



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 14, 2024

Jennifer Bhaskaran  
Alternative Services Inc.  
Suite 10  
32625 W Seven Mile Rd  
Livonia, MI 48152

RE: License #: AS330311852  
Investigation #: 2024A1033030  
Willoughby Home

Dear Ms. Bhaskaran:

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 feel free to 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps".

Jana Lipps, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

|                                       |  |
|---------------------------------------|--|
| <b>License #:</b>                     | AS330311852  |
| <b>Investigation #:</b>               | 2024A1033030   |
| <b>Complaint Receipt Date:</b>        | 02/21/2024   |
| <b>Investigation Initiation Date:</b> | 02/21/2024   |
| <b>Report Due Date:</b>               | 04/21/2024   |
| <b>Licensee Name:</b>                 | Alternative Services Inc.                              |
| <b>Licensee Address:</b>              | Suite 10<br>32625 W Seven Mile Rd<br>Livonia, MI 48152 |
| <b>Licensee Telephone #:</b>          | (248) 471-4880   |
| <b>Administrator:</b>                 | Bonnie Snider  |
| <b>Licensee Designee:</b>             | Jennifer Bhaskaran                                     |
| <b>Name of Facility:</b>              | Willoughby Home  |
| <b>Facility Address:</b>              | 5343 Willoughby Road<br>Lansing, MI 48911              |
| <b>Facility Telephone #:</b>          | (517) 394-9699   |
| <b>Original Issuance Date:</b>        | 07/01/2011   |
| <b>License Status:</b>                | REGULAR  |
| <b>Effective Date:</b>                | 01/21/2024   |
| <b>Expiration Date:</b>               | 01/20/2026   |
| <b>Capacity:</b>                      | 6  |
| <b>Program Type:</b>                  | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED     |

|  |                      |
|--|----------------------|
|  | MENTALLY ILL<br>AGED |
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**II. ALLEGATION(S)**

|   | <b>Violation<br/>Established?</b> |
|---|-----------------------------------|
| Resident A's hypothyroidism medication is not being administered properly by direct care staff. | Yes                               |
| Direct care staff are not administering all Resident A's medications.                           | No                                |
| Direct care staff are not properly trained to administer medications.                           | No                                |

**III. METHODOLOGY**

|            |   |
|------------|---|
| 02/21/2024 | Special Investigation Intake<br>2024A1033030  |
| 02/21/2024 | Special Investigation Initiated - Telephone Interview with Adult Services Worker, Penny Howard, via telephone.  |
| 02/21/2024 | APS Referral- Active APS investigation assigned to Adult Services Worker, Penny Howard.   |
| 02/21/2024 | Contact - Telephone call made- Attempt to interview Resident A's physician, Katherine Pestun Moore, via telephone. Message left, awaiting a returned call.            |
| 02/22/2024 | Contact - Document Sent- Email correspondence sent to Dr. Pestun Moore.   |
| 02/24/2024 | Contact - Document Received- Email correspondence received from Dr. Pestun Moore.   |
| 02/26/2024 | Contact - Document Received- Email correspondence received from Dr. Pestun Moore.   |
| 02/28/2024 | Inspection Completed On-site- Interviews with direct care staff, Amber Delisle, Victoria Anderson, Tomekia McNeal. Review of Resident A's resident record, initiated. |
| 02/28/2024 | Contact - Document Sent- Email correspondence sent to Licensee Designee, Jenny Bhaskaran & Administrator, Bonnie Snider.  |

|            |  |
|------------|--|
| 02/29/2024 | Contact - Document Received- Email correspondence received from Administrator, Bonnie Snider.            |
| 03/13/2024 | Contact – Telephone call made- Interview with direct care staff/Home Manager, Dan Farlin, via telephone. |
| 03/13/2024 | Contact – Telephone call made<br>Interview with direct care staff, Billie Rivers, via telephone.         |
| 03/13/2024 | Contact – Document Received<br>Email correspondence with Dr. Pestun Moore.                               |
| 03/14/2024 | Exit Conference<br>Conducted via telephone with licensee designee, Jennifer Bhaskaran.                   |

**ALLEGATION:**

- Resident A’s hypothyroidism medication is not being administered properly by direct care staff.
- Direct care staff are not administering all Resident A’s medications.
- Direct care staff are not properly trained to administer medications.

