



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 15, 2022

Shannon Aldrich
Ashley Court Of Brighton Inc.
7400 Challis Road
Brighton, MI 48116

RE: License #: AL470080554
Investigation #: 2022A1033021
Ashley Court -Bldg # 2

Dear Ms. Aldrich:


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 cursive script that reads "Jana Lipps". The signature is written in black ink on a white background.

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 #:	AL470080554
Investigation #:	2022A1033021
Complaint Receipt Date:	07/22/2022
Investigation Initiation Date:	07/25/2022
Report Due Date:	09/20/2022
Licensee Name:	Ashley Court Of Brighton Inc.
Licensee Address:	7400 Challis Road Brighton, MI 48116
Licensee Telephone #:	(734) 622-0074
Administrator:	Shannon Aldrich
Licensee Designee:	Shannon Aldrich
Name of Facility:	Ashley Court -Bldg # 2
Facility Address:	7400 Challis Road Brighton, MI 48116
Facility Telephone #:	(810) 225-7400
Original Issuance Date:	08/06/1999
License Status:	REGULAR
Effective Date:	05/13/2022
Expiration Date:	05/12/2024
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Direct care staff member, Joseph Muir-Dipietro, is working without a completed background check.	Yes
The facility is short staffed and unsafe due to staffing.	Yes
The staff are racist.	No
Staff members are not properly trained to administer medications.	Yes
Additional Findings	Yes

III. METHODOLOGY

07/22/2022	Special Investigation Intake 2022A1033021
07/25/2022	Special Investigation Initiated - Letter Email sent to complainant.
07/28/2022	Inspection Completed On-site Interviews with Human Resources Representative, Lisa Vanderhoof, Licensee Designee, Shannon Aldrich, direct care staff, Dalisa Clinton, Shanyel Duncan, and Resident A. Review of employee files, staff schedules initiated. Requested copies of MARS for June 2022 and July 2022.
07/28/2022	Contact - Document Sent Email sent to Licensee Designee regarding staff, Ashlee Vanderhoof and Joseph Muir-DiPietro.
07/28/2022	Contact - Document Received Received Copies of June 2022 and July 2022 MARs via email from Licensee Designee, Shannon Aldrich.
08/30/2022	Contact – Document Sent Email sent to Licensee Designee regarding findings from MAR review.
08/31/2022	Contact – Document Received Email received from Licensee Designee, Shannon Aldrich, responding to email sent on 8/30/22.
09/01/2022	Inspection Completed-BCAL Sub. Compliance

09/16/2022	Exit Conference – Telephone call made to Licensee Designee, Shannon Aldrich. Voicemail message left. Email sent to LD with copy of SIR for review.
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ALLEGATION:

Direct care staff member, Joseph Muir-Dipietro, is working without a completed background check.

INVESTIGATION:

On 7/22/22 I received an online complaint alleging that direct care worker (DCW), Joseph Muir-Dipietro, was working at the facility and has a current criminal record. The complaint alleged that the facility has not completed a *Michigan Workforce Background Check* on DCW Muir-Dipietro. On 7/25/22 I sent an email to the complainant regarding this allegation. I did not receive a response from the complainant.

On 7/28/22 I completed an on-site investigation at the Ashley Court – Building #2 adult foster care facility (the facility). I interviewed human resources worker, Lisa Vanderhoof. I requested a copy of DCW Muir-Dipietro's *Michigan Workforce Background Check*. Ms. Vanderhoof provided me with a copy of DCW Muir-Dipietro's *Long Term Care Workforce Background Check Consent and Disclosure* form, which DCW Muir-Dipietro had signed and dated for 7/23/18. I requested a copy of the *Michigan Workforce Background Check* eligibility letter, which would note whether DCW Muir-Dipietro was eligible to work in this facility. Ms. Vanderhoof was unable to produce this eligibility notice. Licensee Designee (LD), Shannon Aldrich, was in the facility during this on-site investigation. LD Aldrich was asked whether there was an eligibility letter received for DCW Muir-Dipietro to be working in this facility. LD Aldrich reported to Ms. Vanderhoof, that there is no letter of eligibility available for DCW Muir-Dipietro.

