



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 10, 2022

Louis Andriotti, Jr.
IP Vista Springs Timber Ridge Opco, LLC
Ste 110
2610 Horizon Dr. SE
Grand Rapids, MI 49546

RE: License #: AL190383348
Investigation #: 2022A1033014
Vista Springs Rediscovery at Timber Ridge

Dear Mr. Andriotti, Jr.:


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 #:	AL190383348
Investigation #:	2022A1033014
Complaint Receipt Date:	06/16/2022
Investigation Initiation Date:	06/16/2022
Report Due Date:	08/15/2022
Licensee Name:	IP Vista Springs Timber Ridge Opco, LLC
Licensee Address:	Ste 110 2610 Horizon Dr. SE Grand Rapids, MI 49546
Licensee Telephone #:	(303) 929-0896
Administrator:	Jenny Bishop
Licensee Designee:	Louis Andriotti, Jr.
Name of Facility:	Vista Springs Rediscovery at Timber Ridge
Facility Address:	16260 Park Lake Road East Lansing, MI 48823
Facility Telephone #:	(303) 929-0893
Original Issuance Date:	11/14/2016
License Status:	REGULAR
Effective Date:	05/14/2021
Expiration Date:	05/13/2023
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Staff sleep on third Shift.	No
Staff vape and smoke marijuana in the building.	No
Staff have not received physicals.	No
Staff have not received TB testing.	Yes
Direct Care staff, Jessica Kalka, left the building with medication cart keys.	No
Staff are not properly trained to administer medications.	No
Resident A was given another residents' Xanax to calm him down.	No
Fire drills are not being conducted.	No
Medications are being left out on tables and not administered properly.	No

III. METHODOLOGY

06/16/2022	Special Investigation Intake 2022A1033014
06/16/2022	Special Investigation Initiated - Telephone call with Complainant who verified the allegations in the written complaint
06/23/2022	Inspection Completed On-site Interviews with Administrator, Jenny Bishop, Randy Morgan, Katelyne Dobson, Kaitlyn Noiles. Employee record review initiated, Documents requested for employee schedule, TB testing, physicals, medication administration trainings.
06/23/2022	Contact - Telephone call made Interview with complainant via telephone.
07/01/2022	Contact - Telephone call made Interview with direct care staff, Jamie LaClair, via telephone.
07/20/2022	Contact - Telephone call made Interview with Citizen 1, via telephone.
07/20/2022	Contact - Telephone call made Attempt to interview direct care staff, Melissa Krzeminski. Voicemail message left.

07/20/2022	Contact - Telephone call made Attempt to interview direct care staff, Kristina DJelevic. Voicemail message left.
07/20/2022	Contact - Telephone call made Attempt to interview direct care staff, Nyla Carter. Voicemail message left.
07/20/2022	Contact - Telephone call made Attempt to interview direct care staff, Ajasia Ball. Not a working number.
07/25/2022	Contact - Telephone call made Interview direct care staff, Nyla Carter, via telephone.
07/25/2022	Inspection Completed-BCAL Sub. Compliance
07/25/2022	Contact – Telephone call made Interview with direct care staff, Jessica Kalka, via telephone.
08/10/2022	Exit Conference completed with Licensee Designee, Louis Andriotti Jr., Via telephone.

ALLEGATION:

- **Staff sleep on third Shift.**
- **Staff vape and smoke marijuana in the building.**

INVESTIGATION:

On 6/16/22 an online complaint was received regarding the Vista Springs Rediscovery facility (the facility). Complainant reported staff sleep while working third shift. The complaint also alleged direct care staff members and management vape while in the office and staff have been caught smoking marijuana while on the property.

On 6/23/22 I interviewed Complainant via telephone. Complainant reported learning staff at the facility smoke marijuana outside the building and in the back hallway. Complainant reported not having firsthand knowledge of this as Complainant has never witnessed this occurrence. Complainant further reported direct care staff members on third shift sleep in the model rooms, resident bedrooms and the front lobby area on the couches. Complainant reported direct care staff member have been reprimanded for this activity but continue to sleep during third shift hours.