**INVESTIGATION:**

On 2/21/24 I received an online complaint regarding the Willoughby Home adult foster care facility (the facility). The complaint alleged three rule violations regarding the management of Resident A’s medication administration. The allegations are as follows:

- Resident A’s hypothyroidism medication is not being administered properly by direct care staff.
- Direct care staff are not administering all Resident A’s medications.
- Direct care staff are not properly trained to administer medications.

On 2/21/24 I interviewed Adult Protective Services, Adult Services Worker, Penny Howard, via telephone. Ms. Howard reported that she conducted an on-site visit at the facility on 2/21/24 and interviewed direct care staff, Billie Rivers. Ms. Howard reported that while on-site, Ms. Rivers reported that Resident A had received an additional dosage of her Levothyroxine medication the morning of 2/20/24 due to a communication error between herself and direct care staff/home manager, Dan Farlin. Ms. Howard reported that Ms. Rivers stated Mr. Farlin had already given Resident A’s Levothyroxine at 5am on 2/20/24, and she was unaware and repeated the dose at 6am as she had been instructed via text messages to begin administering this medication at 6am each day. Ms. Howard reported that she had not yet spoken with the APS referral source for the original allegations.

On 2/26/24 I received an email correspondence from Resident A's physician, Katherine Pestun Moore. Dr. Pestun Moore reported the following information regarding the allegations:

- Dr. Pestun Moore reported that Resident A is prescribed a high dose (250mcg) of Levothyroxine, for her thyroid disease. She reported this medication is to be administered on an empty stomach 1 hour before a meal and 4 hours before iron or calcium containing medications. She reported that "after visit summaries" have included these instructions for the direct care staff. Dr. Pestun Moore reported that a lab test result called, TSH, can be used to check the status of Hypothyroidism. She reported that Resident A's TSH results had previously been within a "therapeutic range" and had recently become elevated again. She reported that this elevation suggests that the medication has not been administered correctly. Dr. Pestun Moore reported that she discussed with direct care staff, Amber Delisle, who had been present with Resident A at the appointment, how the medication was being administered. She reported that Ms. Delisle noted Resident A was currently receiving her Levothyroxine at 8am with one glass of water along with all other morning medications. Dr. Pestun Moore reported that how Ms. Delisle described the routine administration of the Levothyroxine medication with all other medications, at the same time, is not how this medication has been ordered to be administered. She further reported that after this office visit for Resident A, she had a telephone conversation with home manager/direct care staff, Dan Farlin, who reported that he planned to have the "night shift" start giving the Levothyroxine at 6am before they leave so Resident A will have two hours before the rest of her 8am medications are administered, and food is offered.
- Dr. Pestun Moore reported that at Resident A's medical appointment on 2/19/24 Ms. Delisle made comments about additional medication errors occurring at the facility such as medications not being administered at the correct time or not being administered at all. Dr. Pestun Moore also reported that Mr. Farlin reported a couple of minor medication errors, such as forgetting to administer an Omeprazole medication to a resident, during her conversation with him.
- Dr. Pestun Moore reported that during Resident A's medical appointment, Ms. Delisle voiced concerns that there are direct care staff who were not being trained appropriately in the administration of medications.

