GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 14, 2021

Paul Barber
Directors Hall
600 Golden Drive
Kalamazoo, MI 49001

RE: License #: AH390236775
Investigation #: 2022A1028007
Directors Hall

Dear Mr. Barber:

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 I am not available, and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,
Julie Viviano, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
Cell (616) 204-4300

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

I. IDENTIFYING INFORMATION

License #:	AH390236775
Investigation #:	2022A1028007
Complaint Receipt Date:	11/04/2021
Investigation Initiation Date:	11/04/2021
Report Due Date:	12/14/2021
Licensee Name:	Heritage Community of Kalamazoo
Licensee Address:	2400 Portage St. Kalamazoo, MI 49001
Licensee Telephone #:	(269) 343-5345
Administrator:	Ashley Lubbers
Authorized Representative:	Paul Barber
Name of Facility:	Directors Hall
Facility Address:	600 Golden Drive Kalamazoo, MI 49001
Facility Telephone #:	(269) 349-8694
Original Issuance Date:	03/01/1974
License Status:	REGULAR
Effective Date:	08/14/2021
Expiration Date:	08/13/2022
Capacity:	93
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Staff did not review Resident A's medication record prior to serving alcohol at dinner, with Resident A falling with injury.	Yes
Additional Findings	Yes

III. METHODOLOGY

11/04/2021	Special Investigation Intake 2022A1028007
11/04/2021	Special Investigation Initiated - Letter 2022A1028007 - APS referral emailed to Centralized Intake.
11/04/2021	APS Referral 2022A1028007 - APS referral emailed to Centralized Intake.
11/24/2021	Contact - Face to Face Interviewed Care Director, Amy Beach, at the facility.
11/24/2021	Contact - Face to Face Interviewed care manager, Rebecca Hein, at the facility.
11/24/2021	Contact - Face to Face Interviewed care staff person, Naisha Wright, at the facility.
11/24/2021	Contact – Face to Face Interviewed Resident A at the facility.
11/24/2021	Contact - Document Received Received Resident A's service plan, MAR from September 2021 to November 2021, record of physician's orders, and daily care record from Amy Beach while at the facility
12/2/2021	Contact – Telephone call made Interviewed care staff person, Michelle Weaver, by telephone
12/2/2021	Contact – Telephone call made Interviewed care staff person, Travis Dixon, by telephone

12/2/2021	Contact – Telephone call made Interviewed Resident A's authorized representative by telephone
12/14/2021	Exit Interview

ALLEGATION:

Staff did not review Resident A's medication record prior to serving alcohol at dinner, with Resident A falling with injury.

INVESTIGATION:

On 9/24/21, the Bureau received an incident report from the facility prompting further investigation.

On 10/8/21, I requested the policy for resident alcohol consumption, Resident A's service plan, and medication administration record (MAR) for September 2021 from administrator Ashley Lubbers via email.

On 10/14/21, I sent a follow-up email to Ms. Lubbers requesting the policy for resident alcohol consumption, Resident A's service plan and MAR for September 2021.

On 10/20/21, there was no communication from Ms. Lubbers, so I sent another follow-up email to Ms. Lubbers and copied authorized representative, Paul Barber, on the email as well, requesting again the policy for alcohol consumption, Resident A's service plan, and MAR for September 2021.

On 10/22/21, Ms. Lubbers replied to my requests via email, providing the resident alcohol consumption policy and Resident A's MAR for September 2021. Ms. Lubbers also reported in the email that "*service of alcoholic beverages to be suspended temporarily so that the policy can be reviewed and the appropriate team members can be re-educated."*

I responded to this email requesting documentation of staff re-education on resident alcohol consumption and requested Resident A's service plan again. I did not receive any further communication from Ms. Lubbers.

On 11/4/21, it was determined a special investigation would be opened due to the incident report.

On 11/4/21, I emailed an Adult Protective Services (APS) referral to Centralized Intake.

On 11/24/21, I interviewed resident care director, Amy Beach, at the facility. Ms. Beach reported no knowledge that Resident A had been served alcohol during dinner 'happy hour' resulting in a fall with injury later that evening on 9/23. Ms. Beach reported she began employment at the facility a few weeks ago and was not working at the facility when the incident occurred. However, Ms. Beach was able to provide me a copy of Resident A's service plan, Resident A's authorized representative contact information, medication administration record from September 2021 to November 2021, physician orders, and daily care record for November 2021 for my review.

On 11/24/21, I interviewed care manager, Rebecca Hein, at the facility. Ms. Hein reported Resident A resides at the facility and incurred a fall on 9/23 that resulted in several stitches in the right hand. Ms. Hein reported Resident A got up and tripped and fell into the doorway of the bathroom. The bathroom does not have a door and instead has a curtain for privacy. Ms. Hein reported the appropriate people were notified of Resident A's fall with injury and Resident was treated at the hospital and returned to the facility. Ms. Hein reported knowledge of a 'happy hour' event intermittently within the facility, but that Resident A typically does not participate in 'happy hour' events. Ms. Hein reported no knowledge if Resident A was served alcohol during dinner prior to Resident A's fall later that evening on 9/23. Ms. Hein provided me the contact information of the employees on duty the day of the fall with injury incident.

