



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 29, 2022

Jordan Shepler  
2033 W. Moorestown Rd.  
Lake City, MI 49651

RE: License #: AM830387403  
Investigation #: 2022A0009028  
Ohana AFC

Dear Mr. Shepler:

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 (231) 922-5309.

Sincerely,

A handwritten signature in cursive script that reads "Adam Robarge".

Adam Robarge, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 350-0939

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM830387403
<b>Investigation #:</b>	2022A0009028
<b>Complaint Receipt Date:</b>	06/03/2022
<b>Investigation Initiation Date:</b>	06/06/2022
<b>Report Due Date:</b>	07/03/2022
<b>Licensee Name:</b>	Jordan Shepler
<b>Licensee Address:</b>	2033 W. Moorestown Rd. Lake City, MI 49651
<b>Licensee Telephone #:</b>	(231) 920-1621
<b>Administrator:</b>	Candice Shepler
<b>Name of Facility:</b>	Ohana AFC
<b>Facility Address:</b>	11530 E 16 Rd Manton, MI 49663
<b>Facility Telephone #:</b>	(231) 920-2121
<b>Original Issuance Date:</b>	07/19/2017
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	01/19/2022
<b>Expiration Date:</b>	01/18/2024
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
There is not sufficient staff working in the home to meet the residents' needs.	No
The mechanized lift used to lift residents in the home is broken.	No
Narcotic medication is missing from the home.	No
Additional Findings	Yes

## III. METHODOLOGY

06/03/2022	Special Investigation Intake 2022A0009028
06/06/2022	Special Investigation Initiated - On Site Interviews with licensee Mr. Jordan Shepler, home manager Ms. Nancy Hood, administrator Ms. Candice Shepler, direct care staff Ms. Caitlyn Cowley and Resident A Face to face contact with Resident B
06/07/2022	Contact – Telephone call made to licensee Mr. Jordan Shepler
06/07/2022	Exit conference with licensee Mr. Jordan Shepler
06/28/2022	Contact – Telephone call made to licensee Mr. Jordan Shepler
06/28/2022	Inspection Completed – On Site

**ALLEGATION:** There is not sufficient staff working in the home to meet the residents' needs.

**INVESTIGATION:** I reviewed adult foster care (AFC) licensing consultant Mr. Bruce Messer's special investigation report (SIR2022087011) dated January 31, 2022. Mr. Messer had found at that time that the facility did not have sufficient care staff on duty to provide the services specified in the residents' written assessment plans. He met with administrator Candice Shepler on January 25, 2022. She proposed a new staff schedule that included four care staff from 7:00 a.m. to 3:00 p.m., three care staff from 3:00 p.m. to 11:00 p.m. and two care staff from 11:00 p.m. to 7:00 a.m. Mr. Messer agreed that the increased staffing should allow for staff to meet the care needs of all the residents.

I made an unannounced site inspection at the Ohana AFC home at approximately 1:00 p.m. on June 6, 2022. I observed three direct care staff present when I arrived. The home manager Ms. Nancy Hood identified herself and called licensee Jordan Shepler. I spoke with licensee Mr. Jordan Shepler by phone at that time. I told him

about the allegation that there is not sufficient staffing in the home to meet the residents' needs. He said that he did recall the staffing levels that they discussed with Mr. Messer in January of 2022. Mr. Shepler stated that since that time, they no longer have three of the residents who were in the home in January and who had the "highest needs". He said that because they no longer have those three residents, they are now able to meet all the home residents' care needs with three staff on during the day, two in the late afternoon/early evening and one at night when the residents are sleeping. He said that he felt that this was adequate given the current needs of the residents of the home.

I then spoke with home manager Nancy Hood. She confirmed the new staffing levels that Mr. Shepler had described. Ms. Hood also confirmed that they had lost three of the residents that needed the most care. According to Ms. Hood, the current residents are "higher functioning", and several of them are gone during the day to school and to various medical appointments. Ms. Hood stated that she feels the current staffing in the home is adequate. She said that when they had more staff, the staff were bored because there was not enough for them to do. The one previous resident who required a two-person lift is one of the three who is gone. None of the current residents require a two-person lift although sometimes they still use two staff to make it easier. Ms. Hood said that she is confident that the current residents have their needs met by staff. She confirmed the staffing that Mr. Shepler had described which included three staff during the day, two in the early evening and one staff from 7:00 p.m. until 7:00 a.m. I asked her about there being only one staff present after 7:00 p.m. and whether that one person is able to meet the needs of the residents. Ms. Hood replied that the residents who need to be assisted and/or lifted into bed are usually in bed by 7:00 p.m.