On 6/23/22 I conducted an unannounced investigation of the facility. I interviewed Administrator, Jenny Bishop. Ms. Bishop reported she was unaware of any staff vaping or smoking tobacco or marijuana in or around the facility. Ms. Bishop reported the expectation of the third shift direct care staff members was, "We don't pay them to sleep." Ms. Bishop reported this was an issue a couple of months prior with direct care staff, Carmene Gitare. Ms. Bishop reported Ms. Gitare was disciplined for sleeping during work hours. Ms. Bishop reported administrator staff does random checks on third shift staff members to ensure compliance with their policy of having awake staff members on third shift. Ms. Bishop reported Wellness Director, Kaitlin Noiles, resides in one of the adjacent facilities and does regular checks during third shift to account for compliance. Ms. Bishop reported there have been no recent accountings of staff sleeping on third shift.

During the on-site investigation on 06/23/22, I interviewed Residential Services Director, Randy Morgan. Mr. Morgan reported he has not directly witnessed staff vaping or smoking tobacco or marijuana in or around the facility. Mr. Morgan reported that no one has made any direct complaints to him regarding this issue. Mr. Morgan reported that he does have direct knowledge of a staff member sleeping on third shift that occurred about a year prior. Mr. Morgan reported there have not been any recent complaints regarding this issue.

During the on-site investigation I interviewed Ms. Noiles. Ms. Noiles confirmed that she does reside in an adjacent facility on the property. Ms. Noiles reported she started her position on 5/9/22. Ms. Noiles reported she conducts random third shift checks of the facility to check for staff who may be sleeping. She reported she has not observed any third shift staff members sleeping in the facility.

On 7/1/22 I interviewed direct care staff, Jamie LaClair. Ms. LaClair reported she works as a medication technician for the facility. Ms. LaClair reported she is not aware of staff sleeping on third shift. She further reported she has never directly observed this behavior. Ms. LaClair also reported that she has not observed staff vaping or smoking any tobacco or marijuana products in or around the facility.

On 7/20/22 I interviewed Citizen 1 via telephone. Citizen 1 reported she directly observed staff members sleeping on third shift at the facility. Citizen 1 reported direct care staff, Amber Stanton, had a TikTok account she would post videos of staff sleeping in the facility. Citizen 1 reported she observed Ms. Stanton sleeping during her third shift hours on multiple occasions. Citizen 1 reported she reported this activity to former administrator, Susan Odell. Citizen 1 reported Ms. Odell was heard saying, "If I weren't so short staffed, I'd fire her," referring to Ms. Stanton. Citizen 1 reported she did not directly hear Ms. Odell make this statement. Citizen 1 reported the TikTok account has been closed and there are no current videos to view. Citizen 1 reported the facility usually has at least two staff working on third shift. Citizen 1 reported she was not aware of a time when both staff were sleeping at the same time. Citizen 1 reported that there are three facilities on this campus and

the staff chose to sleep in this facility as this facility consists of residents with dementia diagnosis. She reported the residents in this facility do not have call lights and have limited memory.

On 7/25/22 I interviewed direct care staff, Nyla Carter, via telephone. Ms. Carter reported she has worked third shift at the facility. Ms. Carter reported she has never observed staff sleeping during third shift hours. Ms. Carter also reported she is unaware of any staff who have smoked or vaped tobacco or marijuana in or around the facility.

On 7/25/22 I interviewed direct care staff, Jessica Kalka. Ms. Kalka reported she has worked some midnight shifts at the facility. Ms. Kalka reported she has heard of third shift staff sleeping during their shifts but has never directly witnessed this occurrence. Ms. Kalka reported that she has no knowledge of staff vaping or smoking tobacco or marijuana in or around the facility.

During on-site investigation I reviewed the employee files for all employees in the facility. I found that Ms. Gitare's file did have a written disciplinary action for being caught sleeping during third shift hours at the facility, dated 5/13/22. This *Counseling Form* was signed by Ms. Bishop. Ms. Bishop reported that this incident occurred on 5/12/22 and the disciplinary action was taken on 5/13/22. I reviewed the staff schedule for the month of May 2022. The staff schedule had three staff scheduled on 5/12/22 from 7pm-7am, Ms. Gitare, Amber Stanton, and Patience Howe. Ms. Bishop reported that this staff schedule was accurate and the other two staff were not sleeping the evening of 5/12/22.

APPLICABLE RULE	
R 400.15204	Direct care staff; qualifications and training.
	(2) Direct care staff shall possess all of the following qualifications: (a) Be suitable to meet the physical, emotional, intellectual, and social needs of each resident. (b) Be capable of appropriately handling emergency situations.

