



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 15, 2024

Stephanie Leone
Hope Network Behavioral Health Services
PO Box 890
3075 Orchard Vista Drive
Grand Rapids, MI 49518-0890

RE: License #: AS340089081
Investigation #: 2024A0464013
Westlake V

Dear Ms. Leone:

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,

A handwritten signature in blue ink that reads "Megan Aukerman, MSW". The signature is written in a cursive style.

Megan Aukerman, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 438-3036

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS340089081
Investigation #:	2024A0464013
Complaint Receipt Date:	01/08/2024
Investigation Initiation Date:	01/08/2024
Report Due Date:	03/08/2024
Licensee Name:	Hope Network Behavioral Health Services
Licensee Address:	PO Box 890 3075 Orchard Vista Drive Grand Rapids, MI 49518-0890
Licensee Telephone #:	(616) 430-7952
Administrator:	Heather Burnell
Licensee Designee:	Stephanie Leone
Name of Facility:	Westlake V
Facility Address:	11652 Grand River Lowell, MI 49331
Facility Telephone #:	(616) 897-5373
Original Issuance Date:	11/09/1999
License Status:	REGULAR
Effective Date:	09/17/2022
Expiration Date:	09/16/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Resident A was not administered her prescribed Clonazepam.	Yes

III. METHODOLOGY

01/08/2024	Special Investigation Intake 2024A0464013
01/08/2024	Special Investigation Initiated - Telephone Brandi Moore, Program Manager
01/08/2024	APS Referral
01/19/2024	Inspection Completed On-site Brandi Moore, Program Manager Joe Jenson, Staff
01/19/2024	Contact - Document Received records
02/14/2024	Exit Conference Stephanie Leone, Licensee Designee

ALLEGATION: Resident A was not administered her prescribed Clonazepam.

INVESTIGATION: On 01/08/2023, I received an online BCAL complaint from Adult Protective Services (APS), alleging that during a medication audit on 01/02/2024, it was discovered Resident A was not administered her prescribed Clonazepam 0.5mg. APS did not assign the complaint for investigation.

On 01/08/2024, I spoke with program manager, Brandi Moore. Mrs. Moore stated employee, Christopher Thalen discovered the medication error.

On 01/19/2024, I completed an onsite inspection at the facility. I interviewed Mrs. Moore. She stated she reviewed Resident A's Medication Administration Record (MAR), which reflected Resident A was not administered her prescribed Clonazepam on 12/25/2023. Mrs. Moore stated Resident A is nonverbal and would not be able to be interviewed regarding the allegations. Mrs. Moore stated staff, Joe Jenson would have been working on 12/25/2023, and would have been responsible for administering Resident A's Clonazepam.

I then interviewed staff, Joe Jenson. Mr. Jenson confirmed he was working the evening of 12/25/2023. He stated he is trained and responsible for administering resident medications. Mr. Jenson stated he could not recall forgetting or failing to administer Resident A her Clonazepam 0.5mg.

On 01/19/2024, I received and reviewed Resident A's Medication Administration Record (MAR). The MAR reflected that on 12/25/2023, Resident A was not administered her prescribed Clonazepam 0.5 mg. I also reviewed the controlled substance log which also reflected the missing dose on 12/25/2023.

On 01/14/2024, I completed an exit conference with licensee designee, Stephanie Leone. She was informed of the investigation findings and recommendations. She stated a corrective action plan would be submitted.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(2) Medications shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	<p>On 01/08/2024, a complaint was received alleging Resident A was not administered her prescribed Clonazepam.</p> <p>Program manager, Brandi Moore stated that on 01/02/2024, a medication audit was completed. It was discovered facility staff did not administer Resident A's prescribed Clonazepam 0.5mg. Staff, Joe Jenson was interviewed and could not recall not administering Resident A's medication.</p> <p>Resident A's Medication Administration Log, specifically the controlled substance log reflected Resident A was not administered her prescribed Clonazepam .5 mg on 12/25/2023.</p> <p>Based on the investigation findings, there is sufficient evidence to support a rule violation that facility staff failed to administer one of her medications.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Megan Aukerman, MSW

02/15/2024

Megan Aukerman
Licensing Consultant

Date

Approved By:

Jerry Hendrick

02/15/2024

Jerry Hendrick
Area Manager

Date