Administrator Candice Shepler arrived at that time and I spoke with her. I asked her about the reduction in staffing levels in the home since her discussion with AFC licensing consultant Bruce Messer earlier in the year. She said that they decreased the staffing because they lost three residents who had the highest needs. She stated one of those residents required a two-person lift and the other two were "total care". The residents currently living in the home do not have the needs that those three did. Several of the residents are also gone during the day. The licensee Mr. Shepler and Mr. Messer did discuss the new staffing levels since then and it was her understanding that they agreed to the current staffing levels. Ms. Shepler stated that the current staffing is two staff present at the home from 7:00 a.m. to 7:00 p.m. A third staff who works from 8:00 a.m. to 5:00 p.m. who is either at the facility, transporting residents to various appointments or shopping for the home. This third staff is always available by phone and can return in short order if the two staff on site need assistance. There is one direct care worker from 7:00 p.m. to 7:00 a.m.

I observed the residents who were in the home at the time of my visit. They did seem mostly mobile and active. The staff did not seem overwhelmed with their care at that time.

I spoke with licensee Jordan Shepler by phone on June 7, 2022. He said that he had submitted a new “staffing pattern” to AFC licensing consultant Bruce Messer since the January 2022 investigation. The new staffing is based on the fact that three of the residents with the highest needs had either moved or passed away since they had spoken with Mr. Messer in January of 2022. He said that there are always two staff on-site during the day and that the third person can be called back if they are not on-site.

I conducted an on-site visit to the Ohana AFC home on June 28, 2022, at approximately 6:00 p.m. I observed two direct care staff at the home at that time.

On June 29, 2022, I reviewed the resident care agreements and written assessment plans for all 10 of the home’s current residents. I confirmed through this review that none of the current residents require a two-person assist with transferring. In addition, nothing was documented in any of the assessment plans that would indicate the current staffing level is insufficient to meet the needs of the current resident population.

<b>APPLICABLE RULE</b>	
<b>R 400.14206</b>	<b>Staffing requirements.</b>
	(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.
<b>ANALYSIS:</b>	Information was not discovered through this investigation which would indicate that the licensee did not have sufficient direct care staff on duty at all times. I observed three direct care staff on-site during an unannounced site visit on June 6, 2022. I also observed two direct care staff in the early evening on June 28, 2022. Three residents who had previously necessitated more staffing are no longer in the home. The home manager reported that she believed the current staffing was adequate since they are no longer caring for the three higher needs residents.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:** The mechanized lift used to lift residents in the home is broken.

**INVESTIGATION:** I spoke with home manager Nancy Hood about the report that the mechanized lift used to lift residents in the home is broken. Ms. Hood showed me a Hoyer lift in the home that they use. She stated that it is not broken and that she used it twice that day already. Ms. Hood explained that one needs to hand-

crank it as opposed to it being motorized. She cranked the lift up and down for me several times as I stood there. I asked if there was any part of the lift that was broken which might explain the report. She said no, it worked just fine and no part of it was broken. I also worked the lift and could not see that there was anything wrong with it at that time.

I asked Ms. Shepler about the report of the mechanized lift in the home being broken. She said that she did not know where that report had come from. Ms. Shepler stated that they have three Hoyer lifts on-site. She said they all work fine as far as she is aware. She went on to show me the two lifts that are currently in use. She showed me these two lifts and demonstrated that they do work. Ms. Shepler also reported that the third lift is in storage on-site and available to staff if needed.

I spoke with licensee Jordan Shepler by phone on June 7, 2022. I asked him about the report that their mechanized lift for residents was not working properly. He said that they have always had at least two lifts on-site that work. He said that one of his previous lifts was battery-operated and needed a new battery at one point. It had not been only lift on-site, though. No one went without a lift when needed because of the battery issue.