On 2/28/24 I interviewed direct care staff/shift leader, Amber Delisle regarding the allegations. She reported the following information regarding the three allegations:

- Ms. Delisle reported that her job duties include overseeing medication administration on her shifts when she is working at the facility. She reported this includes, reviewing *Medication Administration Records (MARs)*, checking for missed doses, errors in medication administration, calling in refills of medications that are running low, and supervising medication administration. Ms. Delisle reported that Resident A had a recent change to her MAR regarding when her Levothyroxine and Ferrous Sulfate (Iron) medications were to be administered. Ms. Delisle reported that she had recently taken Resident A to a medical appointment with her physician, Dr. Katherine Pestun Moore, on 2/19/24. She

reported that Dr. Pestun Moore was asking questions about how Resident A's medications were being administered and whether they were being administered correctly. She reported that Dr. Pestun Moore noted that the Levothyroxine and Ferrous Sulfate medications should be administered at least four hours apart from one another. Ms. Delisle reported that Dr. Pestun Moore reported that Resident A's lab results came back abnormal and her TSH results (which measures her thyroid levels) came back high. Ms. Delisle reported that the Levothyroxine and Ferrous Sulfate medications were both being given in the morning at the same time. She reported that Dr. Pestun Moore also noted that Resident A needed to have her Levothyroxine medication administered at least an hour before a meal. Ms. Delisle reported that the Levothyroxine has been administered an hour prior to the breakfast meal as medications are administered at 8am and breakfast is served at 9am. Ms. Delisle reported that the direct care staff were initially going to modify the MAR to have the Levothyroxine medication administered at 6am but then decided to move the Ferrous Sulfate medication to 8pm instead of 8am. She reported that this is how the medications are currently being administered. Ms. Delisle reported that she feels some of the newer direct care staff members may not have been reading the directions on the MAR as to how to properly administer Resident A's Levothyroxine. She noted that the MAR indicates this medication is to be given 1 hour prior to a meal and at least four hours prior to iron or calcium medications.

- Ms. Delisle reported that she is not aware of any direct care staff not administering prescribed medications to Resident A.
- Ms. Delisle reported that each direct care staff is trained to administer resident medications by attending a 3 to 4-hour medication administration class at Community Mental Health. She reported that she believes current direct care staff who administer medications are competent to perform this task. Ms. Delisle reported that when it is noticed that a direct care staff member has committed an error in medication administration, they are sent for retraining in this area.

On 2/28/24, during the on-site investigation, I interviewed direct care staff, Victoria Anderson. Ms. Anderson reported that she has worked at the facility since October 2023. She reported that she works the 2pm to 10pm shift. She reported the following information regarding the three allegations:

- Ms. Anderson reported that all morning medications are administered around 8am. She reported that breakfast is served at 8am as well. Ms. Anderson reported that she has never administered Resident A's morning medications as she does not work on this shift.
- Ms. Anderson reported she is not aware of any direct care staff who have missed or withheld administering medications to Resident A.
- Ms. Anderson reported that the direct care staff members are trained to administer medications through a 4 to 5-hour medication administration training class at Community Mental Health. Ms. Anderson reported that after this medication training class is completed then a shift supervisor/direct care staff at the facility observe and assist with on-site medication passing. She reported that

this process includes going through each residents MAR and matching their medications to what is listed on the MAR for accuracy.

During the on-site investigation on 2/28/24 I interviewed direct care staff, Tomekia McNeal. Ms. McNeal reported that she has worked at the facility for about 2.5 years. She reported the following regarding the allegations:

- Ms. McNeal reported that she rarely administers medications to Resident A on first shift as her primary shift is 2pm to 10pm. She reported that she has no knowledge of how the Levothyroxine and Ferrous Sulfate medications are being administered at this time.
- Ms. McNeal reported that she has never observed resident medications ordered to be administered routinely, not being administered by direct care staff. Ms. McNeal reported that resident medications are always kept locked.
- Ms. McNeal reported that the direct care staff are trained in medication administration by attending a training class at Community Mental Health. Ms. McNeal reported that direct care staff are also trained on-site for a period of, at least three days, before they can administer medications independently. Ms. McNeal reported that she felt this training was adequate for her knowledge and skill level.

