GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 4, 2023

Michelle Jannenga
Thresholds
Suite 130
160 68th St. SW
Grand Rapids, MI 49548

RE: License #: AL410007103
Investigation #: 2024A0583010
Gladiola Home

Dear Ms. Jannenga:

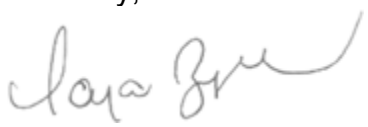
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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,



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 #:	AL410007103
Investigation #:	2024A0583010
Complaint Receipt Date:	11/29/2023
Investigation Initiation Date:	11/29/2023
Report Due Date:	12/29/2023
Licensee Name:	Thresholds
Licensee Address:	Suite 130, 160 68th St. SW Grand Rapids, MI 49548
Licensee Telephone #:	(616) 466-5242
Administrator:	Cornelia Buggs
Licensee Designee:	Michelle Jannenga
Name of Facility:	Gladiola Home
Facility Address:	3210 Gladiola Avenue, SW Wyoming, MI 49519-3225
Facility Telephone #:	(616) 538-3067
Original Issuance Date:	12/01/1976
License Status:	REGULAR
Effective Date:	08/12/2022
Expiration Date:	08/11/2024
Capacity:	16
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Resident A did not receive her medications as prescribed.	Yes

III. METHODOLOGY

11/29/2023	Special Investigation Intake 2024A0583010
11/29/2023	APS Referral
11/29/2023	Special Investigation Initiated - On Site
11/30/2023	Contact - Document Sent Network 180
11/30/2023	Contact – Document received. Administrator Cornelia Buggs
12/04/2023	Exit Conference Licensee Designee Michelle Jannenga

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

INVESTIGATION: On 11/29/2023 complaint allegations were received from Adult Protective Services. The complaint allegations stated Resident A moved to the facility approximately one month ago and, “since moving into the new AFC home, (Resident A) has not taken her medication because she was not given her medications”.

On 11/29/2023 I completed an unannounced onsite investigation at the facility and interviewed administrator Cornelia Buggs and Resident A each privately.

Staff Cornelia Buggs stated Resident A was admitted to the facility on 09/01/2023 and has been receiving her medications as prescribed. Ms. Buggs stated that Resident A does not have an appointed guardian and is medication compliant.

Resident A stated that she does not have a guardian and moved into the facility on 09/01/2023. Resident A stated that she receives her medications from staff as prescribed and confirmed that she is medication compliant.

On 11/30/2023 I emailed the complaint allegation to Network 180 Recipient Rights.

On 11/30/2023 I received Resident A's Medication Administration Records via email from Administrator Cornelia Buggs. Resident A's Medication Administration Records indicate Resident A did not receive her Dextroamphetamine ER 20 MG on 10/11/2023 at 7:00 AM dose as prescribed.

On 12/01/2023 I received an email from Licensee Designee Michelle Jannenga. She agreed that a medication error occurred, and Resident A did not receive her Dextroamphetamine ER 20 MG on 10/11/2023 at 7:00 AM dose as prescribed.

On 12/04/2023 I completed an Exit Conference via telephone with Licensee Designee Michelle Jannenga. Ms. Jannenga agreed with the investigative findings and would submit a Corrective Action Plan.

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 S333.1101 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:	Resident A stated that she has received all of her medications as prescribed. Staff Cornelia Buggs stated that Resident A has received her medications as prescribed. A review of Resident A's Medication Administration Records indicate Resident A did not receive her Dextroamphetamine ER 20 MG on 10/11/2023 at 7:00 AM dose as prescribed. On 12/01/2023 Licensee Designee Michelle Jannenga acknowledged via email that a medication error occurred, and Resident A did not receive her Dextroamphetamine ER 20 MG on 10/11/2023 at 7:00 AM dose as prescribed. A preponderance of evidence was discovered during the investigation to substantiate violation of the applicable rule; Facility Medication Administration Records indicated that

	Resident A did not receive her medication as prescribed on 10/11/2023.
CONCLUSION:	**VIOLATION ESTABLISHED**

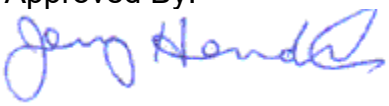
IV. RECOMMENDATION

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

12/04/2023

Toya Zylstra Date
Licensing Consultant

Approved By:



12/04/2023

Jerry Hendrick Date
Area Manager