GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 12, 2022

Patti Holland
801 W Geneva Dr.
Dewitt, MI 48820

RE: License #: AS330341802
Investigation #: 2022A1033004
Lansing Adult Foster Care

Dear Patti Holland:

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 (517) 284-9730.

Sincerely,

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330341802
Investigation #:	2022A1033004
Complaint Receipt Date:	04/18/2022
Investigation Initiation Date:	04/19/2022
Report Due Date:	05/18/2022
Licensee Name:	Patti Holland
Licensee Address:	801 W Geneva Dr. Dewitt, MI 48820
Licensee Telephone #:	(517) 669-8457
Administrator:	Patti Holland
Licensee Designee:	N/A
Name of Facility:	Lansing Adult Foster Care
Facility Address:	3600 Simken Drive Lansing, MI 48910
Facility Telephone #:	(517) 203-5249
Original Issuance Date:	01/10/2014
License **Status:**	REGULAR
Effective Date:	07/08/2020
Expiration Date:	07/07/2022
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
The staff are entering Citizen 1's medical file, using her prescription refills and taking the medications or handing them out to other residents.	No
Additional Findings	Yes

III. METHODOLOGY

04/18/2022	Special Investigation Intake 2022A1033004
04/19/2022	Special Investigation Initiated – Telephone- Interview with complainant.
04/19/2022	Contact - Telephone call made- Voicemail message left for APS worker, Penny Howard.
04/20/2022	Contact - Telephone call received- Interview APS worker, Penny Howard.
04/22/2022	Contact - Telephone call made- Interview Ascension Pharmacy Tech, Jessica Atherton.
04/22/2022	Inspection Completed On-site- Interview home manager, Chastidy Johnston and direct care staff, Lori Robbins. Medication review completed.
04/22/2022	Contact - Telephone call made- Voicemail message left for Licensee, Patti Holland.
04/25/2022	Contact - Telephone call made- Request for additional documents. Telephone conversation with direct care staff, Lori Robbins.
04/25/2022	Contact - Telephone call made- Conversation with Licensee, Patti Holland, regarding findings of onsite investigation conducted on 4/22/22.
05/04/2022	Contact - Face to Face- Interview with direct care staff, Chastidy Johnston, and Lori Robbins, at the Lansing Adult Foster Care facility.
05/04/2022	Inspection Completed- On-site

05/10/2022	Exit conference conducted with Licensee, Patti Holland, via telephone contact.

ALLEGATION:

Direct care staff are entering Citizen 1's medical file, using her prescription refills and taking the medications or handing them out to other residents.

INVESTIGATION:

On 4/18/2022, a complaint was received alleging that direct care staff of the Lansing Adult Foster Care facility called the pharmacy and requested a refill on every one of Citizen 1's prescription medications. It was further alleged that direct care staff are taking these medications and/or handing them out to other residents.

On 4/19/2022, I made a telephone call to Complainant. Complainant reported that Citizen 1 had attempted to obtain her prescription refills through the Ascension Pharmacy on 4/12/2022 and was told that someone from the adult foster care facility had called that morning and requested a delivery of the medications for that afternoon. Complainant reported Citizen 1 no longer resides at Lansing Adult Foster Care and is now responsible to fill her own medications. Complainant further reported that Citizen 1 had Adult Protective Services (APS) worker, Penny Howard, drive her to the pharmacy to pick up all her medication refills on 4/12/22. Complainant also reported that there is concern the facility is trying to use Citizen 1's medication refills for other residents of the facility.

On 4/20/2022, I interviewed APS worker Howard, who reported that she did drive Citizen 1 to the pharmacy to pick up her medication refills on 4/12/22. She further reported that she did not speak with any of the pharmacy staff to determine how the medication refills were called in prior to Citizen 1 attempting to obtain them. It was reported that Citizen 1 was able to obtain her prescription refills at this time.

On 4/22/2022, I interviewed Ascension Pharmacy, Pharmacy Technician, Jessica Atherton. Ms. Atherton reported that the Lansing Adult Foster Care direct care staff did not call in a refill on Citizen 1's medications on 4/12/22. She reported that the medications were refilled as a regular "cycle fill" for the facility as the pharmacy had not yet been informed that Citizen 1 was no longer living at Lansing Adult Foster Care facility. Ms. Atherton reported that this has since been changed in the pharmacy system so Citizen 1 will be the only person with access to obtain her medications going forward.

On 4/22/22, I conducted an onsite investigation at the facility. I interviewed direct care staff (DCS) member, Chastidy Johnston, regarding the allegation. DCS Johnston noted that no direct care staff member has attempted to fill Citizen 1's prescription refills since she discharged from the facility. DCS Johnston was able to present a *Resident*

Register noting a discharge date of 3/3/22 for Citizen 1. DCS Johnston reported that when a resident is discharged from the facility, direct care staff members report this discharge to Ascension Pharmacy so that the pharmacy is aware not to refill any further medications for the discharged resident. She reported that if they forget to tell the pharmacy about the discharge and the medications are delivered on the next "cycle fill," then they will just send the medications back with the driver who delivered them.

