



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 20, 2022

Amanda Brenner
Chandler Pines, LLC
838 Cherry St. SE
Grand Rapids, MI 49506

RE: License #: AS410411560
Investigation #: 2023A0583004
Chandler Pines Unit B

Dear Ms. Brenner:

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 (616) 356-0183.

Sincerely,

A handwritten signature in dark ink, appearing to read "Toya Zylstra". The signature is fluid and cursive, with the first name "Toya" written in a larger, more prominent script than the last name "Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410411560
Investigation #:	2023A0583004
Complaint Receipt Date:	10/17/2022
Investigation Initiation Date:	10/18/2022
Report Due Date:	11/16/2022
Licensee Name:	Chandler Pines, LLC
Licensee Address:	838 Cherry St. SE Grand Rapids, MI 49506
Licensee Telephone #:	(616) 229-0427
Administrator:	Amanda Brenner
Licensee Designee:	Amanda Brenner
Name of Facility:	Chandler Pines Unit B
Facility Address:	7555 Chandler Dr. NE Belmont, MI 49306
Facility Telephone #:	(616) 204-7598
Original Issuance Date:	05/18/2022
License Status:	TEMPORARY
Effective Date:	05/18/2022
Expiration Date:	11/17/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED, DEVELOPMENTALLY DISABLED, ALZHEIMERS, AGED

II. ALLEGATION(S)

	Violation Established?
Residents' narcotic medications are missing.	No
The facility lacks food.	No
Additional Findings	Yes

III. METHODOLOGY

10/17/2022	Special Investigation Intake 2023A0583004
10/18/2022	Special Investigation Initiated - On Site Staff Nicole Kuiphof, Resident A, Resident B
10/17/2022	APS Referral
10/20/2022	Contact – Document received Staff Nicole Kuiphof
10/20/2022	Licensee Designee Amanda Brenner

ALLEGATION: Residents' narcotic medications are missing.

INVESTIGATION: On 10/17/2022 allegations were received from Centralized intake. The allegations were screened out for Adult Protective Services investigation. The complaint alleged that there “has been missing narcotics in the past”.

On 10/18/2022 I completed an unannounced on-site investigation at the facility and privately interviewed staff Nicole Kuiphof, Resident A, and Resident B.

Staff Nicole Kuiphof stated that Resident C is the only resident prescribed a “narcotic” medication. Ms. Kuiphof stated Resident C is prescribed Lorazepam 1 MG tablet as needed for agitation. Ms. Kuiphof stated that Resident C's Medication Administration Record indicates that on 09/16/2022 staff Stacie Crider administered one tablet of Lorazepam and documented that Resident C had eighteen tablets remaining. Ms. Kuiphof stated that Resident C's Medication Administration Record indicates that on 09/17/2022 staff Alieshia Reszke administered one tablet of Lorazepam and documented that Resident C had fifteen tablets remaining. Ms. Kuiphof stated staff Stacie Crider worked on 09/16/2022 followed by staff Alieshia Reszke on 09/17/2022. Ms. Kuiphof stated two of Resident C's Lorazepam tablets were mistakenly dropped by either Ms. Crider or Ms. Reszke and subsequently destroyed. Ms. Kuiphof stated that staff are required to destroy dropped

medications and document the medication destruction on a separate facility form. Ms. Kuiphof stated she could not currently locate documentation of Resident C's Lorazepam being mistakenly dropped or destroyed but reported she had viewed that the required document was completed after the incident. Ms. Kuiphof stated she would locate the form and forward it to me for review.

While onsite I observed Resident C's Medication Administration Record that included Resident C's prescribed Lorazepam 1 MG as needed. I observed that Resident C's Medication Administration Record indicates she should have seven tablets left and I counted seven tablets of Lorazepam are in the pharmacy container. I observed that Resident C's Medication Administration Record indicates that on 09/16/2022 staff Stacie Crider administered one tablet of Lorazepam and documented eighteen were left. I observed that on 09/17/2022 staff Alieshia Reszke administered one tablet of Lorazepam and documented that fifteen tablets were left.

On 10/19/2022 I interviewed staff Stacie Crider. Ms. Crider stated that she worked at the facility on 09/16/2022. Ms. Crider stated Resident C doesn't like taking her medications. Ms. Crider stated she handed Resident C a tablet of Lorazepam and Resident C "dumped it into her cup of water" causing it to disintegrate. Ms. Crider stated she gave Resident C a second tablet of Lorazepam and Resident C dropped the tablet on the floor causing Ms. Crider to dispose of it. Ms. Crider stated she documented the loss of the two tablets and forwarded the document to administration. Ms. Crider stated Resident C is the only resident prescribed narcotic medications.

