



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 15, 2020

Denise Aleardi
Applewood Lane Place, L.L.C.
1750 Sherwood Street
Sylvan Lake, MI 48320

RE: License #: AS630388971
Investigation #: 2021A0993003
Applewood Lane Place

Dear Ms. Aleardi:

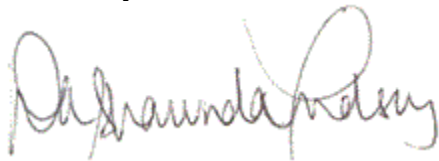
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan.

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.

Sincerely,

A handwritten signature in black ink, appearing to read "DaShawnda Lindsey". The signature is fluid and cursive, with the first name being the most prominent.

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 505-8036

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630388971
Investigation #:	2021A0993003
Complaint Receipt Date:	10/21/2020
Investigation Initiation Date:	10/21/2020
Report Due Date:	12/20/2020
Licensee Name:	Applewood Lane Place, L.L.C.
Licensee Address:	1750 Sherwood Street Sylvan Lake, MI 48320
Licensee Telephone #:	(734) 788-3000
Administrator:	Denise Aleardi
Licensee Designee:	Denise Aleardi
Name of Facility:	Applewood Lane Place
Facility Address:	240 Applewood Lane Bloomfield Township, MI 48302
Facility Telephone #:	(734) 788-3000
Original Issuance Date:	08/08/2017
License Status:	REGULAR
Effective Date:	02/08/2020
Expiration Date:	02/07/2022
Capacity:	6
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
The staff use marijuana on the premises.	No
Residents are not being properly cared for. They are not getting their medications as needed and they run out of medications before they should.	Yes
The back door does not lock, causing concern for the residents' safety.	No

III. METHODOLOGY

10/21/2020	Special Investigation Intake 2021A0993003
10/21/2020	Special Investigation Initiated - Telephone Telephone call made to anonymous source. Left a message.
10/22/2020	Contact - Telephone call made Telephone call made to anonymous source
10/22/2020	Inspection Completed On-site Conducted an unannounced onsite investigation
10/26/2020	Contact - Telephone call received Telephone call received from licensee designee
10/28/2020	Contact - Document Sent Requested documentation
10/29/2020	Inspection Completed On-site Attempted to interview residents and picked up documents
11/17/2020	Contact - Telephone call made Telephone call made to staff Shreda Jamison
11/17/2020	Contact - Telephone call made Conducted a telephone interview with Resident D and M
11/17/2020	Contact - Telephone call made Telephone interview with staff Seide Diggs

12/07/2020	APS Referral Forwarded allegations to adult protective services (APS). The assigned APS specialist is Tiffany Pitts.
12/11/2020	Contact - Document received Received documentation
12/14/2020	Exit Conference Held with licensee designee Denise Aleardi
12/15/2020	Contact - Telephone call made Facetime with home manager Alicia Trevino
12/15/2020	Exit Conference Follow up exit conference held with licensee designee Denise Aleardi

ALLEGATION:

The staff use marijuana on the premises.

INVESTIGATION:

On 10/21/2020, I received the allegations from Bureau of Child and Adult Licensing (BCAL) Online Complaints.

On 10/21/2020, I conducted a telephone interview with the anonymous source. The anonymous source stated she is a former staff. According to the anonymous source staff smoke marijuana on the premises. She stated she observed staff "Rita" (who I later found out was Shreda Jamison) smoke marijuana in the facility.

On 10/22/2020, I conducted an unannounced onsite investigation. I interviewed staff Heather Johnson and Lisa Hall, home manager Alicia Trevino as well as Resident A. I observed Resident F, Resident J, Resident C, but I did not interview them. They are nonverbal. I also observed Resident M, but I did not interview her. She was eating at the time of the unannounced onsite investigation. Resident D was hospitalized.

During the onsite investigation, Ms. Johnson, Ms. Hall, and Ms. Trevino did not appear under the influence of marijuana. The facility did not smell of marijuana.

Ms. Johnson, Ms. Hall, Ms. Trevino, and Resident A denied observing staff smoke marijuana in the facility. They also denied smelling marijuana in the facility. Ms. Trevino denied staff are drug tested unless there are suspicions of drug use.

On 10/29/2020, I conducted an announced onsite investigation. Ms. Hall was present in the facility. She did not appear of the influence of marijuana. In addition, the facility did not smell of marijuana.