During the on-site investigation on 2/28/24 I reviewed the following documents:

- MAR for Resident A, dated February 2024. This document lists Resident A's Levothyroxine and Ferrous Sulfate medications in the following manner:
  - Ferrous Sulfate 325 MG, take one tablet by mouth daily. Administered at 8am from 2/1/24 through 2/20/24. The MAR has handwritten note that states, "Order Change 2/21/24", "See Next Page". After 2/20/24 this medication is noted as being administered at 8pm, 2/22/24 through 2/27/24.
  - Levothyroxine 200MCG TAB (Synthroid 200 MCG Tablet), take 1 tablet by mouth once daily. This medication is recorded as being administered 2/1/24 through 2/19/24 at 8am. The MAR has handwritten note that states, "Order Change 2/21/24", "See Next Page". The additional page has this medication rewritten with the same instructions and the same administration time. This page documents the Levothyroxine administered at 8am from 2/22/24 through 2/28/24.
  - Levothyroxine 50 MCG\* Tab, take 1 tablet by mouth once daily (Total dose of 250mcg daily) take 1 hr before a meal and 4 hours from calcium or iron. This medication is documented as being administered 2/1/24 through 2/20/24 at 8am. The MAR has a handwritten note that states, "Order Change 2/21/24", "See Next Page". The additional page has this medication rewritten with the same instructions and the same administration time. The page documents the Levothyroxine administered at 8am from 2/22/24 through 2/28/24.
  - The MAR also lists the following routine medications being administered:
    - Escitalopram 20 mg tablet: Take 1 tablet by mouth every morning.
    - Ferrous Sulfate 325 MG: Take 1 tablet by mouth daily.



- Levothyroxine 200 mcg tab: Take 1 tablet by mouth once daily.
- Levothyroxine 50 mcg tab: Take 1 tablet by mouth once daily (total dose of 250 mcg daily) Take 1 hr before a meal and 4 hours from calcium or iron.
- Lidocain 5% patch: Apply 1 patch to the skin once every 24 hours.
- Losartan HCTZ 100-25 mg: Take 1 tablet by mouth once daily.
- Simvastatin 40 mg Tablet: Take 1 tablet by mouth every evening.
- Tab-A-Vite Tablet: Take 1 tablet by mouth once daily.
- Vitamin B-12 \*1000mcg: Take 1 tablet by mouth once daily.
- Vitamin D3 1000IU: Take 1 capsule by mouth once daily.
- Calcium CIT-Vit B 315-25: Take 2 tablets by mouth twice daily, this medication has DC'D written across it and has not been documented as administered in the month of February 2024.
- Nystop 1,000 Units, abdomen and breasts x2 daily.
- *After Visit Summary* for Resident A's visit with Dr. Pestun Moore, dated 2/19/24. On page one, under section, *Instructions*, it reads, "Administer consistently in the morning on an empty stomach, at least 30 to 60 minutes before food. Do not administer within 4 hours of calcium or iron containing products or bile acid sequestrants." On page two is a medication list which lists the following routine medications:
  - Ferrous Sulfate: "Take 1 tablet (65 mg of Elemental Iron total) by mouth daily (with breakfast)."
  - B-12: Take 1,000 mcg by mouth daily.
  - Calcium carbonate: Take 5 tablets (2,500 mg total) by mouth daily. Take with food. Take 2 tablets in the AM and 3 in the PM.
  - Duloxetine HCl capsule: Duloxetine 60 mg capsule, delayed release. Take 1 capsule every day by oral route.
  - Escitalopram: 20 mg tablet
  - Levothyroxine 200 MCG tablet: Take 1 tablet (200 mcg total) by mouth daily.
  - Levothyroxine 50 mcg tablet: Total of levothyroxine 250mcg daily. Take 1 hour before a meal, and 4 hours from calcium and iron intake.
  - Lidocaine 5%: Place 1 patch onto the skin every 24 hours.
  - Losartan-hydrochlorothiazide 100-25 MG per tablet
  - Meloxicam 7.5 MG Tablet: Take 1 tablet every day by oral route.
  - Multivitamin with minerals: Take 1 tablet by mouth daily.
  - Nystatin powder: Apply topically 2 times daily.
  - Simvastatin 40 mg tablet: Take 1 tablet (40mg total) by mouth every evening.
  - Vitamin A PO: Tab-A-Vite Tablet. Take 1 tablet every day by oral route.
  - Vitamin D-3 25 mcg (1000 UT) Caps: Take 1,000 units by mouth daily.
- *Over Due Lab Work – Reminder #1*; This document did not have a date but was a message from the MyChart patient portal for Sparrow Health System for Resident A. It read, "This is a reminder that you have outstanding non-fasting blood work. These can be completed at any Sparrow Lab location."

