



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 29, 2021

Andrea Charlton
True Tender Loving Care Adult Fostering LLC
45492 Lone Pine Lane
Macomb, MI 48044

RE: License #: AS500394497
Investigation #: 2021A0465018
The Charlton Home

Dear Ms. Charlton:

Attached is the Special Investigation Report for the above referenced facility. Due to the severity of the violations, disciplinary action against your license is recommended. ***Previous recommendations of refusal to renew were made in the licensing study renewal report dated 4/13/2021 and special investigation report #2021A0465017 dated 7/22/2021, which remain in effect.*** You will be notified in writing of the department's action and your options for resolution of this matter.

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,

A handwritten signature in cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(517) 243-6063

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500394497
Investigation #:	2021A0465018
Complaint Receipt Date:	08/19/2021
Investigation Initiation Date:	08/25/2021
Report Due Date:	10/18/2021
Licensee Name:	True Tender Loving Care Adult Fostering LLC
Licensee Address:	45492 Lone Pine Lane Macomb, MI 48044
Licensee Telephone #:	(586) 459-8679
Administrator:	Andrea Charlton
Licensee Designee:	Andrea Charlton
Name of Facility:	The Charlton Home
Facility Address:	45492 Lone Pine Lane Macomb Township, MI 48044
Facility Telephone #:	(586) 459-8679
Original Issuance Date:	10/10/2018
License Status:	REGULAR
Effective Date:	04/10/2019
Expiration Date:	04/09/2021
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Residents are not being afforded the opportunity for physical activity.	No
The facility is not providing three nutritious meals daily to residents.	Yes
Resident D has not been afforded the opportunity for a haircut.	No
Additional Findings	Yes

III. METHODOLOGY

08/19/2021	Special Investigation Intake 2021A0465018
08/25/2021	Special Investigation Initiated - On Site Attempted an onsite inspection. Multiple knocks on the door and no answer. Attempted to contact Licensee but no answer. After leaving facility, received return call from Ms. Charlton, who stated she and the residents are currently attending medical appointments in the community.
09/09/2021	Inspection Completed On-site Attempted second onsite inspection at facility. I was unable to enter into the facility.
09/16/2021	Inspection Completed On-site Conducted an onsite inspection. Staff member, Kaija Wardlaw was at the facility. I was unable to observe any resident files, resident medications or MARS while at the facility as they were locked in the basement.
09/16/2021	Contact - Telephone call received Spoke to Ms. Charlton via phone after leaving the facility. Informed her that I will cite all items that I was unable to review today.
09/17/2021	Contact - Document Received Between 9:18am and 9:50am, Ms. Charlton sent five emails: Ms. Wardlaw's employee file and four residents' MARS for the month of August 2021.

09/17/2021	Contact - Telephone call made Interviewed Guardian A1 and Guardian C1. Left a voicemail message for Guardian B1. Unable to obtain a correct phone number for Guardian D1 from Ms. Charlton.
09/20/2021	Contact – Telephone call made Left a voice mail for Ms. Charlton, requesting a return call to conduct an Exit Conference.
09/20/2021	Contact – Document sent Sent an email to Ms. Charlton, requesting a phone call to conduct an Exit Conference.
09/21/2021	Contact – Telephone call made Left a voice mail for Ms. Charlton, requesting a return call to conduct an Exit Conference.

ALLEGATION:

Residents are not being afforded the opportunity for physical activity.

INVESTIGATION:

On 8/19/2021, a complaint was received, alleging that residents are not being afforded the opportunity for physical activity. The complaint stated that residents are not allowed to take walks and are not being provided the opportunity for daily physical activity.

On 8/25/2021, I attempted to conduct an onsite investigation. After receiving no response from multiple doorbell rings and knocks, I contacted Ms. Charlton, who informed me that she and the residents were in the community attending medical appointments.

On 9/9/2021, at 11:00am, I made a second attempt to conduct an onsite investigation. Upon arriving at the facility, the direct care staff came to the front door to respond to the door knocks and doorbell rings, began to open the door and then proceeded to close the door and leave the living room area, without allowing me entry into the facility. At 11:05am, I contacted Ms. Charlton via telephone and informed her that I was at the facility to conduct a special investigation. Ms. Charlton’s initial response was that there was no one at the facility. When I informed Ms. Charlton that I observed one staff member and one resident inside the living room, she stated that she wanted to know her rights prior to allowing me into the facility, to which I informed her of the licensing rule that requires a licensee to cooperate with all special investigations. Ms. Charlton ended the phone call and contacted me at 11:18am, stating that she would allow me into the facility, however, the staff member on duty was providing care to a resident and was unable to come to the door to let me in. Ms. Charlton stated that the staff would

open the door once they were able. At 11:28am, I contacted Ms. Charlton and informed her that I was going to leave the facility momentarily.

On 9/16/2021, I conducted an onsite investigation at the facility. I waited outside of the facility from 11:00am to 11:30am, for approximately 30 minutes, and was unable to enter into the facility. At the time of the onsite investigation, there were four residents residing at the facility. The facility primarily cares for the aged population.

