GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 14, 2022

Renee Kelly
Cretsinger Care Homes Ltd
P O Box 279
Battle Creek, MI 49016-0279

RE: License #: AM130070136
Investigation #: 2022A1024030
Cretsinger East

Dear Mrs. Kelly:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

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) 356-0183.

Sincerely,

Ondrea Johnson

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems
427 East Alcott
Kalamazoo, MI 49001

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM130070136
Investigation #:	2022A1024030
Complaint Receipt Date:	04/29/2022
Investigation Initiation Date:	05/02/2022
Report Due Date:	06/28/2022
Licensee Name:	Cretsinger Care Homes Ltd
Licensee Address:	P O Box 279 Battle Creek, MI 49016-0279
Licensee Telephone #:	(269) 964-8292
Administrator:	Renee Kelley
Licensee Designee:	Renee Kelly
Name of Facility:	Cretsinger East
Facility Address:	1425 E Michigan Avenue Battle Creek, MI 49017
Facility Telephone #:	(269) 966-5773
Original Issuance Date:	04/12/1996
License **Status:**	REGULAR
Effective Date:	02/24/2022
Expiration Date:	02/23/2024
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Staff members did not respond appropriately by seeking medical attention for Resident A who was observed sleeping a lot.	No

III. METHODOLOGY

04/29/2022	Special Investigation Intake 2022A1024030
05/02/2022	Special Investigation Initiated – Telephone call with Adult Protective Service Specialist (APS) Heather Townsend
06/01/2022	Inspection Completed On-site with home manager Beth Quartermaine, direct care staff members Connie Teadt and Chloe Thoman.
06/01/2022	Contact - Telephone call made with Latashia Hayes from Visiting Physicians Association
06/13/2022	Contact - Telephone call made with public guardian, Guardian A1
06/13/2022	Exit Conference with licensee designee Renee Kelly

ALLEGATION:

Staff members did not respond appropriately by seeking medical attention for Resident A who was observed sleeping a lot.

INVESTIGATION:

On 4/29/2022, I received this complaint through the Bureau of Community and Health Systems (BCHS) online complaint system. This complaint alleged direct care staff members did not respond appropriately by seeking medical attention for Resident A who was observed sleeping a lot. The complaint also stated Resident A was observed falling asleep when she was being spoken to and/or while eating. The complaint stated Resident A's parent contacted Resident A's guardian, Guardian A1, who sent Resident A to the hospital, and it was determined that Resident A's kidneys were failing.

On 5/2/2022, I conducted an interview with APS Specialist Heather Townsend who stated she has investigated this allegation and found no substantial findings of abuse and/or neglect. Ms. Townsend stated Resident A has numerous health issues

that require multiple prescription medications which contributed to Resident A being consistently tired. Ms. Townsend stated Resident A was seen by a primary physician and neurologist who was aware of these symptoms. Ms. Townsend stated Resident A went to the hospital due to being nonresponsive on 4/25/2022 and it was determined that her kidneys were failing. Ms. Townsend stated direct care staff members communicated regularly with doctors and Resident A's guardian, Guardian A1, and sought medical attention for Resident A in a timely manner.

On 6/1/2022, I conducted an onsite investigation at the facility with home manager Beth Quartermaine and direct care staff members Connie Teadt and Chloe Thoman. Ms. Quartermaine stated on 4/25/2022 Resident A was found unresponsive, and emergency medical services were immediately contacted. Ms. Quartermaine stated Resident A was often observed tired and wanted to sleep a lot. Ms. Quartermaine stated Resident A exhibited tiredness for many months and her doctors stated it was due to her medications. Ms. Quartermaine stated Resident A is diagnosed with seizures, cerebral palsy, and has an implanted baclofen infusion pump. Ms. Quartemaine stated when Resident A was admitted to the hospital on 4/25/2022 she was diagnosed with having failing kidneys and after hospitalization, Resident A was discharged to a nursing home. Ms. Quartermaine stated Resident A was diagnosed with a urinary tract infection and was administered antibiotics days before she was found unresponsive on 4/25/2022. Ms. Quartermaine stated Resident A's physician assumed Resident A was tired due to her medication regimen therefore multiple medication changes were made over the past three months in attempts to alleviate this symptom. Ms. Quartermaine stated the doctors wanted to observe if Resident A's symptoms would change if Resident A's seizure medication was given to her at night instead of morning. Ms. Quartermaine stated the neurologist did not feel comfortable eliminating any of Resident A's medications due to the positive effects the medication had on Resident A having seizures.

