



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 22, 2021

Rebecca Lopez  
Residential Opportunities, Inc.  
1100 South Rose Street  
Kalamazoo, MI 49001

RE: License #: AM390382556  
Investigation #: 2021A0581047  
E & F Douglas Group Living

Dear Ms. Lopez:

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,

A handwritten signature in black ink that reads "Cathy Cushman". The script is cursive and fluid, with the first name "Cathy" and last name "Cushman" clearly legible.

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 615-5190

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM390382556
<b>Investigation #:</b>	2021A0581047
<b>Complaint Receipt Date:</b>	08/03/2021
<b>Investigation Initiation Date:</b>	08/03/2021
<b>Report Due Date:</b>	10/02/2021
<b>Licensee Name:</b>	Residential Opportunities, Inc.
<b>Licensee Address:</b>	1100 South Rose Street Kalamazoo, MI 49001
<b>Licensee Telephone #:</b>	(269) 343-3731
<b>Administrator:</b>	Vicki Richardson
<b>Licensee Designee:</b>	Rebecca Lopez
<b>Name of Facility:</b>	E & F Douglas Group Living
<b>Facility Address:</b>	1428 N. 30th Street Galesburg, MI 49053
<b>Facility Telephone #:</b>	(269) 343-9720
<b>Original Issuance Date:</b>	03/25/2019
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	09/25/2019
<b>Expiration Date:</b>	09/24/2021
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. ALLEGATION(S)

	Violation Established?
The facility medication drawers are not locked. Medication is not being kept in prescription bottles.	Yes
The controlled medication counts indicate staff are administering the narcotics, but this is not indicated on the medication administration records.	Yes
Facility is not properly disposing of medication.	No
The facility's basement steps were observed inaccessible due to storage bins located on them. The facility's yard is littered with sunscreen, bug spray and broken furniture.	No
Additional Findings	Yes

## III. METHODOLOGY

08/03/2021	Special Investigation Intake 2021A0581047
08/03/2021	Special Investigation Initiated - Telephone Kalamazoo recipient Rights requested medication administration records for residents.
08/03/2021	Referral - Recipient Rights- Kalamazoo RRO received allegations and is investigating.
08/10/2021	Contact - Document Received- Obtained documentation from RRO, Lisa Smith.
08/11/2021	Inspection Completed On-site- Conducted on-site with RRO, Lisa Smith. Obtained MARS, interviewed staff and resident.
08/11/2021	Contact - Document Received- Received resident documentation
08/17/2021	Contact - Telephone call made- Multiple staff interviews via MiTeams with RRO, Lisa Smith.
08/24/2021	Inspection Completed-BCAL Sub. Compliance
09/17/2021	Exit conference with licensee designee, Rebecca Lopez.

**ALLEGATION:**

**The facility medication drawers are not locked. Medication is not being kept in prescription bottles.**

**INVESTIGATION:**

On 08/03/2021, I received this complaint as a referral from Kalamazoo Recipient Rights Office (RRO). I confirmed with Lisa Smith, Kalamazoo Recipient Rights Officer, she was also investigating the allegations.

On 08/11/2021, I interviewed Ms. Smith who indicated when Kalamazoo Recipient Rights personnel conducted an audit at the facility on 08/03/2021 staff discovered the cabinets and rooms in which the facility kept the resident medications were not locked and secured. She stated RRO staff also found unidentified medication around 10:15 am, not in its prescription bottle, but loose in a measuring cup within a small plastic pull drawer within the medication room. Ms. Smith showed me a picture of the loose medication, confirming what RRO staff observed on 08/03/2021.

On 08/11/2021, Ms. Smith and I conducted an unannounced on-site inspection. We inspected all the medication rooms and cabinets, which we found locked and secured. We also did not observe any loose medication within the resident medication drawers or within the medication rooms.

On 08/17/2021, Ms. Smith and I interviewed multiple direct care staff via Microsoft MiTeams, including Andrea Williams, Linda Jones, Jose Mata, and Cheikh Ba who all indicated the medication rooms and drawers are kept locked on a regular basis. These staff did not have any information regarding medication not being kept in prescription bottles.

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(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 {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.</b>

<b>ANALYSIS:</b>	Based on my investigation, which included an inspection of the facility's medication rooms and drawers on 08/11/2021, there is no evidence facility staff were leaving the medication rooms and drawers unlocked or unsecured nor were there any loose medication observed in the locked medication drawers.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

## **ALLEGATION:**

**The Medication Administration Records indicate controlled medications are given, but the controlled medication count sheets are not accurate with the number of narcotics.**

## **INVESTIGATION:**

During the on-site inspection, I reviewed resident documentation for July 2021. In my review of Resident A's, Resident B's, and Resident D's Medication Administration Records (MARs) there was no indication resident medication was not being administered to these residents as the MARs were completed in their entirety.