I interviewed direct care staff, Kaija Wardlaw, who stated that she has been working at the facility for approximately two weeks. Ms. Wardlaw was unable to provide any specific information related to the type or frequency of physical activity outlined in the resident assessment plans. Ms. Wardlaw stated that all resident files are locked in the basement, and she did not have a key to access the records.

I interviewed Resident A, who stated that she enjoys living at the facility. Resident A stated, "I like living here. I like staying inside. I don't like to exercise. I like being in the house." Resident A did not vocalize any concerns related to being afforded the opportunity for physical exercise.

I interviewed Resident C, who stated that she likes living at the facility. Resident C stated, "Things are good here. I don't quite like exercise or going for walks." Resident C did not vocalize any concerns related to being afforded the opportunity for physical exercise.

I interviewed Resident D, who stated that he is comfortable living at the facility. Resident D did not vocalize any concerns related to being afforded the opportunity for physical exercise.

I interviewed Guardian A1 and Guardian C1, who stated that she is not aware of the specific physical activities afforded to Resident A and Resident B. Guardian A1 and Guardian C1 stated that she does not have any concerns related to this allegation.

I interview Guardian B1, who stated that he visits Resident B at least once per month. Guardian B1 stated that Resident B is diagnosed with Alzheimer's and has limited ability to recall and remember information. Guardian B1 stated that he is not aware of the physical activity provided to Resident B but stated he does not have any concerns related to this allegation.

Resident B was not interviewed due to her medical diagnosis of Alzheimer's.

I interviewed licensee designee/administrator, Andrea Charlton, via telephone while at the facility on 9/16/2021. Ms. Charlton stated that all of the facility files are locked in basement. Ms. Charlton stated that Ms. Wardlaw does not have a key to access files. Ms. Charlton was asked to submit all resident records, including resident assessment plans, to me no later than 9/17/2021 at 8:00am. As of the date of this report, the requested documents have not been received.

APPLICABLE RULE	
R 400.14303	Resident care; licensee responsibilities.
	(1) Care and services that are provided to a resident by the home shall be designed to maintain and improve a resident's physical and intellectual functioning and independence. A licensee shall ensure that all interactions with residents promote and encourage cooperation, self-esteem, self-direction, independence, and normalization.
ANALYSIS:	<p>On 9/16/2021, during the onsite investigation, Ms. Wardlaw was unable to provide specific information related to the type or frequency of physical activity provided to residents or if their written assessment plans outlined specific physical activity requirements.</p> <p>Resident A, Resident C and Resident D did not vocalize any concerns related to being afforded the opportunity for physical exercise.</p> <p>Guardian A1, Guardian B1 and Guardian C1 stated that they are not aware of the physical activity being provided to residents, and do not have any concerns related to residents being afforded the opportunity for physical activity.</p> <p>Based on the information above, it is unknown if residents are being afforded the opportunity for physical activity nor if there are assessment plans or physician's orders, specifying required physical activity and/or physical exercise be provided by the facility.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

The facility is not providing three nutritious meals daily to residents.

INVESTIGATION:

On 8/19/2021, a complaint was received, alleging that the facility is not providing three nutritious meals daily to residents. The complaint stated that on an unknown date, the facility lost power for an unknown amount of time, during which time residents were only provided peanut butter and jelly sandwiches to eat. The complaint did not provide any additional information.

On 9/16/2021, I conducted an onsite investigation at the facility. I was unable to locate any meal menus or special diet menus at the facility.

I interviewed Kaija Wardlaw, who stated that she is unaware of where the meal menus are. Ms. Wardlaw stated, "We do have a meal menu, but we don't use it. I just cook whatever I decide to make. Ms. Wardlaw acknowledged that the facility does not currently have a written menu available for review. Ms. Wardlaw stated that there is not a menu posted in the facility at this time. Ms. Wardlaw stated, "We have three residents that are diabetic, and all four residents have low sodium diets." Ms. Wardlaw stated she was unable to provide documentation to confirm that Resident A, Resident B, Resident C, and Resident D are currently prescribed special diets by a physician. Ms. Wardlaw was unable to provide copies of resident health care appraisals or physician orders to confirm that residents are prescribed special diets. Ms. Wardlaw stated that she does not have the key to open the basement door, which is where all resident files are kept.

On 9/16/2021, I conducted an onsite investigation at the facility. I did not observe any meal menus posted in the facility nor was I able to locate any special diet menus at the facility.

I interviewed Resident A, who stated she cannot recall the meals being provided by the facility each day. Resident A stated, "I like eating peanut and jelly sandwiches. But I can't remember the meals we are given."

I interviewed Resident C, who stated that she enjoys eating the food that is provided by the facility but could not recall the exact meals that have been served.

I interviewed Guardian A1 and Guardian C1, who both stated they are not aware of the meal menu for the facility and was unable to provide any additional information related to this allegation.

I interviewed Guardian B1, who stated that he is not aware of Resident B being prescribed a special diet by a physician. Guardian B1 stated he does not believe Resident B should be on a special diet. Guardian B1 stated that he is not aware of the meal menu for the facility and was unable to provide any additional information related to this allegation

On 9/16/2021, I interviewed Ms. Charlton, via telephone on two occasions, while at the facility. Ms. Charlton stated that all of the facility files are locked in basement and Ms. Wardlaw does not have a key to access files. Ms. Charlton stated that she would send the meal menus to me by 8:00am on 9/17/2021. On this same date, at 1:33pm, Ms. Charlton emailed me and stated that she is physically unable to access the required documents until after 9/21/2021. As of the date of this report, the requested documents have not been received.

