GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 28, 2020

Carmel Slebodnik
Candlestone Assisted Living
4124 Waldo Avenue
Midland, MI 48642

RE: License #: AH560360912
Investigation #: 2020A1019078

Dear Ms. Slebodnik:

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. Failure to submit an acceptable corrective action plan will result in disciplinary action. 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 authorized representative and a date.

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 (248) 975-5053.

Sincerely,

Elizabeth Gregory-Weil, Licensing Staff
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(810) 347-5503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH560360912
Investigation #:	2020A1019078
Complaint Receipt Date:	09/09/2020
Investigation Initiation Date:	09/09/2020
Report Due Date:	11/09/2020
Licensee Name:	Candlestone Assisted Living, LLC
Licensee Address:	Suite 200 3196 Kraft Avenue Grand Rapids, MI 49512
Licensee Telephone #:	(616) 464-1564
Administrator:	David Schmidt
Authorized Representative:	Carmel Slebodnik
Name of Facility:	Candlestone Assisted Living
Facility Address:	4124 Waldo Avenue Midland, MI 48642
Facility Telephone #:	(989) 832-3700
Original Issuance Date:	09/01/2015
License Status:	REGULAR
Effective Date:	03/01/2020
Expiration Date:	02/28/2021
Capacity:	66
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Concerns that Resident A is not receiving his morphine as prescribed.	No
Additional Findings	Yes

III. METHODOLOGY

09/09/2020	Special Investigation Intake 2020A1019078
09/09/2020	Comment Complaint was forwarded to LARA from APS. APS worker Jill Schmidt is assigned to investigate.
09/09/2020	Special Investigation Initiated - Letter Emailed complainant for additional information.
09/17/2020	Inspection Completed On-site
09/17/2020	Inspection Completed-BCAL Sub. Compliance
09/21/2020	Exit Conference

ALLEGATION:

Concerns that Resident A is not receiving his Morphine as prescribed.

INVESTIGATION:

On 9/9/20, the department received a complaint forwarded from Adult Protective Services (APS) outlining concerns over Resident A's morphine administration. The complaint alleged that Resident A takes morphine twice daily but recently had two urine drug screens that came back negative for morphine. The complaint read that they wanted to ensure the medication is not being intercepted. APS did not provide the referral source's contact information so additional information was unable to be obtained.

On 9/17/20, I conducted an onsite inspection. I interviewed administrator David Schmidt at the facility. Mr. Schmidt stated that Resident A is prescribed scheduled morphine twice daily and also is prescribed morphine on an “as needed” or PRN basis. Mr. Schmidt stated that Resident A has been on morphine for several months and that hospice originally started him on. Mr. Schmidt stated that Resident A has been discharged from hospice but that he continues to take morphine. Mr. Schmidt stated that after being discharged from hospice, Visiting Physicians Association (VPA) “took over his care”. Mr. Schmidt explained that VPA completes routine urine drug screens on Resident A as part of their controlled substance policy due to the morphine prescription. Mr. Schmidt stated that the facility is unaware when the drug screens will occur and do not have access to the results of those screens. Mr. Schmidt stated that he has requested that VPA provide documentation to show the negative results but at this time has not received them.

Mr. Schmidt stated that on 9/3/20, the facility director of resident care (Joan Majors) received a call from VPA staff reporting that Resident A had tested negative for morphine twice in August. Mr. Schmidt did not have an explanation for the negative testing but insisted that Resident A was receiving his morphine as prescribed. Mr. Schmidt stated that the facility then independently tested Resident A after VPA called in their concerns. Mr. Schmidt reported that the results of the urine screen the facility conducted came back positive for morphine.

On 9/17/20, I interviewed Ms. Majors at the facility. Ms. Majors report was consistent with what Mr. Schmidt attested to.