- *Consumer Emergency Data Sheet* for Resident A. This document was provided during the on-site inspection by Ms. Delisle and lists the follow as current medications for Resident A:
  - *Escitalopram 20mg 1 x daily*
  - *Levothyroxine 250 mcg, 1 x daily*
  - *Losartan HCTZ 10-25mg, 1 x daily*
  - *Simvastatin 40 mg, 1 x daily*
  - *Vitamin b-12, 1 x daily*
  - *Tab-A-Vite, 1 tab, 1 x daily*
  - *Vitamin D3 1,000 IU, 1 x daily*
  - *Calcium CIT 315 – Vit D20, 2 tabs, 2 x daily*
  - *Lidocaine Patch 5, 1 x daily*
- *Nutrition Evaluation, dated 2/10/21, from Clinton-Eaton-Ingham Community Mental Health Authority, Community Services for the Developmentally Disabled, for Resident A. On page one of this document, under section, # of Meds with Nutrition Implications, it reads, “6pts.” On page 2, under section, Nutritional Implications of Medications, is the following information:*
  - “Oscal w/vitamin D (Calcium carbonate; Ca supplement): Take with meals; chew tab well. Insure adequate fluid intake. Take separately from large amounts high fiber, high oxalate or high phytate foods. Take Fe or folacin separately by 1-2 hr. Contains 40% calcium. May cause anorexia, chalky taste, dry mouth.”
  - “Synthroid (thyroid preparation): Take on empty stomach to increase absorption. Take iron, calcium or magnesium supplement separately by 4 hours. May cause appetite changes, nausea, diarrhea, decreased weight. Monitor diabetic due to possible reduction in glucose tolerance”

On page 3 under the section, Summary, it reads, “Stable nutritional health based on available information. [Resident A’s] home staff provide positive support for good dietary choices and try to assist her with increasing her physical activity. [Resident A] remained on nutrition services for the past year due to potential negative effects of pandemic on [Resident A’s] health. However, she has remained nutritionally stable. Recommend that [Resident A’s] nutrition care plan be changed to guidelines and that she no longer receives ongoing services.” This was signed by Registered Dietician, Laura Bylancik-Lince on 2/24/21.

On 2/28/24 I sent email correspondence to licensee designee, Jenny Bhaskaran, and Administrator, Bonnie Snider, requesting completed MARs for Resident A for the month of December 2023 and January 2024, any lab work results for Resident A within the past two years, and medication administration training records for all direct care staff who administer medications.