ANALYSIS:	<p>Based upon interviews with Ms. Bishop, Ms. Carter, Ms. Kalka, Ms. LaClair, Ms. Noiles, Mr. Morgan, in addition to the employee record review that was conducted, I do not find substantial evidence to determine direct care staff at the facility were not able to appropriately handle emergency situations. There was not clear evidence that staff members are using tobacco or working under the influence of marijuana at the facility.</p> <p>Although there was evidence to suggest that Ms. Gitare had been counseled for sleeping during her scheduled shift on 5/12/22, there was no evidence to suggest that the other staff on duty the date of 5/12/22, were not capable of handling an emergency due to sleeping while working.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Staff have not received physicals.

INVESTIGATION:

On 6/16/22 I received an online complaint alleging direct care staff in the facility are not receiving pre-employment physicals.

On 6/23/22 I interviewed Complainant who reported facility administrators are not having new employees' complete physicals before assumption of duties at the facility.

On 6/23/22 I completed an on-site investigation at the facility. I began a review of employee files for the facility. I reviewed 14 current direct care staff files. I also reviewed one file for former administrator, Susan Odell. My review provided documentation that the 14 current employee files had evidence of pre-hire physicals completed within 30 days of employment. The file for Ms. Odell was missing a pre-employment physical.

APPLICABLE RULE	
R 400.15205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to

	the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.
ANALYSIS:	Based upon my extensive review of current employee files demonstrating evidence of pre-employment physicals being completed, I do not find substantial evidence that the facility is not in compliance with having new employees complete pre-hire physicals within 30 days of assumption of duties.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Staff have not received TB testing.

INVESTIGATION:

On 6/23/22 I interviewed Complainant who reported that the facility is not having new employees' complete TB testing prior to assumption of duties at the facility.

On 6/23/22 I completed an on-site investigation at the facility. I conducted a review of employee files for the facility. I reviewed 14 current direct care staff files. I also reviewed one file for former administrator, Susan Odell. My review found that the following employee files did not contain evidence of a current, completed TB test.

- Susan Odell: (No record of TB test in file).
- Kaylee Becker: (TB test administered 5/10/22, employee did not return to have the test read for results on 5/12/22. "No show" written on form in file).
- Jessica Kalka: (*Vista Springs TB Policy* form signed by employee on 11/18/2020. No record of completed TB test in file).
- Taylor McGrath: (No record of TB test in file).
- Michael Stornant: (TB test administered 5/10/22. No record that employee returned to have the test read for results on 5/12/22).
- Sydney Reed: (TB test administered 5/24/22. No record that employee returned to have the test read for results on 5/26/22. "No show" written on form in file).
- Sela Sawaf: (No record of TB test in file).
- Salamatu Swaray: (Chest X-ray results for TB testing found in employee file dated 3/3/17. No updated TB test available past this date).
- Alyssa Tubandt: (No record of TB test in file).
- Nyla Carter: (No record of TB test in file).

- Jamie LaClair: (No record of TB test in file).

APPLICABLE RULE	
R 400.15205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.
ANALYSIS:	Based on review of 14 employee files and one former employee file there were 11 files missing evidence of current TB testing.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Direct Care staff, Jessica Kalka, left the building with medication cart keys.

INVESTIGATION:

On 6/16/22 I received an online complaint alleging Ms. Kalka left the facility, on 4/20/22, with the medication cart keys. The complaint alleged medications were not able to be administered due to Ms. Kalka taking the keys off site on this date.

On 6/23/22 I interviewed Complainant who reported that on the date of 4/20/2022 Ms. Kalka was covering the medication cart for the facility. Complainant stated Ms. Kalka took an extended break and left the facility with the medication cart keys. Complainant stated Ms. Kalka was unable to be contacted for several hours and there was concern over how to access the medications as they did not have a backup set of keys to open the medication cart. Complainant was not able to report whether any resident medications were missed during this period.

On 6/23/22 I completed an on-site investigation at the facility. I interviewed Ms. Bishop regarding the alleged incident with Ms. Kalka and the missing medication cart keys on the date of 4/20/22. Ms. Bishop reported on the date of 4/20/22 Ms. Kalka did leave the facility with the medication cart keys. Ms. Bishop reported this

was reported to management and there were several members of management working on a plan to open the medication cart. Ms. Bishop reported these members included Ms. Odell, Melissa Krzeminiski, Kris Djelveoc, and Katelyne Dobson. Ms. Bishop reported they were instructed to contact a locksmith by their licensee designee, Louis Andriotti Jr. Ms. Bishop further reported the medication carts have a feature that causes the lock to deactivate when the cart is tipped upside down. Ms. Bishop reported that due to this feature they were never in danger of a resident going without their medications.

