



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 24, 2022

Andrew Akunne  
Carnegie AFC Inc  
3879 Packard Street  
Suite 1  
Ann Arbor, MI 48108

RE: License #: AM630279362  
Investigation #: 2022A0602037  
Victory Lane

Dear Mr. Akunne:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd., Ste. 9-100  
Detroit, MI 48202  
(248) 296-2783

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM630279362
<b>Investigation #:</b>	2022A0602037
<b>Complaint Receipt Date:</b>	06/29/2022
<b>Investigation Initiation Date:</b>	07/14/2022
<b>Report Due Date:</b>	08/28/2022
<b>Licensee Name:</b>	Carnegie AFC Inc
<b>Licensee Address:</b>	3879 Packard Street Suite 1 Ann Arbor, MI 48108
<b>Licensee Telephone #:</b>	(734) 973-7764
<b>Licensee Designee:</b>	Andrew Akunne
<b>Name of Facility:</b>	Victory Lane
<b>Facility Address:</b>	600-610 Wanda Ferndale, MI 48220
<b>Facility Telephone #:</b>	(248) 398-1032
<b>Original Issuance Date:</b>	09/15/2006
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	03/14/2021
<b>Expiration Date:</b>	03/13/2023
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL; AGED TRAUMATICALLY BRAIN INJURED

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Resident R is required to take high blood pressure medication, even though she does not have high blood pressure, which is causing concerning side effects. The home manager is not following the orders from the hospital.	Yes

**III. METHODOLOGY**

06/29/2022	Special Investigation Intake 2022A0602037
06/29/2022	APS Referral Received from Adult Protective Services (APS) - denied for investigation
07/13/2022	Contact - Document Received Received intake for investigation- reassigned due to previous consultant being on leave
07/14/2022	Special Investigation Initiated - Telephone Call to home manager, Kim Scott
07/19/2022	Inspection Completed On-site Unannounced onsite inspection- interviewed staff and Resident R
07/19/2022	Contact - Document Received Medication logs, hospital discharge paperwork, vitals chart, health care appraisal
07/19/2022	Contact - Document Received Medical documents from Dr. Bryant
07/19/2022	Contact - Telephone call made To Dr. Bryant
08/17/2022	Exit Conference Held via telephone with licensee designee, Andrew Akunne

## **ALLEGATION:**

**Resident R is required to take high blood pressure medication, even though she does not have high blood pressure, which is causing concerning side effects. The home manager is not following the orders from the hospital.**

## **INVESTIGATION:**

On 06/29/2022, a complaint was received from Adult Protective Services (APS), alleging that Resident R is receiving blood pressure medication that was prescribed by the home's visiting physician. The medication is causing concerning side effects for Resident R, including chest pains, tightness in the neck and throat, inability to eat, digestive issues, a squeezing sensation in her head, and a feeling of sinking. Resident R's relative took Resident R to the hospital due to these concerns. Resident R's relative took Resident R to the hospital. The home manager, Kim, refused to follow the emergency room physician's recommendations. The physician wrote a note saying Resident R should not take the blood pressure medication until she could have a follow-up appointment. Staff refused to follow the order and stated that they would only follow the order from the visiting physician. APS denied this complaint for investigation. This complaint was reassigned to me for investigation on 07/13/22 due to the previously assigned consultant being out on leave. On 07/14/22, I initiated my investigation by contacting the home manager, Kim Scott.

On 07/14/22, I interviewed the home manager, Kim Scott, via telephone. Ms. Scott stated that Resident R is prescribed blood pressure medication, Metoprolol. She stated that Resident R's relative took her to the emergency room on 06/21/22, because they felt she was having side effects from the medication. After going to the hospital, Resident R's relative stated that Resident R needed to be taken off the medication. Ms. Scott informed Resident R's relative that they are not able to discontinue or change any medications without an order from the doctor. The note that Resident R's relative provided from the emergency room was not an order to discontinue the medication. It stated that Resident R needs to be under the care of a doctor while on the medication. Resident R's guardian is aware of the situation and stated that Resident R needs to continue taking the medication until further notice. Resident R is under the care of the facility's visiting physician, Dr. Bryant, who comes to the home every 2-3 months. Resident R also has a blood disorder. An appointment was scheduled with her oncologist, Dr. Ding, in Ann Arbor for 08/09/22. Ms. Scott stated that staff take Resident R's blood pressure weekly, which is documented on a vitals log.