On 11/17/2020, I conducted a separate telephone interviews with staff Shreda Jamison and Seide Diggs as well as Resident D and M. They denied observing staff smoke marijuana in the facility. They also denied smelling marijuana in the facility.

APPLICABLE RULE	
R 400.14204	Direct care staff; qualifications and training.
	(2) Direct care staff shall possess all of the following qualifications: (a) Be suitable to meet the physical, emotional, intellectual, and social needs of each resident.
ANALYSIS:	Ms. Johnson, Ms. Hall, Ms. Trevino, Ms. Jamison, and Ms. Diggs as well as Resident A, D and M denied observing staff smoke marijuana in the facility. They also denied smelling marijuana in the facility. During an unannounced onsite inspection on 10/22/2020, Ms. Johnson, Ms. Hall, and Trevino did not appear under the influence of marijuana. The facility did not smell of marijuana. During an announced onsite inspection on 10/29/2020, Ms. Hall was present in the facility. She did not appear of the influence of marijuana. In addition, the facility did not smell of marijuana.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Residents are not being properly cared for. They are not getting their medications as needed and they run out of medications before they should.

INVESTIGATION:

On 10/21/2020, I conducted a telephone interview with the anonymous source. She stated the residents are not properly cared for. The residents run out of their medications before they should. Staff, particularly, home manager Alicia Trevino and staff Shreda Jamison, holler, scream, and yell at the residents. Staff talk to the residents "like they are on the streets".

On 10/22/2020, I conducted an unannounced onsite investigation. I interviewed staff Heather Johnson and Lisa Hall, home manager Alicia Trevino as well as Resident A.

Ms. Johnson stated there are six residents in the facility. She stated residents are properly cared for. Staff complete household chores, prepare meals, and attend to the residents' personal care needs. Ms. Johnson stated she does not administer medications. All staff who administer medications have completed medication administration training. According to Ms. Johnson, staff administers medication as prescribed. Ms. Johnson did not have knowledge of residents running out of their medications. Ms. Johnson denied ever hearing staff hollering, screaming, or talking inappropriately to the residents.

Ms. Hall stated residents are properly cared for. Ms. Hall completed medication administration training. She did not know if all staff have completed medication administration training. Ms. Hall stated she administers medication as prescribed. She did not have knowledge of residents running out of their medications. Ms. Hall denied ever hearing staff hollering, screaming, or talking inappropriately to the residents.

Ms. Trevino stated the residents are properly cared for. All staff, who administer medications and have completed medication administration training. Staff administer medications as prescribed. Ms. Trevino did not have knowledge of residents running out of medications. Ms. Trevino denied that staff scream, yell or holler at the residents.

Resident A stated he receives good care in the facility. He receives all his medications. He denied that staff scream, yell or holler at the residents.

While at the facility, I reviewed Resident A's, C's, D's, F's, J's, and M's medications and medication administration records (MARs) for October 2020. I observed the following errors:

Resident A:

- Staff did not initial the MAR on 10/11/2020, 10/19/2020, 10/20/2020, 10/21/2020, and 10/22/2020 at 8am to document administration of Clonazepam 0.5mg.
- Staff did not initial the MAR on 10/11/2020, 10/19/2020, 10/21/2020, and 10/22/2020 at 8am to document administration of Lisinopril 20mg, Aspirin 81mg, Finasteride 5mg, and Stool Softener.
- Staff did not initial the MAR on 10/07/2020, 10/08/2020, 10/13/2020, 10/14/2020, 10/15/2020, 10/20/2020, and 10/21/2020 at 8pm to document administration of Vitamin D 1000mg.
- Staff did not initial the MAR on 10/07/2020, 10/08/2020, 10/13/2020, 10/14/2020, 10/20/2020, and 10/21/2020 at 8pm to document administration of Clonazepam 0.5mg.
- Staff did not initial the MAR on 10/07/2020, 10/08/2020, 10/13/2020, 10/18/2020, 10/19/2020, 10/20/2020, and 10/21/2020 at 8pm to document administration of Terazosin HCL 5mg.
- Staff did not initial the MAR on 10/07/2020, 10/08/2020, 10/12/2020, 10/16/2020, 10/17/2020, 10/20/2020, and 10/21/2020 at 7:30pm to document administration of medicated edible brownie.

- Per the bubble pack, Resident A is prescribed Clonazepam 0.5mg in the morning and at 3pm. Per the MAR, staff administered the medication at 8am and 8pm.
- The Lisinopril 20mg, Aspirin 81mg, Vitamin D 1000unit, Terazosin 5mg, Stool Softener, and Finasteride 5mg were not in the original pharmacy-supplied container. There were no label instructions for these medications.