During on-site investigation I interviewed Associate Administrative Officer, Katelyne Dobson. Ms. Dobson reported she was on-call the evening of 4/20/22. Ms. Dobson reported she received a call from Ms. Odell the evening of 4/20/22 around 8:30pm stating she was going to fire Ms. Kalka for leaving the facility with the medication cart keys. Ms. Dobson reported there were three members of management available during the time Ms. Kalka was away from the building. Ms. Dobson reported Ms. Odell, Ms. Krzeminiski, and Ms. Djelveoc were all available during this time and all capable of administering medications. Ms. Dobson reported Ms. Kalka was away from the building from around 8:30pm until 10pm. Ms. Dobson reported medications were administered prior to Ms. Kalka leaving and that as needed medications were not requested by any residents during this period.

On 7/1/22 I interviewed Ms. LaClair regarding the allegations of Ms. Kalka leaving the facility with the medication cart keys and medications not being able to be administered. Ms. LaClair reported she was working at an adjacent facility the evening of 4/20/22. Ms. LaClair reported she was working as a medication technician that evening and Ms. Kalka had left the facility with the medication cart keys for both facilities. Ms. LaClair reported she made a report to management that the medication cart keys were missing. She reported this occurrence around 8pm the evening of 4/20/22. Ms. LaClair reported Ms. Djelveoc arrived with the medication cart keys around 9:15pm that evening and Ms. LaClair was able to administer medications. Ms. LaClair reported the issue seemed to be resolved quickly and no residents went without medication on this date.

On 7/25/22 I interviewed Ms. Kalka via telephone. Ms. Kalka reported that on 4/20/22 she did take a break and accidentally left the facility with the medication cart keys. Ms. Kalka reported that prior to her break she had administered the evening medications at the facility. Ms. Kalka reported Ms. LaClair was covering her while she was on break. She reported Ms. LaClair was scheduled at an adjacent facility that same evening. Ms. Kalka reported that she was only away from the facility for about 30-40 minutes.

On 7/20/22 I attempted to interview Ms. Krzeminiski and Ms. Djelveoc via telephone. There was no answer. Voicemail messages were left for both Ms. Krzeminiski and Ms. Djelveoc with no returned contacts.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	Based upon interviews with Ms. Bishop, Ms. Dobson, Ms. LaClair, and Ms. Kalka there is not sufficient evidence to suggest that residents of this facility were not able to receive medications on 4/20/22 from 8:30pm to 10pm. Ms. Kalka does acknowledge leaving the facility with the medication cart keys but it has been reported that there were other qualified staff capable of administering medications during her absence. It was also identified that Ms. Djelveoc was able to obtain a key for the medication cart.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Staff are not properly trained to administer medications.

INVESTIGATION:

On 6/16/22 I received an online complaint which alleged staff at the facility are not properly trained to administer medications. On 6/23/22 I interviewed the complainant. Complainant reported direct care staff at the facility are started working with medications and administering medications without receiving any medication training. Complainant reported that Ms. LaClair and direct care staff, Nyla Carter, have not received medication training.

On 6/23/22 I completed an on-site investigation at the facility. I interviewed Ms. Bishop regarding medication training. Ms. Bishop reported that they have identified specific staff members to be medication technicians (Med Tech) and they provide these staff with medication training. Ms. Bishop reported medication technicians go through training that emphasizes the six rights of medication administration. She reported that the facility has documentation on these trainings in their employee files.

On 7/1/22 I interviewed Ms. LaClair via telephone. Ms. LaClair reported that she is currently a medication technician at the facility. Ms. LaClair reported she had received medication training prior to working her first shift as a medication technician.

On 7/25/22 I interviewed Ms. Carter via telephone. Ms. Carter reported that she is currently a medication technician for this facility. Ms. Carter reported that she has completed medication training prior to administering medications at this facility.

On 7/25/22 I interviewed Ms. Kalka via telephone. Ms. Kalka reported that she is currently a medication technician for the facility. Ms. Kalka reported that she received 4-5 days' worth of medication training prior to administering medications at the facility.

