



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 20, 2022

Michael Clark
Northern Springs Management Co.
6361 Myers Rd. NE
Kalkaska, MI 49646

RE: License #: AM400336755
Investigation #: 2022A0870038
Safe Haven AFC

Dear Mr. Clark:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation?
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (231) 922-5309.

Sincerely,

A handwritten signature in dark ink, appearing to read "Bruce A. Messer". The signature is fluid and cursive.

Bruce A. Messer, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4939

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM400336755
Investigation #:	2022A0870038
Complaint Receipt Date:	09/08/2022
Investigation Initiation Date:	09/08/2022
Report Due Date:	11/07/2022
Licensee Name:	Northern Springs Management Co.
Licensee Address:	6361 Myers Rd. NE Kalkaska, MI 49646
Licensee Telephone #:	(231) 632-7565
Administrator:	Michael Clark
Licensee Designee:	Michael Clark
Name of Facility:	Safe Haven AFC
Facility Address:	6361 Myers Rd NE Kalkaska, MI 49646
Facility Telephone #:	(231) 258-1153
Original Issuance Date:	11/20/2012
License Status:	REGULAR
Effective Date:	05/20/2021
Expiration Date:	05/19/2023
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED, MENTALLY ILL DEVELOPMENTALLY DISABLED, AGED

II. ALLEGATION(S)

	Violation Established?
Resident A's discontinued medications were not properly disposed of.	Yes
Resident A's medications were not dispensed as ordered, as the licensee has an excessive amount of several different prescription medications on hand in the facility.	Yes

III. METHODOLOGY

09/08/2022	Special Investigation Intake 2022A0870038
09/08/2022	Special Investigation Initiated - Telephone Email to NCCMH caseworker Kim Liverance.
09/13/2022	Inspection Completed On-site Interview with Licensee Designee Mike Clark and staff Sarah Ryan.
09/13/2022	Exit Conference Completed with Licensee Designee Mike Clark.
09/13/2022	Inspection Completed-BCAL Sub. Compliance
09/19/2022	Corrective Action Plan Requested and Due on 10/06/2022

ALLEGATION:

- **Resident A's discontinued medications were not properly disposed of.**
- **Resident A's medications were not dispensed as ordered, as the licensee has an excessive amount of several different prescription medications on hand in the facility.**

INVESTIGATION: On September 8, 2022, I conducted an interview with North Country Community Mental Health Authority caseworker Kim Liverance. Ms. Liverance stated she had recently relocated Resident A from the Safehaven AFC home, and when doing so, noted that facility staff had given her a bag of Resident A's medications containing several different medications which had been discontinued. She also noted that she was provided with many medications for

which the facility had an excessive amount on hand, leading her to believe that perhaps the facility was not dispensing the medications to Resident A.

Late this same day Ms. Liverance provided me with a list of Resident A's medications that she had received from the facility, the amounts received and a notation as to whether they had been discontinued. Notable entries on this list include:

Seven packages of Fluoxetine, containing 28 pills each. The order for this medication is 1 pill daily.

Seven packages of Docusate SOD, containing 56, 34, 28, 28, 28, 28, and 28 pills respectively. The order is for one pill twice daily.

Four packages of Lithium Carb, containing 56, 49, 1, and 28 pills respectively. The order is for one pill twice daily.

Three packages of Clonazepam, containing 56, 26, and 28 pills respectively. The order is for one pill twice daily.

Discontinued medications listed include: Ferretts, Tab-A-Vite, and 5 packages of Vitamin B-6.

On September 13, 2022, I conducted a special investigation at the Safehaven AFC home. I met with Licensee Designee Mike Clark and staff member Sarah Ryan. Ms. Ryan stated that Resident A's caseworker arrived to pick her up on September 1, 2022, at approximately 1:00 p.m. Ms. Ryan noted she gave the caseworker, Ms. Liverance, all of Resident A's medications along with the medication log, and Ms. Liverance and Resident A left. Ms. Ryan noted that Ms. Liverance did not request to "go through" or audit, the medications prior to leaving. Both Mr. Clark and Ms. Ryan had no explanation for the large number of medications, as noted above, and stated that they "did not notice" the discontinued medications were being kept in the facility.

Mr. Clark provided me copies of Resident A's medication administration logs for August 2022. The medication logs indicate all medications listed as being administered, except those listed as discontinued.

Resident A has been relocated out of the area and was thus unavailable to be interviewed.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

	(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.
ANALYSIS:	<p>The licensee had a large number of discontinued prescription medications at the facility which were prescribed for Resident A.</p> <p>The Licensee had several months' worth of multiple prescription medications at the facility for Resident A. He had no explanation as to why he had these excessive amounts of medications</p> <p>Resident A's medications were not being given pursuant to label instructions.</p> <p>The facility failed to properly dispose of Resident A's medications after those medications were discontinued.</p>
CONCLUSION:	VIOLATION ESTABLISHED

On September 13, 2022, I conducted an exit conference with Licensee Designee Mike Clark. I explained my findings as noted above. Mr. Clark stated he understood. I provided Mr. Clark with technical assistance and consultation regarding rules related to resident medication administration, storage and disposal. Mr. Clark stated he would develop a corrective action plan based on our discussions and submit that plan within 15 days of this report.

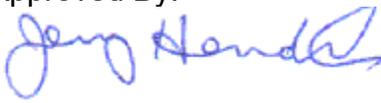
IV. RECOMMENDATION

I recommend, based on the submission of an acceptable corrective action plan, that the status of the license remain unchanged.

 September 20, 2022

Bruce A. Messer Date
Licensing Consultant

Approved By:

 September 20, 2022

Jerry Hendrick Date
Area Manager