



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 23, 2022

Amanda Brenner
Chandler Pines, LLC
838 Cherry St. SE
Grand Rapids, MI 49506

RE: License #: AM410390297
Investigation #: 2022A0583032
Chandler Pines

Dear Ms. Brenner:

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 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) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM410390297
Investigation #:	2022A0583032
Complaint Receipt Date:	06/09/2022
Investigation Initiation Date:	06/10/2022
Report Due Date:	07/09/2022
Licensee Name:	Chandler Pines, LLC
Licensee Address:	838 Cherry St. SE Grand Rapids, MI 49506
Licensee Telephone #:	(616) 229-0427
Administrator:	Amanda Brenner
Licensee Designee:	Amanda Brenner
Name of Facility:	Chandler Pines
Facility Address:	Unit A 7555 Chandler Dr. NE Belmont, MI 49306
Facility Telephone #:	(616) 745-4675
Original Issuance Date:	04/22/2019
License Status:	REGULAR
Effective Date:	10/22/2021
Expiration Date:	10/21/2023
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED, AGED DEVELOPMENTALLY DISABLED, ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The facility is understaffed third shift.	Yes
Medication errors occur daily.	No
Staff are not trained prior to administering residents' medications.	No
Additional Findings	Yes

III. METHODOLOGY

06/09/2022	Special Investigation Intake 2022A0583032
06/10/2022	Special Investigation Initiated - On Site
06/14/2022	Contact - Document Received Amanda Brenner
06/23/2022	APS Referral
06/23/2022	Exit Conference Licensee Designee Amanda Brenner

ALLEGATION: The facility is understaffed third shift.

INVESTIGATION: On 06/09/2022 complaint allegations were received from the BCAL online reporting system. The complaint alleged that staff are forced to work alone for 3rd shift although residents require a two-person assist.

On 06/10/2022 I completed an unannounced onsite investigation at the facility and privately interviewed staff Nicole Kuiphof, Shelbi Foren, Teresa Latham, Resident A and Resident B.

Staff Nicole Kuiphof stated she is the "acting executive director" for the facility and in charge of scheduling. Ms. Kuiphof stated the facility currently houses eleven residents. Ms. Kuiphof stated the facility provides care to Resident A who requires a "two person hooyer" lift for safe transfers. Ms. Kuiphof stated the facility generally operates with two staff on third shift which is from 11:00 PM until 7:00 AM. Ms. Kuiphof stated that the facility has had difficulty staffing third with two staff due to a staff member's recent medical leave. Ms. Kuiphof stated the facility has operated with one staff working alone on the following dates: 06/03/2022 11:00 PM until 06/04/2022 7:00 AM, 06/04/2022 11:00 PM until 06/05/2022 7:00 AM, 06/06/2022 11:00 PM until 06/07/2022 7:00 AM, 06/08/2022 11:00 PM until 06/09/2022 7:00 AM, 06/09/2022 11:00 PM until 06/10/2022 7:00 AM.

Staff Shelbi Foren stated the facility provides care for three residents that require the assistance of two staff for safe transfers. Ms. Foren stated the facility has been staffed with one staff “third shift often”. Ms. Foren stated, last night and the night before the facility has operated with only one staff on third shift.

Staff Teresa Latham stated there are currently three residents who require the assistance of two staff for safe transfers. Ms. Latham stated she recently worked alone at the facility from 3:00 AM until 7:00 AM twice this month.

Resident A stated sometimes the facility operates with only one staff on third shift. Resident A stated he could not recall the dates that the facility operated with one staff on third shift.

Resident B stated he could not recall how many staff work at the facility on third shift because he is asleep during that time frame.

On 06/14/2022 I received via email scanned copies of the facility’s staffing schedule and Resident Assessment Plans from Licensee Designee Amanda Brenner. The documents indicate that on 06/06/2022 11:00 PM until 7:00 AM, 06/08/2022 11:00 PM until 7:00 AM, and 06/09/2022 11:00 PM until 7:00 AM the facility operated with only one staff working. Resident C’s Assessment Plan, signed 10/11/2021, indicates Resident C requires “hoyer to commode-two staff” assistance. Resident D’s Assessment Plan, signed 04/14/2022, indicates Resident D requires “two person assist” with toileting.