Ms Teadt and Ms. Thoman both stated Resident A demonstrated tiredness as a normal baseline and requested to sleep most of the time. In addition, Resident A's medications were adjusted by Resident A's physicians in attempts to resolve this symptom. Ms. Teadt and Ms. Thoman also both stated they communicated with Resident A's medical team regularly and Resident A was seen by Visiting Physicians at least once every three months. Ms. Teadt and Ms. Thomas stated on 4/25/2022 Resident A was found unresponsive in her bedroom by staff therefore 911 was immediately called and Resident A was transported to the hospital. Ms. Teadt and Ms.Thoman were both unaware that Resident A's kidneys were not functioning properly as communicated by hospital staff when Resident A was admitted.

While at the facility I reviewed Resident A's *Medication Administration Record* (MAR) for months of February 2022, March 2022, and April 2022. According to Resident A's MAR Resident A discontinued taking antibiotic Cipro 500 mg and antibiotic Diflucan150mg on 4/24/2022. Keppra750mg and Keppra 1000 mg were discontinued on 4/12/2022. Keppra 500mg was added on 4/12/2022 to take 4 tablets at bedtime.

I reviewed Resident A's *Visit Summary* from the University of Michigan Department of Neurology. According to this summary Resident A was seen at the Comprehensive Epilepsy Clinic on 4/8/2022. This summary stated Resident A's medication Keppra has been adjusted multiple times and finally Resident A has been seizure free since May of 2021 with the Keppra dose at 750mg/1000mg. It was discussed prescriptions that could improve Resident A's drowsiness although she is on 2-3 other neuropsychiatric medications that could make her drowsy as well.

I reviewed physician prescriptions for Diflucan 150mg dated 4/20/2022 that directed Resident A to take 1 tablet by mouth once daily for antifungal. Ciprofloxacin HCL 500mg (antibiotic) dated 4/20/2022 to take 1 tablet by mouth twice daily.

I reviewed the facility's *Health Progress Notes* dated 4/11/2022 written by Beth Quartermaine. This note stated that Ms. Quartermaine spoke with neurologist Dr. Wang about Resident A being so tired and he suggested direct care staff members give both Keppra medication doses at night so she isn't so tired. The note stated Dr. Wang is also changing the Keppra dose to a formulated dose which hopefully will make Resident A less tired.

I reviewed the facility's Health Progress Notes dated 4/22/2022 written by Connie Teadt. This note stated Dr. James ordered a nurse to come out and change Resident A's catheter. The note stated the nurse came today and looked at Resident A's catheter and said it looks good. The nurse stated that she will order Resident A's medical supplies for what she needs. The nurse documented she was scheduled to return on May 6th to check on Resident A and again on May 16th to replace Resident A's catheter. The nurse planned to visit Resident A for routine check ups every two weeks.

I reviewed Resident A's *Health Care Appraisal (HCA)* dated 1/5/2022. According to this appraisal Resident A uses a wheelchair and is diagnosed with seizures, diplegic cerebral palsy, HTN and chronic kidney disease (CKD).

I reviewed *AFC Licensing Division-Accident/Incident Report* dated 4/25/2022 written by Beth Quartermaine. According to this report, on 4/25/2022 Resident A went unresponsive and was breathing shallow. Ms. Quartermaine tried to wake her by doing a sternum rub and by calling her name however Resident A did not respond. The report stated Ms. Quartermaine then called 911 and checked Resident A's vitals. Resident A's blood pressure was 110/62, heart rate was 40 and oxygen was at 89. Staff stayed with Resident A while Ms. Quartermaine gathered her information and called guardian. Staff will follow discharge instructions when Resident A is discharged.