Ms. Majors stated that Resident A is administered two, pre-filled syringes of morphine daily and also has a PRN order. Ms. Majors stated that Resident A never requests any additional morphine and doesn’t utilize the PRN at all. Ms. Majors added that when the morphine is administered to Resident A, staff place the syringe inside Resident A’s cheek and then provide him with something to drink afterwards to wash it down (typically Gatorade or water). Ms. Majors stated that Resident A has refused the medication in the past, but it has been several months since that occurred. Regarding VPA, Ms. Majors stated that after they expressed their concern over the morphine, she interviewed Resident A who confirmed he was receiving his morphine as prescribed. Ms. Majors stated that she also interviewed med passing staff and audited the controlled substance count sheets which are completed by staff before and after every shift. Ms. Majors stated that she was unable to find any discrepancy in the counts and staff all reported that Resident A is taking his morphine as prescribed. Ms. Majors stated that because of VPA’s concerns, new protocol was implemented that includes having two med passing staff present when Resident A takes his morphine and both staff have to sign off that the medication was administered.

On 9/17/20, I interviewed med passer Christine Coin at the facility. Ms. Coin is assigned to work Resident A’s hallway and stated that he is compliant with taking his morphine. Ms. Coin stated that Resident A has never refused morphine when she

has administered it. Ms. Coin also reiterated that medication counts are completed before and after every shift with two staff members present. Ms. Coin denies any issues with Resident A's morphine counts.

Mr. Schmidt and Ms. Majors both stated that Resident A is alert and oriented, verbally makes his needs known and can answer questions appropriately. On 9/17/20, I interviewed Resident A at the facility. Resident A stated that he takes morphine every morning and every night. He stated "They squirt it into my mouth and I drink something afterward." Resident A stated that there have been times that he has requested not to take the medication but stated "That was a long time ago" and reports consistently taking the medication twice daily.

While onsite, I reviewed Resident A's physician's orders. The orders listed a scheduled order for the medication Morphine Sulfate and also a PRN order for the same medication. The morphine orders were originally prescribed to Resident A on 2/19/20. The instructions for the scheduled doses read "Give 1 prefilled syringe (0.25ML/5MG) by mouth every 12 hours". The instructions for the "as needed" order read "Give 1 prefilled syringe (0.25ML/ 5MG) by mouth every 2 hours as needed for pain/shortness of breath". Resident A's medication administration records (MAR) were reviewed from 7/1/20-9/17/20. The MAR does not show any instances from the timeframe reviewed that the medication was not administered as prescribed.

APPLICABLE RULE	
R 325.1932	**Resident medications.**
	(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.
ANALYSIS:	Resident A is scheduled to receive morphine twice daily and every two hours as needed. Visiting Physicians Association reported to facility staff that Resident A tested negative for morphine twice during the month of August. Facility staff attested that the medication is given as prescribed and Resident A himself reported taking the medication as prescribed. Medication administration records were also reviewed which demonstrated the medication is administered as prescribed. Based on this information, the allegation is not substantiated.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

On 9/17/20, I reviewed Resident A's service plan onsite. I observed that Resident A's service plan was last updated on 7/5/19. The service plan read that Resident A receives hospice services through Southern Care hospice and also read that Resident A doesn't experience any pain and does not take any as needed medications. Ms. Majors confirmed that Resident A was discharged from hospice care on 6/8/20. Additionally, Resident A's MAR and physician's orders also list multiple medications prescribed for pain related reasons and also include in excess of more than fifteen medications prescribed on an as needed/PRN basis.

APPLICABLE RULE	
R 325.1922	**Admission and retention of residents.**
	(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.
ANALYSIS:	Resident A's service plan had not been updated annually and did not accurately reflect his care needs regarding his hospice status, as needed medication, and pain management. Based on this information, the facility is not in compliance with this rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

On 9/21/20, I shared the findings of this report with authorized representative Carmel Slebodnik. Ms. Slebodnik did not have any questions regarding the citation.

II. RECOMMENDATION

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

9/21/20

Elizabeth Gregory-Weil Date
Licensing Staff

Approved By:

9/28/20

Russell B. Misiak Date
Area Manager