On 7/28/22, during on-site investigation, I reviewed the staff schedule. DCW Muir-Dipietro was scheduled to work on the following dates:

- 6/10/22
- 6/19/22
- 6/27/22
- 6/29/22

On 7/28/22 at 2:03pm I sent an email to LD Aldrich regarding DCW Muir-Dipietro's employee file. I wrote, "Direct Care Staff, Joseph T. Muir-DiPietro, did not have an available workforce background check in his employee file. At this time, he needs to be removed from the schedule and cannot provide direct patient care until this is

resolved.” On 7/28/22 at 2:16pm LD Aldrich replied to the email stating, “Joey will be removed from schedule for any licensed building until a workforce background check is completed.”

APPLICABLE RULE	
MCL 400.734b	Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.
	(3) An individual who applies for employment either as an employee or as an independent contractor with an adult foster care facility or staffing agency and who has not been the subject of a criminal history check conducted in compliance with this section shall give written consent at the time of application for the department of state police to conduct a criminal history check under this section, along with identification acceptable to the department of state police. If the individual has been the subject of a criminal history check conducted in compliance with this section, the individual shall give written consent at the time of application for the adult foster care facility or staffing agency to obtain the criminal history record information as prescribed in subsection (4) or (5) from the relevant licensing or regulatory department and for the department of state police to conduct a criminal history check under this section if the requirements of subsection (11) are not met and a request to the federal bureau of investigation to make a determination of the existence of any national criminal history pertaining to the individual is necessary, along with identification acceptable to the department of state police. Upon receipt of the written consent to obtain the criminal history record information and identification required under this subsection, the adult foster care facility or staffing agency that has made a good faith offer of employment or an independent contract to the individual shall request the criminal history record information from the relevant licensing or regulatory department and shall make a request regarding that individual to the relevant licensing or regulatory department to conduct a check of all relevant registries in the manner required in subsection (4). If the requirements of subsection (11) are not met and a

	<p>request to the federal bureau of investigation to make a subsequent determination of the existence of any national criminal history pertaining to the individual is necessary, the adult foster care facility or staffing agency shall proceed in the manner required in subsection (5). A staffing agency that employs an individual who regularly has direct access to or provides direct services to residents under an independent contract with an adult foster care facility shall submit information regarding the criminal history check conducted by the staffing agency to the adult foster care facility that has made a good faith offer of independent contract to that applicant.</p>
ANALYSIS:	<p>Based upon findings of the on-site investigation and interview with Ms. Vanderhoof, the facility has been allowing DCW Muir-Dipietro to provide direct care without completing a <i>Michigan Workforce Background Check</i> on this employee.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

The facility is short staffed and unsafe due to staffing.

INVESTIGATION:

On 7/22/22 I received an online complaint alleging that the facility does not have adequate staffing and residents are unsafe due to poor staffing. On 7/25/22 I sent an email to the complainant regarding this allegation to gather further information. I did not receive a response from the complainant.

On 7/28/22 I completed an on-site investigation at the facility. I interviewed Ms. Vanderhoof regarding this allegation. Ms. Vanderhoof reported the facility currently has 18 residents. Ms. Vanderhoof reported the facility staff schedules two direct care staff during daytime hours (7am – 7pm) and two direct care staff during evening hours (7pm – 7am). Ms. Vanderhoof reported no resident in this facility requires two direct care staff members to assist any resident with transferring, personal care needs, and/or mobility.

During on-site investigation on 7/28/22 I interviewed direct care worker, Dalisa Clinton. DCW Clinton reported she has worked for the facility for about six years. DCW Clinton reported she works both day and evening shifts at the facility. DCW Clinton reported staffing “has never been good.” DCW Clinton reported the facility works with different staffing agencies to accommodate being short staffed. DCW Clinton reported she has never experienced working a shift where there were not at least two direct care staff on duty. DCW Clinton reported there are no residents in

the facility who require two direct care staff members to assist any resident with transferring, personal care needs, and/or mobility.