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(3) Special diets shall be prescribed only by a physician. A resident who has been prescribed a special diet shall be provided such a diet.
ANALYSIS:	<p>On 9/16/2021, I conducted an onsite investigation and was unable to locate any special diet meal menus or physician orders in the facility.</p> <p>Ms. Wardlaw stated that she was unaware of where the meal menus are and acknowledged that she does not use a meal menu when meal planning for residents. Ms. Wardlaw stated that all four residents are prescribed special diets but was unable to provide documentation of special diet menus or physician orders. Ms. Wardlaw did not have access to resident files during the onsite investigation.</p> <p>As of the date of this report, the requested meal menus for the months of August 2021 and September 2021, have not been received.</p> <p>Based on the information above, it is unknown if any residents are prescribed a special diet by a physician, nor it is known if the facility is providing such a diet.</p>
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(4) Menus of regular diets shall be written at least one week in advance and posted. Any change or substitution shall be noted and considered part of the original menu.
ANALYSIS:	<p>On 9/16/2021, I conducted an onsite investigation and was unable to locate any meal menus in the facility. Ms. Wardlaw stated that she is unaware of where the meal menus are and acknowledged that she does not use a meal menu when meal planning for residents. Ms. Wardlaw did not have access to facility menus during the onsite investigation.</p>

	<p>On 9/16/2021, I asked Ms. Charlton to submit all meal menus for the months of August 2021 and September 2021 to me by 9/17/2021. As of the date of this report, the requested documents have not been received.</p> <p>Based on the information above, the facility is not writing menus of regular diets and/or special diets at least one week in advance and posting the menu in the facility. Also, since no menus have been submitted, it is unknown if the facility is providing a minimum of three regular, nutritious meals daily.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Resident D has not been afforded the opportunity for a haircut.

INVESTIGATION:

On 8/19/2021, a complaint was received, alleging that Resident D has not been afforded the opportunity for a haircut in one year.

On 9/16/2021, I conducted an onsite investigation at the facility. I observed Resident D to be appropriately dressed and with adequate hygiene. Resident D's hair appeared to be well-groomed and in good condition.

I interviewed Ms. Wardlaw, who stated that she is unaware any requests from Resident D for a haircut.

I interviewed Resident D, who stated that he does not want a haircut. Resident D stated, "I like my hair. I don't want a haircut. I didn't ask for one." Resident D stated that if he ever decides to get a haircut, he is comfortable asking staff to assist in making an appointment. Resident D did not vocalize any concerns related to obtaining a haircut.

APPLICABLE RULE	
R 400.14314	Resident hygiene.
	(3) A licensee shall afford a resident opportunities and instructions, when necessary, to obtain haircuts, hair sets, or other grooming processes.
ANALYSIS:	On 9/16/2021, I conducted an onsite investigation at the facility. I observed Resident D to be appropriately dressed and with adequate hygiene. Resident D's hair appeared to be well-groomed and in good condition.

	<p>Resident D stated that he does not want a haircut. Resident D did not vocalize any concerns or interest in obtaining a haircut.</p> <p>Based on the information above, the facility is affording residents, including Resident D, opportunities for haircuts when requested.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 9/16/2021, I conducted an onsite investigation at the facility. I interviewed Kaija Wardlaw regarding the staff that work at the facility. Ms. Wardlaw stated that she and one other female currently work at the facility. When asked to show this consultant the staff schedule, Ms. Wardlaw presented a three-ring binder and directed to me to the staff schedule section. Ms. Wardlaw stated that she completed the fingerprinting and criminal background check. Ms. Wardlaw stated that she is a new employee and has only been working at the facility for two weeks.

I observed the staff schedule for July 2021, August 2021 and September 2021. I was unable to observe any other staff schedules while at the facility. The staff schedules listed the following direct care staff names (first names only): Linda, Kaija and Celina. The staff schedule indicated that Linda (last name unknown) worked at the facility on 7/7/2021; Ms. Wardlaw began working at the facility on 7/4/2021; Celina Wardlaw began working at the facility on 7/1/2021. Both Kaija Wardlaw and Celina Wardlaw are listed on the staff schedule throughout the months of July 2021, August 2021 and September 2021.

I interviewed Guardian B1, who stated that he visits the facility on a monthly basis to visit Resident B. Guardian B1 stated that on at least one occasion during the month of July 2021, he visited the facility and interacted with a direct care staff by the name of Celina. Guardian B1 stated that he observed Celina as the only staff on duty at the facility during the time he was visiting.

I interviewed Ms. Charlton via telephone while conducting the onsite investigation. Ms. Charlton stated that all employee files are locked in the basement and that Ms. Wardlaw does not have a key to access the basement. Ms. Charlton was asked to submit all employee files to this consultant no later than 9/17/2021 at 8:00am.

