



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

3 July 11, 2023

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

RE: License #: AL410246443  
Investigation #: 2023A0357021  
Byron Center Manor IV

Dear Mr. Cramer:

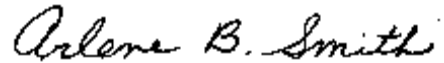
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 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**

<b>License #:</b>	AL410246443
<b>Investigation #:</b>	2023A0357021
<b>Complaint Receipt Date:</b>	05/12/2023
<b>Investigation Initiation Date:</b>	05/12/2023
<b>Report Due Date:</b>	07/11/2023
<b>Licensee Name:</b>	Byron Center Manor Inc
<b>Licensee Address:</b>	2115 - 84th Street SW Byron Center, MI 49315
<b>Licensee Telephone #:</b>	(616) 878-3300
<b>Administrator:</b>	Bryan Cramer
<b>Licensee Designee:</b>	Bryan Cramer
<b>Name of Facility:</b>	Byron Center Manor IV
<b>Facility Address:</b>	2115 84th Street, SW Byron Center, MI 49315
<b>Facility Telephone #:</b>	(616) 878-3300
<b>Original Issuance Date:</b>	06/06/2003
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	01/24/2022
<b>Expiration Date:</b>	01/23/2024
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED, ALZHEIMERS

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Medications are not locked.	No
Residents are not being assisted with transfers, feeding, or being changed.	No
Staff are not qualified to pass medications.	Yes

**III. METHODOLOGY**

05/12/2023	Special Investigation Intake 2023A0357021
05/12/2023	Special Investigation Initiated - Telephone
05/25/2023	Contact - Telephone call made. To Bryan Cramer, Licensee Designee/Administrator.
06/23/2023	Inspection Completed On-site Unannounced inspection at the facility.
06/27/2023	Inspection Completed On-site Announced inspection on site. I met with Bryan Cramer, Licensee Designee/Administrator, Irene Fuglseth, House Manager, for IV and V.
06/27/2023	Contact - Document Received Reviewed Resident Files with Irene Fuglseth. Received and reviewed Assessment Plans.
06/28/2023	Contact - Telephone call made. Telephone interview with Krystal Lamkin, Med passer.
07/05/2023	Inspection Completed On-site Announced inspection. Observer residents at their lunch meal.
07/05/2023	Contact - Face to Face Interview with Direct Care Aid Moses Ruganza.
07/10/2023	Exit Conference Telephone exit conference with Bryan Cramer, Licensee Designee/Administrator.

**ALLEGATION: Medications are not locked.**

**INVESTIGATION:** On 05/11/2023 our department received an anonymous complaint. Byron Center Manor Inc. has four 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 facilities. The five allegations included: 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 IV, 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 Irene Fuglseth, House Manager. She confirmed that she works in Byron Center Manor IV, and she is the House Manager. 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, Krystal Lamkin 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 has never left the medication cart unlocked.

On 07/10/2023, I conducted a telephone exit conference with Bryan Cramer, Licensee Designee/Administrator and he agreed with my findings.

<b>APPLICABLE RULE</b>	
<b>R 400.15312</b>	<b>Resident medications.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	It was alleged that the medication cart was being left unlocked.  On 06/23/2023 during an unannounced inspection I inspected the medication cart and found it to be locked.

	<p>Ms. Fuglseth reported that she had not found the medication cart unlocked and has not received any reports that the med cart was not locked.</p> <p>Ms. Lamkin denied finding the med cart unlocked and denied that she has left the med cart unlocked.</p> <p>During this investigation no evidence was found that the medication cart was not locked. Therefore, there is not a violation of the rule that requires the cabinet to locked.</p>
<b>CONCLUSION:</b>	VIOLATION NOT ESTABLISHED

**ALLEGATION: Residents are not being assisted with transfers, feeding, or 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 Irene Fuglseth, House Manager.

