



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 21, 2024

Lisa Springett
30744 White Oak Dr
Bangor, MI 49013

RE: License #: AS800386223
Investigation #: 2024A1031037
Eiraina Adult Foster Care

Dear Lisa Springett:

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.

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,

Kristy Duda, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS800386223
Investigation #:	2024A1031037
Complaint Receipt Date:	04/25/2024
Investigation Initiation Date:	04/25/2024
Report Due Date:	06/24/2024
Licensee Name:	Lisa Springett
Licensee Address:	30744 White Oak Dr Bangor, MI 49013
Licensee Telephone #:	(269) 217-9359
Name of Facility:	Eiraina Adult Foster Care
Facility Address:	30744 White Oak Drive Bangor, MI 49013
Facility Telephone #:	(269) 217-9359
Original Issuance Date:	06/21/2017
License Status:	REGULAR
Effective Date:	06/11/2022
Expiration Date:	06/10/2024
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Staff shared confidential information about the residents.	Yes
The home did not follow Resident A's special diet.	No

III. METHODOLOGY

04/25/2024	Special Investigation Intake 2024A1031037
04/25/2024	Special Investigation Initiated - Letter Email Exchange with Candice Kinzler.
05/15/2024	Contact - Telephone Interview with Complainant.
05/15/2024	Contact - Document Received from Complainant.
05/16/2024	Inspection Completed On-site
05/16/2024	Contact - Face to Face Interview with Glenby Geary.
05/20/2024	Contact - Documents Requested.
05/22/2024	Contact – Telephone Interview with Lisa Springett.
05/24/2024	APS Referral
06/14/2024	Inspection Completed On-site
06/14/2024	Contact - Face to Face Interview with Lisa Springett and Diana Kindig.
06/14/2024	Contact - Document Received
06/14/2024	Inspection Completed-BCAL Sub. Compliance
06/14/2024	Exit Conference held with Licensee Designee.

ALLEGATION:

Staff shared confidential information about the residents.

INVESTIGATION:

On 4/25/24, I exchanged emails with Van Buren Recipient Rights Director Candice Kinzler. Ms. Kinzler reported she was informed by the complainant that confidential information regarding the other residents in the home was shared with them. The complainant provided detailed confidential information regarding multiple residents in the home. Ms. Kinzler provided supporting documentation via email.

On 5/15/24, I interviewed Complainant #1 via telephone. Complainant #1 reported direct care worker (DCW) Diana Kindig shared confidential information with them regarding four other residents in the home. Complainant #1 provided a written complaint regarding the information shared with them regarding each of the residents. Complainant #1 reported DCW Diana Kindig verbally shared information regarding the resident's familial issues, family dynamics, behavioral needs/concerns, residents making recipient rights complaints about her, financial needs, and mental health concerns regarding self-harming behaviors exhibited in the home.

On 5/16/24, I interviewed DCW Glenby Geary in the home. Ms. Geary reported she has never shared confidential information about the residents when there was not a release to share information with them. Ms. Geary reported she never witnessed any other staff share confidential information with unapproved individuals.

On 5/22/24, I interviewed Ms. Springett via telephone. Ms. Springett was informed of the specific confidential information shared regarding the residents in the home. Ms. Springett shared that all the information provided to licensing was accurate. Ms. Springett acknowledged that this was confidential information that would have been shared by someone in the home. Ms. Springett reported she did not know who shared this information or that the sharing of confidential information was occurring.

On 6/17/24, I reviewed resident files in the home. Some of the information provided within the written complaint was read within the case files such as behavioral needs per the resident's assessment plans. I reviewed a previous special investigation report. Specific residents that were coded within the report were identified by name within the written complaint received.

On 6/17/24, I interviewed Ms. Kindig in the home. Ms. Kindig reported she never shared confidential information about any of the residents in the home. Ms. Kindig was asked how someone that does not work in the home would have specific information regarding the residents. Ms. Kindig reported she did not know how this information was shared. Ms. Kindig then reported the residents in the home openly share their private information with visitors that come to the home.

APPLICABLE RULE	
R 400.14304	Resident rights; licensee responsibilities.
	<p>(1) Upon a resident’s admission to the home, a licensee shall inform a resident or the resident’s designated representative of, explain to the resident or the resident’s designated representative, and provide to the resident or the resident’s designated representative, a copy of all of the following resident rights:</p> <p>(q) The right to confidentiality of records as stated in section 12(3) of the act.</p>
ANALYSIS:	There was sufficient evidence found to support that staff did share confidential information regarding residents residing in the home. The information provided was very specific and Complainant #1 was able to accurately provide the residents legal names and associated information. The licensee confirmed that the information provided to licensing about each resident was accurate and information must have been shared with someone outside of the home.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

The home did not follow Resident A’s special diet.

INVESTIGATION:

Ms. Kinzler reported she was informed that the home was not following Resident A’s special diet related to lactose intolerance.

On 4/25/24, I reviewed screenshots of text messages and medical documentation that was provided to Ms. Kinzler. The screenshots were of text messages sent on 2/15/24 between Complainant #1 and the licensee Lisa Springett. Complainant #1 provided a picture via text message of an updated diet for Resident A that was completed by their primary physician due to concerns of weight gain and health issues. Complainant #1 stated Resident A has a doctor’s order to follow a 1500 calorie diet daily and to avoid foods containing dairy. The picture sent via text message was a signed doctor’s note dated 2/2/24 stating Resident A has gained weight and is encouraged to walk daily and engage in physical activity to improve her musculoskeletal pain and muscle tone. MS. Springett replied stating that she

was giving Complainant #1 a 30-day notice for Resident A to move out of the home due to Complainant #1 not being satisfied with services provided within the home.