On 10/20/2022 I received an email from staff Nicole Kuiphof which contained documentation of Resident C's destroyed Lorazepam tablets. The document indicated that on 09/16/2022 two separate tablets of Resident C's Lorazepam were destroyed by staff Stacie Crider.

On 10/20/2022 I completed an Exit Conference with Licensee Designee Amanda Brenner. Ms. Brenner stated she agreed with the special investigation findings.

APPLICABLE RULE	
R 400.14312	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:	Resident C's Medication Administration Record indicates she is prescribed Lorazepam 1 MG as needed. It additionally indicates that on 09/16/2022 staff Stacie Crider administered one tablet of Lorazepam and documented eighteen were left and on 09/17/2022 staff Alieshia Reszke administered one tablet of Lorazepam and documented that fifteen tablets were left.

	<p>Staff Stacie Crider stated that on 09/16/2022 she handed Resident C a tablet of Lorazepam and Resident C “dumped it into her cup of water” causing it to disintegrate. Ms. Crider stated she gave Resident C a second tablet of Lorazepam and Resident C dropped the tablet on the floor causing Ms. Crider to dispose of it. Ms. Crider stated she documented the loss of the two tablets.</p> <p>Facility documentation indicated that on 09/16/2022 two separate tablets of Resident C’s Lorazepam were destroyed by staff Stacie Crider.</p> <p>A preponderance of evidence was not discovered during the course of the special investigation to establish violation of the applicable rule.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: The facility lacks food.

INVESTIGATION: On 10/17/2022 allegations were received from Centralized intake. The allegations were screened out for Adult Protective Services investigation. The complaint alleged that there “is little to no food in the home” and “there is currently not enough food to feed the residents lunch”.

On 10/18/2022 I completed an unannounced on-site investigation at the facility and privately interviewed staff Nicole Kuiphof, Resident A, and Resident B.

Staff Nicole Kuiphof stated the facility contains a plentiful amount of food. Ms. Kuiphof stated that residents receive three nutritious meals plus snacks daily. Ms. Kuiphof stated facility staff follow the posted menu and document meal substitutions as required.

Resident A and Resident B both stated they receive a plentiful amount of food daily. Both residents stated they receive three nutritious meals plus snacks daily. Resident A and Resident B both stated staff follow the posted menu and they are happy with the level of care provided.

While onsite I observed the facility menu satisfied licensing guidelines for nutrition. I observed the facility’s posted meal substitution forms were in accordance with licensing rules. I observed a plentiful amount of food in the facility’s refrigerator and cupboards.

On 10/19/2022 I interviewed staff Stacie Crider. Ms. Crider stated the facility contains a plentiful amount of food and residents receive three nutritious meals plus

snacks daily. She stated facility staff follow the posted menu and document meal substitutions as required.

On 10/20/2022 I completed an Exit Conference with Licensee Designee Amanda Brenner. Ms. Brenner stated she agreed with the special investigation findings.

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.
ANALYSIS:	<p>While onsite I observed the facility menu satisfied licensing guidelines for nutrition. I observed the facility's posted meal substitution forms were in accordance with licensing rules and there was a plentiful amount of food in the facility's refrigerator and cupboards.</p> <p>Staff Nicole Kuiphof and staff Stacie Crider both stated the facility contains a plentiful amount of food. Ms. Kuiphof and Ms. Crider both stated that residents receive three nutritious meals plus snacks daily.</p> <p>Resident A and Resident B both stated they receive a plentiful amount of food daily. Both residents stated they receive three nutritious meals plus snacks daily.</p> <p>A preponderance of evidence was not discovered during the course of the special investigation to establish violation of the applicable rule.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS: Two facility doors leading directly to the outside are equipped with a 15 second delay.

INVESTIGATION: While onsite I observed two facility egress doors are equipped with a 15-second delay specifically designed to prevent the door from opening immediately when an individual attempts to exit.

On 10/20/2022, I completed an Exit Conference with Licensee Designee Amanda Brenner. Ms. Brenner stated she would submit an acceptable Corrective Action Plan and would explore a variance request to address the 15-second delay.

APPLICABLE RULE	
R 400.14507	Means of egress generally.
	(2) A means of egress shall be arranged and maintained to provide free and unobstructed egress from all parts of a small group home.
ANALYSIS:	While onsite I observed two facility egress doors are equipped with a 15 second delay specifically designed to prevent the door from opening immediately when an individual attempts to exit. A preponderance of evidence was discovered during the course of the special investigation to establish violation of the applicable rule.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable Corrective Action Plan, I recommend the license remain unchanged.



10/20/2022

Toya Zylstra
Licensing Consultant

Date

Approved By:



10/20/2022

Jerry Hendrick
Area Manager

Date