

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

October 8, 2021

Connie Clauson Leisure Living Mgt of Portage Suite 203 3196 Kraft Ave SE Grand Rapids, MI 49512

> RE: License #: AL390016015 Investigation #: 2021A1030033

> > Fountain View Ret Vil 0f Port #2

Dear Mrs. Clauson:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan was required. On 09/10/2021, you submitted an acceptable written corrective action plan.

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,

Nile Khabeiry, Licensing Consultant Bureau of Community and Health Systems

We Khaberry, LMSW

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL390016015
Investigation #:	2021A1030033
Complaint Receipt Date:	09/09/2021
Complaint Receipt Bate.	00/00/2021
Investigation Initiation Date:	09/10/2021
Report Due Date:	10/09/2021
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Licensee Name:	Leisure Living Mgt of Portage
Licensee Address:	Suite 203
	3196 Kraft Ave SE
	Grand Rapids, MI 49512
Licensee Telephone #:	(616) 285-0573
Administrator:	Connie Clauson
Administrator:	Connie Clauson
Licensee Designee:	Connie Clauson
	Commo Cladeon
Name of Facility:	Fountain View Ret Vil 0f Port #2
Facility Address:	7818 Kenmure Drive
	Portage, MI 49024
Facility Telephone #:	(269) 327-9595
r domey receptions ".	(200) 027 0000
Original Issuance Date:	08/01/1995
License Status:	REGULAR
Effective Date:	12/25/2020
Effective Date:	12/25/2020
Expiration Date:	12/24/2022
Capacity:	20
Program Type:	ALZHEIMERS
	AGED

II. ALLEGATION(S)

Violation Established?

Resident A's is not being administered medication in accordance	Yes
with the label.	

II. METHODOLOGY

09/09/2021	Special Investigation Intake 2021A1030033
09/10/2021	Special Investigation Initiated - On Site Interviewed Resident A
09/10/2021	Contact - Document Received Received and reviewed Resident A's <i>Medication Administration</i> Record and medications.
09/10/2021	Contact - Face to Face Interviewed Administrator, Kimberly Barber
09/13/2021	Contact - Document Received Received email from Kim Barber
09/14/2021	Exit Conference by phone with licensee designee Connie Clauson

ALLEGATION:

Resident A's is not being administered medication in accordance with the label.

INVESTIGATION:

On 09/10/2021, I conducted an on-site investigation at Fountain View on 7818 Kenmure Drive Portage, MI. I interviewed Resident A regarding the allegation. Resident A reported she has lived at the facility for one month. Resident A reported she was living in Colon Mi. but her daughter moved her into this facility. Resident A reported her daughter is her legal guardian and manages her monies. Resident A reported she would rather live in her own apartment but indicated the AFC direct care staff members are pretty nice to her. Resident A reported she takes "lots" of medications and is supposed to take an 8:00am medication but the staff have been waking her up at 6:00am to take the medication. Resident A reported did not remember the name or purpose of the 8:00am medication. Resident A reported she gets her other medications on time.

On 09/10/2021, I reviewed Resident A's MAR and her medications. I noted Resident A's MAR was handwritten and did not have any 8:00am medications listed however there was one 6:00am medication, Levothyroxine (Synthroid) and noted that medication was packaged in a bubble pack listed as an 8:00am medication.

On 09/10/2021, I interviewed administrator, Kim Barber regarding the allegations. Ms. Barber reported Resident A was a newer resident at the facility and was placed because of dementia and "wandering off." Ms. Barber reported Resident A has not had any major behavioral problems. Ms. Barber was informed of the discrepancy between the MAR and the time instruction listed on Resident A's bubble pack and called one of her staff members. This direct care staff member accurately reported that medication needs to be administered on an empty stomach and since breakfast is served at 8:00am Resident A was being given this medication well before breakfast. Ms. Barber reported she knows that the medication label and the MAR need to correspond. A corrective action plan was completed on-site and it was agreed that Ms. Barber would contact Resident A's PCP and have the prescription modified to reflect a 6:00am administration time.

On 09/13/2021, I received an email from Kim Barber with an attachment dated 09/10/2021 from Bronson Family Practice Vicksburg indicating it is acceptable to change the time of administering the Levothyroxine (Synthroid) from 8:00am to 6:00am.

On 09/14/2021, I conducted an exit conference with licensee designee, Connie Clawson.

APPLICABLE RULE		
R 400.15312	Resident medications.	
	(2) Medication shall be given, taken, or applied pursuant to label instructions.	
ANALYSIS:	Based on my investigation, which included my personal observations of the facility, review of Resident A's <i>Medication Administration Record</i> (MAR), medications in a bubble pack and interviews with Resident A, administrator, Kimberly Barber this violation will be established. Resident A's medication label indicated the medication is to be administered at 8:00am and her MAR indicated the medication was being passed at 6:00am thereby conflicting with the medication label.	
CONCLUSION:	VIOLATION ESTABLISHED	

III. RECOMMENDATION

Based on the accepted corrective action plan received on-site, I recommend no change in the current license status.

We Khaberry, LM	SW 09/14/2021
Nile Khabeiry Licensing Consultant	Date
Approved By:	10/08/2021
Dawn N. Timm Area Manager	Date