



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 5, 2024

Katie Edwards
Symphony of Linden Health Care Center, LLC
30150 Telegraph Rd
Suite 167
Bingham Farms, MI 48025

RE: License #:	AL250331295
Investigation #:	2024A0872023 Homer House Inn

Dear Katie Edwards:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days.

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 (517) 643-7960.

Sincerely,

A handwritten signature in black ink that reads "Susan Hutchinson". The signature is written in a cursive style with a large initial 'S'.

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL250331295
Investigation #:	2024A0872023
Complaint Receipt Date:	02/05/2024
Investigation Initiation Date:	02/05/2024
Report Due Date:	04/05/2024
Licensee Name:	Symphony of Linden Health Care Center, LLC
Licensee Address:	7257 N. Lincoln Lincolnwood, IL 60712
Licensee Telephone #:	(810) 735-9400
Administrator:	Katie Edwards
Licensee Designee:	Katie Edwards
Name of Facility:	Homer House Inn
Facility Address:	202 S Bridge Street Linden, MI 48451
Facility Telephone #:	(810) 735-9400
Original Issuance Date:	05/01/2014
License Status:	REGULAR
Effective Date:	11/03/2022
Expiration Date:	11/02/2024
Capacity:	20
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Staff failed to administer Resident A her medications on several occasions.	Yes

III. METHODOLOGY

02/05/2024	Special Investigation Intake 2024A0872023
02/05/2024	APS Referral I made an APS referral via email
02/05/2024	Special Investigation Initiated - Letter I made an APS complaint
02/08/2024	Inspection Completed On-site Unannounced
02/09/2024	Contact - Document Sent I emailed the licensee designee requesting information related to this complaint
02/09/2024	Contact - Document Received AFC information received from LD Edwards
02/21/2024	Contact - Document Sent I emailed the LD requesting additional information related to this complaint
02/22/2024	Contact - Document Received AFC documentation received
03/05/2024	Contact - Telephone call made I interviewed LD Edwards
03/05/2024	Exit Conference I conducted an exit conference with LD, Katie Edwards
03/05/2024	Inspection Completed-BCAL Sub. Non-Compliance

ALLEGATION: Staff failed to administer Resident A her medications on several occasions.

INVESTIGATION: On 02/08/24, I conducted an unannounced onsite inspection of Homer House Inn, and I interviewed Resident A. Resident A said that she moved into this facility on 01/18/24. I reviewed the allegations with Resident A, and she confirmed that she has not been getting her medications as prescribed. According to Resident A, during the evening of 01/20/24, staff brought her medications and there were two pills in the cup. Resident A told me that there were supposed to be three pills, so she told staff that she was not going to take the pills. She said that staff “got an attitude and argued with me” so eventually she said, “Fine, I’ll take them.” Resident A said that staff refused to hand her the cup and instead tried to make her take the cup out of her hand, therefore she refused to take them. However, Resident A said that there have been numerous occasions when she has not received her medications. Resident A told me that staff “has all kinds of excuses.” She said that staff tells her the medications are either unavailable or they do not tell her anything at all. She stated that she did not receive her medication, Remeron, for three days in a row. She said that she does not like it at this facility, and she said that she feels that many of the staff “has an attitude.”

On 02/20/24, I reviewed AFC paperwork related to this complaint. Resident A was admitted to this facility on 01/19/24. She is diagnosed with major depressive disorder, anxiety disorder, chronic pain syndrome, hypertension, paroxysmal atrial fibrillation, acute and chronic respiratory failure with hypoxia, muscle weakness, shortness of breath, difficulty in walking, dependence on supplemental oxygen, and chronic obstructive pulmonary disease.

I reviewed her medication administration record (MAR) from 01/19/24 through 02/08/24 and noted that her various medications were prescribed to begin anywhere from 01/19/24 through 02/06/24. I also reviewed the progress/nurses’ notes explaining why medications were not administered as prescribed. I noted that Resident A was administered her medications as prescribed on the dates as prescribed except for the following:

- Cholecalciferol, 1 tablet at bedtime: not administered on 01/28/24 and 02/01/24 (hold/see nurses notes), 02/04/24 (other/see nurses notes), 02/05/24 and 02/06/24 (drug refused)
- Melatonin, 3mg, 1 tablet at bedtime: not administered on 01/20/24 (absent from home), 01/21/24 (absent from home), **01/26/24 (hold/see nurses notes—progress notes said “not available”)**, 01/27/24 (other/see nurses notes), 01/28/24 (drug refused), **02/04/24 (other/see nurses notes—progress notes said “not available”)**, 02/05/24 (drug refused)
- Metoprolol Tartrate, 25mg, 1 tablet by mouth two times a day: not administered on 01/28/24 due to “other/see nurses notes”
- Buspirone HCL, 5mg 1 tablet three times a day: not administered on 01/27/24 at 11pm (other/see nurses notes), 01/28/24 at 9am, 1pm, or 11pm (other/see nurses notes), 02/04/24 at 1pm (sleeping)

