



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 29, 2024

Elyse Al-Rakabi
Shields Comfort Care Assisted Living
9140 Gratiot
Saginaw, MI 48609

RE: License #: AH730412298
Investigation #: 2024A1035055
Shields Comfort Care Assisted Living

Dear Elyse Al-Rakabi:

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,

Jennifer Heim, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(313) 410-3226
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH730412298
Investigation #:	2024A1035055
Complaint Receipt Date:	06/28/2024
Investigation Initiation Date:	06/28/2024
Report Due Date:	08/28/2024
Licensee Name:	Shields Comfort Care Assisted Living and Memory Care LLC
Licensee Address:	Suite B 3061 Christy Way Saginaw, MI 48603
Licensee Telephone #:	(989) 607-0001
Administrator:	Kristy Tomlinson
Authorized Representative:	Elyse AL-Rakabi
Name of Facility:	Shields Comfort Care Assisted Living
Facility Address:	9140 Gratiot Saginaw, MI 48609
Facility Telephone #:	(989) 607-0003
Original Issuance Date:	06/01/2023
License Status:	REGULAR
Effective Date:	12/01/2023
Expiration Date:	11/30/2024
Capacity:	65
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Residents did not receive medications as ordered on March 16 and 17 th .	Yes
Additional Findings	No

The complaint alleged a resident did not receive her appetite medication and another resident was a sex offender which were previously investigated in Special Investigation Report 2024A1027067.

III. METHODOLOGY

06/28/2024	Special Investigation Intake 2024A1035055
06/28/2024	Special Investigation Initiated - Letter email sent to AR and Admin requesting documents
08/07/2024	Contact - Face to Face
08/29/2024	Inspection Completed BCAL-Sub Compliance.
08/29/2024	Exit conference conducted with Authorized Representative.

ALLEGATION:

Residents did not receive medications as ordered on March 16 and 17th.

INVESTIGATION:

On June 28, 2024, the Department received a complaint forwarded from Adult Protective Services (APS) which read: On 03/16/24 and 03/17/24 Staff Person (SP)1 did not pass medication to the residents because they were short staffed. The following week a resident with diabetes passed away. It is unknown if this was due to not receiving medication over the weekend. APS did not open an investigation pertaining to the allegations.

On August 6, 2024, an onsite investigation was conducted. While onsite I interviewed Kristen Tomlinson Administrator who states she's new to the facility and position. Kristen states there was significant change to the management team and will assist with gathering requested data. Medication administration record (MAR) for the month of March 2024 and July 2024 was provide for all residents within the facility.

While at the facility I interviewed staff person (SP)2 who states she was educated on medication administration at a sister facility and was orientated upon transfer to Shields Comfort Care. SP2 states she has been at the facility approximately one month and is in the process of being taught how to audit MAR's, narcotic documentation, and charting. SP2 asked to explain the Medication Administration Record report she stated medications given will show the staff members initials, medication not given will appear with initials with a circle around the initials, blank spots "holes" indicate not offered nor given.

While onsite I interviewed SP3 who states she was taught medication administration during orientation with a competency check off. SP3 states when a resident refuses a medication a note must be applied for the decline. SP3 states she always passes all her medications.

APPLICABLE RULE	
R 325.1932	Resident medications.
	<p>(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.</p> <p>(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan.</p> <p>(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions:</p> <p style="padding-left: 40px;">(a) Be trained in the proper handling and administration of medication.</p> <p style="padding-left: 40px;">(b) Complete an individual medication log that contains all of the following information:</p> <p style="padding-left: 80px;">(i) The medication.</p> <p style="padding-left: 80px;">(ii) The dosage.</p> <p style="padding-left: 80px;">(iii) Label instructions for use.</p> <p style="padding-left: 80px;">(iv) Time to be administered.</p> <p style="padding-left: 80px;">(v) The initials of the person who administered the medication, which shall be entered at the time the medication is given.</p> <p style="padding-left: 40px;">(vi) A resident's refusal to accept prescribed medication or procedures.</p> <p style="padding-left: 40px;">(c) Record the reason for each administration of medication that is prescribed on an as-needed basis.</p> <p style="padding-left: 40px;">(d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as-needed basis. The review process shall include the resident's</p>

	<p>prescribing licensed health care professional, the resident's authorized representative, if any, and the agency responsible for the resident's placement, if any.</p> <p>(e) Adjust or modify a resident's prescription medication with instructions from a prescribing licensed health care professional who has knowledge of the medical needs of the resident. A home shall record, in writing, any instructions regarding a resident's prescription medication.</p> <p>(f) Contact the appropriate licensed health care professional if a resident repeatedly refuses prescribed medication or treatment. The home shall follow and record the instructions given.</p> <p>(g) Upon discovery, contact the resident's licensed health care professional if a medication error occurs. A medication error occurs when a medication has not been given as prescribed.</p> <p>(4) If a resident requires medication while out of the home, then the home shall assure that the resident, or the person who assumes responsibility for the resident, has all of the appropriate information, medication, and instructions.</p> <p>(5) A home shall take reasonable precautions to ensure or assure that prescription medication is not used by a person other than the resident for whom the medication is prescribed.</p> <p>(6) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a licensed health care professional or a pharmacist.</p>
ANALYSIS:	<p>Employee education record for medication administration reviewed for SP 1, 2, 3, 4 which indicate training, testing, and competency had been completed.</p> <p>Upon review of March 16th and 17th MAR there were 8 residents who did not receive morning medication related to "out of time frame for meds." Multiple holes noted on MARs provided indicating medication was not offered. Several medications indicate not given on consecutive days related to "meds not in med cart."</p> <p>Based on the information gathered through interview and record review this allegation has been substantiated.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of this license remain unchanged.



08/07/2024

Jennifer Heim
Licensing Staff

Date

Approved By:



08/28/2024

Andrea L. Moore, Manager
Long-Term-Care State Licensing Section

Date