On 9/17/2021 at 9:18am, Ms. Charlton emailed this consultant Kaija Wardlaw's employee file. The *Michigan Workforce Background Check Consent and Disclosure* was signed and dated by Ms. Wardlaw on 7/4/2021, the same date that she is listed on the employee schedule. The *Michigan Workforce Background Check* letter, confirming that Ms. Wardlaw was eligible for employment at an adult foster care facility, is dated

8/26/2021 (approximately 53 days after Ms. Wardlaw was first placed on the staff schedule). Ms. Wardlaw's CPR/First Aid certificate documented her completion date of the training as 8/28/2021 (approximately 55 days after she was listed on the staff schedule). Ms. Wardlaw's *Training Record* listed her date of employment as 9/1/2021, but the training completion dates are listed as 7/4/2021. Additionally, the training record is a checklist sheet only, with no signatures of completion by Ms. Wardlaw, nor any documentation of the training provided or confirmation of competency.

On 9/17/2021, I reviewed Kaija Wardlaw's employee file. Ms. Wardlaw's employee file did not contain the following documents: employment application, physician's statement attesting to her physical health, written documentation of testing for communicable tuberculosis, verification of experience, education, training, reference checks and verification of the receipt of personnel policies and job descriptions. The email did not contain applications, verification of age, criminal background checks, verification of experience, education, training, verification of reference checks, physician's statement attesting to physical health, written documentation of testing for communicable tuberculosis, required verification of the receipt of personnel policies and job descriptions for Linda and Celina.

On 9/16/2021, I interviewed Ms. Charlton via telephone. Ms. Charlton denied that any other staff work at the facility. Ms. Charlton sent an email on 9/17/21, stating that the staff schedule I observed at the facility was a mock schedule, not a real staff schedule. On this same date, at 1:33pm, Ms. Charlton emailed me and stated that she is physically unable to access the required documents until after 9/21/2021. Ms. Charlton has not submitted additional employee files as of the date of this report.

On 9/28/2021, I spoke to Katelyn Haskin from the Department of Licensing & Regulatory Affairs Workforce Background Check Unit (WBC). Ms. Haskin reviewed the facility's workforce background check account. Ms. Haskin stated that no one by the name of Linda has ever completed workforce background check paperwork under the facility license number. Ms. Haskin stated that Ms. Charlton's WBC account indicates that she currently has three direct care staff working at the facility, as follows:

- Kaija Bradley-Wardlaw: Workforce background check account created on 7/4/2021; Fingerprint date: 8/26/2021.
- Celina Wardlaw: Workforce background check account created on 7/1/2021; Fingerprint date: 8/6/2021.
- Sandra Deh: Workforce background check account created on 1/23/2020; Fingerprint date: 1/23/2020.

As of the date of this report, I have not received employee files for Celina Wardlaw, Sandra Deh or Linda.

APPLICABLE RULE	
MCL 400.734	400.734b. This amended section is effective January 9, 2009 except Section 734b(1)(e)(iv) after the word "or" which will

	<p>not be effective until October 31, 2010. Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.</p>
	<p>(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.</p>
<p>ANALYSIS:</p>	<p>The staff schedule for July 2021, August 2021 and September 2021 listed the following direct care staff names (first names only): Linda, Kaija and Celina. The staff schedule indicated that Linda (last name unknown) worked at the facility on 7/7/2021; Kaija Wardlaw began working at the facility on 7/4/2021; Celina</p>

	<p>Wardlaw began working at the facility on 7/1/2021. Both Kaija Wardlaw and Celina Wardlaw are listed on the staff schedule throughout the months of July 2021, August 2021 and September 2021.</p> <p>On 9/17/2021, Ms. Charlton emailed me Ms. Wardlaw's employee file. The <i>Michigan Workforce Background Check Consent and Disclosure</i> was signed and dated by Ms. Wardlaw on 7/4/2021, the same date that she is listed on the employee schedule. The <i>Michigan Workforce Background Check</i> letter, confirming that Ms. Wardlaw was eligible for employment at an adult foster care facility, is dated 8/26/2021, which is approximately 53 days after Ms. Wardlaw was first placed on the staff schedule. Ms. Charlton denied that any other staff work at the facility. On 9/17/2021, Ms. Charlton emailed me and stated that she is physically unable to access the required documents in the basement of the facility until after 9/21/2021.</p> <p>On 9/28/2021, Ms. Haskin reviewed the facility's workforce background check account. The WBC account indicated that no one by the name of Linda has ever completed workforce background check paperwork; Celina Wardlaw's account was created on 7/1/2021 and she completed fingerprinting on 8/6/2021, approximately 36 days after she was first placed on the schedule.</p> <p>Based on the information above, Ms. Charlton did not obtain the required workforce background clearance prior to allowing Kaija Wardlaw and Celina Wardlaw to begin working at the facility. Ms. Charlton also did not obtain the required workforce background clearances for staff member, Linda (last name unknown).</p> <p>As of the date of this report, I have not received employee files for Celina Wardlaw, Sandra Deh or Linda.</p>
CONCLUSION:	REPEAT VIOLATION ESTABLISHED: Reference Licensing Study Renewal dated 4/8/2021

APPLICABLE RULE	
R 400.14204	Direct care staff; qualifications and training.
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before