- Diazepam, 5mg, 1 tablet three times a day: **not administered on 01/28/24 at 9am, 1pm, and 7:30pm (other/see nurses notes—progress notes said “on order”)**, 02/04/24 at 1pm (sleeping)
- Atorvastatin Calcium, 40mg, 1 tablet at bedtime: not administered on 02/04/24 due to “other/see nurses notes”
- Mirtazapine, 15mg, 3 tablets at bedtime: not administered on 02/03/24 (absent from home), 02/04/24 and 02/05/24 (other/see nurses notes)
- Mirtazapine, 45mg, 1 tablet at bedtime: not administered on 02/06/24 (**other/see nurses notes—progress notes said, “on order”.**)
- Plavix, 75mg, 1 tablet once a day: not administered on 02/01/24 due to “hold/see nurses notes”
- Prednisone, 20mg, 1 tablet once a day: not administered on 02/01/24 due to “hold/see nurses notes”
- Guaifenesin, 100mg/5ml, 10ml by mouth 3 times per day: not administered on 01/19/24 due to “other/see nurses notes”, 02/01/24 at 9am and 1pm (hold/see nurses notes), 02/04/24 (sleeping), 02/07/24 at 9am and 5pm (other/see nurses notes), 02/08/24 at 9am, 1pm, and 5pm (hold/see nurses notes), 02/09/24 at 9am and 1pm (other/see nurses notes)

While reviewing the progress/nurses notes regarding Resident A’s medications and why she was not administered certain medications at certain times, I noted that staff did not always enter a reason when stating “other/see nurses notes” or “hold/see nurses notes.”

On 03/05/24, I interviewed the licensee designee, Katie Edwards via telephone. LD Edwards and I discussed Resident A’s MAR, and how staff are documenting when a medication was not administered. We discussed *R 400.15312(4)(f) and R 400.312(5) Resident medications*. LD Edwards stated that staff are not always properly documenting when a resident is not given a medication. She said that although staff may indicate “absent from home” or “refused” that may not always be the case. LD Edwards told me that she has been working with staff on proper documentation and will continue to address this issue.

On 9/28/22, I completed SIR #2022A0872053 and substantiated R 400.15312(2). I concluded that one of the residents did not receive her prescribed insulin injection from 8/18/22 – 8/20/22. On 10/21/22, the licensee designee at the time, Kimberly Gee, submitted a corrective action plan stating that the assisted living director was educated on the availability process for ordering insulin pens for new admissions. Kimberly Gee said that compliance would be maintained by the administrator/licensee designee randomly auditing new admissions to ensure timely medication delivery.

On 2/09/23, I completed SIR #2023A0872016 and substantiated R 400.15312(2). I concluded that in December 2022 and January 2023, on several occasions one of the residents did not receive her medications as prescribed. On 02/23/23, the licensee designee at the time, Melissa Sevegney submitted a corrective action plan stating that med pass staff will be educated on medication administration and will be given a

competency check off assessment. She also stated that audits of med pass training will be conducted monthly for 3 months and then quarterly thereafter.

On 01/23/24, I completed SIR #2024A0872012 and substantiated R 400.15312(2). I concluded that on 12/02/23, none of the residents were administered their medications from 6am-6pm. On 01/26/24, the licensee designee, Katie Edwards, submitted a corrective action plan stating that all staff and leadership would be trained, in serviced, and educated on proper medication management. She also stated that a daily audit sheet would be maintained for 30 days and biweekly following for 3 months and quarterly thereafter.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	<p>I reviewed the medication logs and progress notes for Resident A from 01/19/24 through 02/08/24. I noted that she was not administered the following medications at the times and dates as prescribed, for the following reasons:</p> <ul style="list-style-type: none"> • Melatonin, 3mg, 1 tablet at bedtime, 01/26/24 and 02/04/24 due to “not available.” • Diazepam, 5mg, 1 tablet three times a day on 01/28/24 at 9am, 1pm, and 7:30pm due to “on order.” • Mirtazapine, 45mg, 1 tablet at bedtime on 02/06/24 due to “on order.” <p>I also noted that Resident A was not administered her prescribed medications on numerous other occasions. Staff noted “other/see nurses notes” or “hold/see nurses notes” as the reason but often did not enter the reason why the medications were not administered in the progress notes.</p> <p>I conclude that there is sufficient evidence to substantiate this rule violation.</p>
CONCLUSION:	<p>REPEAT VIOLATION ESTABLISHED Ref: SIR #2022A0872050 dated September 28, 2022. Ref: SIR #2023A0872016 dated February 9, 2023. Ref: SIR #2024A0872012 dated January 23, 2024.</p>

On 03/05/24, I conducted an exit conference with the licensee designee, Katie Edwards. I discussed the results of my investigation and explained which rule violation I am substantiating. I also told LD Edwards that I am recommending a provisional license. LD

Edwards agreed to complete and submit a corrective action plan upon the receipt of my investigation report.

IV. RECOMMENDATION

Contingent upon the receipt of an acceptable corrective action plan, I recommend modification of the license to provisional.



March 5, 2024

Susan Hutchinson Licensing Consultant	Date
--	------

Approved By:



March 5, 2024

Mary E. Holton Area Manager	Date
--------------------------------	------