Resident C:

- Staff did not initial the MAR on 10/11/2020, 10/19/2020 and 10/21/2020 at 8am to document administration of Memantine 10mg, D3 25mg, Fluoxetine 10mg, Aspirin 325mg, and Vitamin C 500mg ascorbic acid.
- Staff did not initial the MAR on 10/07/2020 and 10/13/2020 at 5pm to document administration of Quetiapine 50mg.
- Staff did not initial the MAR on 10/08/2020, 10/13/2020, 10/20/2020, 10/21/2020 at 8pm to document the administration of Memantine 10mg.
- Staff did not document the time(s) PRN Alprazolam 0.25mg was administered on 10/02/2020, 10/03/2020, 10/04/2020, 10/08/2020, 10/11/2020, 10/12/2020, 10/13/2020, 10/14/2020, 10/15/2020, 10/16/2020, 10/18/2020, 10/19/2020.
- Staff did not document the time(s) PRN Tylenol 325mg was administered on 10/09/2020 and 10/10/2020.
- Per the bubble pack, Senna 8.6mg was filled on 10/02/2020 and administered in the morning from 10/05/2020 to 10/18/2020. This medication is not listed on the MAR; staff did not initial the MAR to document administration the medication.
- The medication Vitamin C 500mg was not in the facility.

Resident D:

- Staff did not initial the MAR on 10/05/2020 and 10/19/2020 at 8am to document administration of Clopidogrel 75mg and Combigan 0.2%/0.5% Op sol.
- Staff did not initial the MAR on 10/05/2020, 10/15/2020, and 10/19/2020 at 8am to document administration of Levothyroxine Sodium 75mcg.
- Staff did not initial the MAR on 10/05/2020, 10/11/2020, and 10/19/2020 at 8am to document administration of Memantine Hydrochloride 5mg and Pantoprazole Sodium 40mg.
- Staff did not initial the MAR on 10/05/2020, 10/11/2020, 10/16/2020, 10/17/2020, 10/18/2020, and 10/19/2020 at 8am to document administration of Tradjenta 5mg.
- Staff did not document the time(s) PRN Loperamide HCL 2mg was administered on 10/09/2020, 10/10/2020, 10/16/2020 and 10/17/2020.
- Staff did not initial the MAR on 10/05/2020, 10/11/2020, and 10/18/2020 at 8pm to document administration of Atorvastatin Calcium 40mg.
- Staff did not initial the MAR on 10/05/2020, 10/08/2020, and 10/18/2020 at 8pm to document administration of Memantine Hydrochloride 5mg.
- Resident D is prescribed Atorvastatin Calcium 40mg daily in the morning. This medication is not listed on the MAR; staff did not initial the MAR to document administration the medication.

- Staff did not document the reason for PRN Tylenol on 10/01/2020, from 10/04/2020 to 10/07/2020, 10/09/2020, 10/11/2020, 10/12/2020, and from 10/14/2020 to 10/17/2020. The medication dosage was also not listed.

Resident F:

- Staff did not initial the MAR on 10/11/2020, 10/15/2020, 10/18/2020, 10/19/2020, 10/21/2020, and 10/22/2020 at 8am to document administration of Aspirin 325mg.
- Staff did not initial the MAR on 10/11/2020, 10/19/2020, 10/21/2020, and 10/22/2020 at 8am to document administration of B-1 100mg, Co Q-10 200mg, Fish Oil 1000mg, Glucosamine & Chondroitin 400mg/500mg, Quetiapine Fumarate 25mg, Tamsulosin Hydrochloride 0.4mg, and Therems M.
- Staff did not initial the MAR on 10/07/2020, 10/08/2020, 10/13/2020, 10/20/2020, and 10/21/2020 at 8pm to document administration of Atorvastatin Calcium 40mg.
- Staff did not initial the MAR on 10/07/2020, 10/08/2020, 10/17/2020, 10/20/2020, and 10/21/2020 at 8pm to document administration of Quetiapine Fumarate 25mg.
- Staff did not initial the MAR on 10/07/2020, 10/08/2020, 10/13/2020, 10/20/2020, and 10/21/2020 at 8pm to document administration of Trazadone Hydrochloride 50mg.
- Staff did not document the time(s) PRN Alprazolam 0.25mg was administered on 10/04/2020, 10/11/2020, 10/14/2020, 10/15/2020, 10/18/2020 and 10/19/2020.