	<p>performing assigned tasks, which shall include being competent in all of the following areas:</p> <ul style="list-style-type: none"> (a) Reporting requirements. (b) First aid. (c) Cardiopulmonary resuscitation. (d) Personal care, supervision, and protection. (e) Resident rights. (f) Safety and fire prevention. (g) Prevention and containment of communicable diseases.
<p>ANALYSIS:</p>	<p>The staff schedules for July 2021, August 2021 and September 2021 list the following direct care staff names (first names only): Linda, Kaija and Celina. The staff schedule indicates that Linda (last name unknown) worked at the facility on 7/7/2021; Kaija Wardlaw began working at the facility on 7/4/2021; Celina Wardlaw began working at the facility on 7/1/2021. Both Kaija Wardlaw and Celina Wardlaw are listed on the staff schedule throughout the months of July 2021, August 2021 and September 2021.</p> <p>On 9/17/2021 at 9:18am, Ms. Charlton emailed Ms. Kaija Wardlaw's employee file. Ms. Wardlaw's CPR/First Aid certificate lists her completion date of the training as 8/28/2021, which is approximately 55 days after she was listed on the staff schedule. Ms. Wardlaw's <i>Training Record</i> listed her date of employment as 9/1/2021, but the training completion dates are listed as 7/4/2021. The training record is a checklist sheet only, with no signatures of completion by Ms. Wardlaw, nor any documentation of the training provided or confirmation of competency.</p> <p>Ms. Charlton has not submitted additional employee training for Kaija Wardlaw, nor has she submitted any training documentation for Celina Wardlaw and Linda, as of the date of this report.</p> <p>Based on the information above, Ms. Charlton has not provided in-service training, including confirmation of competency, for direct care staff Kaija Wardlaw, Celina Wardlaw and Linda.</p>
<p>CONCLUSION:</p>	<p>VIOLATION ESTABLISHED</p>

APPLICABLE RULE	
R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.
ANALYSIS:	<p>On 9/16/2021, I conducted an onsite investigation at the facility. I observed the staff schedule for July 2021, August 2021 and September 2021. The staff schedule indicated that Linda (last name unknown) worked at the facility on 7/7/2021; Kaija Wardlaw began working at the facility on 7/4/2021; Celina Wardlaw began working at the facility on 7/1/2021. Both Kaija Wardlaw and Celina Wardlaw are listed on the staff schedule throughout the months of July 2021, August 2021 and September 2021.</p> <p>On 9/17/2021 at 9:18am, Ms. Charlton emailed Kaija Wardlaw's employee file, which did not contain a physician's statement, attesting to the physical health of Ms. Wardlaw.</p> <p>Ms. Charlton has not submitted copies of physician's statements for Kaija Wardlaw, Celina Wardlaw and Linda, as of the date of this report.</p> <p>Based on the information above, Ms. Charlton has not obtained and made available for department review, physician's statements, attesting to the physical health of direct care staff.</p>
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff,

	<p>other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.</p>
ANALYSIS:	<p>On 9/17/2021, Ms. Charlton emailed Ms. Wardlaw's employee file, which did not contain written documentation that Ms. Wardlaw has been tested for communicable tuberculosis. Ms. Charlton denied that any other staff work at the facility.</p> <p>Based on the information above, Ms. Charlton has not obtained, and made available for review, written documentation that Kaija Wardlaw, Celina Wardlaw and Linda have been tested for communicable tuberculosis.</p>
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14208	Direct care staff and employee records.
	<p>(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:</p> <ul style="list-style-type: none"> (a) Name, address, telephone number, and social security number. (b) The professional or vocational license, certification, or registration number, if applicable. (c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents. (d) Verification of the age requirement. (e) Verification of experience, education, and training. (f) Verification of reference checks. (g) Beginning and ending dates of employment. (h) Medical information, as required. (i) Required verification of the receipt of personnel policies and job descriptions.
ANALYSIS:	<p>On 9/17/2021, Ms. Charlton emailed Ms. Wardlaw's employee file, which did not contain verification of experience, education, and training, verification of reference checks, medical</p>

	<p>information and required verification of the receipt of personnel policies and job descriptions.</p> <p>Ms. Charlton denied that any other staff work at the facility. Ms. Charlton has not submitted additional employee documentation for Kaija Wardlaw, nor has she submitted any employee records for Celina Wardlaw, Sandra Deh and Linda, as of the date of this report.</p> <p>Based on the information above, Ms. Charlton is not maintaining a complete record for each employee, as required per licensing rules.</p>
CONCLUSION:	REPEAT VIOLATION ESTABLISHED: Reference Licensing Study Renewal dated 4/8/2021.

INVESTIGATION:

On 9/9/2021, I attempted to conduct an onsite investigation for this special investigation. I arrived at the facility at 11:00am. I proceeded to knock on the door and ring the two doorbells next to the door. Within a few seconds, I heard the front door handle move and then the door proceeded to latch shut. I looked inside the window and observed a female staff directing a female resident away from the living room area. I again knocked on the door and rang the doorbell, to which the staff did not respond. At 11:05am, I walked away from the front porch and called Ms. Charlton. I informed Ms. Charlton that I was at the facility to conduct an onsite investigation. Ms. Charlton replied, "We are gone. No one is home." I informed Ms. Charlton that I observed a female staff and one female resident inside the facility. Ms. Charlton then proceeded to state she feels she is being harassed and she would not allow me into the facility until she knew her legal rights. I advised Ms. Charlton of the AFC licensing rule that requires licensees to comply with all special investigations.

