



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 11, 2024

Kahlia Harper  
McFarlan Home  
700 E. Kearsley St.  
Flint, MI 48503

RE: License #: AH250356639  
Investigation #: 2024A1035078  
McFarlan Home

Dear Kahlia Harper:

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.

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) 241-1970.

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**

<b>License #:</b>	AH250356639
<b>Investigation #:</b>	2024A1035078
<b>Complaint Receipt Date:</b>	08/19/2024
<b>Investigation Initiation Date:</b>	08/20/2024
<b>Report Due Date:</b>	10/18/2024
<b>Licensee Name:</b>	McFarlan Kearsley Residence, LLC
<b>Licensee Address:</b>	700 Kearsley St. Flint, MI 48503
<b>Licensee Telephone #:</b>	(810) 252-8684
<b>Administrator:</b>	Lasonji Southall
<b>Authorized Representative:</b>	Kahlia Harper
<b>Name of Facility:</b>	McFarlan Home
<b>Facility Address:</b>	700 E. Kearsley St. Flint, MI 48503
<b>Facility Telephone #:</b>	(810) 235-3077
<b>Original Issuance Date:</b>	05/30/2014
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	11/30/2023
<b>Expiration Date:</b>	11/29/2024
<b>Capacity:</b>	29
<b>Program Type:</b>	AGED

## II. ALLEGATION(S)

	Violation Established?
Resident records are not complete, care logs are not completed.	No
Employee files are missing TB assessments and background checks.	Yes
Residents are not getting medications as ordered, medications are being pre-popped.	No
Additional Findings	No

The complainant alleged the home has bed bugs that have not been treated which was investigated in Special Investigation Report 2024A1019062.

The complainant identified some concerns that were not related to licensing rules and statues for a home for the aged. Therefore, only specific items pertaining to homes of the aged provisions of care were considered for investigation. The following items were that that could be considered under the scope of licensing.

## III. METHODOLOGY

08/19/2024	Special Investigation Intake 2024A1035078
08/20/2024	Special Investigation Initiated - Letter
09/23/2024	Contact - Face to Face
12/02/2024	Inspection Complete BCAL Sub-Compliance
12/11/2024	Exit Interview: Conducted by phone with Authorized Representative.

### ALLEGATION:

Resident records are not complete, care logs are not completed.

### INVESTIGATION:

On August 19, 2024, the department received an anonymous complaint through the online complaint system which stated concerns related to “med passer pre-pop

medications and leaving them on the med cart or in the top drawer of the med carts, med passers do not ensure residents take their meds, employees files are missing TB test and background checks, resident books are incomplete and are missing health care assessments, code status, and incomplete care log documentation.”

On September 23, 2024, an onsite investigation was conducted. While onsite I interviewed Kahlia Harper Authorized Representative (AR) who states the facility has undergone many changes over the past month tightening facility processes and re-educating staff members.

While onsite I interviewed Staff Person (SP)4 who states education has been provided to staff members related to documentation with a full staff in-service related to documentation scheduled for September 23, 2024. SP4 states “it’s been a work in progress to get staff to complete daily care log documentation.”

While onsite I interviewed SP1 who states he was trained during orientation related to documentation. The Med Passers have a notebook where they communicate to each other related to the events and changes for the day.

<b>APPLICABLE RULE</b>	
<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<b>(1) A home shall have a written resident admission contract, program statement, admission and discharge policy and a resident's service plan for each resident.</b>
<b>ANALYSIS:</b>	<p>While onsite resident records reviewed. Resident Books included admission contract, program statement, service plan, medical history, code status, previous hospitalization records, and current medication list. SP4 showed writer Electronic Medical Record (EMR) for residents which included information related medication administration record (MAR), service plan, medical diagnosis, code status.</p> <p>While onsite I interviewed SP1, SP2, and SP3 who articulated documentation expectations, where to document, and how to sign of medication that have been administered.</p> <p>Based on information noted above this allegation has not been established.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

## ALLEGATION:

Employee files are missing TB assessments and background checks.

## INVESTIGATION:

On August 19, 2024, the department received an anonymous complaint through the online complaint system which stated concerns related to “employees files are missing TB test and background checks.”

On September 23, 2024, an onsite investigation was conducted while onsite I interviewed Kahlia Harper AR who states human resources schedules all background checks and employee TB testing prior to employee start date. Kahlia stated all employee health records are kept off site at the corporate office. Kahlia reached out to HR representative to obtain employee records for SP1, SP2, SP3, and SP4.

HR representative provided background checks and finger printing for SP1, SP2, SP3, and SP4. One step TB test provided for employees noted. HR representative states “The TB test results that I have provided is what we have.” HR representative states annual TB Risk assessment and annual TB testing is not completed.

APPLICABLE RULE	
<b>R 325.1923</b>	<b>Employee's health.</b>
	<b>(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR ?Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005? (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.</b>

<b>ANALYSIS:</b>	<p>While onsite I interviewed Kahlia who states HR conducts all background checks and schedules TB testing. Once HR gives the “okay” employees are scheduled for orientation and a schedule is made.</p> <p>HR representative provided background checks and one part TB test for requested employees. HR representative states annual TB Risk assessments are not completed.</p> <p>PVM TB testing policy provided which states “During the pre-employment physical for each candidate, a two-step PPD will be performed. These results will be kept in the employee’s medical file. Nursing staff will undergo a one-step PPD this test annually thereafter if the results remain negative.</p> <p>Based on information noted above Facility is not following PVM policy nor regulatory rule 325.1923 this allegation has been substantiated.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

## **ALLEGATION:**

Residents are not getting medications as ordered, medications are being pre-popped.

## **INVESTIGATION:**

On August 19, 2024, the department received an anonymous complaint through the online complaint system which stated concerns related to “med passer pre-pop medications and leave them on the med cart or in the top drawer of the med carts, med passers do not ensure residents take their meds.”

On September 23, 2024, an onsite investigation was conducted. While onsite I interviewed SP1 who states medication training was conducted during orientation with a competency check off. SP1 states staff have been reeducated on medication administration and the importance of not pre-popping medications.

While onsite I interviewed SP3 and SP4 who states medication should never be pre popped. Medications are given according to the order in the MAR and signed off.

While onsite I interviewed SP4 who states staff will be re-educated by pharmacy on 9/26/2024. All staff will be reeducated on 9/23/2024 on facility expectations related to documentation.

<b>APPLICABLE RULE</b>	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<b>(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.</b>
<b>ANALYSIS:</b>	Through record review SP1, SP3, SP4 had received medication training with check off. Through MAR review Resident A, B, and C received medications as ordered. Through direct observation medication carts observed, no pre-popped medications noted.  Based on information noted above this allegation has not been substantiated.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

#### IV. RECOMMENDATION

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



10/15/2024

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Jennifer Heim, Health Care Surveyor      Date  
Long-Term-Care State Licensing Section

Approved By:



12/10/2024

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