On 06/23/2023, I conducted a face-to-face interview with Ms. Fuglseth in her office. Ms. Fuglseth provided me with a Resident Roster with the names of the 16 current residents. We discussed the needs of residents in Byron Center Manor IV. She explained that Resident A has not been eating well and at times she can feed herself, but if she has an off day the staff will feed her. She reported that Resident A is on Hospice and if she does not eat well, they have a protein shake ordered for her that staff sees she is given. We reviewed Resident A's assessment plan dated 09/20/2022. Under the section of "Eating/Feeding it read "Yes" and the written word read, "*Some queuing and redirection, cut up.*" For her toileting and bathing she was described as requiring a one person assist, stand-by assist for dressing, personal hygiene, and for walking and mobility she needed staff assistance with one of her walkers. We reviewed her weight records and Resident A has maintained her weight. Ms. Fuglseth stated that there are days she needs a two-person assist into the Baroda Chair. She stated further that she is incontinent of bowel and bladder, and she wears adult protection. She can be a challenge to change because she holds on to her brief. She reported they check and change her every two hours. She also reported that she has no skin break downs. Ms. Fuglseth stated that all her staff are fully trained in proper transfer techniques. She said no residents have any injuries from transfers. She reported that two staff go together to check on each resident and they both sign off that the resident is not wet or soiled. She said no one has reported to her that residents have been found soiled or wet. Ms. Fuglseth was confident that Resident A is well cared for.

On 06/28/2023, I conducted a telephone interview with Medical Technician/direct

care staff, Krystal Lamkin. She has been with Byron Center Manor, since 2019. She stated she has been trained in medication administration and she felt confident and assured of her ability to administer resident medications. She also reported that she used to train care aids and provide coaching for them so she was certain the direct care staff as well as herself know how to properly transfer residents. She stated they do use "Gait Belts," if necessary to help a resident transfer. She confirmed that staff assist the residents who cannot feed themselves. She stated that the residents are checked on every two to three hours and if they need changing, the staff change them. She reported that she has not received any complaints regarding residents not being fed, not being changed or not being transferred properly if they needed the help. She knows of no injuries for residents during transfers. She believes the residents are being transferred correctly. She stated that she observes the residents being cared for every day when she is administering their medications and when she is not administering their medications, she helps the direct care staff care for the residents. She also reported that if the Direct Care Aids need help with a resident for transfers, she locks the med cart and helps them. She reported that the residents in their unit have no skin breakdowns, and no one has reported to her that they have found any residents wet or soiled.

On 06/28/2023, I met with Ms. Fuglseth, and we discussed Resident B's care needs, and she provided me with a copy of Resident B's assessment plan. She reported that Resident B has the primary diagnosis of Dementia, and she is declining. She reported that at times she can require a two-person assist. We reviewed her assessment plan dated 12/16/2022. The plan stated Resident B needs help with eating for cues and encouragement. She reported that Resident B gets up from the table and walks around. The staff have to redirect her back to her table to eat. The plan also read that she needs a one-person assist for toileting, cares/needs due to confusion. She needs a one-person assist for bathing, grooming, dressing and personal hygiene. The plan stated she was independent with ambulation. We reviewed her weight records and she has lost two pounds, but her weight records showed she was stable. She is incontinent of bowel and bladder, and she wears adult protection. She said they check and change her every two hours and she has no skin breakdown. She was confident that Resident B has received good care.

On 07/05/2023, I observed the residents at lunch time with Ms. Lamkin. She identified Resident A. The staff were helping Resident A eat her noon meal. She also identified Resident B and I observed the staff helping her eat. Ms. Lamkin stated the staff, including herself, help feed the two residents. She stated, "They are always fed." I observed the rest of the residents at this lunch time, and they were all feeding themselves. Ms. Lamkin stated that no other current resident needs help with feeding.

On 07/05/2023, I conducted a face-to-face interview with Direct Care Aid, Moses Ruganza. He said he was working in Byron Center Manor IV this PM, but he reported he has worked in Byron Center Manor V whenever they need him. He reported that he is fully trained in transfer techniques. He stated that he started the

job about two months ago and the other long-term staff trained him. He stated he is confident and comfortable in transferring the residents who require or need help. He said he does not know of any injuries of any residents from transferring and he denied hurting any residents during transfers. He stated that there are two residents who need help with eating, Resident A and Resident B. He said he helps them, and he has seen others feed them. He said, "They are always fed." I asked him about the changing of residents, and he said, "I change them. I change everybody. I do it." He said he has not found residents soiled or wet when he starts his shift. He said none of the residents have skin break downs.