On 2/29/24 Ms. Snider responded to my email request and provided documentation via email. I reviewed the following documentation:

- Completed medication administration training for the following staff:
  - Arica Williams, 2/23/24
  - Amber Deslisle, 2/26/23
  - Billie Rivers, 9/7/23
  - Cynthia Milton, 5/23/23
  - Daniel Farlin, 6/5/22
  - Erica Montgomery, 11/9/23
  - Marquette Benson, 9/7/23
  - Shinea Miles, 11/21/23
  - Tomekia McNeal, 5/20/23
  - Victoria Anderson, 8/10/22
- *TSH, Lab Tests – Blood*, for Resident A, dated 11/23/21. Resident A’s TSH result on this date was 1.97. A Normal range for TSH is between 0.35 – 4.01 u[IU]/ml.
- *TSH, Lab tests – Serum*, for Resident A, dated 8/5/22. Resident A’s TSH result on this date was 19.37 HIGH. The normal range for TSH is between 0.35 – 4.01 u[IU]/ml. There was a notation on this lab work which read, “[Resident A’s] thyroid level is not at goal. You can discuss dose adjustment of Synthroid during your visit with Dr. Munk on 8/11.”
- *TSH, Lab tests – Serum*, for Resident A, dated 10/17/22. Resident A’s TSH result on this date was 11.42 HIGH. The normal range for TSH is between 0.35 – 4.01 u[IU]/ml.
- *TSH, Lab tests – Serum*, for Resident A, dated 7/13/23. Resident A’s TSH result on this date was 11.86 – HIGH. The normal range for TSH is between 0.35 – 4.01 u[IU]/ml.
- *TSH, Lab test*, for Resident A, dated 11/6/23. Resident A’s TSH result on this date was 2.78. The normal range for TSH is between 0.35 – 4.01 u[IU]/ml. There was a notation in the section, *New Comments*, which read, “Your TSH is now in a normal range! Please keep doing everything the same.” This notation was entered by Dr. Pestun Moore on 11/6/23.
- *T4 FREE, Lab Tests – Serum*, dated 2/5/24, for Resident A. Resident A’s TSH result on this date was 5.46 – HIGH. The normal range for TSH is between 0.35 – 4.01 u[IU]/ml. There was a notation under the *New Comments*, section on this lab result which read, “[Resident A’s] TSH was high again. Can you check that the staff are giving this medication correctly?” This notation was entered by Dr. Pestun Moore on 2/7/24.
- MARs for Resident A for the months, December 2023 and January 2024. These documents noted the routine administration of Resident A’s Levothyroxine 250 mcg, Ferrous Sulfate 325mg (Iron), and Tab-A-Vite Tablet (containing Iron), at 8am each day.

On 3/13/24 I interviewed Mr. Farlin via telephone. He reported that he has worked at the facility for two to three years. Mr. Farlin reported the following information regarding the three allegations:

- Mr. Farlin reported that Resident A’s Levothyroxine medication is currently being administered at 8am with her other morning medications. He reported that this is

being administered prior to the breakfast meal. Mr. Farlin reported that the Ferrous Sulfate medication has been moved from an 8am medication to a 5pm medication so that it can be taken with dinner. Mr. Farlin reported that prior to this recent change, the date of which he did not recall, the Ferrous Sulfate and the Levothyroxine medications were both being administered at 8am. Mr. Farlin reported that the reason this was changed was due to physician request. He reported that there was miscommunication between the facility direct care staff and the physician office and the direct care staff were not made aware by the provider that the two medications could not be administered at the same time. Mr. Farlin further reported that on 2/20/24 there was a duplicate dosage of the Levothyroxine medication administered on this date as the direct care staff had a miscommunication about who was going to be administering the medication, whether it be the night staff, who leave at 6am or the morning staff who arrive at 6am. He reported that for a couple of days they tried to administer the Levothyroxine at 6am to see if they could make this work, but instead decided to change the Levothyroxine back to 8am and have the Ferrous Sulfate medication changed to 5pm. Mr. Farlin stated that he reported this medication error to the Ascension Pharmacy staff, who noted that the resident should be fine with no adverse reactions.