<b>APPLICABLE RULE</b>	
<b>R 400.14305</b>	<b>Resident protection.</b>
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
<b>ANALYSIS:</b>	Information was not discovered through this investigation that would indicate that a broken mechanized lift was ever used on a resident or that a resident was harmed because of a faulty lift.
<b>CONCLUSION:</b>	VIOLATION NOT ESTABLISHED

**ALLEGATION: Narcotic medication is missing from the home.**

**INVESTIGATION:** I asked administrator Candice Shepler about the report of a missing narcotic from the home. She said that she did not know anything about that. Resident A is a new resident who started living there on June 1, 2022. She is prescribed morphine and oxycodone. She receives the morphine twice a day. The oxycodone is an as-needed medication and can be given up to four times a day. Resident A is terminally ill and has hospice service. When she asks for her oxycodone medication, they give it to her. I asked how they keep track of her narcotic medication. Ms. Shepler explained that the staff who administer the medication counts what is left and documents it. She showed me a document titled

Controlled Drug Receipt/Record/Disposition Form. This was for Resident A's oxycodone. The document showed that there should be 17 oxycodone pills left in the packet. 30 pills of oxycodone arrived from the pharmacy on June 1 or June 2, 2022. Ms. Shepler showed me Resident A's packet of oxycodone medication that did contain 17 remaining pills. I asked for the medication log which documented when and by whom the pills were administered. Ms. Shepler printed off a medication administration record (MAR) from the computer program QuickMAR that they currently use. This record documented that only 10 oxycodone pills had been administered between June 2 and June 6 of 2022. No other record of the pills having been administered was provided except that the pill packet itself had been partially initialed in some instances. 10 of the empty blisters were initialed, some were dated and some were not dated. Three of the empty blisters were not initialed or dated on the packet. I cross-referenced the available dates on the blister packet with the MAR. The pills from June 4 through June 6, 2022 were accounted for. I told Ms. Shepler that the three missing pills were from before June 4, 2022. Ms. Shepler asked direct care worker Caitlyn Cowley to come into the office for us to speak with. Ms. Shepler explained that Ms. Cowley and herself are the ones who most often pass medication at the facility. I did see that their two sets of initials were the ones on the MAR and the blister packet. Ms. Cowley reported that there had been some problems with the MAR system. The first problem had been that the oxycodone prescription had not been loaded onto the system by the pharmacy until June 2, 2022. They were unable to use the system to document the two oxycodone pills that Resident A took on June 1, 2022. Ms. Cowley stated that the third pill was given on another day and there was a problem again with the MAR system not working. Ms. Cowley stated that she called Ms. Shepler and asked her what to do. Ms. Shepler told her to write it on a slip of paper and leave it for her which she did. Ms. Shepler confirmed that she remembered this. I asked if I could see the slip of paper. Ms. Cowley looked for the slip of paper and said that she left it on the medication cart. Ms. Shepler stated that she has a habit of throwing paper away after she reads it so it is probably not available. I told Ms. Shepler that it is acceptable to use a computer-based MAR but that it must be accurate and available to view. I also said that if the computer-based MAR is not working for whatever reason, there must be a back-up system in place to ensure that all medication administration is recorded at the time it is given.

I explained to Ms. Cowley about the report of missing narcotics from the home. Ms. Cowley said that she believed that she knew what the report might be in reference to. She said that she thought it was in regards to Resident A's medication. She went on to say that on June 1, 2022, she was asked by Resident B if he could have some of his liquid morphine. He had told her that he was in pain. She said that she was unaware that he any liquid morphine available to him as an as-needed medication. Ms. Cowley stated that he had never asked for it before from her. Ms. Shepler stated that the medication is there but that she kept it in a locked cabinet in the office. She said that if Ms. Cowley had asked her about it she could have told her it was there. Ms. Shepler showed me the bottle of liquid morphine. I noted that there was 10 ml missing from the bottle. Ms. Shepler provided me with a paper

MAR that showed that a 5 ml dose was administered on October 16, 2021 and another 5 ml dose administered on October 30, 2021. I explained that all medication needed must be available to the residents at all times. They indicated that they understood.