Ms. Charlton stated that she wanted to know what the complaint allegations are and that she can confirm the allegation are false. Ms. Charlton proceeded to end the call abruptly. At 11:18am, Ms. Charlton contacted me and stated that she was not denying me access to the facility, but that the staff on duty was unable to open the door due to providing care to a resident. Ms. Charlton stated that the staff member would open the door as soon as they were able. At 11:27am, I contacted Ms. Charlton and advised her that I was going to leave the facility momentarily and that this would be considered denial of access to the facility and failure to cooperate with the special investigation. Ms. Charlton stated that she was not denying access but that the staff member was unable to open the door due to caring for a resident. I left the facility at 11:30am. At 11:33am, I received a call from Ms. Charlton, stating that the staff had opened the door as I was driving away. I informed Ms. Charlton that I would conduct a follow-up onsite investigation at a future date and time.

APPLICABLE RULE	
R 400.14103	Licenses; required information; fee; effect of failure to cooperate with inspection or investigation; posting of license; reporting of changes in information.
	(3) The failure of an applicant or licensee to cooperate with the department in connection with an inspection or investigation shall be grounds for denying, suspending, revoking, or refusing to renew a license.
ANALYSIS:	<p>On 9/9/2021 at 11:00am, I attempted to conduct an onsite investigation. Upon arriving at the facility, the direct care staff came to the front door to respond to the door knocks and doorbell rings, began to open the door and then proceeded to close the door and leave the living room area, without allowing me access to the facility.</p> <p>At 11:05am, I contacted Ms. Charlton via telephone and informed her that I was at the facility to conduct a special investigation. Ms. Charlton's initial response was that there was no one at the facility. When I informed Ms. Charlton that I observed one staff member and one resident inside the living room, she stated that she wanted to know her rights prior to allowing me into the facility, to which I informed her of the licensing rule that requires a licensee to cooperate with all special investigations. Ms. Charlton ended the phone call and contacted me at 11:18am, stating that she would allow me into the facility, however, the staff member on duty was providing care to a resident and was unable to come to the door to let me in. Ms. Charlton stated that the staff would open the door once able. At 11:28am, I contacted Ms. Charlton and informed her that I was going to leave the facility momentarily.</p> <p>On 9/16/2021, I waited outside of the facility from 11:00am to 11:30am, approximately 30 minutes, and was unable to enter into the facility.</p> <p>Based on the information above, Ms. Charlton has failed to cooperate with the department in connection with this special investigation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 9/16/2021, I conducted an onsite investigation at the facility. I observed the staff schedule for July 2021, August 2021 and September 2021. The staff schedule listed employee's first names only and did not include job titles and hours or shifts worked.

APPLICABLE RULE	
R 400.14208	Direct care staff and employee records.
	(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information: (a) Names of all staff on duty and those volunteers who are under the direction of the licensee. (b) Job titles. (c) Hours or shifts worked. (d) Date of schedule. (e) Any scheduling changes.
ANALYSIS:	On 9/16/2021, I conducted an onsite investigation at the facility. I observed the staff schedule for July 2021, August 2021 and September 2021. The staff schedule listed employee's first names only and did not include job titles and hours or shifts worked. Based on the information above, Ms. Charlton is not maintaining a daily schedule with all required information, per licensing rules.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED Reference Licensing Study Renewal dated 4/8/2021.

INVESTIGATION:

On 9/16/2021, at the time of the onsite investigation, at approximately 12:30pm, I interviewed Kaija Wardlaw and she informed me that she lost the key to the medication cabinet. Ms. Wardlaw stated, "It's kind of embarrassing, but I lost the key to the med cabinet this morning. I don't know where it is. But Ms. Charlton knows, and she is going to bring me a key later this evening. I don't have access to any medical documents at all. I can't access the medication administration records or medications." Ms. Wardlaw stated that the facility uses paper medication logs for documenting medication administration. Ms. Wardlaw stated that the facility does not utilize an electronic medication documentation system. Ms. Wardlaw stated that she did administer medication to the residents in the morning but stated she was unable to provide written medication administration documentation to confirm that she completed an individual medication log for each resident when she administered their medication this morning. Ms. Wardlaw believes that all residents do not receive their next medication dose until 8:00pm. She does not believe any residents have PRN prescription orders, but she was

unable to provide documentation to confirm this. Ms. Wardlaw stated that if a resident required medication at this time, she would not be able to administer the medication, as she does not currently have access to the medication logs nor the medications. Ms. Wardlaw was unable to provide any documentation to confirm that she has been trained in medication administration.

I spoke to Ms. Charlton, via telephone, while at the facility. Ms. Charlton stated that she is aware that Ms. Wardlaw lost the medication cabinet key and could not access the individual medication logs. Ms. Charlton stated that she planned to bring a spare key to the facility at 5:00pm. I asked Ms. Charlton to submit all resident medication administration records for the months of August 2021 and September 2021, as well as Ms. Wardlaw's employee file, to me no later than 9/17/2021 at 8:00am.