Resident J:

- Staff did not initial the MAR on 10/11/2020, 10/19/2020, 10/20/2020, 10/21/2020, and 10/22/2020 at 8am to document administration of Dakins Solution Full Stre 0.5% SOL and Cephalexin 500mg.
- Staff did not initial the MAR on 10/11/2020, 10/19/2020, 10/21/2020, and 10/22/2020 at 8am to document administration of Famotidine 20mg, Lisinopril 2.5mg, Oxybutynin Chloride 5mg/5mL, and Quetiapine Fumarate 25mg.
- Staff did not initial the MAR from 10/08/2020 to 10/16/2020 or from 10/18/2020 to 10/22/2020 at 3pm to document administration of Cephalexin 500mg.
- Staff did not initial the MAR from 10/06/2020 to 10/08/2020 and from 10/11/2020 to 10/21/2020 at 8pm to document administration of Cephalexin 500mg.
- Staff did not initial the MAR on 10/01/2020, 10/03/2020, from 10/06/2020 to 10/08/2020, on 10/13/2020, and from 10/16/2020 to 10/21/2020 at 8pm to document administration of Dakins Solution Full Stre 0.5% SOL.
- Staff did not initial the MAR on 10/02/2020, 10/03/2020, 10/07/2020, 10/08/2020, 10/13/2020, 10/16/2020, 10/17/2020, 10/20/2020, and 10/21/2020 at 8am to document administration of Famotidine 20mg.
- Staff did not initial the MAR on 10/01/2020, 10/11/2020, and from 10/20/2020 to 10/22/2020 at 8:30am to document staff feed Resident J TwoCal HN 2.0 Can Feeding.

- Staff did not initial the MAR on 10/01/2020, 10/04/2020, from 10/06/2020 to 10/08/2020, on 10/12/2020, 10/13/2020, 10/16/2020, 10/21/2020 and 10/22/2020 at 3:30am to document staff fed Resident J TwoCal HN 2.0 Can Feeding.
- Staff did not initial the MAR from 10/01/2020 to 10/03/2020, 10/06/2020 to 10/08/2020, 10/10/2020, 10/11/2020, 10/16/2020, 10/17/2020, 10/20/2020 and 10/21/2020 at 8:30pm to document staff fed Resident J TwoCal HN 2.0 Can Feeding.
- Staff did not initial the MAR on 10/01/2020, 10/11/2020, 10/16/2020, 10/17/2020 and from 10/19/2020 to 10/22/2020 at 8am to document administration of Nystatin Powder. The medication dosage was not listed on the MAR.
- Staff did not initial the MAR on 10/01/2020, from 10/05/2020 to 10/09/2020, 10/12/2020, 10/13/2020, 10/16/2020, and from 10/19/2020 to 10/21/2020 at 8pm to document administration of Nystatin Powder. The medication dosage was not listed on the MAR.
- Staff did not administer Famotidine 20mg in the evening from 10/17/2020 to 10/19/2020. I observed the pills still in the bubble pack.
- Staff did not initial the MAR on 10/01/2020, 10/11/2020, and from 10/20/2020 to 10/22/2020 at 8:30am to document that Resident J's peg tube was flushed with 60cc of water.
- Staff did not initial the MAR on 10/01/2020, 10/11/2020, 10/14/2020, 10/15/2020, 10/18/2020, 10/21/2020 and 10/22/2020 at noon to document that Resident J's peg tube was flushed with 60cc of water.
- Staff did not initial the MAR on 10/01/2020, 10/02/2020, 10/04/2020, 10/07/2020, 10/08/2020, 10/13/2020, 10/16/2020, 10/21/2020, and 10/22/2020 at 3:30pm to document that Resident J's peg tube was flushed with 60cc of water.
- Staff did not initial the MAR on 10/01/2020, 10/03/2020, 10/07/2020, 10/08/2020, 10/10/2020, 10/13/2020, and 10/21/2020 at 5:30pm to document that Resident J's peg tube was flushed with 60cc of water.
- Staff did not initial the MAR on 10/01/2020, 10/03/2020, 10/07/2020, 10/08/2020, 10/12/2020, 10/13/2020, 10/16/2020, 10/17/2020, 10/20/2020 and 10/21/2020 at 8:30pm to document that Resident J's peg tube was flushed with 60cc of water.