I also spoke with Resident A who was available at the time of the site visit. Resident A presented as having good cognitive and verbal skills. She seemed well aware of time and place. After some preliminary discussion, I asked her about her as-needed oxycodone. Resident A stated that when she asks for it, they give it to her. She can have one oxycodone pill every 6 hours. She said that she arrived at the home on June 1, 2022. She has had two to four of them each day since then. She said that she had been a little stressed since her recent move which causes her more pain. Resident A said that she has gotten one of her pills every time she has asked for one. She seemed quite aware of when she could receive her next oxycodone pill and had no concerns about her not receiving any of her pills.

I spoke with licensee Jordan Shepler by phone on June 7, 2022. He said that he had resolved the issue with the computer-based MAR system so that it should work fine for staff. He said that there is a 24-hour number for staff to call if there are ever any issues about recording a medication administration.

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	(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.
<b>ANALYSIS:</b>	<p>Resident A's oxycodone administration was not properly documented but the missing pills were accounted for by the administrator and the main medication passer. They reported some trouble with the computer-based MAR system. This caused the medication administration to not be documented at the time it was given. Resident A seemed well-aware of her own oxycodone use. Her report of how many oxycodone pills she had taken since she had been there was consistent with what was missing from the blister pack.</p> <p>The medication passer also reported that she had failed to give Resident B his as-needed narcotic when he asked for it. This was more consistent with the report of a "missing narcotic". I observed Resident B's liquid morphine and the missing 10 ml was accounted for on a paper MAR.</p> <p>Information was not discovered through this investigation which would indicate that prescription medication was used by a</p>

	person other than the resident for whom the medication was prescribed.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

I explained to Ms. Cowley about the report of missing narcotics from the home. Ms. Cowley said that she believed that she knew what the report might be in reference to. She said that she thought it was in regards to Resident A's medication. She went on to say that on June 1, 2022, she was asked by Resident B if he could have some of his liquid morphine. He had told her that he was in pain. She said that she was unaware that he any liquid morphine available to him on an as-needed medication. Ms. Cowley stated that he had never asked for it before from her. Ms. Shepler stated that the medication is there but that she kept it in a locked cabinet in the office. She said that if Ms. Cowley had asked her about it she could have told her it was there. Ms. Shepler showed me the bottle of liquid morphine. I noted that there was 10 ml missing from the bottle. Ms. Shepler provided me with a paper MAR that showed that a 5 ml dose was administered on October 16, 2021 and another 5 ml dose administered on October 30, 2021. I explained that all medication needed must be available to the residents at all times. They indicated that they understood.

I noted that the prescription for Resident B's morphine sulfate reported that he should receive 5 ml as needed for moderate to severe pain.

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
<b>ANALYSIS:</b>	It was confirmed through this investigation that Resident B did not receive his prescribed as-needed medication when he complained of pain on or around June 1, 2022.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

Ms. Shepler showed me Resident A's packet of oxycodone medication that did contain 17 remaining pills. I asked for the medication log which documented when and by whom the pills were administered. Ms. Shepler printed off a medication administration record (MAR) from the computer program QuickMAR that they currently use. This record documented that only 10 oxycodone pills had been administered between June 2 and June 6 of 2022. No other record of the pills having been administered was provided except that the pill packet itself had been partially initialed in some instances. 10 of the empty blisters were initialed, some

were dated and some were not dated. Three of the empty blisters were not initialed or dated on the packet.

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	(4) When a licensee, administrator, or direct care staff supervises the taking of medication by a resident, he or she shall comply with the following provisions: (b) Complete an individual medication log that contains all of the following information: (i) The medication. (ii) The dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given. (vi) A resident's refusal to accept prescribed medication or procedures.
<b>ANALYSIS:</b>	It was confirmed through this investigation that the medication log for Resident A's as-needed oxycodone was not completed as required in the above cited rule.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

I conducted an exit conference with licensee Mr. Jordan Shepler by phone on June 7, 2022. I told him of the findings of my investigation and gave him the opportunity to ask questions.

**IV. RECOMMENDATION**

Upon receipt of an acceptable corrective action plan, I recommend no change in the license status.

*Adam Robarge*

06/29/2022

Adam Robarge, Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

06/29/2022

Jerry Hendrick, Area Manager

Date