On 9/17/2021 at 9:18am, Ms. Charlton sent an email with the *Medication Administration Records* (MARS) for Resident A, Resident B, Resident C and Resident D, for the month of August 2021 only. The MARS were PDF documents completed electronically, and only contained Ms. Charlton's electronic/typed initials for the entire month of August 2021. The signature and initials line at the bottom of the document was not signed or initialed.

The August 2021 MAR had the following discrepancies:

- Resident B is prescribed Glipizide 5mg Tab; Take 1/1 tab by mouth 2x's per day (BEFORE MEALS). The MAR indicates that the facility is administering this medication two times per day, at 8:00am and 8:00pm; The MAR has Ms. Charlton initials on the document for each administration during the month of August 2021.

The 8:00pm medication administration time for Glipizide 5mg is after the lunch and dinner mealtime, not before, as required per label instructions.

- Resident C is prescribed Furosemide (Lasix) 40mg tab; Take one tab by mouth (EVERY OTHER DAY). The MAR indicates that, during the month of August 2021, the facility administered this medication to Resident C every day, instead of every other day. The MAR has Ms. Charlton initials on the document for each administration of this medication during the month of August 2021.

On 9/17/2021, Ms. Charlton sent a separate email that contained Kaija Wardlaw's employee file. Ms. Wardlaw's *Training Record* document was a checklist with no additional information listed pertaining to the specific training material provided. The *Training Record* listed her date of employment as 9/1/2021, but the training completion dates are listed as 7/4/2021, and only contain Ms. Charlton's signature. On the training record, there is a column titled, *Medication Administration and Documentation*, with no signature of completion by Ms. Wardlaw, nor any documentation of the training provided or confirmation of competency.

On 9/17/21 at 1:33pm, Ms. Charlton emailed me and stated that she is physically unable to access the medication records until after 9/21/2021. Ms. Charlton has not submitted any individual medication logs/MARS for the month of September 2021, as of the date of this report.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	<p>On 9/16/2021, during the onsite investigation, Ms. Wardlaw informed me that she lost the key to the medication cabinet. Ms. Wardlaw stated that she did administer medication to the residents in the morning but could not provide any documentation to confirm this information. Ms. Wardlaw was unable to provide documentation of any current PRN medication for residents. According to Ms. Wardlaw, if a resident required medication at this time, she would not be able to administer the medication, as she does not currently have access to the medication logs nor the medications.</p> <p>On 9/17/2021, Ms. Charlton emailed me the <i>Medication Administration Records</i> (MARS) for all four residents for the month of August 2021 only. The August 2021 MAR documents that Ms. Charlton did not administer Resident B and Resident C's medication according to label instructions.</p> <p>Ms. Charlton has not submitted any individual medication logs/MARS for the month of September 2021 as of the date of this report.</p> <p>Based on the information above, I am unable to confirm that residents received their prescribed medications on 9/16/2021. Additionally, Ms. Charlton improperly administered the following prescribed medications: Glipizide 5mg Tab to Resident B and Furosemide (Lasix) 40mg to Resident C during the month of August 2021.</p>
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14312	Resident medications.

	<p>(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:</p> <p>(a) Be trained in the proper handling and administration of medication.</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <p>(i) The medication.</p> <p>(ii) The dosage.</p> <p>(iii) Label instructions for use.</p> <p>(iv) Time to be administered.</p> <p>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p> <p>(vi) A resident's refusal to accept prescribed medication or procedures.</p> <p>(c) Record the reason for each administration of medication that is prescribed on an as needed basis.</p>
<p>ANALYSIS:</p>	<p>On 9/16/2021, Ms. Wardlaw stated that she lost the key to the medication cabinet earlier in the morning. Ms. Wardlaw stated that the facility uses paper medication logs for documenting medication administration. Ms. Wardlaw stated that the facility does not utilize an electronic medication documentation system. Ms. Wardlaw was unable to provide written medication administration documentation to confirm that she completed an individual medication log for each resident when she administered their medication the morning of 9/16/2021.</p> <p>On 9/17/2021 at 9:18am, Ms. Charlton emailed me the <i>Medication Administration Records (MARS)</i> for all four residents for the month of August 2021 only. The MARS were PDF documents completed electronically, and only contained Ms. Charlton's electronic/typed initials for the entire month of August 2021. The signature and initials line at the bottom of the document was not signed or initialed.</p> <p>Ms. Charlton has not submitted any individual medication logs for the month of September 2021.</p> <p>Ms. Wardlaw's <i>Training Record</i> document was a checklist with no additional information listed pertaining to the specific training material provided. The <i>Training Record</i> listed her date of employment as 9/1/2021, but the training completion dates are listed as 7/4/2021, and only contain Ms. Charlton's signature. On the training record, there is a column titled, <i>Medication</i></p>

	<p><i>Administration and Documentation</i>, with no signature of completion by Ms. Wardlaw, nor any documentation of the training provided or confirmation of competency.</p> <p>Based on the information above, I am unable to confirm that Ms. Wardlaw has completed the required medication administration training. It is also unknown if Ms. Wardlaw completed an individual medication log for each resident on the morning of 9/16/2021. There is also a significant discrepancy between Ms. Wardlaw's statement that the facility only utilizes and completes individual medication paper logs and the August 2021 electronic individual medication logs sent to me on 9/17/2021 by Ms. Charlton. The August 2021 individual medication log only contained Ms. Charlton's initials, although Ms. Charlton's name is not listed on the staff schedule for August 2021. It is unknown who is completing medication logs and what type of format is being used to document medication administration during each shift.</p>
CONCLUSION:	REPEAT VIOLATION ESTABLISHED Reference Licensing Study Renewal dated 4/8/2021.

