



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 16, 2022

Katy Juarez
The Legacies ALC, LLC
8702 Orleans Ave
Fenwick, MI 48834

RE: License #: AM410393767
Investigation #: 2022A0357008
Legacies Assisted Living B2

Dear Ms. Juarez:

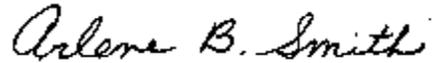
Attached is the Special Investigation Report for the above referenced facility. Due to the violation identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene B. Smith, MSW, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM410393767
Investigation #:	2022A0357008
Complaint Receipt Date:	02/22/2022
Investigation Initiation Date:	02/22/2022
Report Due Date:	03/24/2022
Licensee Name:	The Legacies ALC, LLC
Licensee Address:	8702 Orleans Ave Fenwick, MI 48834
Licensee Telephone #:	(616) 325-4309
Administrator:	Katy Juarez
Licensee Designee:	Katy Juarez
Name of Facility:	Legacies Assisted Living B2
Facility Address:	9031 B2 N. Rogers CT. SE Caledonia, MI 49316
Facility Telephone #:	(616) 275-4999
Original Issuance Date:	03/25/2019
License Status:	REGULAR
Effective Date:	09/25/2021
Expiration Date:	09/24/2023
Capacity:	12
Program Type:	AGED, ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
A staff is drawing up liquid morphine ahead if time of administration and placing them in the med card, fastened together with a rubber band.	Yes
The facility has a large volume of unused medications, including expired medications in storage.	No

III. METHODOLOGY

02/22/2022	Special Investigation Intake 2022A0357008
02/22/2022	APS Referral declined.
02/22/2022	Special Investigation Initiated - Telephone call to Recipient Rights.
03/04/2022	Inspection Completed On-site, Unannounced Inspection of the facility. Inspections of medication cart. Reviewed medication administration records of Residents.
03/04/2022	Contact - Face to Face Conducted interviews with direct care staff, Bonnie Franz, CNA, and Administrative Assistant, Carrie Danks. Inspected the Medication Cart and medications.
03/04/2022	Contact - Document Received Received and reviewed the medication records for residents receiving prescribed Morphine.
03/07/2022	Contact - Telephone call made Conducted interviews with Registered Nurse Roy Juarez.
03/08/2022	Contact -Telephone call made Conducted telephone interview with direct care staff, Courtney Hovinga.
03/16/2022	I conducted a telephone exit conference with the Licensee Designee, Kart Juarez.

ALLEGATION: A staff is drawing up liquid morphine ahead if time of administration and placing it in the medication cart.

INVESTIGATION: On 02/22/2022 I received a complaint from our Lansing office. The complaint stated that a staff is drawing up liquid morphine ahead of the time of administration and placing it in the medication cart.

On 03/04/2022, I made an announced inspection of the facility. I inspected the medication cart for the facility. Direct care staff, Bonnie Franz was in charge of passing the resident medications on second shift. I asked which residents were receiving liquid morphine and she reported that three residents have prescribed liquid Morphine. Ms. Franz used her keys to open and show me the controlled substances for Resident A. She reported that Resident A was receiving liquid Morphine and we counted eight filled syringes which were in a colored plastic box, with Resident A's name printed on the box. The syringes did not have any labels on them. Ms. Franz verified that the liquid in the syringes contained Morphine and the syringe was for oral administration. She explained that their Registered Nurse, Roy Juarez, had drawn up the liquid Morphine ahead of the administration time to make sure the right amount of the medicine was drawn up and prevent any over or under dosage. Ms. Franz stated she has been trained in administration of medications and knew how to draw up the liquid medication. Ms. Franz explained that they count each controlled substance at the end of each shift and the start of the next shift, and the counts have to match and both staff from each shift signs off. She stated she has never found the counts to be off.

On 03/04/2022, Ms. Franz reported that Resident B was receiving liquid Morphine. Ms. Franz showed me the locked area for the controlled substance for the liquid Morphine. In a plastic colored box there were nine syringes with medication inside of each one and the syringes did not have any labels on them.

On 03/04/2022, Ms. Franz reported that Resident C was receiving liquid Morphine and she showed me the locked area for the controlled substances for the liquid Morphine. In a plastic-colored box with Resident C's printed name on the box were eight syringes with medication inside of each one and there was no label on the syringes.

On 03/04/2022, I met with Administrative Assistant, CNA, Carrie Danks. She took me to her locked office, and she had a black locked box and in this box was the original labeled Morphine glass bottle, with the label for Resident A, "*Morphine 100 MG/5ML Solution (Roxanol 20 MG/ML Solution)...Take 0.25ml (5mg) by Mouth Every Three Hours as Needed (Pain or Shortness of Breath)***must call nurse (Roy) before giving to resident then call the daughter***.*" Ms. Danks stated that this medication was a PRN (as needed) and upon review of the MAR this resident had not received any in the month of February 2022.

On 03/04/2022, Ms. Danks showed me Resident B's liquid Morphine in the locked office in a back lock box. She showed me the liquid Morphine bottle for Resident B which had a label that read: "*Morphine 5MG/0.25ML. Morphine 5mg/0.25ml, take 0.25ml by mouth every two hours as needed.*" She also presented me with Resident

B's, Medication Record for February 2022, and liquid Morphine was recorded as a PRN, (as needed medication). Ms. Danks stated that Resident B had not received any liquid Morphine in February 2022.

On 03/04/2022, Ms. Danks showed me Resident C's liquid Morphine in the locked office in a back lock box. She showed me the liquid Morphine bottle for Resident C which had a label that read; "*Morphine 100MG/5ML Solution (Roxanol 20MG/ML Solution). Take 2.25ml by Mouth/sublingually Every Hour as Needed (pain/restlessness/agitat Ion).*" Ms. Danks reported this medication was a PRN, (as needed) medication and Resident C had not received any for the month of February 2022.