Resident M:

- Staff did not initial the MAR on 10/05/2020, 10/11/2020, 10/19/2020, 10/21/2020, and 10/22/2020 at 8am to document administration of Metoprolol 100mg and Donepezil 5mg, Amlodipine 5mg, and Quetiapine 50mg.
- Staff did not initial the MAR on 10/05/2020, 10/19/2020, 10/21/2020, and 10/22/2020 at 8am to document administration of Lexapro 20mg.
- Staff did not initial the MAR on 10/05/2020, 10/11/2020, and from 10/19/2020 to 10/22/2020 at 8am to document administration of Hydrochlorothiazide 12.5mg.
- Staff did not initial the MAR on 10/05/2020, 10/12/2020, 10/13/2020, 10/16/2020, and from 10/19/2020 to 10/22/2020 at 8am to document administration of Lisinopril 20mg.
- Staff did not initial the MAR on 10/03/2020, from 10/08/2020 to 10/10/2020, 10/13/2020, 10/17/2020, 10/20/2020 to 10/21/2020 at 8pm to document administration of Lisinopril 20mg.

- Staff did not initial the MAR on 10/08/2020, 10/13/2020, 10/17/2020, 10/20/2020, and 10/21/2020 at 5pm to document administration of Quetiapine 100mg.
- Staff did not initial the MAR on from 10/06/2020 to 10/08/2020, 10/13/2020, from 10/15/2020 to 10/17/2020, 10/20/2020, and 10/21/2020 at 5pm to document administration of Aspirin 81mg and Simvastatin 20mg.
- Staff did not initial the MAR on 10/07/2020, 10/08/2020, 10/11/2020, 10/13/2020, 10/16/2020, 10/17/2020, 10/20/2020, and 10/21/2020 at 8pm to document administration of Mirtazapine 30mg and Trazadone 100mg.
- Staff did not document the time(s) PRN Aleve was administered from 10/01/2020 to 10/04/2020 and 10/10/2020. The medication dosage was not listed on the MAR.

On 10/29/2020, I reviewed a copy of Resident A's, C's, D's, F's, J's, and M's assessment plans. I observed the following:

Resident A:

Resident A needs help with toileting, bathing, grooming, and walking/mobility. Resident A requires prompting to attend to personal hygiene.

Resident C:

Resident C needs help with toileting, bathing, dressing, and personal hygiene.

Resident D:

Resident D needs help with toileting, bathing, dressing, personal hygiene, and walking. Resident D can brush her own teeth.

Resident F:

Resident F needs help with toileting, bathing, dressing, personal hygiene, and walking/mobility.

Resident J:

Resident J needs help with eating, toileting, bathing, grooming, dressing, and personal hygiene.

Resident M:

Resident M needs help with toileting, bathing, and personally hygiene.

I also reviewed staff medication administration trainings. I verified Ms. Johnson, Ms. Jamison, Ms. Hall, Ms. Diggs, and staff Carmen Fuller completed medication administration training.

On 11/17/2020, I conducted separate telephone interviews with staff Shreda Jamison and Seide Diggs. They stated the residents are properly cared for. All staff, who administer medication, have completed medication administration training. Staff administer medications as prescribed. They did not have knowledge of residents running out of medications. They denied that staff scream, yell or holler at the residents.

On 11/17/2020, I conducted a telephone interview with Resident D and M. Resident D described staff as “very nice and helpful”. Staff helps her with showers, getting dressed, and going to the bathroom. Staff also prepares meals. Resident D denied that staff scream, yell or holler at the residents.

Resident M described staff as “fine”. Staff prepares meals as well as assist her with showers and getting dressed. Resident M denied that staff scream, yell or holler at the residents.

On 12/11/2020, I verified staff Alicia Hardville completed medication administration training.