During on-site investigation on 6/23/22 I reviewed the employee files of the following med techs.

- Jessica Kalka
- Nyla Carter
- Jamie LaClair
- Amber Stanton
- Salamatu Swaray
- Kodajook Segac

Each of these employee files contained documentation of medication training prior to administering resident medications.

APPLICABLE RULE	
R 400.15312	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:	Based upon interviews with Ms. Bishop, Ms. Kalka, Ms. LaClair, Ms. Carter, and review of six employee files designated as medication technicians, the facility is providing medication administration training prior to employees administering resident medications.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident A was given another resident's Xanax to calm him down.

INVESTIGATION:

On 6/23/22 I interviewed Complainant who alleged Resident A was administered another resident's Xanax. Complainant was not able to provide a date for the

occurrence or the name of the resident who was prescribed the Xanax, initially. Complainant reported direct care staff, Jamie LaClair, had reported this event to Complainant.

On 6/23/22 I completed an on-site investigation at the facility. I interviewed Administrator, Jenny Bishop. Ms. Bishop reported Resident A had been a resident at the facility but had recently died. Ms. Bishop reported Resident A was discharged from the facility on 5/9/22. Ms. Bishop provided a copy of the *Medication Administration Record (MAR)* for Resident A for the months of March 2022 and April 2022. I reviewed these MARs. I did not find any abnormalities in reviewing Resident A's MARs. Resident A did have an extended hospital stay documented on both the March and April MARs.

On 7/1/22 I interviewed Ms. LaClair via telephone. Ms. LaClair reported that she had heard a rumor Ms. Kalka had administered another resident's Xanax to Resident A. Ms. LaClair reported that this rumor was reported to her by Citizen 1. Ms. LaClair reported she had no direct knowledge that Ms. Kalka administered an incorrect medication to Resident A.

On 7/20/22 I interviewed Citizen 1 who reported that she is a former employee of the facility. Citizen 1 reported Ms. Kalka had confided in her that she was giving medications from other residents to residents who are not prescribed those medications to help make them sleep at night. Citizen 1 reported Ms. Kalka had reported she was taking medications from Resident B and giving them to other residents. Citizen 1 reported she directly observed Ms. Kalka with these medications and reported it to management and was told management would do something about this situation. Citizen 1 reported she directly reported this issue to former administrator, Susan Odell, who had stated she would handle it. Citizen 1 reported Ms. Kalka would do this on third shift so the residents would sleep, and then staff would also sleep. Citizen 1 reported she did not witness Ms. Kalka give Resident A another resident's Xanax. Citizen 1 reported direct care staff members Nyla Carter and Ajasia Ball were also aware of Ms. Kalka's alleged tendency to give medications to residents who were not prescribed those medications. Citizen 1 reported Ms. Kalka would mark the medication as administered on the MAR and give it to another resident. Citizen 1 reported that this occurred with residents who had as needed medications prescribed on their MARs.

On 7/25/22 I interviewed Ms. Carter via telephone. Ms. Carter reported she has no knowledge of staff members administering medications to residents who had not been prescribed those medications. Ms. Carter reported all medications are accounted for in the computer system and must be signed out. Ms. Carter reported that it would be extremely difficult to take from one resident's medications as they are accounted for on the MAR when they are administered.

On 7/25/22 I interviewed Ms. Kalka via telephone. Ms. Kalka reported she works as a medication technician for the facility. Ms. Kalka denied she has ever given a

resident a medication that was not prescribed to that resident. Ms. Kalka reported she has never observed a staff member administering a medication that was not prescribed to any resident in the facility.

I reviewed the MARs for all residents in the facility for the months of April 2022, May 2022, and June 2022. I did not find any abnormalities in documented administration of medications on these documents. I reviewed the as needed medications listed on all MARs. I did not find an excess of as needed medications being distributed on any of the MARs that would indicate potential abuse of prescribed medications.

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. Bishop, Ms. LaClair, Citizen 1, Ms. Carter, Ms. Kalka and my review of the past three months of MARs for all residents of the facility, I did not find any substantiating evidence to suggest that the facility is administering medications to a person other than the resident for whom the medication was prescribed.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Fire drills are not being conducted.