- Mr. Farlin reported that he is not aware of Resident A being prescribed Duloxetine 60mg, Meloxicam 7.5mg. He reported that Resident A was prescribed the Calcium Carbonate medication but that has since been discontinued as Resident A had lab work which indicated there was no longer a need for this medication. He could not recall the date that the Calcium Carbonate was discontinued. Mr. Farlin was asked about the *Consumer Data Sheets* and the intended purposes of these documents. Mr. Farlin reported that the Consumer Data Sheets are kept in a red folder and each resident has their own red folder. He reported that these folders contain important information for each resident, such as medication lists, insurance cards, and so forth. He reported that when a resident is transported to a medical appointment the direct care staff will take this folder to have the most up to date information regarding the patient. Mr. Farlin reported that these sheets should be kept up to date if there is a change in the resident's condition or medications prescribed.
- Mr. Farlin reported that each direct care staff member who administers medications is sent to a training at the Community Mental Health training facility to learn about medication administration. He reported that when Resident A's medication administration was changed for her Levothyroxine and her Ferrous Sulfate, there was a staff meeting to discuss these updates and the reasoning for these updates with the direct care staff. Mr. Farlin reported that he was aware of the *Nutritional Evaluation* in Resident A's resident record and was familiar with this document. He was unsure whether the direct care staff had been trained to this document.

On 3/13/24 I interviewed direct care staff, Billie Rivers, via telephone. Ms. Rivers reported that she has worked at the facility for about 7 months and works primarily on first shift. Ms. Rivers reported the following regarding the three allegations:

- Ms. Rivers reported that currently Resident A's Levothyroxine is being administered at 8am with her other morning medications. She reported that there was some confusion because initially the time of this administration had been changed to 6am. She reported that on 2/20/24 she had arrived for her shift at 6am and administered Resident A's Levothyroxine. She reported that she had received a text message the evening prior to this shift and a telephone call instructing her that the time for this medication to be administered was changing from 8am to 6am and that the morning direct care staff would be responsible for the administration. She reported that the text message was a group chat text message, she could not recall who sent the message. She reported that the telephone call was from direct care staff, Victoria Anderson. Ms. Rivers reported that after she administered Resident A's Levothyroxine medication at 6am on 2/20/24, she was told that direct care staff, Erica Montgomery, at already administered the medication at 5am on 2/20/24. She reported that they completed a variance report for this as this was a double dosage received by Resident A on this date. Ms. Rivers reported that recently Resident A's Ferrous Sulfate medication was changed from being administered at 8am, to 8pm. She reported that this administration has been changed again, and it is now administered at 5pm. She reported that the Ferrous Sulfate medication administration time was changed from 8am as they received notification from the physician that it cannot be administered at the same time as the Levothyroxine medication.
- Ms. Rivers did not have any information regarding any medications not being administered by direct care staff members.
- Ms. Rivers reported that all direct care staff who administer medications take a medication administration class at Community Mental Health. She reported that there was a brief meeting to address the recent changes in Resident A's medication administration times, but it was not discussed why these times were necessary to be changed. She reported that Ms. Snider was present for this meeting and instructed the direct care staff to only follow physician orders and not make changes to medication administration times without consent of a physician.

On 3/13/24 I sent an email correspondence to Dr. Pestun Moore, regarding the After Visit Summary for Resident A, dated 2/19/24. Dr. Pestun Moore was asked to confirm the medications listed in the medication list section of this document and whether the Duloxetine 60mg, Meloxicam 7.5mg, Calcium Carbonate, are all active medications Resident A should be taking or whether they have been discontinued. Dr. Pestun Moore responded to this correspondence on 3/13/24. Dr. Pestun Moore reported that she has not been prescribing the Duloxetine or Mobic (Meloxicam). She reported that the calcium carbonate is an over-the-counter medication. Dr. Pestun Moore was also asked about whether the Ferrous Sulfate medication needs to be taken at breakfast time as noted on this After Visit Summary. Dr. Pestun Moore reported that this medication can be taken later in the day, but 8pm may be too late to administer this medication.