APPLICABLE RULE	
R 400.14303	Resident care; licensee responsibilities.
	(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.
ANALYSIS:	Ms. Johnson, Ms. Hall, Ms. Trevino, Ms. Jamison, and Ms. Diggs stated the residents are properly cared for. Resident A stated he receives good care in the facility. Resident D described staff as “very nice and helpful”. Resident M described staff as “fine. Per the assessment plans, staff helps the residents with eating, toileting, bathing, grooming, dressing, personal hygiene, and/or walking/mobility.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.14305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	Ms. Johnson, Ms. Hall, Ms. Trevino, Ms. Jamison, and Ms. Diggs denied staff yell, holler or scream at the residents. Resident A, D, and M D denied that staff scream, yell or holler at the residents.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.14310	Resident health care.
	<p>(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:</p> <p>(d) Other resident health care needs that can be provided in the home. The refusal to follow the instruction and recommendations shall be recorded in the resident's record.</p>
ANALYSIS:	On several days in October 2020, at various times as indicated above, staff did not initial Resident J's MAR to document staff flushed Resident J's peg tube with 60cc of water.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14312	Resident medications.
	<p>(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.</p>
ANALYSIS:	Resident A's Lisinopril 20mg, Aspirin 81mg, Vitamin D 1000unit, Terazosin 5mg, Stool Softener, and Finasteride 5mg were not in the original pharmacy-supplied container. There were no label instructions on the medication packs for these medications.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	Staff did not administer Famotidine 20mg in the evening on 10/08/2020 and from 10/17/2020 to 10/19/2020 to Resident J. I observed the pills still in the bubble pack.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14312	Resident medications.
	(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: (b) Complete an individual medication log that contains all of the following information: (i) The medication. (ii) The dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) The initials of the person who administers the medication, which shall be entered at the time of the medication is given. (vi) A resident's refusal to accept prescribed medication or procedures.
ANALYSIS:	During the month of October 2020, staff did not initial Resident A's, C's, D's, F's, J's, and M's MAR on several days, at various times, to document administration of the several different medications as indicated above. In addition, some of the residents' medications dosages were not listed on the MARs. In addition, Resident C's Senna 8.6mg and Resident D's Atorvastatin Calcium 40mg were not listed on their MARs. Resident D's PRN Tylenol dosage and Resident M's Aleve dosage was not listed on their MARs.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED Reference LSR 02/11/2020 and CAP 02/11/2020.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(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: (c) Record the reason for each administration of medication that is prescribed on an as needed basis.
ANALYSIS:	Staff did not document the times PRN Alprazolam 0.25mg was administered to Resident F. Staff did not document the time PRN Aleve was administered to Resident M.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED Reference LSR 02/11/2020 and CAP 02/11/2020.

ALLEGATION:

The back door does not lock, causing concern for the residents' safety.

INVESTIGATION:

On 10/21/2020, I conducted a telephone interview with the anonymous source. She stated the back door does not lock.

On 10/22/2020, I conducted an unannounced onsite investigation. I interviewed staff Heather Johnson and Lisa Hall as well as home manager Alicia Trevino. They verified the back door is kept unlocked.

During the onsite investigation, I observed that a part of the lock on the back door was not locked.

On 12/14/2020, I conducted an exit conference with licensee designee Denise Aleardi. She stated she does not drug test staff. She has never had a problem with staff in that area. She verified the back door does not lock. She plans to closely monitor staff to ensure medication administration compliance. Ms. Aleardi agreed to submit a corrective action plan.

On 12/15/2020, I conducted a follow up interview with Ms. Trevino via Facetime. I observed that the back door was unlocked. I inquired about the lock on the door. Ms. Trevino clarified Ms. Aleardi "gutted out" the lock to prevent it from locking. This was done to maintain compliance with fire codes.

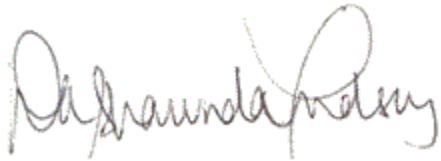
On 12/15/2020, I conducted a follow up exit conference with licensee designee Denise Aleari. Ms. Aleari verified the lock was “gutted out” to prevent it from locking. I informed Ms. Aleari this is a safety concern for the residents. Ms. Aleari agreed to change the door and ensure it is equipped with nonlocking-against-egress hardware.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	The back door does not lock. This is a safety concern for the residents.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14507	Means of egress generally.
	(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.
ANALYSIS:	During the unannounced onsite investigation on 10/22/2020, I observed that the back door was unlocked. During a Facetime call with Ms. Trevino, I observed that the back door was unlocked. I inquired about the lock on the door. Ms. Trevino clarified Ms. Aleari “gutted out” the lock to prevent it from locking. This was done to maintain compliance with fire codes.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

Contingent upon a receipt a corrective action plan, I recommend a six-month (1st) provisional license.

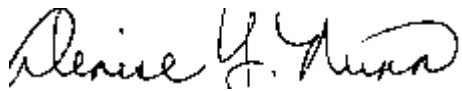


12/15/2020

DaShawnda Lindsey
Licensing Consultant

Date

Approved By:



12/15/2020

Denise Y. Nunn
Area Manager

Date