



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 5, 2022

Megan Fry
MCAP Holt Opco, LLC
Suite 115
21800 Haggerty Road
Northville, MI 48167

RE: License #: AL330404596
Investigation #: 2022A1033020
Prestige Way #1 (Cedar Cottage)

Dear Ms. Fry:


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,

A handwritten signature in black ink that reads "Jana Lipps". The signature is written in a cursive, flowing style.

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 #:	AL330404596
Investigation #:	2022A1033020
Complaint Receipt Date:	07/15/2022
Investigation Initiation Date:	07/15/2022
Report Due Date:	09/13/2022
Licensee Name:	MCAP Holt Opco, LLC
Licensee Address:	Suite 115 21800 Haggerty Road Northville, MI 48167
Licensee Telephone #:	(517) 694-2020
Administrator:	Amanda Dunlap
Licensee Designee:	Megan Fry
Name of Facility:	Prestige Way #1 (Cedar Cottage)
Facility Address:	4300 Keller Road Holt, MI 48842
Facility Telephone #:	(517) 694-2020
Original Issuance Date:	11/02/2020
License Status:	REGULAR
Effective Date:	05/02/2021
Expiration Date:	05/01/2023
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Former resident, Resident A, was administered Citizen 1's medications by facility staff.	Yes

III. METHODOLOGY

07/15/2022	Special Investigation Intake 2022A1033020
07/15/2022	Special Investigation Initiated - Telephone Interview with Brooke Selleck-Fredrickson, via telephone.
07/26/2022	Inspection Completed On-site Interview with Administrator, Amanda Dunlap, facility nurse, Julia Jones, Regional Nurse, Kathy McManagle. Review of Resident Register, Medication Administration Records for Citizen 1 and former Resident A.
07/26/2022	Inspection Completed-BCAL Sub. Compliance
08/05/2022	Exit Conference completed via telephone with Licensee Designee, Megan Fry.

ALLEGATION:

Former resident, Resident A, was administered Citizen 1's medications by facility staff.

INVESTIGATION:

A special investigation was initiated on 7/15/22 for the Prestige Way #1 facility (the facility) after information presented that the facility had discharged Resident A on 7/14/22 with a medication that was prescribed for Citizen 1. This medication, Cyclobenzaprine HCL 5mg, had a pharmacy label with Citizen 1's name on it with a white label placed on top of the original pharmacy label and Resident A's name written on this new label with an ink pen.

On 7/26/22 I completed an on-site investigation at the facility. I interviewed Administrator, Amanda Dunlap. Ms. Dunlap reported Resident A had been a resident at the facility for a brief period and had recently discharged from the facility

on 7/14/22. Ms. Dunlap reported Resident A initially lived in the adjoining facility and then transferred to this facility. Ms. Dunlap reported Citizen 1 currently resides in the adjoining facility. Ms. Dunlap reported Citizen 1 had been prescribed Cyclobenzaprine HCL 5mg but this medication was discontinued on 10/29/21. Ms. Dunlap reported that she was not present when Resident A discharged from the facility on 7/14/22 so she was uncertain how Resident A was discharged with Citizen 1's medication. I provided Ms. Dunlap with a picture of the medication and Ms. Dunlap read the added label on the medication that had Resident A's name written overtop of Citizen 1's name. Ms. Dunlap reported, "The is my nurses' handwriting." Ms. Dunlap reported that the nurse for the facility is Julia Jones.

On 7/26/22, during on-site investigation, I interviewed Ms. Jones. Ms. Jones reported that she had added Resident A's name to Citizen 1's medication when Resident A was initially admitted to the adjoining facility on an emergency basis and came without medications. Ms. Jones reported Resident A had a medication list and Ms. Jones was trying to obtain the medications Resident A was prescribed on this list. Ms. Jones reported that it was difficult to obtain the medications as there were issues with family not providing the medications and Resident A not having a physician to order the medications. Ms. Jones reported that on Resident A's medication list was Cyclobenzaprine HCL 5mg. Ms. Jones reported Citizen 1 had been prescribed this medication but it had since been discontinued. Ms. Jones reported she was trying to help Resident A and put the new label on Citizen 1's discontinued medication for staff to administer to Resident A. Ms. Jones reported that the facility has a process for destroying discontinued medications. Ms. Jones reported that once a month they do a medication cart audit and destroy any discontinued medications.

During on-site investigation on 7/26/22 I performed a complete inspection of the facility medication cart. I observed no medications that had manipulated labels. I observed no discontinued medications in the cart. I did not observe any medications that were being given to a resident that were not prescribed to that resident.

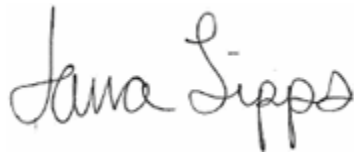
During on-site investigation on 7/26/22 I reviewed the *Medication Administration Records* for Citizen 1 and Resident A. Resident A did have a current prescription for Cyclobenzaprine HCL 5mg. Citizen 1 had a previous prescription for Cyclobenzaprine HCL 5mg that was discontinued on 10/29/21.

APPLICABLE RULE	
R 400.15312	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 upon interviews with Ms. Dunlap, Ms. Jones and findings of the on-site investigation, it can be established that Resident A was given Citizen 1's discontinued prescribed medication after Ms. Jones placed a label over Citizen 1's prescription label and handwrote Resident A's name on it. No precaution was taken to ensure Resident A did not receive medication that was not prescribed to her.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an approved corrective action plan, no change to the status of the current license recommended at this time.



08/05/22

Jana Lipps
Licensing Consultant

Date

Approved By://



08/05/2022

Dawn N. Timm
Area Manager

Date