| <b>APPLICABLE RULE</b> |   |
|------------------------|---|
| <b>R 400.14312</b>     | <b>Resident medications.</b>  |
|                        | <b>(2) Medication shall be given, taken, or applied pursuant to label instructions.</b> |

|                           |  |
|---------------------------|--|
| <p><b>ANALYSIS:</b></p>   | <p>Based upon interviews with Ms. Howard, Dr. Pestun Moore, Ms. Delisle, Mr. Farlin, Ms. Rivers, Ms. Anderson, &amp; Ms. McNeal, as well as review of Resident A's resident record, it can be determined direct care staff have not been administering Resident A's Levothyroxine medication as ordered by her physician. Each of the direct care staff interviewed reported having no prior knowledge of the special instructions for the administration of the Levothyroxine medication, regarding dietary guidelines and adverse medication interactions. The MARs, <i>Nutritional Evaluation</i>, &amp; <i>After Visit Summary</i> reviewed clearly noted instructions that Levothyroxine medication was to be administered at least one hour prior to a meal and at least 4 hours prior to any calcium or iron containing medications. All these documents were found in Resident A's resident record. Each direct care staff member reported that for as long as they could recall the Levothyroxine was administered at 8am, along with her Ferrous Sulfate (Iron) medication. It was not until recent abnormal lab work results were discussed at Resident A's medical appointment on 2/19/24, direct care staff made any changes to how Resident A's medications were being administered to accommodate for this directive. Upon review of two years of Resident A's lab work results, provided by Ms. Snider, it can be noted that Resident A's TSH labs have been steadily in a "HIGH" level, with only occasional "normal" readings. Most of those interviewed have been administering Resident A's Levothyroxine medication with her breakfast at 8am and not allowing for a one hour period of time prior to this meal as instructed. Furthermore, when the direct care staff attempted to modify the MAR to accommodate for the Levothyroxine being administered prior to breakfast (6am) and her Ferrous Sulfate medication, a medication administration error occurred, as reported by Ms. Rivers and Mr. Farlin. This medication administration error occurred on 2/20/24, the date following Resident A's physician appointment where Dr. Pestun Moore addressed the proper administration of the Levothyroxine with Ms. Delisle.</p> <p>I reviewed Resident A's MARs and <i>After Visit Summary</i>, dated 2/19/24. I corresponded with Mr. Farlin and Dr. Pestun Moore regarding the discrepancies found between these documents. There was not adequate evidence to suggest other medications ordered routinely were not being administered.</p> |
| <p><b>CONCLUSION:</b></p> | <p><b>VIOLATION ESTABLISHED</b></p>  |

| <b>APPLICABLE RULE</b> |  |
|------------------------|--|
| <b>R 400.14312</b>     | <b>Resident medications.</b>   |
|                        | <b>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:<br/>(a) Be trained in the proper handling and administration of medication.</b>   |
| <b>ANALYSIS:</b>       | Based upon interviews with Ms. Howard, Dr. Pestun Moore, Ms. Delisle, Mr. Farlin, Ms. Rivers, Ms. Anderson, & Ms. McNeal as well as review of employee training records provided by Ms. Snider, it can be determined that direct care staff have all been provided medication administration training. Although, training has been provided to the direct care staff there seems to be a lack of competency among these direct care staff members as Resident A's resident record contained multiple documents noting the instructions for the appropriate administration of her Levothyroxine medication and these instructions were not being followed by the direct care staff members. |
| <b>CONCLUSION:</b>     | <b>VIOLATION NOT ESTABLISHED</b>   |

#### IV. RECOMMENDATION

Contingent upon receipt of an approved corrective action plan, no change to the status of the license recommended at this time.



03/13/24

\_\_\_\_\_  
Jana Lipps  
Licensing Consultant

\_\_\_\_\_  
Date

Approved By:



03/14/2024

\_\_\_\_\_  
Dawn N. Timm  
Area Manager

\_\_\_\_\_  
Date