Ms. Kinzler shared a medical document she received which was completed on 5/28/15 that stated Resident A was diagnosed with a lactose intolerance. A medical summary dated 2/2/24 states Resident A is lactose intolerant. Another medical document dated 2/21/24 read Resident A is lactose intolerant and no dairy is to be given.

Complainant #1 reported they provided the licensee with a medical letter dated 2/15/24 and informed the licensee the importance of following Resident A's lactose free diet. Complainant #1 reported Ms. Springett replied via text message "*we have had her for 9 years and not once have we had any issue with her being lactose intolerant.*" Complainant #1 reported they had discussed Resident A's severe reactions to dairy in 2015 when Resident A first moved into the home. Complainant #1 reported medical documents were provided to the home that were completed by their doctor. Complainant #1 reported the home did not follow Resident A's lactose intolerance during the nine years she resided in the home and was never informed that the home was not following this diet.

On 5/15/24, Complainant #1 provided the same documentation that was received and reviewed by licensing on 4/25/24.

Ms. Geary reported she has been working in the home since 2016 and was not aware Resident A had a diet for lactose intolerance. Ms. Geary reported approximately two weeks before Resident A moved out of the home, documentation was received to have Resident A follow a dairy free diet. Ms. Geary reported the home began implementing that diet as soon as they were notified of the change. Ms. Geary reported Resident A did have a low carb and low-calorie diet which they always followed.

Ms. Springett reported Resident A had a special diet that consisted of 1500 calories per day. Ms. Springett reported Resident A's guardian was concerned about her weight as she gained about 16 pounds within the first year she lived in the home. Ms. Springett reported Resident A's previous *Individual Plan of Service (IPOS)* effective 3/28/23 to 3/27/24 did not include a lactose intolerant diet. Ms. Springett reported Resident A's IPOS dated 2/22/24 and effective 3/28/24 read that the home is to prepare food and follow a lactose intolerant diet which they did implement prior to Resident A being discharged from the home.

On 6/17/24, I interviewed Ms. Springett in the home. Ms. Springett reported she did recall Resident A initially having a lactose intolerance diet in 2015. Ms. Springett reported medical documentation for Resident A's special diet over the last few years did not indicate that Resident A was still required to follow a lactose intolerance diet, but she did have a low calorie and low carb diet that they were implementing.

Ms. Kindig reported she was not aware Resident A had a lactose diet until the last few weeks she resided in the home. Ms. Kindig reported Resident A's lactose diet was posted on the refrigerator once the home received the medical letter outlining the new diet. Ms. Kindig reported the home followed Resident A's ongoing diet which was low calorie and low carb. Ms. Kindig reported she attended multiple medical appointments with Resident A and there was never any mention of the lactose diet.

On 6/17/24, I reviewed Resident A's documentation from the home. I reviewed Resident A's IPOS effective 3/28/23-3/27/24 and it read Resident A will be encouraged to exercise and "staff will prepare food". I reviewed Resident A's IPOS that was completed on 2/22/24 and it read that staff are to "prepare food (follow lactose intolerant diet)". A previous IPOS dated 4/2/21 states that Resident A is to "follow a healthy diet".

I reviewed Resident A's health care appraisal dated 6/15/22 and it notes a diagnosis of lactose intolerance but there were not special dietary instructions noted. Resident A's health care appraisal dated 6/21/23 did not have a diagnosis of lactose intolerance or special dietary instructions noted.

I reviewed Resident A's weight records between 2016 and 2024. Resident A initially weighed 150 pounds in January 2016 and weighed 156 pounds when she left the home in April 2024. Resident A's weight fluctuated between 135-167 pounds during those years.

I reviewed multiple medical letters regarding Resident A's special diets completed by Bronson Lakeview Family Care Bangor:

7/28/21 – "Patient needs to follow a low fat, low carb diet. Exercise as often as possible. Avoid fast food. Fruit should be limited unless used as a reward in place of a treat."

6/15/22 – "Please have patient follow 1500 calorie diet."

6/21/23 – "[Resident A] would benefit from a 1500 calorie diet. [Resident A] is not to have soda, sweet teas, juices, or sugar as these are predisposing to the dangers of diabetes and heart disease. Rosa is currently on the borderline of obesity and needs dietary change to decrease her current weight from borderline obesity. [Resident A] is to have a fruit and vegetable with every meal as well as lean meats. Recommended diet: mediterranean diet or plant-based diet that follows 1500 calorie regimen."

2/2/24 – "[Resident A] has gained significant amount of weight which is concerning and potentially can affect her health. Please encourage [Resident A] to walk more often, at least 20-30 minutes twice daily. Physical activity will improve musculoskeletal pain and improve her muscle tone."

2/21/24 – “Patient is lactose intolerant, and no dairy is to be given”.

APPLICABLE RULE	
R 400.14310	Resident health care.
	(1) A licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician or other health care professional with regard to such items as any of the following: (b) Special diets.
ANALYSIS:	Based on interviews and the review of documentation, there was no evidence found to support the home intentionally did not follow Resident A's special diet. Documentation reviewed revealed consistent recommendations from healthcare professionals to follow a 1500 low calorie and low carb diet. There was a diagnosis for lactose intolerance noted on a health care appraisal in 2022, but there were no noted special diet restrictions. The only recent documentation noting a special diet for lactose intolerance was dated 2/21/24 which the home immediately implemented.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.

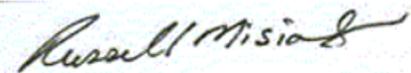


6/20/24

Kristy Duda
Licensing Consultant

Date

Approved By:



6/21/24

Russell B. Misiak
Area Manager

Date