I reviewed Resident C's July 2021 MAR, which indicated Resident C had not received his scheduled Trazadone 50 mg tablet at 4 pm on 07/08/2021 nor his Zyrtec 10 mg tablet at 7 am on 07/15/2021 as there were no initials on the MAR indicating staff administered it.

I reviewed Resident E's July 2021 MAR, which indicated Resident E had not received her scheduled Tizanidine HCL 2 mg tablet at 12 pm on 07/08/2021 as there were also no initials on the MAR indicating staff administered it.

Based on my review of Resident F's July 2021 MAR, she had a scheduled prescription for Klonopin .5 mg one tablet at bedtime (generic – Clonazepam), which indicated she was receiving the medication, as prescribed based on the consistent initials on the MAR. Additionally, due to the medication being a narcotic the facility also was documenting the administration of Resident F's Klonopin medication on the pharmacy's "CONTROLLED SUBSTANCE PROOF OF USE FORM". According to this document, Resident F had no Klonopin pills left on 08/08/2021 until a new box of 30 pills was received on 08/09/2021. Upon Ms. Smith and I counting the medication, we discovered Resident F not only had the new 30 day supply of Klonopin medication, but also had 11 Klonopin pills left from a previous prescription indicating these pills were not administered as scheduled, which is one pill at bedtime.

Ms. Richardson explained to me, and Mrs. Smith it was the facility's process to sign and date a new prescription box or container upon it arriving to the facility; however,

she stated it was clear, based on our review, that this was not occurring with staff. She had no explanation for why the medication counts were off based on the narcotic counts.

I reviewed Resident G's June 2021 MAR, which indicated Resident G had not received her Lisinopril 40 mg tablet nor her Omeprazole 20 mg capsule on 06/18/2021 at 7 am as there was no initials on the MAR indicating staff administered it, despite her remaining 7 am medications having been initialed as given.

I reviewed Resident H's July 2021 MAR, which indicated Resident H had not received the following medications on the following days:

- 07/18/2021 – Drysol Dab-o-matic solution at 7 am
- 07/18/2021 – Multivitamin at 7 am
- 07/18/2021 – Oscal 500 mg with D200IU tablet at 7 am
- 07/18/2021 – Keppra 500 mg tablet at 7 am
- 07/18/2021 – Pepcid 20 mg tablet at 7 am
- 07/18/2021 – Risperdal 1 mg tablet at 7 am
- 07/18/2021 - Tegretol XR 200 mg tablet at 7 am
- 07/18/2021 – Trazadone 50 mg tablet at 7 am
- 07/24/2021 – Keppra 50 mg tablet at 7 am
- 07/24/2021 – Risperdal 1 mg tablet at 7 am
- 07/24/2021 - Tegretol XR 200 mg tablet at 7 am
- 07/24/2021 – Trazadone 50 mg tablet at 7 am

On 08/17/2021, I interviewed direct care staff, Andrea Williams, Linda Jones, Jose Mata, and Cheikh Ba, via Microsoft MiTeams in conjunction with RRO, Ms. Smith.

Ms. Williams' explanation for administering medication was consistent with the "5 R's" of medication administration, which includes ensuring staff have the right medication, the right resident, the right amount, the right time and are utilizing the right method to administer the medication. Regarding controlled medications, she stated staff are expected to count controlled medications after each shift; however, this may not have been occurring due to staff needing to address one particular resident within the facility who was creating a "hectic" environment. She indicated the pharmacy's controlled medication count document was only used when the medication was administered to residents rather than being counted at every shift change. Ms. Williams indicated a new sheet had been implemented for staff since me and Mrs. Smith had conducted our on-site inspection, which was for staff to document at each shift change.

Direct care staff, Ms. Jones', statement to me was consistent with Ms. Williams' statement to me. Ms. Jones also indicated due to a particular resident's behaviors, she will often have to "start and stop" the administration of medications to residents. Ms. Jones also stated the facility has two separate documents to track the number of narcotic medication being administered to resident, which includes an orange sheet

to document when a narcotic is given and then a white sheet to document the ongoing count of the narcotics.

Direct care staff, Jose Mata's, statement to me was consistent with Ms. Williams' and Ms. Jones' statement to me. He stated staff had only recently been actually going the narcotic medication at shift changes.

