GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 15, 2022

Sara Dickendesher
Candlestone Assisted Living
4124 Waldo Avenue
Midland, MI 48642

RE: License #: AH560360912
Investigation #: 2022A1019046

Dear Ms. Dickendesher:

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. Failure to submit an acceptable corrective action plan will result in disciplinary action. 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 authorized representative and a date.

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,

Elizabeth Gregory-Weil, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 347-5503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH560360912
Investigation #:	2022A1019046
Complaint Receipt Date:	04/20/2022
Investigation Initiation Date:	04/21/2022
Report Due Date:	06/20/2022
Licensee Name:	Candlestone Assisted Living, LLC
Licensee Address:	3196 Kraft Avenue, Suite 200 Grand Rapids, MI 49512
Licensee Telephone #:	(616) 464-1564
Administrator:	Alicia Neitzel
Authorized Representative:	Sara Dickendesher
Name of Facility:	Candlestone Assisted Living
Facility Address:	4124 Waldo Avenue Midland, MI 48642
Facility Telephone #:	(989) 832-3700
Original Issuance Date:	09/01/2015
License Status:	REGULAR
Effective Date:	03/01/2022
Expiration Date:	02/28/2023
Capacity:	66
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
At times, the facility is understaffed and some staff are taking drugs.	No
Improper medication practices.	Yes
Additional Findings	No

III. METHODOLOGY

04/20/2022	Special Investigation Intake 2022A1019046
04/21/2022	Special Investigation Initiated - Letter Notified APS of the allegations via email referral template.
04/21/2022	APS Referral
04/21/2022	Comment Due to the COVID-19 Pandemic, investigation is being conducted remotely.
05/23/2022	Contact- Document Sent Emailed administrator and AR requesting documentation, correspondence is ongoing.
06/09/2022	Contact- Telephone Call Received Phone call with Ms. Neitzel to discuss medication practices.
06/09/2022	Inspection Completed BCAL Sub. Compliance
06/15/2022	Exit Conference

ALLEGATION:

At times, the facility is understaffed and some staff are taking drugs.

INVESTIGATION:

On 4/20/22, the department received a complaint that read “the facility is short staffed on occasion” and “staff have been taking meth”. The complaint did not list any dates that the facility was short staffed and did not provide names of the staff allegedly using drugs or a timeframe of when this allegedly took place. Due to the anonymous nature of the complaint, I was unable to obtain any additional information.

Administrator Alicia Neitzel provided the facility census, which listed nineteen general assisted living residents and ten memory care residents. Ms. Neitzel reported that at that the current census, she expects the following staffing level:

> ***Current MC Census as of 6/6/22 = 9 Residents***
> *Level of Care Average - 5.33 which allows for an additional 4 hours per day.*
> *7a-7p= 2 Employees (1 person strictly Care, the other is Med passer and Care)*
> *7p-7a= 2 Employees (1 person strictly Care, the other is med passer and care. One Employee may leave early, as we have wiggle room to run with 1 between the hours of 11p-7a)*
>
> ***Current AL Census as of 6/6/22 = 20 Residents***
> *Level of Care Average - 3.05 Does not allow for additional hours*
> *7a-7p= 2 Employees (We attempt to schedule 1 med passer per hall, based off of employees that are scheduled and where they are at with their training may be a challenge. If we run into that, we utilize the 1 person strictly Care, the other is Med passer and Care method.)*
> *7p-7a= 2 Employees (We attempt to schedule 1 med passer per hall, based off of employees that are scheduled and where they are at with their training may be a challenge. If we run into that, we utilize the 1 person strictly Care, the other is Med passer and Care method.)*

Review of the facility schedules revealed that the staffing levels were overall consistent with what Ms. Neitzel described above. Ms. Neitzel also reported that the facility has mandated employees in place and on call staff available to cover shifts in the event that unexpected absences occur.

Regarding staff substance use, Ms. Neitzel explained that if any concerns were brought to her attention, she would have a conversation with the employee and if there were reasonable cause she would request a drug screen and temporarily remove the person from the schedule until the test results were received. Ms. Neitzel denied that there have been any recent reports or suspicions of staff being under the influence while at work. Ms. Neitzel also provided an excerpt from the licensee’s employee handbook that references employee substance use and screening procedures. The excerpt provided information that was consistent with Ms. Neitzel’s protocol description.