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.
ANALYSIS:	<p>On 9/16/2021, I conducted an onsite investigation at the facility. I did not observe any menus posted in the facility.</p> <p>Ms. Wardlaw stated that she is unaware of where the meal menus are. Ms. Wardlaw acknowledged that the facility does not currently have a written menu available for review. Ms. Wardlaw stated that there is not a menu posted in the facility at this time. Based on the information above, the facility is not writing menus of regular diets and/or special diets at least one week in advance and posting the menu in the facility.</p>
CONCLUSION:	VIOLATION ESTABLISHED.

INVESTIGATION:

On 9/16/2021, I conducted an onsite investigation at the facility. I informed Kaija Wardlaw that I needed to review the resident records. Ms. Wardlaw stated that all resident records are locked in the basement, and she did not have a key to access the records. Ms. Wardlaw was unable to provide the resident records information as requested by me during the onsite investigation.

I interviewed Ms. Charlton via telephone while conducting the onsite investigation. Ms. Charlton stated that all resident files were locked in the basement and that Ms. Wardlaw did not have a key to access the basement. Ms. Charlton stated that she previously provided some resident record information, related to the most recent licensing renewal inspection, and did not want to resubmit the same documents. I informed Ms. Charlton that, with each investigation, documents are reviewed in real time, as to ensure the information reviewed is the most current. Ms. Charlton was asked to submit all resident files to me no later than 9/17/2021 at 8:00am.

On 9/17/2021 at 9:18am, Ms. Charlton emailed me the medication administration records for Resident A, Resident B, Resident C and Resident D. On this same date, at 1:33pm, Ms. Charlton emailed this consultant and stated that she is physically unable to access the remaining resident records until after 9/21/2021. Ms. Charlton has not submitted additional resident record documents as of the date of this report.

On 9/20/2021 and 9/21/2021, I attempted to contact Ms. Charlton via telephone and email, to request an exit conference. As of the date of this report, I have not received a return call or email response from Ms. Charlton.

APPLICABLE RULE	
R 400.14316	Resident records.
	(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information: (a) Identifying information, including, at a minimum, all of the following: (i) Name. (ii) Social security number, date of birth, case number, and marital status. (iii) Former address. (iv) Name, address, and telephone number of the next of kin or the designated representative. (v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.

	<p>(vi) Name, address, and telephone number of the preferred physician and hospital.</p> <p>(vii) Medical insurance.</p> <p>(viii) Funeral provisions and preferences.</p> <p>(ix) Resident's religious preference information.</p> <p>(b) Date of admission.</p> <p>(c) Date of discharge and the place to which the resident was discharged.</p> <p>(d) Health care information, including all of the following:</p> <p>(i) Health care appraisals.</p> <p>(ii) Medication logs.</p> <p>(iii) Statements and instructions for supervising prescribed medication, including dietary supplements and individual special medical procedures.</p> <p>(iv) A record of physician contacts.</p> <p>(v) Instructions for emergency care and advanced medical directives.</p> <p>(e) Resident care agreement.</p> <p>(f) Assessment plan.</p> <p>(g) Weight record.</p> <p>(h) Incident reports and accident reports.</p> <p>(i) Resident funds and valuables record and resident refund agreement.</p> <p>(j) Resident grievances and complaints.</p>
<p>ANALYSIS:</p>	<p>On 9/16/2021, I conducted an onsite investigation at the facility. Ms. Wardlaw was unable to allow me access to resident records due to not having the key to the basement. Ms. Wardlaw was unable to provide the resident file information as requested by me during the onsite investigation.</p> <p>Ms. Charlton stated that all employee files were locked in the basement and that Ms. Wardlaw did not have a key to access the basement. Ms. Charlton indicated via email, that she is physically unable to access the additional requested resident records until after 9/21/2021. Ms. Charlton has not submitted additional resident documents as of the date of this report.</p>
<p>CONCLUSION:</p>	<p>REPEAT VIOLATION ESTABLISHED Reference Licensing Study Renewal dated 4/8/2021.</p>

IV. RECOMMENDATION

Previous recommendations of refusal to renew were made in the licensing study renewal report dated 4/13/2021 and special investigation report #2021A0465017 dated 7/22/2021, which remain in effect.

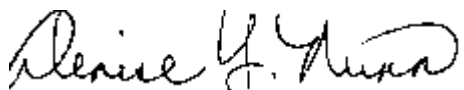


9/29/2021

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:



09/29/2021

Denise Y. Nunn
Area Manager

Date