



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 11, 2023

Bryan Cramer
Byron Center Manor Inc
2115 - 84th Street SW
Byron Center, MI 49315

RE: License #: AL410015404
Investigation #: 2023A0357020
Byron Center Manor III

Dear Mr. Cramer:

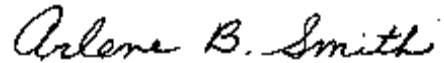
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene B. Smith, MSW, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor,
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL410015404
Investigation #:	2023A0357020
Complaint Receipt Date:	05/12/2023
Investigation Initiation Date:	05/12/2023
Report Due Date:	07/11/2023
Licensee Name:	Byron Center Manor Inc
Licensee Address:	2115 - 84th Street Byron Center, MI 49315
Licensee Telephone #:	(616) 878-3300
Administrator:	Bryan Cramer
Licensee Designee:	Bryan Cramer
Name of Facility:	Byron Center Manor III
Facility Address:	2115 - 84th Street SW Byron Center, MI 49315
Facility Telephone #:	(616) 878-3300
Original Issuance Date:	03/21/1994
License Status:	REGULAR
Effective Date:	09/30/2022
Expiration Date:	09/29/2024
Capacity:	20
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Medications are not being locked.	No
Residents are not being assisted with transfers, feeding, and are not being changed.	No
Staff are not qualified to pass medications.	Yes

III. METHODOLOGY

05/12/2023	Special Investigation Intake 2023A0357020
05/12/2023	Special Investigation Initiated - Telephone
05/25/2023	Contact - Telephone call made. To Licensee Designee/Administrator, Bryan Cramer.
06/23/2023	Inspection Completed On-site Unannounced inspection.
06/23/2023	Contact - Face to Face Interview with the Licensee Designee/Administrator, Bryan Cramer, and House Manager, Teresa Moyer.
06/23/2023	Contact - Document Received Ms. Moyer, House Manager (Resident Roster).
06/27/2023	Inspection Completed On-site Announced inspection.
06/27/2023	Contact - Face to Face Interviews with Mr. Cramer, Ms. Fuglsetg, and Ms. Moyer.
06/28/2023	Contact - Telephone call made. Conducted telephone interview with med passer Ashley Loper.
07/05/2023	Inspection Completed On-Site Announced inspection.
07/05/2023	Interview with Ms. Moyer, House Manager.
07/05/2023	Review of Resident Files with Ms. Moyer.
07/05/2023	Interview with Direct Care Aid, Abigail Courtney.

07/07/2023	Telephone Exit Conference conducted with Teresa Moyer, Licensee Designee.
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ALLEGATION: Medications are not being locked.

INVESTIGATION: On 05/11/2023 our department received an anonymous complaint. Byron Center Manor Inc. has four licensed Adult Foster Care facilities at the same address and the complainant did not specify which facility was to be investigated. Therefore, I registered the complaints at all four licensed facilities. Five allegations were recorded including: Med carts are not being locked; Residents are not properly transferred; Residents are not being fed; Residents are not being changed; and staff are not qualified to pass medications. There were no dates, times, or names of residents provided related to these five allegations.

On 06/23/2023, I made an unannounced inspection during the second shift of the home with Bryan Cramer, Licensee Designee/Administrator. We went directly to Byron Center Manor III and I found the medication cart to be locked. Mr. Cramer stated that he has not received any complaints or reports that the medication carts have been found unlocked.

On 06/23/2023, I conducted a face-to-face interview with Teresa Moyer, House Manager in her office. She confirmed that she works in Byron Center Manor III on first shift. She stated that she has never found the medication cart unlocked nor has any staff reported to her that they had found the medication cart unlocked.

On 06/28/2023, I conducted a telephone interview with Medical Technician, Ashley Loper. She stated that she administers resident medications and works as a direct care staff when needed. She reported that she has never found the medication cart unlocked and stated she has never left the medication cart unlocked.

On 07/07/2023, I conducted a telephone exit conference with Teresa Moyer. Mr. Bryan Cramer had sent me a letter whereby he appointed Ms. Moyer as the Licensee Designee while he was absent. Ms. Moyer agreed with my findings.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled

	Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.
ANALYSIS:	<p>It was alleged that the medication cart was left unlocked.</p> <p>On 06/23/2023 during an unannounced inspection and found the medication cart to be locked.</p> <p>Ms. Moyer reported that she has not found the medication cart to be unlocked and has not received any reports that the medication cart was left unlocked.</p> <p>Ms. Loper denied leaving or finding the medication cart unlocked.</p> <p>During this investigation no evidence was found that the medication cart has been left unlocked. Therefore, there is not a violation to the rule that requires the cabinet to locked.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Residents are not being assisted with transfers, feeding, and are not being changed.