On 06/23/2022 I completed an Exit Conference with Licensee Designee Amanda Brenner. Ms. Brenner stated she agreed with the findings and would submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.14206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	<p>Facility staffing records indicate that on 06/06/2022 11:00 PM until 7:00 AM, 06/08/2022 11:00 PM until 7:00 AM, and 06/09/2022 11:00 PM until 7:00 AM the facility operated with one staff in total.</p> <p>Resident C’s Assessment Plan, signed 10/11/2021, indicates Resident C requires “hoyer to commode-two staff” assistance.</p>

	<p>Resident D's Assessment Plan, signed 04/14/2022, indicates Resident D requires "two person assist" with toileting.</p> <p>A preponderance of evidence was discovered during the Special Investigation to substantiate violation of the applicable rule.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Medication errors occur daily.

INVESTIGATION: On 06/09/2022 complaint allegations were received from the BCAL online reporting system. The complaint alleged that "med errors" "occur daily".

On 06/10/2022 I completed an unannounced onsite investigation at the facility and privately interviewed staff Nicole Kuiphof, Shelbi Foren, Teresa Latham Resident A, and Resident B.

Staff Shelbi Foren stated that she has observed staff Nicole Kuiphof document in the Medication Administration Record that Ms. Kuiphof administered residents' prescription eye drops and creams however Ms. Kuiphof didn't actually administer the medications. Ms. Foren stated she has observed Ms. Kuiphof do this multiple times and informed the facility's previous "Executive Director Angela Goetz" however Ms. Foren's concerns were never acted upon. Ms. Foren stated she has observed Resident C's "pills" unsecured on Resident C's nightstand sometime before New Year's.

Staff Nicole Kuiphof stated she is unaware of any medication errors occurring at the facility and stated staff are adequately trained in medication administration. Ms. Kuiphof stated she has never documented the administration of residents' medications without administering medications. Ms. Kuiphof stated she has never observed residents' medications unsecured.

Staff Teresa Latham stated she is unaware of any medication errors occurring at the facility and stated staff are adequately trained in medication administration. Ms. Latham stated she has never observed Ms. Kuiphof document the administration of medications she did not administer and has never observed unsecured medications in resident bedrooms.

Resident A and Resident B both stated that they have received their medications regularly and are not aware of staff committing medication errors.

While onsite I observed all resident medications locked in the facility's medication cart. I did not observe loose medications within the facility.

On 06/14/2022 I received via scanned email a copy of the facility's Medication Administration Record from Licensee Designee Amanda Brenner. The documents did not indicate the documentation of Medication Administration errors.

On 06/23/2022 I completed an Exit Conference with Licensee Designee Amanda Brenner. Ms. Brenner stated she agreed with the 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>Staff Nicole Kuiphof stated she is unaware of any medication errors occurring at the facility and stated staff are adequately trained in medication administration.</p> <p>Staff Teresa Latham stated she is unaware of any medication errors occurring at the facility and stated staff are adequately trained in medication administration.</p> <p>The facility's Medication Administrator Record did not indicate the documentation of Medication Administration errors.</p> <p>Resident A and Resident B each stated that they received their medications regularly and are not aware of staff committing medication errors.</p> <p>A preponderance of evidence was not discovered during the Special Investigation to substantiate violation of the applicable rule.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Staff are not trained prior to administering residents' medications.

INVESTIGATION: On 06/09/2022 complaint allegations were received from the BCAL online reporting system. The complaint alleged that “there is not adequate training for new hires or med techs” and “they just made copies of tests and fill them out, without actually providing training”.

On 06/10/2022 I completed an unannounced onsite investigation at the facility and privately interviewed staff Nicole Kuiphof, Shelbi Foren, and Teresa Latham.

Staff Nicole Kuiphof stated all facility staff are all trained in person on the “med chart” by other competent facility staff and subsequently complete a test to verify that the staff is adequately trained to administer medications to residents. Ms. Kuiphof stated at no time are staff allowed to administer residents’ medications prior to being adequately trained.

Staff Shelbi Foren and Teresa Latham both stated they have been adequately trained to administer residents’ medications. Ms. Foren and Ms. Latham both stated that they have completed in-person medication administration training and subsequently followed with a passing competency test.