On 11/24/21, I interviewed care staff person (CSP), Naisha Wright, at the facility. Ms. Wright reported she was not present when Resident A was served alcohol during dinner, but heard Resident A went to the hospital later that evening due to a fall with injury. Ms. Wright reported the facility has a 'happy hour' at dinner time intermittently. Ms. Wright reported there is a facility resident alcohol consumption policy and facility staff are supposed to review it, the service plan, and resident's medication administration record before providing alcohol to a resident. Ms. Wright also reported there needs to be physician's order in place as well approving the alcohol consumption for the resident. Ms. Wright reported Resident A has a diagnosis of Alzheimer's dementia, but is alert and oriented to person, place, and time. Ms. Wright reported Resident A is modified independent to stand by assist with care, modified independent to supervision with use of walker and transfers, and uses the call-light appropriately when assistance is needed. Ms. Wright reported Resident A has fallen twice at the facility but does not have a significant fall history.

On 11/24/21, I interviewed Resident A at the facility. Resident A reported drinking wine with dinner the day of the fall with injury. Resident A reported [they] returned to their room after dinner and sat in the recliner for a while. Resident A then reported attempting to get up from the recliner unassisted and "tripped and fell. I hit my hand, cutting it open on the door, and hit my head during the fall." Resident A reported using the call-light immediately and care staff responded to assist [them]. Resident A reported [they] do not typically participate in 'happy hour' but wanted wine with the

dinner the day of the fall with injury. Resident A reported after the fall with injury, [they] will “probably not have any more wine”. Resident A also reported [they] are happy with the care at the facility and enjoy residing at the facility.

On 12/2/21, I interviewed CSP Michelle Weaver by telephone. Ms. Weaver reported she worked the day of the incident but is unsure if Resident A consumed wine during the dinner ‘happy hour’ but was aware of Resident A’s fall with injury. Ms. Weaver reported the facility has intermittent ‘happy hour’ events. Ms. Weaver reported she is a new employee of the facility and has been completing on-line training but is not aware of any facility resident alcohol consumption policy or protocols. Ms. Weaver also reported to her knowledge there has not been an in-service meeting or education training for care staff pertaining to the facility resident alcohol consumption protocols or policy.

On 12/2/21, I interviewed CSP Travis Dixon by telephone. Mr. Dixon reported Resident A consumed wine at the ‘happy hour’ event in September and later fell that evening resulting in injury. Mr. Dixon reported Resident A had wine, but staff did not know Resident A took medication prior to coming to dinner, as the medication technicians pass Resident A’s medications in the privacy of resident rooms. Mr. Dixon reported the medication technicians were unaware alcohol was being served with dinner for a ‘happy hour’ event on 9/23. Mr. Dixon reported to his knowledge no training or education has been provided to facility staff about resident alcohol consumption and protocols with ‘happy hour’ services. Mr. Dixon reported Resident A has not been served alcohol since the fall with injury.

On 12/2/21, I interviewed Resident A’s authorized representative by telephone. The authorized representative reported being aware of Resident A’s fall with injury on 9/23 but was not aware Resident A had been served alcohol with dinner prior to the fall with injury. The authorized representative reported no knowledge of the facility ‘happy hour’ events. The authorized representative said it is concerning Resident A’s medications were not checked before being served alcohol, but there are no overall concerns about Resident A’s care at the facility. The authorized representative reported the facility provides good care to Resident A and that Resident is happy at the facility.

On 12/2/21, I reviewed Resident A’s service plan. The review revealed the following:

- Resident A has a diagnosis of Alzheimer’s dementia and is modified independent to stand by assist with care.
- Resident A is alerted and oriented to self, place, and time.
- Resident A does not have a significant history of falls.
- Resident A does not have a history of behaviors.
- Resident A is encouraged to participate in facility activities, but the facility ‘happy hour’ activity is not listed on the service plan.

I reviewed Resident A’s physician orders. The review revealed:

- No order signed by the physician permitting alcohol consumption for Resident A.

I reviewed Resident A's MAR from September 2021 from November 2021. The review revealed Resident A takes the following medications:

- 1 tablet of Aspirin Low Tab 81 mg EC by mouth once daily.
- 1 tablet of Car/Levo Tab 25-100 mg by mouth three times daily.
- 1 tablet of Famotidine 20 mg by mouth once daily.
- 2 tablets of Fiber-Lax 625 mg by mouth once daily with 8 ounces of water.
- 1 tablet of Lisinopril 5 mg by mouth once daily. (Discharged 10/5/2021).
- 1 tablet of Lisinopril 2.5 mg by mouth once daily.
- 1 capsule of Rivastigmine CAP 1.5mg by mouth twice daily.
- 1 capsule of Silodosin CAP 8 mg by mouth twice daily.
- 2 tablets of Acetaminophen 500 mg TABS by mouth every 8 hours as needed.
- Triple Antibiotic Ointment for right hand laceration with sutures applied thinly, covered with new non-adherent pad, re-wrap with gauze wrap. Monitor and report any redness or swelling. (Discharged 10/11/2021).