During the onsite inspection I reviewed the area where direct care staff keep overflow medications. I observed two large plastic bins with medications in each bin. DCS Johnston was able to demonstrate that one of the bins was filled with medications that had been delivered for the next "cycle fill." All these medications were for current residents of the home and current prescriptions. The second large bin contained numerous discontinued medications for current residents of this facility. There were also five, complete and current, prescriptions for Citizen 1 in this container.

- Pantroprazole SOD DR 40mg (Rx# 16419847) Date: 3/8/22
- Paroxetine HCL 10mg (Rx# 16433355) Date: 3/8/22
- Baclofen 10mg (Rx# 16431390) Date: 3/8/22
- Polyethylene Glycol 3350 (Rx #16420923) Date 3/8/22
- Tramadol HCL 50mg (Rx# 1403294) Date 3/8/22.

I interviewed DCS Lori Robbins, and DCS Johnston about Citizen 1's medications that were found in this container. DCS Robbins noted that those five medications were delivered, from Ascension Pharmacy, in the "cycle fill" on 3/8/22. Citizen 1 was discharged from the facility on 3/3/22. DCS Robbins noted she attempted to return these medications to the pharmacy and was told they could not return the medications once they were accepted for delivery. DCS Robbins did not recall the exact date she called the pharmacy or which pharmacy staff member she spoke to regarding the medications. DCS Johnston noted they were not sure what to do with the medications since the pharmacy would not allow them to be returned. All five of these medications were unopened and unused at the time of this investigation.

On 5/4/22 I conducted a follow-up interview with DCS Johnston regarding Citizen 1's medications. DCS Johnston reported that she had contacted Citizen 1, who came to Lansing Adult Foster Care along with APS Worker Howard and retrieved the medications. DCS Johnston obtained a signed statement from Citizen 1 noting the medications had been returned to her.

APPLICABLE RULE	
R 400.14312	**Resident medications.**
	(6) A licensee shall take reasonable precautions to insure that prescription medication is not used by a person other than the resident for whom the medication was prescribed.

ANALYSIS:	Based on interviews with Ms. Atherton, DCS Johnston, DCS Robbins and observations of medication management during the onsite investigation, there was no evidence any direct care staff member at this facility used Citizen 1's medications for other resident use or their own personal use. Citizen 1's medications located at the facility were found completely intact with no medications missing or used. Those were ultimately returned to Citizen 1.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

During the onsite inspection I conducted on 4/22/22, I located four discontinued medications being stored in a large plastic bin in a locked supply closet. The four medications are listed and described below:

- Resident A: two prescriptions for Meloxicam 15mg (Rx# 16434201) and (Rx# 16442859) Date: 12/13/2021 and 2/9/22.

  I reviewed the *Medication Administration Records (MAR)* for the months 10/21, 11/21, 12/21, 1/22, 2/22, 3/22, & 4/22 for Resident A. The Meloxicam medication is marked as discontinued on each of these MAR's, with no recordings of administered doses.

- Resident B: Donepezil 5mg (Rx# 16417239) Date: 11/11/21

  I reviewed Resident B's MARs for the months of 11/21, 12/21, & 1/22. The Donepezil medication was marked as discontinued as of 11/29/21 on the November MAR. It continues to be marked as discontinued on the December MAR and no longer appears on the MAR beginning in January 2022.

- Resident C: Omeprazole 20mg (Rx# 16409448) Date: 11/11/21

  I reviewed Resident C's MARs for the months of 10/21, 11/21, 1/22, 2/22 & 3/22. The Omeprazole medication was marked as discontinued on the 10/21, 11/21, 1/22 & 2/22 MAR's, with no recordings of administered doses. The Omeprazole medication no longer appeared on the 3/22 MAR.

On 5/4/2022 I conducted an onsite investigation to the facility and interviewed DCS Johnston and DCS Robbins about the discontinued medications that were found upon the initial onsite investigation conducted on 4/22/22. DCS Johnston reported that when a resident has a medication that is discontinued, the medication is sometimes held on to in case the physician decides to put the resident back on this medication at a future date. DCS Robbins noted that she likes to have them on hand in the event a resident is

restarted on a discontinued medication there is not a delay in receiving the new prescription from the pharmacy and the resident can begin the medication right away. DCS Johnston acknowledged that the discontinued medications should have been destroyed or returned to a designated prescription drop box.

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:	During the unannounced onsite investigations, I observed four resident medications that were discontinued and/or no longer required for each resident yet had not been properly disposed of by the licensee as required.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon an approved corrective action plan, no change to the status of this license.

05/10/2022

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Jana Lipps Date
Licensing Consultant

Approved By:

05/12/2022

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Dawn N. Timm Date
Area Manager