During on-site investigation on 7/28/22 I interviewed direct care worker, Shanyel Duncan. DCW Duncan reported that she works for a private duty care agency, PRN On Demand. DCW Duncan reported she has been contracted to work in this facility for about one year. DCW Duncan reported the facility usually staffs 2-3 direct care staff per shift. DCW Duncan reported she has not observed any shift where there were less than two direct care staff scheduled.

During on-site investigation on 7/28/22 I interviewed Resident A. Resident A reported she is new to the facility. Resident A reported that so far things are going okay, and she has no complaints. Resident A reported that the staff have been responsive to her needs, and she has no complaints about current staffing levels.

On 9/8/22 I completed an additional on-site investigation at the facility. I interviewed LD Aldrich to inquire about staff schedules. LD Aldrich reported the facility utilizes private duty agency staff to supplement their current staffing. LD Aldrich reported only two of the agency staff have been trained to administer medications. LD Aldrich reported that on some of the evening shifts, 7pm to 7am, they have two agency staff scheduled and neither are trained to administer resident medication. LD Aldrich reported that the facility has the day shift staff, 7am to 7pm, pass medications for the evening meds before they leave their shift. I asked LD Aldrich who is available in the facility to administer PRN medications during the 7pm to 7am shifts. LD Aldrich reported that Ms. Vanderhoof lives within five minutes of the facility and is available to be contacted if a PRN medication is needed.

On 9/8/22, during on-site investigation, I interviewed Ms. Vanderhoof, regarding scheduling of staff. Ms. Vanderhoof reported that there are instances on the 7pm to 7am shifts when they do not have a medication technician scheduled to administer medications. Ms. Vanderhoof reported that on these dates they ask the day shift, 7am to 7pm, staff to administer the evening medications. I asked Ms. Vanderhoof about PRN medications that may need to be administered during these 7pm to 7am shifts. Ms. Vanderhoof reported that the staff will contact her as she only lives five minutes from the facility, and she will come to administer the medications. Ms. Vanderhoof reported that she and direct care staff, Ashlee Vanderhoof, have both done this when needed as they both live near the facility.

On 9/8/22 I reviewed the staff schedules for 8/15/22 – 8/29/22. I found the following information:

- 8/15/22, 7pm -7am: A direct care staff member trained in the administration of medication was not scheduled during this shift. Facility Supervisor, Persilia Primo, was scheduled to work this shift but assigned to a different facility on this campus.

- 8/16/22, 7pm – 7am: A direct care staff member trained in the administration of medication was not scheduled during this shift.
- 8/18/22, 7pm – 7am: A direct care staff member trained in the administration of medication was not scheduled during this shift.
- 8/20/22, 7pm – 7am: A direct care staff member trained in the administration of medication was not scheduled during this shift.
- 8/21/22, 7pm – 7am: A direct care staff member trained in the administration of medication was not scheduled during this shift.
- 8/23/22, 7pm – 7am: A direct care staff member trained in the administration of medication was not scheduled during this shift.

On 9/8/22 I reviewed five resident *Medication Administration Records (MAR)* and noted the following:

- Resident B is prescribed 12 PRN medications.
- Resident C is prescribed 11 PRN medications.
- Resident D is prescribed 9 PRN medications.
- Resident E is prescribed 1 PRN medications.
- Resident F is prescribed 10 PRN medications.

APPLICABLE RULE	
R 400.15206	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:	Based upon interviews with LD Aldrich and Ms. Vanderhoof, as well as review of staff schedules and MARs for Residents B, C, D, E, and F, the facility was not adequately staffed between the hours of 7pm – 7am as there was no direct care staff member trained to administer resident medications on multiple dates in August 2022. Although LD Aldrich and Ms. Vanderhoof reported Ms. Vanderhoof can be contacted to come to the facility to administer medications, it cannot be proven she is always available to meet this need and she was not on-site to do so. Since there are residents in the facility with PRN medications ordered for their use, the facility must staff with a direct care worker trained in the administration of resident medication, on-site, for all shifts to accommodate this need.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

The staff are racist.

