the bathroom and did not find a gas leak. Only water from a toilet leaking. There were no gas lines or appliances in the bathroom. Fire personnel also checked the kitchen and boiler room. Hot water boiler was last inspected by Northside heating and cooling on 2/24/2022. the water heater was manufactured in 2017. Found no gas leak in the boiler room. Checked outside and found no gas leak but did have a strong smell of sewage. 1990 informed the employee Hailey. HTFD cleared the scene.*'

On 10/12/2022, I received and reviewed the work order from Schultz Septic dated 10/06/2022. The work order documented the cleaning of 1000-gallon septic tank, three tanks, and installation of a new extend A lock baffle.

On 11/02/2022, Ms. Patterson stated the toilet does not leak and did not leak at the time the complaint was filed. Ms. Patterson explained that the liquid on the floor of the bathroom was either water from a resident shower or urine from a resident missing the toilet and urinating on the floor, which happens often because of the height of the toilet sitting on a raised stand. Ms. Patterson stated the toilet was

removed from the stand, the stand was lowered making it easier to access the toilet, and the stand was repaired with new tiles and the toilet sealed around the bottom.

On 11/03/2022, I conducted an exit conference with Licensee Tim & Jessica Adams. Mr. and Ms. Adams stated they agree with the information, analysis and conclusion of this applicable rule.

APPLICABLE RULE	
R 400.14403	**Maintenance of premises.**
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	On 09/28/2022, a complaint was filed with the Holton Fire Department regarding a possible gas leak. Chief Grabinski reported there was a strong smell of sewage coming from the back yard of the facility. Also, one of the main toilets in the facility was leaking. Mr. Hawk's report from the fire department also documented that there was a strong smell of sewage outside the home on 09/28/2022. An EH Report dated 02/26/2022 determined the private septic system was in substantial compliance at that time. I detected no odor at the time of my inspection on 10/07/2022 and did not observe any water leaking from the main bathroom however, the stand the toilet sits atop was in disrepair. Ms. Bidwell and Ms. Patterson acknowledged there was an issue with the septic system, but they had it resolved by contacting a septic company. A work order from Schultz Septic dated 10/06/2022 documented the cleaning of a 1000-gallon septic tank, three tanks, and installation of a new extend A lock baffle. Ms. Patterson reported the stand in the bathroom is repaired and the toilet does not leak. I did not observe water leaking from the toilet in the main bathroom and the stand that the toilet sits atop is repaired. All three septic tanks at the facility were scheduled to be cleaned out prior to the complaint being filed and the sewage smell has

	been resolved. Therefore, a violation of this applicable rule is not established.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend the status of the license remain unchanged.

11/03/2022

Elizabeth Elliott Date
Licensing Consultant

Approved By:

11/03/2022

Jerry Hendrick Date
Area Manager