On 07/19/22, I conducted an unannounced onsite inspection at Victory Lane. I interviewed direct care worker, Emmanuel Takwi. Mr. Takwi stated that all of the residents get their medications as prescribed. Staff are not able to discontinue or make any changes to medications unless it is ordered by the doctor. Resident R is prescribed blood pressure medication, Metoprolol 50mg- take two tablets by mouth every day. Staff take Resident R's blood pressure once a week. Mr. Takwi stated that they have a visiting physician who comes out to the facility. The visiting physician has seen Resident

R. Resident R also has an appointment scheduled with a specialist in August. Mr. Takwi stated that Resident R's relative is not her guardian, but she is frequently complaining about things.

On 07/19/22, I interviewed Resident R. Resident R stated that she has lived at Victory Lane for approximately four months. There is a house doctor who sees the residents at the home. Resident R stated that she saw this doctor once or twice. She recently went to the hospital because she was not feeling well. She was getting winded and was feeling "more pressure." She thinks it was an allergic reaction or side effect from her medication. Resident R stated that she is prescribed 50mg of Metoprolol. She thinks this dose may be too high, so she is going to talk to her doctor about tapering it off or trying a natural treatment. The doctor heard a fluttering, so that is why they prescribed the medication. She felt the medication was causing more pressure instead of relieving it. Resident R stated that she has been feeling much better over the past few days and is no longer having these symptoms. Resident R stated that she has a blood disorder. She is scheduled to see her specialist, Dr. Ding, on 08/08/22. She is prescribed prednisone for her blood disorder and is very satisfied with it. Resident R stated that she has not been mistreated in the home. She did not have any concerns about any of the staff in the home.

During the onsite inspection, I reviewed a copy of Resident R's July 2022 medication administration record (MAR) and her medication bubble packs. Both showed that Resident R is prescribed Metoprolol 50mg tab- take two tablets by mouth every day at 8:00am. There were no discrepancies noted between the MAR and the medication bubble pack. I also reviewed a copy of Resident R's July vitals chart, which showed that her blood pressure was taken weekly on 07/02/22, 07/09/22, and 07/16/22.

I reviewed a copy of an incident report completed by the home manager, Kim Scott, on 06/21/22. The incident report notes that Resident R's relative came to visit at 6:00pm with another person. They stayed in Resident R's room with the door closed until 8:00pm. Upon Ms. Scott giving Resident R her evening medications, Resident R's relative stated that she wanted to take Resident R to the hospital due to allergies. Upon returning from the hospital at 3:00am, Resident R's relative gave Ms. Scott a note from the doctor stating that Resident R will need an evaluation from a physician regarding the medication metoprolol and daily blood pressure readings. Resident R's relative told staff not to give Resident R the blood pressure medication due to the note. Staff told Resident R's relative that this is not what the note said, and that Resident R has a house doctor. The relative stated Resident R was going to get a doctor through the hospital. Staff told her that she could not do that without the guardian's permission and that medication could not be stopped. Resident R's relative got loud and would not listen to what staff was saying. She told Resident R negative and false information so that Resident R would not take her medication at 8:00am. The incident report notes that staff will notify the guardian and doctor and will send the note from the hospital.

I reviewed a copy of Resident R's emergency department discharge instructions from Ascension Providence Hospital, Southfield Campus. The discharge notes indicate that

Resident R was seen on 06/20/22-06/21/22 for a “possible reaction to medicine (other type).” It notes that the reaction may not be the same as an allergic reaction and could cause symptoms such as: dizziness or headache, rash, flushing or a hot feeling, diarrhea or constipation, trouble breathing, or high or low blood pressure. The discharge instructions note that no new medications were given and state that unless otherwise instructed, Resident R should continue to take her current medications as directed by her primary care physician.

I reviewed a copy of a note from the emergency department physician at Ascension Providence Hospital. The note indicates that Resident R was seen in the emergency department on 06/21/22. It states that Resident R will need an evaluation by a physician regarding the continuation of the medication (Metoprolol). It also notes that Resident R needs daily blood pressure (bp) readings and a record of the readings.

