



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

Rochelle Lyons
Oliver Woods Retirement Village LLC
Suite 200 3196 Kraft Ave SE
Grand Rapids, MI 49512

March 11, 2022

RE: License #: AL780314126
Investigation #: 2022A0584008
Oliver Woods #4

Dear Ms. Lyons:

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. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0183.

Sincerely,

Candace Coburn, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503 enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL780314126
Investigation #:	2022A0584008
Complaint Receipt Date:	01/05/2022
Investigation Initiation Date:	01/05/2022
Report Due Date:	03/06/2022
Licensee Name:	Oliver Woods Retirement Village LLC
Licensee Address:	Suite 200 3196 Kraft Ave SE Grand Rapids, MI 49512
Licensee Telephone #:	(810) 334-8809
Administrator:	Daniel Marchione
Licensee Designee:	Rochelle Lyons
Name of Facility:	Oliver Woods #4
Facility Address:	1310 W. Oliver Street Owosso, MI 48867
Facility Telephone #:	(989) 729-6060
Original Issuance Date:	04/02/2012
License Status:	REGULAR
Effective Date:	10/02/2020
Expiration Date:	10/01/2022
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident A has not been receiving her prescribed medications.	No
Additional Findings	Yes

III. METHODOLOGY

01/05/2022	Special Investigation Intake 2022A0584008
01/05/2022	Special Investigation Initiated - Telephone with complainant
02/16/2022	Inspection Completed On-site
02/22/2022	Exit Conference Rochelle Lyons

ALLEGATION:

Resident A has not been receiving her prescribed medications.

INVESTIGATION:

On 1/5/2022 I interviewed the complainant. The complainant stated Resident A is not receiving help to get medications refilled properly. The complainant feels that staff member Litha Hatmaker Adams is not involved in solving the issue.

On 2/16/2022 I interviewed administrator Daniel Marchione at the home. Mr. Marchione provided the Medical Administration Record (MAR) for Resident A for the months of January and February 2022. Mr. Marchione was familiar with this issue and stated that Resident A had requested a new durable power of attorney (DPOA). Mr. Marchione stated Resident A has appointed family members as her DPOA and the replacement would be another family member. Mr. Marchione stated that as of October 2021, medication refills ceased from the pharmacy due to nonpayment of copays to the pharmacy. Mr. Marchione stated the staff has been in constant contact with the DPOA and Resident A with resources to obtain prescriptions or to contact the appropriate agencies to pay the past due bill.

On 2/16/2022, I interviewed director of resident services Litha Hatmaker-Adams at the facility. Ms. Hatmaker-Adams provided copies of the electronic contact notes that

document the times information was provided to Resident A as well as calls made to pharmacies and to the DPOA regarding her medications. Ms. Hatmaker-Adams stated the DPOA was a former physician and would tell the staff that he did not feel Resident A needed the medications. Ms. Hatmaker-Adams stated that Resident A has a physician handling her health and it is not the DPOA. Ms. Hatmaker-Adams stated the staff have made numerous contacts regarding the unfilled medications for Resident A since they were notified they would not be filled due to an overdue bill. Ms. Hatmaker-Adams stated Shiawassee County Adult Protective Services was involved because the staff are concerned about Resident A not getting medications.

I reviewed the staff contact notes from 10/9/21 to the 1/6/22. On 10/9/22, a note entered by Ms. Hatmaker-Adams read that Pharmascript will not fill the prescriptions because Resident A has not paid her bill. Resident A was told to contact her son and discuss the payment issue so that her medications could be refilled. There were 12 other notes entered from 10/9/21 through 1/10/22 where the staff contacted the DPOA and informed that medications would not be delivered due to the past due bill.

I reviewed Resident A's MAR's from 12/21 through 2/16/22. Resident A had numerous exceptions noted of medications not available.

APPLICABLE RULE	
R 400.15312	Resident medications.
ANALYSIS:	Resident A's medication order could not refill due to nonpayment and a balance owed to the pharmacy. The home exercised reasonable efforts to assist Resident A and APS with securing her physician ordered medications.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

Mr. Marchione stated that no payment to the home has been made for Resident A's care since the current DPOA was appointed.

APPLICABLE RULE	
R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions:

	(a) The amount of personal care, supervision, and protection that is required by the resident is available in the home.
ANALYSIS:	Resident A was prescribed medications that protected her health and wellbeing. The home maintained Resident A as a resident for approximately five months without the ability to administer her physician prescribed medications. The facility did not reasonably comply with this rule.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon an acceptable corrective action plan, I recommend no change in the status of this license.

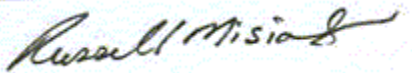


3/1/2022

Candace Coburn
Licensing Consultant

Date

Approved By:



3/11/2022

Russell B. Misiak
Area Manager

Date