APPLICABLE RULE	
R 325.1931	**Employees; general provisions.**
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.
ANALYSIS:	Review of facility schedules and employee coverage procedures reveals that staffing levels are overall consistent with management's expectations. Employee substance use and screening policies were also reviewed, which demonstrated an organized steps to take if those situations arise. Facility management staff denied knowledge or suspicion of anyone under the influence of substances or reasonable cause to drug test anyone recently.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Improper medication practices.

INVESTIGATION:

The complaint alleged that "Staff have been forging medication log. Taking the narcotics out of the facility." The complaint did not provide any additional detail regarding the allegations such as when this took place, which medications were taken, which residents were affected, etc.

Ms. Neitzel attested that she has not been aware of any medications being removed from the facility or forgery to the medication logs. Ms. Neitzel explained that narcotic counts are conducted before and after every shift with two staff present. Ms. Neitzel stated that staff are to document in the log whenever a narcotic medication is administrated and that those logs are audited for accuracy monthly by the wellness director.

Ms. Neitzel provided me with the with the licensee's controlled substance policy and the following are excerpts from the policy:

> *All controlled substances administered to the resident are documented on both the POU [proof of use] sheet and on the MAR.*

All controlled substances (includes those housed in med cart and refrigerator) shall be accounted for at the beginning and end of every shift.

Both the on-coming and off-going responsible staff member participate in the count process. Both parties are to VISUALLY inspect the following for each container:

A. Resident Name
B. Prescription Number
C. Medication Name
D. Medication Dosage
E. Container Number (If applicable) e.g. 1 of 2, 2 of 2
F. Date Filled
G. Number of remaining medication (i.e.. pills, liquid, patches)
H. Unopened liquid medications still have seal intact.

Both staff members are to sign the controlled substance change of shift sheet indicating both parties agree to the exact amount of medication and number of containers. If any discrepancies occur, Staff shall immediately contact Clinical Department Head. A notation of the discrepancy shall be noted by both parties.

The most recent oncoming staff signature on the Controlled Substance Change of Shift Sheet accepts responsibility for medications/count after reconciliation has occurred.

Regular monthly audits shall be performed by either Clinical Department Head/Nurse or Corporate Staff.

Controlled Substance Discrepancy Concerns:

1. Any discrepancies that occur shall be immediately reported to the Clinical Department Head.
2. An investigation shall be completed to determine the exact amount of medication missing and any other information to assess concerns of discrepancy.
3. Based on situation and/or findings, the following shall/may occur:
A. A medication incident form shall be completed
i. Medication and quantity involved
ii. Circumstances under which it was discovered
iii. All staff members that may have had access
B. Notification shall be made to Operations Director
C. An incident report may be filed with Licensing division
D. The community may file a report with the police regarding the missing controlled substances
E. Employee(s) may be drug screened

Ms. Neitzel provided the licensee’s Controlled Substance Proof-of-Use records for March and April 2022 for all residents who are prescribed narcotic medication. The following observations were made:

- Staff were not consistently documenting the date medications were received or the amount that was received upon delivery.
- At times, staff were not properly documenting when a medication was given in the “amount given” section of the log so the “amount left” section appeared off.
- Documentation errors that were not corrected properly.
- Multiple instances of staff merging blister packs together when they should have been counted and noted separately.

Ms. Neitzel stated that there has been some turnover in the wellness director position as well as changes in the contracted pharmacy and switching from an electronic count system to a paper count system that have contributed to the inconsistencies. While Ms. Neitzel attested that the monthly audits were being completed as their policy dictates, at the time of this report she was unable to provide evidence of the controlled substance log audits.

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.**
ANALYSIS:	Facility staff were not following designated controlled substance procedures including but not limited to when medications were delivered, proof of use records being filled out inaccurately, and reflected incorrect counts, blister packs being combined and no proof of completed audits.
CONCLUSION:	**VIOLATION ESTABLISHED**

On 6/15/22, I shared the findings of this report with authorized representative Sara Dickendesher.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of the license remain unchanged.

06/14/2022

Elizabeth Gregory-Weil — Date
Licensing Staff

Approved By:

06/14/2022

Andrea L. Moore, Manager — Date
Long-Term-Care State Licensing Section