On 6/1/2022, I conducted an interview with representative Latashia Hayes from Visiting Physicians Association. According to Ms. Hayes, Resident A was seen once every three months by a physician or as needed. Ms. Hayes stated Resident A was

last seen at the home on 3/10/2022 and prior to that on 2/7/2022. Ms. Hayes stated she does not see any notes of concern for either of those visits.

On 6/13/2022, I conducted an interview with Guardian A1. Guardian A1 stated for several weeks Resident A's mother called repeatedly due to having concerns about Resident A appearing to be consistently tired. Guardian A1 stated Resident A's mother often called with complaints regarding the amount of medications Resident A is prescribed. Subsequently, Guardian A1 called the home and spoke with Ms. Quartermaine at 10:26AM on 4/25/2022 to check on Resident A at which time Resident A was awake eating breakfast. Guardian A1 stated that Ms. Quartermaine stated that Resident A continues to exhibit tiredness which is her usual baseline however the physicians have been making medication modifications to help with this symptom. Guardian A1 stated she informed Ms. Quartermaine that she was going to send a doctor from Visiting Physicians out to the home to conduct a check-up for later in the day. Guardian A1 stated about 30 minutes later Ms. Quartermaine called Guardian A1 and stated that Resident A was unresponsive. Guardian A1 stated the staff members called 911 and Resident A was sent to the hospital where she was admitted due to her kidneys shutting down. Guardian A1 further stated that the hospital staff informed her that Resident A has been tired because she was getting too much medication from her baclofen infusion pump due to her kidneys not filtering out the medications properly. Guardian A1 believes the staff members communicated with Resident A's physicians regularly, followed all physician orders and responded appropriately when Resident A was found unresponsive.

APPLICABLE RULE	
R 400.14310	**Resident health care.**
	(4) In case of an accident or sudden adverse change in a resident's physical condition or adjustment, a group home shall obtain needed care immediately.

ANALYSIS:	Based on my investigation which included interviews with APS Heather Townsend, home manager Beth Quartermaine, direct care staff members Connie Teadt and Chloe Thoman, Latashia Hayes from Visiting Physicians Association, Guardian A1, review of physician scripts, incident report, health progress notes, Resident A's MAR, and *Health Care Appraisal* there is no evidence direct care staff members did not respond appropriately and seek medical attention for Resident A who was observed sleeping a lot and eventually hospitalized for kidney failure. APS Specialist Ms. Townsend investigated this allegation and found no substantial findings. According to Resident A's HCA, Resident A is diagnosed with seizures, diplegic cerebral palsy, HTN and chronic kidney disease (CKD). Ms. Quartermaine, Ms.Teadt and Ms. Thoman all stated that Resident A was routinely tired and her physicians made medications adjustments in attempts to alleviate Resident A from being tired and drowsy. Ms. Quartermaine, Ms.Teadt and Ms. Thoman also all stated that 911 was immediately called when Resident A was found unresponsive on 4/25/2022. I also reviewed Resident A's record and found she was evaluated by her primary physician and/or neurologist at least three times prior to her hospitalization on 04/25/2022. I also reviewed Resident A's medication administration records for February 2022, March 2022, and April 2022 which documented many medication changes to address symptoms Resident A was exhibiting in accordance with physician's instructions. I reviewed a health note dated 4/22/2022 documenting a nurse visit with Resident A and no concerns were listed. Guardian A1 stated that the hospital staff informed her that Resident A has been tired because she was getting too much medication from her baclofen infusion pump due to her kidneys not filtering out the medications properly. Guardian A1 believes the staff members communicated with Resident A's physicians regularly, followed all physician orders and responded appropriately when Resident A was found unresponsive. Based on all the information gathered, direct care staff members obtained needed medical care for Resident A.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

On 6/13/2022, I conducted an exit conference with licensee designee Renee Kelly. I informed Ms. Kelly of my findings and allowed her an opportunity to ask questions or make comments.

IV. RECOMMENDATION

I recommend the current license status remain unchanged.

6/14/2022

Ondrea Johnson
Licensing Consultant

Date

Approved By:

06/14/2022

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Dawn N. Timm
Area Manager

Date