INVESTIGATION:

On 7/22/22 I received an online complaint alleging direct care staff at the facility are racist. On 7/25/22 I sent an email to the complainant regarding this allegation. I did not receive a response from the complainant.

On 7/28/22 I completed an on-site investigation at the facility. During on-site investigation I interviewed Ms. Vanderhoof. Ms. Vanderhoof reported that she does work in human resources and had received a complaint from direct care worker, Breesaun Lilly, regarding one of the facility supervisors, Darla Warden, being racist. Ms. Vanderhoof reported DCW Lilly reported to her that Ms. Warden does not say "hello" to her and she found this to be offensive behavior. Ms. Vanderhoof reported DCW Lilly did not allege any racist behavior from staff toward any residents. Ms. Vanderhoof reported that she discussed these allegations with Ms. Warden and noted Ms. Warden to be "shocked" by these allegations. Ms. Vanderhoof reported that Ms. Warden denied these allegations of racism toward DCW Lilly. Ms. Vanderhoof reported she has not received any additional complaints related to staff demonstrating any racist behaviors toward other staff or residents of this facility.

During on-site investigation, on 7/28/22, I interviewed LD Aldrich. LD Aldrich reported that she has never observed Ms. Warden act in a racist or discriminatory manner toward any direct care staff or residents of the facility.

During on-site investigation, on 7/28/22, I interviewed DCW Clinton. DCW Clinton reported she has worked for the facility for about six years. DCW Clinton reported she has never observed staff members acting in a discriminatory manner toward any other staff members or residents of the facility.

During on-site investigation, on 7/28/22, I interviewed DCW Duncan. DCW Duncan reported she has worked for this facility for about one year, as a contracted direct care staff. DCW Duncan reported she has never observed staff members acting in a discriminatory manner toward any other staff members or residents of the facility.

During on-site investigation, on 7/28/22, I interviewed Resident A. Resident A reported that she has never observed staff members acting in a discriminatory manner toward any other staff members or residents of the facility.

On 7/28/22 I attempted to contact DCW Lilly via telephone. There was no answer. A voicemail message was left and DCW Lilly did not return this call.

APPLICABLE RULE	
R 400.15305	Resident protection.
	(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.
ANALYSIS:	Based upon interviews with Ms. Vanderhoof, LD Aldrich, DCW Clinton, DCW Duncan, & Resident A, there is not substantial evidence to prove direct care staff members of this facility are treating residents in a discriminatory manner.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Direct care staff members are not properly trained to administer medications.

INVESTIGATION:

On 7/22/22 I received an online complaint alleging that direct care staff members have not been properly trained to administer medications which has resulted in medication errors. On 7/25/22 I sent an email to the complainant regarding this allegation to gather more information. I did not receive a response from the complainant.

On 7/28/22 I completed an on-site investigation at the facility. I interviewed Ms. Vanderhoof regarding this allegation. Ms. Vanderhoof reported that not all direct care staff members have been trained to administer medications. Ms. Vanderhoof reported the facility uses designated “medication passers” to administer medications. Ms. Vanderhoof reported direct care staff members who have been trained to administer medications go through, on average, a three-day training. Ms. Vanderhoof clarified a direct care staff member trained in administering resident medications is referred to as a “medication passer” by the licensee and noted as such on the staff schedule. Ms. Vanderhoof reported the first day of training consists of direct observations of an already trained medication technician. The second day of training will involve the direct care staff member administering medications with a trained medication passer shadowing this caregiver and observing their steps. Ms. Vanderhoof reported that the third day of training involves a staff member signing off on their completion of proper medication training. Ms. Vanderhoof reported there have been no recent medication errors reported for the months of June 2022 and July 2022.