On 06/14/2022 I received via scanned email a copy of the facility’s staff medications administration training tests from Licensee Designee Amanda Brenner. The training tests are titled “MALA MED ADMINISTRATION TEST AFC”. The documents contained staff Teresa Latham’s test dated 02/04/2022, staff Shelbi Foren dated 04/18/2022, staff Renee Wright dated 05/02/2022, staff Colby Latham dated 04/27/22, staff Carrie Sovie dated 06/01/2022, staff Amanda unknown dated 02/25/2021, staff Skylar Dukes dated 04/25/2022, staff Nicole Weisner 12/06/2020, and staff Nicole Kuiphof dated 03/06/2022.

On 06/23/2022 I completed an Exit Conference with Licensee Designee Amanda Brenner. Ms. Brenner stated she agreed with the findings.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (a) Be trained in the proper handling and administration of medication.
ANALYSIS:	Staff Nicole Kuiphof stated all facility staff are trained in person “on the med chart” by other facility staff and then complete a test to verify that the staff is adequately trained to administer medications to residents. Ms. Kuiphof stated at no time are staff allowed to administer residents’ medications prior to being adequately trained.

	<p>Staff Shelbi Foren and Teresa Latham both stated they have been adequately trained to administer residents' medications. Ms. Foren and Ms. Latham both stated they completed in-person medications administration training and subsequently followed with a passing competency test.</p> <p>A preponderance of evidence was not discovered during the Special Investigation to substantiate a violation of the applicable rule.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS: Resident D's Assessment Plan is not signed by the facility's Licensee Designee.

INVESTIGATION: On 06/14/2022 I received via email a scanned copy of Resident D's Assessment Plan for AFC Residents from Licensee Designee Amanda Brenner. This document is not signed by Ms. Brenner or any other representative from the facility.

On 06/23/2022 I completed an Exit Conference with Licensee Designee Amanda Brenner. Ms. Brenner stated she agreed with the findings and would submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
ANALYSIS:	<p>On 06/14/2022 I received a copy of Resident D's Assessment Plan for AFC Residents from Licensee Designee Amanda Brenner. This document is not signed by Ms. Brenner or any other representative from the facility.</p> <p>A preponderance of evidence was discovered during the Special Investigation to substantiate violation of the applicable rule.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS: Staff do not follow a posted menu and do not document menu changes.

INVESTIGATION: While onsite on 06/10/2022 Staff Nicole Kuiphof stated that most of the time staff follow the menu. Ms. Kuiphof stated that meal substitutions are documented on a meal substitution form. Ms. Kuiphof stated she recently completed a new menu which is stored in a binder located in the facility kitchen however, Ms. Kuiphof could not locate the document. Ms. Kuiphof stated, there is a new menu but no one knows where it is. Ms. Kuiphof did locate a meal substitution form and I observed that the last meal substitution was documented on 02/22/2022.

Staff Shelbi Foren stated staff are not following the menu because the facility often does not have specific ingredients to follow the menu. Ms. Foren stated meal substitutions occur more than weekly and she documents the substitutions on the menu itself which is stored in a binder in the facility's kitchen.

Staff Theresa Latham stated staff follow the menu regularly but there are times substitutions are made. Ms. Latham stated the menu and meal substitution forms are located in the facility's menu binder located in the kitchen. Ms. Latham stated meal substitutions are done occasionally however documentation of the meal substitutions "does not always get done".

While onsite I observed there is not a posted menu.

On 06/23/2022 I completed an Exit Conference with Licensee Designee Amanda Brenner. Ms. Brenner stated she agreed with the findings and would submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.
ANALYSIS:	While onsite I observed there is no posted menu. Staff Nicole Kuiphof stated she recently completed a new menu which is stored in a binder located in the facility kitchen however Ms. Kuiphof could not locate the document. Ms. Kuiphof stated there is a new menu but no one knows where it is. Staff Theresa Latham stated meal substitutions are done occasionally however documentation of the meal substitutions does not always get done.

	A preponderance of evidence was discovered during the Special Investigation to substantiate violation of the applicable rule. The menu is not posted and meal substitutions are made and not documented.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable Corrective Action Plan, I recommend the license remain unchanged.

06/23/2022

Toya Zylstra
Licensing Consultant

Date

Approved By:

06/23/2022

Jerry Hendrick
Area Manager

Date