Direct care staff, Cheikh Ba's, statement to was also consistent with Ms. Williams', Ms. Jones', and Mr. Mata's statement to me.

This is a repeat violation of Adult Foster Care licensing rule 400.14312.2. The renewal licensing study report, dated 09/18/2019, indicated the facility was in violation of this rule when it was discovered staff initials were missing on a resident Medication Administration Record for several days. Though the facility home manager indicated it was because the resident was undergoing a medical procedure and unable to have the medication, the home manager could not produce the documentation to confirm this was the case. The corrective action plan (CAP), dated 09/30/2019, indicated documentation had been corrected on the medication administration record, which was indicated on the back of the medication sheet. The CAP indicated staff would be reminded about the need to ensure documentation is in place for all missed medications.

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(2) Medication shall be given, taken, or applied pursuant to label instructions.</b>



<b>ANALYSIS:</b>	<p>Based on my investigation, which included counting Resident F's Klonopin pills and then reviewing the July 2021 Medication Administration Record and the pharmacy's "controlled substance proof of use form", Resident F's medication was not administered per the label instruction. Resident F was not given her one a day Klonopin pill per day as prescribed as there were more than the required quantity of pills remaining in the pill bottle at the time of the on-site investigation.</p> <p>In addition, in my review of Resident C's, Resident E's, Resident G's and Resident H's Medication Administration Records, there were multiple days where staff had not initialed the MAR to indicate the medication had been administered per label instructions, as required.</p>
<b>CONCLUSION:</b>	<p><b>REPEAT VIOLATION ESTABLISHED</b></p> <p><b>[SEE 2019 RENEWAL LSR DATED 09/18/2019 AND CAP DATED 9/30/2019]</b></p>

#### **ALLEGATION:**

**Facility is not properly disposing of medication.**

#### **INVESTIGATION:**

The allegations indicated the facility was storing expired over the counter (OTC) medications in the facility's basement area. RRO, Ms. Smith, sent me pictures that had been taken during the facility's recipient rights audit showing a clear box containing "Imodium" and "milk of magnesia". There were additional OTC medications in the box, as well, but I was unable to identify these medications. The expiration date on the milk of magnesia bottle was 06/17.

During my on-site inspection, I did not observe any outdated OTC medications in any areas of the facility including in any clear boxes like the picture obtained from RRO.

Ms. Jones and Mr. Mata both gave consistent statements to me regarding expired medication and its disposal. They both stated expired or discontinued medications are sent back to the pharmacy when pharmacy staff drop off medications at the facility or they will drop the medications off at a local Red Med box site. Both staff indicated they have been trained to check the expiration dates on OTC medications prior to administering them. Neither Ms. Jones nor Mr. Mata indicated being aware of a box of expired OTC medications being stored and provided to residents.

On 09/16/2021, Mr. King provided me a copy of the facility's Medication Disposal policy, which was consistent with Ms. Jones' and Mr. Mata's statements to me.

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.</b>
<b>ANALYSIS:</b>	Based on my investigation, there is no evidence indicating staff are providing residents with medication that has expired or is no longer needed. My observations and interviews with staff indicate the facility is properly disposing of medication that is no longer needed or expired, as required.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

#### **ALLEGATION:**

**The facility's basement steps were observed inaccessible due to storage bins located on them. The facility's yard is littered with sunscreen and broken furniture.**

#### **INVESTIGATION:**

The complaint alleged there was a tote on the facility's basement steps indicating a tripping hazard for residents if they went downstairs of the facility. The complaint also alleged the facility's front yard was in a state of disarray. The complaint alleged there were multiple bottles of sunscreen, debris, and trash littered throughout the front lawn. It indicated there was also a lawn hose scattered across the front lawn presenting a trip hazard. Additionally, the complaint alleged there was a porch swing sitting in the front lawn in a state of total disrepair (broken swing, holes in the cushions) with the potential to cause harm to a resident.

During my on-site inspection, I observed several bottles of sunscreen and bug spray near the facility's front doors. I did not observe any major debris, tripping hazards, or the facility swing in disrepair. The bug spray indicated it had DEET as an active ingredient. I did not observe any boxes on the facility's steps inside the facility making the stairs inaccessible.

On 08/11/2021, the facility's Program Director, Doug King, indicated the sunscreen was left outside of the facility as a prompt for staff to put it on the residents, but he moved the sunscreen from the outside to the inside the facility by the front door.