On 07/10/2023, I conducted a telephone exit conference with Bryan Cramer, Licensee Designee/Administrator and he agreed with my findings.

<b>APPLICABLE RULE</b>	
<b>R 400.15303</b>	<b>Resident care; licensee responsibilities.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	<p>It was alleged that residents are not properly transferred, fed, or changed.</p> <p>Irene Fuglseth, House Manager stated that there were only two residents, Resident A and Resident B who need help with feeding and both sometimes need help with transfers. We confirmed this information by reviewing their assessment plans.</p> <p>I observed the lunch meal on 07/05/2023 and witnesses that Resident A and Resident B were receiving help with eating from the staff.</p> <p>Moses Ruganzam, Direct Care Aid and Krystal Lamkin both reported only two residents need help with feeding and with transfers. Ms. Lamkin reported that they can use a gait belt for some transfers. They both reported that they are trained in transfer techniques and no resident has been injured while they have helped with transferring. They both confirmed and both verified that residents are changed as needed and only two residents need help with eating, and they help each of them.</p> <p>During this investigation there was no evidence found that the current residents require assistance with transfers, except with the use of a gait belt, eating or changing of adult protection. Therefore, no violation was established to the rule.</p>



<b>CONCLUSION:</b>	VIOLATION NOT ESTABLISHED
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**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 administering resident medications if they had not been fully trained.

On 06/23/2023, I conducted a face-to-face interview with Ms. Fuglseth, House Manager. I asked her if the staff administering the resident medications were trained. She reported that all of the med passers have been trained. I asked her if she could provide evidence such as a certificate of the training. She said she could not. She referenced the document entitled Byron Center / Meadow Place Med Aid Training Sheet which was 14 pages long. Instructions with a Daily Schedule which included Day 1, Day 2, Day 3-5 and Daily Tasks. Each of the identified days had tasks for the trainer to do. This 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 training document 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. Fuglseth reported she had no documentation to prove the staff have been trained with this document or any other proof of trainings. She stated that Care Cardinal is currently planning to have medication administration training for staff 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, Theresa Moyer and Irene Fuglseth. Care Cardinal has made 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. Lampkin who verified that she is a full-time med passer in Byron Center Manor IV. She stated she has worked for Byron Center Manor Inc., since 2016. She reported that she was trained for medication administration by Angela (no last name provided) who was a Registered Nurse and is no longer working in the facility. She said at that time of her training they had a “Med Binder,” which contained key medications and what they were used for. She does not know if there was anything documented that she had received medication administration training. She stated that she is competent and confident in passing resident’s medications and she has not had any medication errors. She also did not know of any medication errors by other med passers.

During previous investigations I have observed the signed Med Aid Training Sheets for several Med Passers, and these documents were the facility’s verification that staff were trained in medication administration. However, with this current investigation, there is no documentation of Medication Administration Training available to verify that the current staff have been trained.

On 07/10/2023, I conducted a telephone exit conference with Bryan Cramer, Licensee Designee/Administrator. He disagreed with my findings. He stated that all the med passers working in the facility were fully trained. He said they would not be passing medications if they had not been trained. He stated that Ms. Fuglseth has made sure all the med passers are fully trained and she works directly with them. He stated that they cannot provide the signed training documents because the new management, Care Cardinal, changed their computer system and all the documents were lost. He also stated that their House Manager (Teresa Moyer) had obtained training found on the State of Michigan’s web site and she has taken the course and is planning to test each med passers which were a total of 22 in their four homes. He said this will prove their med passers are competent in medication administration.

<b>APPLICABLE RULE</b>	
<b>R 400.15312</b>	<b>Resident medications.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	It was alleged that the staff are not qualified to pass medications.

	<p>Mr. Cramer, Licensee Designee/Administrator, and Ms. Fuglseth, House Manager both stated that all med passers have been trained in medication administration. Mr. Cramer provide a list of employees that administer resident medications that Ms. Fuglseth signed, which stated she had direct observations and demonstrations that these employees were competent to administer 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.</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 to the rule.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

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

*Arlene B. Smith*

07/11/2023

Arlene B. Smith  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

07/11/2023

Jerry Hendrick  
Area Manager

Date