During on-site investigation, on 7/28/22, I interviewed DCW Clinton. DCW Clinton reported that she has worked for the facility for around six years. DCW Clinton reported that she is a medication passer and works both day and evening shifts at the facility. DCW Clinton reported she received medication administration training from the Wellness Director, Lori Napier, prior to administering medications in the facility. DCW Clinton reported she has never been aware of a time when there was an untrained direct care staff administering medications.

During on-site investigation, on 7/28/22, I interviewed DCW Duncan. DCW Duncan reported she has worked for this facility for about one year, as a contracted direct care staff. DCW Duncan reported that she is not trained to administer medications at the facility. DCW Duncan reported that she has not been aware of any untrained direct care staff administering medications at the facility.

During on-site investigation I reviewed the required training documentation for DCW Vanderhoof and DCW Charlene Mitchell. Both, DCW Vanderhoof and DCW Mitchell, are scheduled as medication passers on the facility schedule. The facility could not produce documentation of medication administration training for DCW Vanderhoof or DCW Mitchell during my on-site investigation. DCW Vanderhoof had no documentation of medication training in her employee file. The facility did not have an employee file for DCW Mitchell as she works for a private duty care agency, Therapy Management, Inc.

On 7/28/22, following the on-site investigation I sent an email to LD Aldrich informing her DCW Vanderhoof cannot continue to be on the schedule in the capacity of a medication passer until proper medication training has been achieved. LD Aldrich reported the facility currently does not have a medication administration training checklist, but Ms. Napier must observe all medication passers before they begin administering medications. Ms. Aldrich inquired whether a letter from Ms. Napier would suffice in meeting the need for medication training in Ms. Vanderhoof's employee file. I responded to LD Aldrich's inquiry noting that there must be documentation kept in the employee files for all medication passers, that they have been trained in this area and a letter recording the competency would meet this requirement.

On 8/31/22 I reviewed required training records for all direct care staff listed on the current resident MARs as having administered resident medications. The following direct care staff did not have documentation of required medication training:

- Marilyn Osiwala

During the review of required training records there was a document provided that was addressed to me and dated 8/31/22. This document read:

“Dear Ms. Lipps,

As per your request in regards to staff training for medication training, I, Lori Napier, Wellness Director for Ashley Court, have observed the following individuals complete a medication pass and have given approval for them to become medication technicians. I have found them to be competent in the area of medication administration:

1. Lisa Vanderhoof
2. Yolanda Smith
3. Charlene Mitchell
4. Aalijah Obispo

Should you have any questions or require any additional information, please do not hesitate to contact me at your earliest convenience.

Sincerely,
Lori Napier, LPN
Wellness Director”

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 review of employee training records, there were six direct care staff, who did not have documentation of medication training in their employee file at the time of the on-site investigation on 7/28/22 but were passing resident medications.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

During on-site investigation, on 7/28/22, I requested to review employee files and it was reported to me, by Ms. Vanderhoof, that the facility contracts staff from a local staffing agency. Ms. Vanderhoof reported that the staffing agency keeps the files at their office. Ms. Vanderhoof reported she would need to contact the agency to obtain records for the contracted staff. Ms. Vanderhoof clarified the licensee designee does not hold any employee records for any contracted direct care staff members working at the AFC facility.

APPLICABLE RULE	
R 400.15208	Direct care staff and employee records.
	<p>(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:</p> <p>(a) Name, address, telephone number, and social security number.</p> <p>(b) The professional or vocational license, certification, or registration number, if applicable.</p> <p>(c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.</p> <p>(d) Verification of the age requirement.</p> <p>(e) Verification of experience, education, and training.</p> <p>(f) Verification of reference checks.</p> <p>(g) Beginning and ending dates of employment.</p> <p>(h) Medical information, as required.</p> <p>(i) Required verification of the receipt of personnel policies and job descriptions.</p>
ANALYSIS:	Ms. Vanderhoof reported the facility did not have employee files established for the contracted direct care staff working with residents.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 8/30/22 I reviewed 18 resident MARs for the months of June 2022 and July 2022. On Resident B's MARs she was prescribed "PrednisoLONE Sus 1% OP, instill one drop into left eye once daily." This prescription was ordered on 2/18/20. This medication was marked as not administered on the following dates:

- 6/1/22 – 6/5/22
- 6/8/22
- 6/9/22
- 6/12/22
- 6/16/22
- 6/19/22 – 6/26/22
- 6/29/22 – 6/30/22
- 7/3/22 – 7/24/22

On 8/30/22 I emailed LD Aldrich and inquired about the multiple missed dosages for Resident B's PrednisolONE. On 8/31/22 LD Aldrich responded to my email and reported, "[Resident B] - she is out of Prednisolone Sus 1% Op. We cannot find an eye doctor that will see her to reorder (her POA is out of state), the prescription is expired. Lori will have this discontinued."

During review of resident MARs on 8/30/22, I observed that Resident C had three prescriptions that had multiple missed doses on the July 2022 MAR.

- Ranolazine 500MG ER (Ranexa). Prescribed on 3/17/21. "Take 1 tablet by mouth twice daily."
 - This medication was documented as not administered on the dates, 6/13/22 (AM & PM), 6/14/22 (AM & PM), 6/15/22 (PM) and 6/16/22 (AM).
- Folic Acid Tab 1MG. Prescribed on 07/27/21. "Take 1 tablet by mouth once daily."
 - This medication was documented as not administered on the dates, 6/19/22 – 6/24/2022.
- BaciTRACIN OIN 500/GM. Prescribed on 3/12/21. "Apply topically to affected area(s) once daily."
 - This medication was documented as not administered on the dates, 6/3/22, 6/5/22 – 6/8/22, 6/12/22 – 6/24/22, 6/27/22.

On 8/30/22 I emailed LD Aldrich and inquired about the multiple missed dosages for Resident C's, Ranolazine, Folic Acid, and BaciTRACIN. On 8/31/22 LD Aldrich responded to my email and reported Resident C's relative gets his medications filled through the VA and delivers them to the facility. LD Aldrich reported they sometimes must wait multiple days for the medications to arrive to the facility.

On 8/30/22 I reviewed the MARs for Resident D. On both, the June 2022 and July 2022, Resident D's MARs documented multiple refusals of medications from medication technicians. There were some notations as to the behaviors Resident D was exhibiting, including spitting, and throwing the medications. I emailed LD Aldrich to inquire about Resident D's behaviors and history of refusing medications and what the protocol is when Resident D refuses medications. LD Aldrich responded via email on 8/31/22 reporting, "[Resident D] - she is on hospice and also has behaviors. We will make multiple attempts to administer medication but many times she refuses, both hospice and her family are aware of this. Lori will work with hospice to have these medications discontinued."

APPLICABLE RULE	
R 400.15312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	Based upon review of MARs from June 2022 and July 2022, in addition to statements from LD Aldrich, it can be determined Resident B and Resident C were prescribed medications that were not administered pursuant to label instructions on multiple dates.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 8/30/22 I emailed LD Aldrich regarding my review of resident MARs for June 2022 and July 2022. I inquired why the names of staff on the schedules for shifts, 7pm – 7am, did not align with the name of the individual who signed the MARs. On 8/31/22 LD Aldrich replied to my email with the following response, “The med passer would have been the one assigned on the 7a-7p shift, they would have passed evening meds also. Lisa [Ms. Vanderhoof] would have passed on the days when there was just temporary staff in the building.” She further reported, “Both Lisa Vanderhoof and Ashlee Vanderhoof live around the corner from the community, so if evening meds need to be passed due to only having temporary staff, they will come back to the community to perform this duty.”