On 03/07/2021, I conducted a telephone interview with Registered Nurse, Roy Juarez. He stated that he had drawn up the liquid Morphine for the residents for safety reasons. He reported that he had checked with two other facilities, and they told him they were drawing up the liquid Morphine ahead of the administration times for safety. He stated by him drawing up the prescribed dosage "it was an extra layer of security." He reported that Ms. Danks' office is locked and so is the black box and only the Licensee Designee/Administrator, Katy Juarez, RN, himself and Ms. Danks has a key to the office and to the locked black box. He reported that the residents that receive the liquid Morphine are all receiving Hospice care. He also reported that the Hospice Nurse has drawn up the Morphine ahead of time. I explained that we do not regulate Hospice. Mr. Juarez stated that on Monday 03/07/2022) he disposed of all the syringes of liquid Morphine that he had originally drawn up. He stated that the trained staff who administer residents' medication will now draw up the liquid Morphine when it is required. He stated that he had total confidence that the staff had been trained in medication administration and that they know how to draw up liquid medications.

On 03/16/2022, I conducted a telephone exit conference with the Licensee Designee/Administrator, Katy Juarez RN and she agreed with my findings.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(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.

ANALYSIS:	<p>The allegation was that Morphine medications were drawn-up in syringes and stored in the medication carts before the medications were used.</p> <p>On 03/04/2022, I observed unlabeled syringes of Morphine for Resident A, Resident B and Resident C locked in the medication cart.</p> <p>On 03/07/2002, Mr. Roy Juarez, RN., acknowledged that he had drawn-up the liquid Morphine in the syringes for the staff to administer to residents before it was to be used.</p> <p>During this investigation it was evident that the prescribed liquid Morphine for the three residents was not kept in the original pharmacy-supplied container as required.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: The facility has a large volume of unused medications, including expired meds in storage.

INVESTIGATION: On 02/22/2022 I received a complaint from our Lansing office. The complaint stated that the facility has a large volume of unused medications, including expired medications in storage.

On 03/04/2022, I made an unannounced inspection to the facility. I conducted an interview with Administrative Assistant, CNA, Carrie Danks. She took me to the locked medication room and opened it up with a key. She then opened a door with a key and stated that this was their “over-flow medication closet.” She explained that all of the residents’ medications do not fit into their medication carts, so they have them locked in this closet inside of the locked medication room. Ms. Danks and I reviewed several resident’s boxes, and all the medications were dated with the current date and the extended date was for 2023. She explained their procedure of how they process the residents’ medication. She reported that they have a third shift staff who goes through each medication cart each week and takes out any discontinued medications and any expired medications. Ms. Danks stated that if the resident’s medications have not been open or used, they put the medication container in the green tote inside of the medication room for the pharmacy to pick up. She stated Hometown Pharmacy comes every day except Sunday to deliver medications and they credit back any cost to the resident of medications if it has not been used or opened. Ms. Danks reported that any resident medication that has been discontinued or has been opened or used, is destroyed. She showed me the jug like container called “RX Destroyer” and explained they put the drugs in this container, and it destroys the medications. She also stated that only she and Mr. Juarez, RN destroy resident medications. She also stated that only three staff have

keys to the medication closet. She also reported that they have not had any medication errors. She also stated the pharmacy staff also come in and review the medication carts. The pharmacy staff also provide medication trainings to their staff. Ms. Danks stated that they do not have any expired medications in the medication closet.

On 03/07/2022, I conducted a telephone interview with Mr. Roy Juarez RN. He stated that they do not have any unused resident medications or any expired medications in their home. If they have not used a medication in a blister pack or any other container, in the required time, they return it to the pharmacy or they destroy it. He reported that the Licensee Designee/Administrator Katy Juarez, RN and Ms. Danks and himself are the only staff that have keys to the medication closet. He also explained that their third shift staff, Cortney Hovinga, goes through each medication cart weekly and she pulls any expired medication or any discontinued medications. He denied having any expired medications or any discontinued medications in their medication closet.

On 03/08/2022, I conducted a telephone interview with the third shift staff, Courtney Hovinga. She stated that she works third shift and has been at the facility just over one year. She stated that she orders residents' medications twice a week. She stated that she goes through the medication cart two times per week and removes any expired medications or any discontinued resident medications. She stated that she puts the medications not used into the green tote for the pharmacy to pick up and she puts the discontinued or expired medications in a container in the medication room for Mr. Juarez and Ms. Danks to destroy when they come in the morning. She said this process has been going on for three or four months. She stated that she has keys only to the medication room and the medication cart. Ms. Hovinga denied that they have any stored resident medications that have been discontinued or expired.

On 03/16/2022 I conducted a telephone exit conference with Ms. Katy Juarez, RN and the Licensee Designee/Administrator and she agreed with my findings.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.
ANALYSIS:	It was alleged that the facility has a large volume of unused and expired medications in the facility. Ms. Danks showed me the locked medication room and the locked medication closet. We viewed several boxes of resident

	<p>medications and none of these medications were expired or discontinued.</p> <p>Ms. Danks, Mr. Juarez, RN and Ms. Hovinga denied that they have any expired or discontinued resident medications in the locked medication closet.</p> <p>During this investigation there was no evidence found that the facility was storing expired or unused medications, therefore no violation established.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

I recommend that the Licensee provide an acceptable plan of correction and the license remain unchanged.

Arlene B. Smith

03/16/2022

Arlene B. Smith MSW
Licensing Consultant

Date

Approved By:

Jerry Hendrick

03/16/2022

Jerry Hendrick
Area Manager

Date