INVESTIGATION:

On 6/16/22 I received an online complaint with allegation that the facility is not conducting fire drills as required. On 6/23/22 I interviewed the complainant. Complainant reported that during the months of February 2022 through May 2022 there was only one fire drill completed. Complainant further reported that the staff did not know what to do or what procedures to follow when this fire drill was performed.

On 6/23/22 I completed an on-site investigation at the facility. I interviewed Mr. Morgan regarding this allegation. Mr. Morgan reported that they have a schedule to follow for fire drills and a procedure in place. Mr. Morgan was able to clearly articulate the procedure he follows when conducting a fire drill. Mr. Morgan reported that he schedules the fire drills monthly. Mr. Morgan reported that he has experience with this as he is a retired fire fighter. Mr. Morgan reported that the facility has experienced a high turnover of staff so he tries to educate the new staff

as quickly as possible to the fire drill procedures. Mr. Morgan reported that he provides education to staff through videos and doing a facility walkthrough to observe the pull stations, fire alarm panel and sprinkler system.

During on-site investigation I interviewed Ms. Dobson regarding fire drills. Ms. Dobson reported that she has observed monthly fire drills at the facility.

On 7/1/22 I interviewed Ms. LaClair via telephone. Ms. LaClair reported that she has been working at the facility since January 2022. Ms. LaClair reported that she has participated in a fire drill at the facility and that the staff appeared to know their role during this drill and understood what procedure to follow.

During on-site investigation on 6/23/22, I reviewed records of fire drills for the facility for the dates of February 2022 through May 2022. I found documentation of 4 fire drills completed during this time.

- 2/28/22: 3:24pm
- 3/30/22: 5:55am
- 4/18/22: 10:47am
- 5/27/22: 3:21pm

APPLICABLE RULE	
R 400.15318	Emergency preparedness; evacuation plan; emergency transportation.
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.
ANALYSIS:	Based on interviews with Mr. Morgan, Ms. Dobson, Ms. LaClair, and review of current fire drill records it can be demonstrated that the facility is conducting fire drills as required.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Medications are being left out on tables and not administered properly.

INVESTIGATION:

On 6/16/22 I received an online complaint alleging that staff are leaving medications sitting out in cups on tables and not supervising the taking of these medications. On 6/23/22 I completed an on-site investigation at the facility. I interviewed Ms. Bishop

on this date. Ms. Bishop reported she has not been aware of any medications left out unattended in cups on tables. Ms. Bishop reported medication technicians make sure to observe a resident take their medications.

During on-site investigation on 6/23/22 I interviewed Mr. Morgan. Mr. Morgan reported that he has never observed medications left sitting out in cups on tables in the facility. Mr. Morgan reported never observing a resident being left with medications without staff supervision.

During on-site investigation on 6/23/22 I interviewed Ms. Noiles. Ms. Noiles reported that she has never observed resident medications left sitting out in cups on tables unattended.

During on-site investigation on 6/23/22 I interviewed Ms. Dobson. Ms. Dobson reported she has never observed resident medications left sitting out in cups on tables, unattended before.

On 7/1/22 I interviewed Ms. LaClair via telephone. Ms. LaClair reported that she has not observed any resident medications being left out in cups on tables, unattended or unsupervised.

On 7/25/22 I interviewed Ms. Kalka. Ms. Kalka reported that she has never seen or heard of resident medications being left out in cups on tables in the facility. Ms. Kalka reported that they are trained to wait with a resident until the medication has been swallowed.

During on-site investigation on 6/23/22 I completed a comprehensive walkthrough of the facility. I observed every resident bedroom, bathroom, dining room and common area. I did not observe any evidence of medications being left unattended in cups on tables in the facility. This investigation took place during the noon meal. The residents were all in the dining room having lunch during this time.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(3) Unless a resident's physician specifically states otherwise in writing, the giving, taking, or applying of prescription medications shall be supervised by the licensee, administrator, or direct care staff.

ANALYSIS:	Based on interviews with Ms. Bishop, Mr. Morgan, Ms. Dobson, Ms. Noiles, Ms. LaClair, Ms. Kalka and observations made during on-site investigation on 6/23/22 I find no substantiating evidence that resident medications are not being supervised by direct care staff.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend the status of the license remains unchanged.

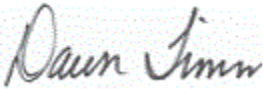


08/09/2022

Jana Lipps
Licensing Consultant

Date

Approved By:



08/10/2022

Dawn N. Timm
Area Manager

Date