On 9/8/22, during on-site investigation, I interviewed LD Aldrich. LD Aldrich further reported that there are times, during the 7pm-7am shifts, when the facility does not have a designated medication passer scheduled to work. LD Aldrich reported that during those time the day staff pass the evening medications before they leave at 7pm. LD Aldrich reported that Ms. Vanderhoof and DCW Vanderhoof live nearby and can be called in to assist with passing medications for PRN medications.

On 9/8/22, during on-site investigation, I interviewed Ms. Vanderhoof. Ms. Vanderhoof reported that there are instances on the 7pm to 7am shifts when they do not have a medication passer scheduled to administer medications. Ms. Vanderhoof reported that on these dates they ask the day shift, 7am to 7pm, staff to administer the evening medications. I asked Ms. Vanderhoof about PRN medications that may need to be administered during these 7pm to 7am shifts. Ms. Vanderhoof reported that the staff will contact her as she only lives five minutes from the facility, and she will come to administer the medications. Ms. Vanderhoof reported that she and DCW Vanderhoof have both done this when needed as they both live near the facility.

On 9/8/22, during on-site investigation, I asked for direct care staff training records for Ms. Vanderhoof. I was provided the written statement of her competence in

medication administration that was written by Ms. Napier, on 8/31/22. LD Aldrich reported that Ms. Vanderhoof does not have any further direct care trainings as she is not a direct care staff member, she works in Human Resources. I did review a current *Michigan Workforce Background Check* for Ms. Vanderhoof, stating her eligibility to work in the facility.

On 9/8/22 I reviewed MARs for Residents B, C, D, E, and F for the month of August 2022. I noted the following information:

- On 8/19/22 Ms. Vanderhoof signed that she had administered medications on resident MARs.
- On 8/20/22 Ms. Vanderhoof signed that she had administered medications on resident MARs.
- On 8/23/22 Ms. Vanderhoof signed that she had administered medications on resident MARs.
- On 8/26/22 Ms. Vanderhoof signed that she had administered medications on resident MARs.

On 9/8/22 I reviewed the staff schedules for the facility for the dates 8/15/22 – 8/29/22. Ms. Vanderhoof’s name does not appear on any of the daily schedules as a direct care staff member trained in medication administration or a contact person for facility staff.

On 9/8/22, during on-site investigation, I asked for direct care staff training records for Ms. Vanderhoof. I was provided the written statement of her competence in medication administration that was written by Ms. Napier, on 8/31/22. LD Aldrich reported that Ms. Vanderhoof does not have any further direct care trainings as she is not a direct care staff member, she works in Human Resources. I did review a current *Michigan Workforce Background Check* for Ms. Vanderhoof, stating her eligibility to work in the facility.

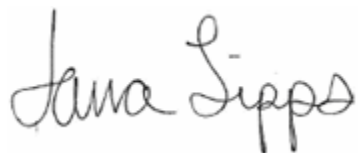
APPLICABLE RULE	
R 400.15312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (a) Be trained in the proper handling and administration of medication.

ANALYSIS:	Based upon interviews with LD Aldrich and Ms. Vanderhoof, as well as review of resident MARs, staff schedules, and Ms. Vanderhoof's employee trainings, Ms. Vanderhoof has acted in the capacity of a direct care staff member despite not being trained as a direct care staff member including being trained in the administration of resident medication.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15204	Direct care staff; qualifications and training.
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:
	(a) Reporting requirements.
	(b) First aid.
	(c) Cardiopulmonary resuscitation.
	(d) Personal care, supervision, and protection.
	(e) Resident rights.
	(f) Safety and fire prevention.
	(g) Prevention and containment of communicable diseases.
ANALYSIS:	Based upon interviews with LD Aldrich and Ms. Vanderhoof, as well as review of resident MARs, staff schedules, and Ms. Vanderhoof's employee trainings, Ms. Vanderhoof has acted in the capacity of a direct care staff member despite not being trained as a direct care staff member.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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



09/15/22

Jana Lipps
Licensing Consultant

Date

Approved By:



09/15/2022

Dawn N. Timm
Area Manager

Date