I reviewed all the residents' *Assessment Plans for AFC Residents*; however, none of them indicated any of the residents can apply their own sunscreen or bug spray.

<b>APPLICABLE RULE</b>	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<b>(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b>
<b>ANALYSIS:</b>	Based on my investigation, the facility had promptly addressed the hazards found both within the home and in the front yard by Recipient Rights on 08/03/2021 by removing them.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.14401</b>	<b>Environmental health.</b>
	<b>(6) Poisons, caustics, and other dangerous materials shall be stored and safeguarded in nonresident areas and in non-food preparation storage areas.</b>
<b>ANALYSIS:</b>	Based on my investigation and observation, the facility was not safeguarding bug spray with the active ingredient DEET, which can cause breathing difficulty, if inhaled.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### **ADDITIONAL FINDINGS:**

#### **INVESTIGATION:**

During my on-site inspection, I observed a typed sign on the bathroom door located on the main level of the facility, past the medication room, which is accessible by residents and staff. The sign, which was typed and placed on the door by the facility's home manager, Vicki Richardson, stated the following:

IT'S SATURDAY AND AS A WOMAN I SUPPOSE[S/C]  
TO BE SHAVED. VICKI SAID THIS IS ON THE MED  
SHEET AND I CAN EXPECT TO BE SHAVED EVERY  
SATURDAY NO EXCUSES WILL BE ACCEPTED. IF  
YOU SIGN THE MED SHEET THAT MEANS IT WAS

DONE. SURPRISE I JUST SHAVED A BIG BUSH FROM UNDER SOMEONES ARMS WITH 2 DIFFERENT RAZORS TO GET IT DONE. NOT A HAPPY VICKI IT SEEMS OUT OF 2 SHOWERS A DAY SOMEONE WOULD NOTICE A BUSH UNDER SOMEONE'S ARMS. WOULDN'T THEY?

<b>APPLICABLE RULE</b>	
<b>R 400.14304</b>	<b>Resident rights; licensee responsibilities.</b>
	<p><b>(1) Upon a resident's admission to the home, a licensee shall inform a resident or the resident's designated representative of, explain to the resident or the resident's designated representative, and provide to the resident or the resident's designated representative, a copy of all the following residents rights:</b></p> <p style="padding-left: 40px;"><b>(o) The right to be treated with consideration and respect, with due recognition of personal dignity, individuality, and the need for privacy.</b></p> <p><b>(2) A licensee shall respect and safeguard the resident's rights specified in subrule (1) of this rule.</b></p>
<b>ANALYSIS:</b>	<p>A sign was observed on a bathroom door, that is accessible to residents and staff, describing a female resident's body hair. The sign used pejorative and degrading language when referencing a resident's body hair, which is not treating a resident with consideration, respect, or dignity, as required.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### **INVESTIGATION:**

During my on-site inspection, I observed the basement freezer to have extensive freezer issues and excessive frost. There were frozen items in the top of the freezer that were unable to be pulled out due to be frozen within the freezer. There were no expiration dates on freezer items and the meat products that were frozen in their original packaging appeared to be freezer burnt, indicating the frozen food was not being protected against freezer burn.

Mr. King, the facility's Program Director, stated the freezer was going to be replaced and the food would be thrown away.

<b>APPLICABLE RULE</b>	
<b>R 400.14402</b>	<b>Food service.</b>
	<b>(2) All food shall be protected from contamination while being stored, prepared, or served and during transportation to a facility.</b>
<b>ANALYSIS:</b>	The facility's basement freezer was observed with excessive frost, indicating the food in the freezer was not being protected against freezer burn, as required.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### **INVESTIGATION:**

During my on-site inspection, I observed the facility's enclosed stairwell on the front of the facility, past the living rooms, to be dimly lit. The stairwell had the existence of large shadow areas making it difficult for residents to navigate the stairwell.

<b>APPLICABLE RULE</b>	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<b>(3) All living, sleeping, hallway, storage, bathroom, and kitchen areas shall be well lighted and ventilated.</b>
<b>ANALYSIS:</b>	The facility's front enclosed stairwell, passed the living room, was observed to be dimly lit with large shadow areas.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On 09/17/2021, I conducted my exit conference with licensee designee, Rebecca Lopez. Ms. Lopez acknowledged my findings and agreed they would be addressed adequately.

#### IV. RECOMMENDATION

Upon receipt of an acceptable plan of correction, I recommend no change in the current license status.



09/17/2021

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Cathy Cushman  
Licensing Consultant

Date

Approved By:



09/22/2021

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Dawn N. Timm  
Area Manager

Date