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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 28, 2022

Karen Hoornstra
P.O. Box 362
Reese, MI 48757

RE: License #: AM730009493
Investigation #: 2022A0580024
Hoornstra AFC Home

Dear Ms. Hoornstra:

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 (906) 226-4171.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan". The signature is written in black ink and is positioned below the word "Sincerely,".

Sabrina McGowan, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 835-1019

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM730009493
Investigation #:	2022A0580024
Complaint Receipt Date:	02/14/2022
Investigation Initiation Date:	02/15/2022
Report Due Date:	04/15/2022
Licensee Name:	Karen Hoornstra
Licensee Address:	10015 E Washington Reese, MI 48757-0362
Licensee Telephone #:	(989) 753-1368
Administrator:	Theresa Lewis
Licensee Designee:	Karen Hoornstra
Name of Facility:	Hoornstra AFC Home
Facility Address:	704 S Michigan Saginaw, MI 48602
Facility Telephone #:	(989) 790-4679
Original Issuance Date:	04/01/1985
License Status:	REGULAR
Effective Date:	09/12/2021
Expiration Date:	09/11/2023
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

	AGED
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II. ALLEGATION(S)

	Violation Established?
Staff was not documenting medications given since Feb 5th, 2022.	Yes

III. METHODOLOGY

02/14/2022	Special Investigation Intake 2022A0580024
02/15/2022	Special Investigation Initiated - Telephone A call was made to the complainant.
02/24/2022	Contact - Telephone call received A call was received from Ms. Theresa Lewis, administrator.
02/24/2022	Inspection Completed On-site An onsite inspection was conducted at Hoornstra AFC. Contact was made with staff, Ms. Tracey Hoornstra.
02/24/2022	Contact - Document Received Medication log for Resident A were reviewed.
02/28/2022	Exit Conference An exit conference was held with the license administrator, Ms. Theresa Lewis.

ALLEGATION:

Staff was not documenting medications given since Feb 5th, 2022.

INVESTIGATION:

On 02/14/2022, I received a complaint via BCAL Online complaints.

On 02/14/2022, I spoke with the complainant. The complainant indicated that while at Hoornstra AFC, Resident A's, medication log reflected that she was last given her medications on 02/05/2022. Resident A takes 2 medications, daily. Staff present at the time of the visit, Ms. Tracy Hoornstra indicated that Resident A was given her medications as prescribed, however, admittedly, it was not documented.

On 02/24/2022, a voice mail message was received from Ms. Theresa Lewis, license administrator, indicating that the 2 staff involved in the lack of medication log sheet documentation for Resident A have been written up and will be retrained in medication administration and documentation.

On 02/24/2022, I conducted an onsite inspection at Hoornstra AFC. Contact was made with direct staff, Ms. Tracy Hoornstra. Ms. Hoornstra admitted that she and the other staff had become busy and although Resident A was given her medication, they had forgotten to initial the medication log for Resident A. She indicated that Resident A is currently at Day Program, which she typically attends Monday through Friday.

The February medication log sheets for Resident A were observed. The logs indicate that Resident A is current in receiving her medication.

On 02/28/2022, I conducted an exit conference with the license administrator, Ms. Theresa Lewis, informing her that a licensing rule violation was found. A corrective action plan is due within 15 days.

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>(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>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p>
ANALYSIS:	<p>It was alleged that staff was not documenting medications given since Feb 5th, 2022.</p> <p>The complainant indicated that Resident A's, medication log reflected that she was last given her medications on 02/05/2022.</p>

	<p>Ms. Theresa Lewis, license administrator, indicated that the staff involved in the lack of medication log sheet documentation for Resident A have been written up and will be retrained in medication administration and documentation.</p> <p>At the onsite inspection conducted at Hoornstra AFC, the February medication log sheets for Resident A were observed and indicated that Resident A is current in receiving her medication.</p> <p>Direct staff, Ms. Tracy Hoornstra, admitted that she and the other staff had become busy and although Resident A was given her medication, they had forgotten to initial the medication log for Resident A.</p> <p>Based on the information obtained in the course of this investigation, there is sufficient evidence to support the rule violation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon the receipt of an approved corrective action plan, no changes to the status of the license is recommended.

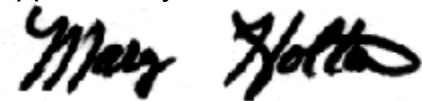


February 28, 2022

Sabrina McGowan
Licensing Consultant

Date

Approved By:



February 28, 2022

Mary E Holton
Area Manager

Date