INVESTIGATION: On 06/23/2023, I made an unannounced inspection of the facility and met with the Licensee Designee/Administrator, Bryan Cramer. Mr. Cramer reported he has not received any complaints or concerns related to the care of the residents. He introduced me to Teresa Moyer, House Manager.

On 06/23/2023 I conducted a face-to-face interview with Ms. Moyer in her office. Ms. Moyer provided me with a Resident Roster with all the names of the 16 current residents. One resident was in rehab but was planning to return to the facility. She explained that none of the residents in their care require help with transfers or eating, and none of the residents need assistance changing their adult protection. She said occasionally a resident may not be feeling well and need assistance from staff who would hold their hand and if they were needing more care, they have a gait belt available to use. She said no one needed consistent care for transfers. She stated that none of the resident's assessment plans have recorded needs for transfers, feeding, or check and change of adult protection.

On 06/28/2023, I conducted a telephone interview with Medical Technician/direct care staff, Ashley Loper. She stated that she administers resident medications and helps with direct care of the residents if needed. She reported that she has been trained in transfer techniques and she is uncertain if other staff have been trained in transfer techniques. I asked her if the residents in Byron Center Manor III require

transfers. She reported that some residents require a little help and have not so good days when they help them more. I asked her if residents need help eating and she said no. She reported that if necessary, staff will help a resident to change if they are having a 'not so good day.'

On 07/05/2023, I observed the residents who were eating their lunch meal in their dining room. There were no residents being fed by staff. Each resident was eating on their own.

On 07/05/ 2023, I reviewed Resident A's Assessment Plan with Ms. Moyer. The plan indicated that Resident A does not require any help with eating, transferring or toileting.

On 07/05/2023, I reviewed Resident B's Assessment Plan with Ms. Moyer. The plan indicated Resident B needs her food cut-up, but she does not require help with eating. She is able to toilet herself the assessment plan did not indicate that she requires any help with transferring. Ms. Moyer confirmed that the assessment plan was accurate in the care needs of Resident A.

On 07/05/2023, I reviewed Resident C's Assessment Plan with Ms. Moyer. The Self Care Skill Assessment indicated that Resident C is able to feed herself. Under Toileting the plan read, 'Staff assist-wears depends, and needs care help with peri cares.' The plan indicated that she needs help with walking and mobility and , 'uses a wheelchair for mobility and she ambulates for short distance with two wheeled walker, with staff assistance.' The plan did not indicate that she needs help with transferring. Ms. Moyer stated that the assessment plan was accurate in the care needs of Resident B.

On 07/05/2023, I conducted an interview with Direct Care Aid, Abigail Courtney. She reported that Resident A can feed herself and needs stand-by-assist when she uses her walker. She reported that Resident B at times needs help with standing and she does not need help with eating. She stated Resident C needs guidance with transferring from her wheelchair to the toilet and they make sure she can handle her walker. She does not need help with eating.

On 07/07/2023, I conducted a telephone exit conference with Teresa Moyer, and she agreed with my findings.

APPLICABLE RULE	
R 400.15303	Resident care; licensee responsibilities.
	(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.

ANALYSIS:	<p>It was alleged that residents are not properly transferred, residents are not being fed, and are not being changed.</p> <p>Teresa Moyer, House Manager stated that the residents do not require help with transferring, eating or with changing of adult protection. She reported that the resident’s assessment plans do not contain these personal care needs for the residents residing in the facility.</p> <p>Ms. Ashley Loper med passer and aid stated that the residents in the facility do not regularly require help with transfers, eating or with changing of adult protection.</p> <p>Direct Care Aid, Abigail Courtney confirmed the same information as Ms. Moyer and Ms. Loper.</p> <p>During this investigation there was no evidence found that the current residents require assistance with transfers, eating or changing of adult protection. Therefore, no violation of the rule was established.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Staff are not qualified to pass medications.

INVESTIGATION: On 06/23/2023, I met with Mr. Cramer, and we discussed the allegation. He stated that all the staff who administer resident medications have been fully trained. He stated that they would not be administrating resident medications if they had not been fully trained.