Further review of Resident A's medications reveals the Mayo Clinic and Federal Drug Administration recommended the following concerning taking medications with alcohol:

- Aspirin Low Tab 81 mg: Mixing aspirin and alcohol can result in certain types of gastrointestinal distress. Aspirin can cause nausea and vomiting when mixed with alcohol. The combination can also cause or worsen ulcers, heartburn, or stomach upset. These side effects are usually not serious but can cause extreme discomfort. The Food and Drug Administration (FDA) recommends people who take aspirin regularly should limit their alcohol consumption to avoid gastrointestinal bleeding.
- Car/Levo Tab 25-100 mg x 3: Alcohol use in combination may result in additive central nervous system depression and/or impairment of judgment, thinking, and psychomotor skills.
- Famotidine: Alcohol does not interfere with the working of Famotidine 20 MG tablet, but alcohol should be avoided as it will further damage the stomach, delaying recovery.
- Fiber-Lax 625 mg x 2: Limit alcohol intake while taking this medication due to potential drowsiness or dizziness.
- Lisinopril 2.5 mg: Alcohol and Lisinopril should not be mixed for any reason because of the effects on blood pressure. Also, risk of increased dizziness and fainting when alcohol and Lisinopril are mixed.
- Rivastigmine CAP 1.5 mg: It is recommended that this medication not be taken with alcohol because it can cause confusion and increase cognitive impairment.
- Silodosin CAP 8 mg: Using alcohol with Silodosin can lower blood pressure, cause dizziness or fainting especially when getting up from a sitting or lying position.
- Acetaminophen 500 mg TABS: If taken as directed, alcohol can be consumed in moderation with this medication.

I reviewed the facility resident alcohol consumption policy. This policy read:

- *POLICY: The organization with assistance from Life Enrichment, will respect the Rights of the Residents in the consumption of Alcoholic Beverages.*
- *Life Enrichment will obtain a complete Resident Life History; systematic, accurate evaluations/assessments; individualized, person centered service plans allowing alcohol consumption based on resident preferences, medications, risk level, with built-in system for monitoring-tracking consumption. Resident may receive up to two drinks in a 24-hour period. Managing Expectations and Outcomes.*
- *LE to share the names of residents with little to no risk from the consumption of Alcohol and Dining Services.*
- *Dining Services for special events can furnish alcohol beverages to residents that are little to no risk to themselves or others.*

APPLICABLE RULE	
R 325.1921	**Governing bodies, administrators, and supervisors.**
	(1) The owner, operator, and governing body of a home shall do all of the following: **(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.**
For Reference: R 325.1901	**Definitions**
	(16) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.

ANALYSIS:	The governing body of the facility developed policies and procedures that when implemented are intended to provide a protective environment that ensures resident wellbeing. On 9/23/21, Resident A was served alcohol during dinner 'happy hour' and fell later that evening resulting in a right-hand laceration requiring stitches. Interviews, an on-site investigation, and documentation revealed staff did not follow the procedures outlined in the facility resident alcohol consumption policy. It was also revealed staff do not possess appropriate knowledge of the facility resident alcohol consumption policy and procedures. There is also no evidence of facility education or training for facility staff on the resident alcohol consumption policy and protocols. Not following the facility resident alcohol consumption policy presented significant risk of harm to Resident A and even other residents who have prescribed medications in which alcohol has contradictory effect when consumed together. Therefore, the facility is in violation of this rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

Additional findings:

On 11/24/2021, during the special investigation inspection, I found industrial cleaning solutions in the unlocked second floor hall spa. There is no locking cabinet in the spa to secure the cleaning solutions.

INVESTIGATION:

APPLICABLE RULE	
R 325.1979	**General maintenance and storage.**
	(3) Hazardous and toxic materials shall be stored in a safe manner.

ANALYSIS:	Investigation of the home revealed industrial cleaning solutions were found in the unlocked spa room on the second floor in the home. There is no locking cabinet in the spa to secure the industrial cleaning solutions either. This item was easily accessible to anyone in the home and presents a potential risk of ingestion and harm to residents in the home with impaired cognition and function.
CONCLUSION:	**VIOLATION ESTABLISHED.**

IV. RECOMMENDATION

Contingent upon an approved corrective action plan, I recommend the license remain unchanged.

Julie Viviano

12/2/2021

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Julie Viviano Date
Licensing Staff

Approved By:

Russell Misiak

12/10/21

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Russell B. Misiak Date
Area Manager