On 07/20/22, I interviewed the facility’s visiting physician, Dr. Everett Bryant. Dr. Bryant stated that he has seen Resident R at Victory Lane on a few occasions. He stated that she came to the home on her current medication regimen. He did not make any changes to her prescriptions or prescribe any new medications. He stated that Resident R is not a good historian with regards to her health conditions. She has a blood disorder, but she could not provide any specific information about it and the home did not have any additional information. Dr. Bryant did not feel comfortable making any medication changes until they had more information about her condition. He stated that the home manager did call to schedule an appointment with Resident R’s oncologist a month or two ago, but they could not get in until August. He had to remind staff a few times to make the appointment. Dr. Bryant stated that Resident R’s blood pressure has been slightly elevated, so he felt she should continue taking Metoprolol. He did not feel that the symptoms Resident R was experiencing were a side effect of the Metoprolol. He stated that Metoprolol is a beta blocker that lowers your blood pressure and pulse. The most common side effects would be feeling dizzy or faint. He stated that the symptoms Resident R was experiencing might be the result of her medical condition or could be due to her taking Prednisone three times a day. Dr. Bryant reiterated that he did not want to make any medication changes until Resident R saw her oncologist. He did not have any concerns about the home. He felt that the home manager, Kim Scott, is usually on top of things. He stated that Ms. Scott did not contact him immediately after Resident R went to the hospital to discuss the Metoprolol medication. He stated that Ms. Scott contacted him a day or two ago, after the complaint was made. Dr. Bryant stated that he felt taking Resident R’s blood pressure once a week was sufficient. He was not aware that the emergency room doctor wrote a note indicating that it should be monitored daily.

I reviewed a copy of Resident R’s health care appraisal completed by Dr. Bryant on 02/27/22. The form notes that a new patient home visit was completed. Resident R has a history of a blood disorder. She cannot remember the name of the disease or cancer. She is followed by an oncologist. Dr. Bryant recommended follow up with the oncologist in the near future. The health care appraisal also notes that Resident R has hypertension and staff should continue to follow her blood pressure trend. I reviewed Dr.

Bryant's visit notes from 03/13/22. The notes indicate that Resident R was seen for a generalized burning sensation that she relates to her medication regimen. Resident R had no obvious signs of discomfort during the visit and no evidence of acute physical distress. The visit notes indicate that Resident R has a blood disorder medical condition for which she receives medication treatment. Dr. Bryant recommended that Resident R follow up with her oncologist ASAP.

On 08/17/22, I conducted an exit conference via telephone with the licensee designee, Andrew Akunne, and reviewed my findings. Mr. Akunne did not have any additional information regarding the investigation and agreed to submit a corrective action plan to address the violations.

<b>APPLICABLE RULE</b>	
<b>R 400.14310</b>	<b>Resident health care.</b>
	(1) A licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician or other health care professional with regard to such items as any of the following: (a) Medications.
<b>ANALYSIS:</b>	Based on the information gathered through my investigation, there is insufficient information to conclude that the home manager did not follow the instructions and recommendations of the health care professional related to Resident R's medication, Metoprolol. Resident R was receiving Metoprolol 50mg - take two tablets daily as prescribed by the physician. After going to the hospital on 06/20/22, the emergency room discharge paperwork did not indicate that the medication was discontinued. The emergency room physician stated that Resident R should have an evaluation by a physician regarding the continuation of the medication (Metoprolol). Resident R's primary care physician, Dr. Everett, stated that Resident R has hypertension and should continue to take the Metoprolol. Dr. Everett did not wish to discontinue the medication or make any changes until Resident R saw her oncologist in August.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.14310</b>	<b>Resident health care.</b>
	(1) A licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician or

	<p>other health care professional with regard to such items as any of the following:</p> <p>(d) Other resident health care needs that can be provided in the home. The refusal to follow the instructions and recommendations shall be recorded in the resident's record.</p>
<b>ANALYSIS:</b>	<p>Based on the information gathered through my investigation, there is sufficient information to conclude that staff did not follow the recommendations of the emergency room doctor with regards to taking Resident R's blood pressure daily. After going to the hospital on 06/20/22, the emergency room doctor wrote a note indicating that Resident R required daily blood pressure readings and a record of the readings. Resident R's July vitals log showed that blood pressure readings were being recorded weekly on 07/02/22, 07/09/22, and 07/16/22. The visiting physician, Dr. Bryant, also recommended on 02/27/22 and 03/13/22 that a follow up appointment be scheduled with Resident R's oncologist regarding her blood disorder. The appointment was not scheduled until several months later, at which time the next available appointment was 08/09/22.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon the receipt of an acceptable corrective action plan, I recommend no change to the status of the license.

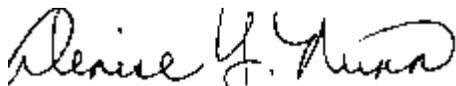


08/17/2022

Kristen Donnay  
Licensing Consultant

Date

Approved By:



08/24/2022

Denise Y. Nunn  
Area Manager

Date