On 06/23/2023, I conducted a face-to-face interview with Ms. Moyer. I asked her if the staff administering the resident’s medications were trained. She reported that all of the med passers were trained. I asked her if she could provide evidence such as a certificate of the training. She said she could not. She provided me with a document entitled Byron Center / Meadow Place Med Aid Training Sheet which was 14 pages long. Instructions with a Daily Schedule included Day 1, Day 2, Day 3-5 and Daily Tasks. Each of the identified days had tasks for the trainer to do and was followed by Medication Training Guide (pages 3 – 5) which included specifics of how to administer medications. The next sheet in the document was a chart where the trainer and the trainee were required to initial each of the five days. This sheet had the following: *‘Policy on presenting meds, Nurses Drug Book, 5 rights, Cleaning & Restocking the med cart, Standing Orders, When scheduled to do meds, you may not switch with a co-worker without management approval and Hot to properly write up an order (from the standing orders).’* This document had places for signatures by the Trainer and two Aide’s signature with dates. Pages numbered 7 – 14 were

instructions for Insulin Injections and an Insulin Video Quiz. Pages 12 -14 included a Medication Quiz. Ms. Moyer stated this document was what they followed and used to train staff to administer resident's medications. I asked her to provide me with the signed 14-page trainings for each of the med passers. She stated that Katie Wieringa, who no longer works for Byron Center Manor Inc, had these documents, but now they do not have them. Ms. Moyer stated she has no documentation to prove that the staff have actually been trained with this document or any other proof of trainings. She stated that Care Cardinal is currently planning to provide medication administration training soon but was unsure of the date.

On 06/27/2023, I met with Mr. Cramer, and he explained that a new corporation, Care Cardinal, had purchased the land, the facilities, and the business from Byron Center Manor Inc. He stated that Care Cardinal had eliminated the computer program that Byron Center Manor Inc used for their documents. He said Care Cardinal has their own computer system which they installed. He also stated that the 14-page Med Aid Training sheets were contained in what Care Cardinal had eliminated and therefore he could not reproduce these documents for me to examine. Mr. Cramer provided me with a list of 22 staff's names that he reported were medication trained. The document read as follows: *'Based on my direct observations and demonstrations, I attest that these Byron Center employees are competent to manage medications.'* This same document was signed by the two-House Managers, Ms. Theresa Moyer and Ms. Irene Fuglseth. Care Cardinal has submitted an application to LARA for a large Adult Foster Care license for all four facilities.

On 06/28/2023, I conducted a telephone interview with Ms. Loper who verified that she was a full-time med passer in Byron Center Manor III. She stated she was trained by "Mickie," (no last name provided) in this facility. She does not remember signing any documentation related to her training. She said she was trained as a CNA before working in this facility. She stated she has not had any medication errors.

During previous investigations I have observed the signed Med Aid Training Sheets for several Med Passers, so I am aware that they existed, and these documents were the facilities' method for verifying that staff were trained in medication administration. At this time however there is no documentation to verify that the specific staff who pass medications in this facility have been properly trained.

On 07/07/2023, I conducted a telephone exit conference with Teresa Moyer, and she disagreed with my findings. She explained that all the staff that administer resident medication have been trained and she has trained them and she mentor's them constantly and they may call her at any time to ask questions.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(3) When a licensee, administrator, or direct care staff member supervises the taking of medications by a resident, he or she shall comply with all of the following provisions: (a) Be trained in the proper handling and administration of medication.
ANALYSIS:	<p>It was alleged that the staff are not qualified to pass medications.</p> <p>Mr. Cramer, Licensee Designee/Administrator, and Ms. Moyer, House Manager both stated that all med passers have been trained in medication administration. Mr. Cramer provide a list of employees that administer resident's medications that Ms. Moyer signed which stated she had direct observations and demonstrations that these employees were competent to manage medications.</p> <p>Mr. Cramer stated that the training documents were removed from their computer system when Care Cardinal, the new applicant, applied their computer system and eliminated the Byron Center Manor Inc., computer systems. Ms. Loper reported she was trained in resident medication administration by Mickie, and she was a CNA.</p> <p>During this investigation there was evidence found that the required training of administration of medication was not documented. Therefore, there is a violation of the rule.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

I recommend that the Licensee provide an acceptable plan of correction and the license remain the same.

Arlene B. Smith

07/07/2023

Arlene B. Smith
Licensing Consultant

Date

Approved By:



07/11/2023

Jerry Hendrick
Area Manager

Date