GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 24, 2022

Nicholas Burnett
Flatrock Manor, Inc.
2360 Stonebridge Drive
Flint, MI 48532

RE: License #: AS250392270
Investigation #: 2022A0582058
Primrose

Dear Mr. Burnett:

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. If I am not available, and you need to speak to someone immediately, please contact the local office at (517) 643-7960.

Sincerely,

Derrick Britton, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-9721

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250392270
Investigation #:	2022A0582058
Complaint Receipt Date:	09/15/2022
Investigation Initiation Date:	09/20/2022
Report Due Date:	11/14/2022
Licensee Name:	Flatrock Manor, Inc.
Licensee Address:	7012 River Road Flushing, MI 48433
Licensee Telephone #:	(810) 964-1430
Administrator:	Morgan Yarkosky
Licensee Designee:	Nicholas Burnett
Name of Facility:	Primrose
Facility Address:	476 Primrose Flushing, MI 48433
Facility Telephone #:	(810) 877-6932
Original Issuance Date:	03/01/2018
License Status:	REGULAR
Effective Date:	09/01/2022
Expiration Date:	08/31/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATIONS

	Violation Established?
On 04/14/2022, Resident A, who is autistic, had a scratch on his right check from play fighting with another resident. About four to six weeks prior to 09/13/2022, Resident A had scratches on his right forearm and scratches on the back of his neck from play fighting with another resident.	No
On 08/10/2022 at 7:55 AM, Resident A was administered Trazodone 100mg for agitation. However, the order for this medication is written for use at bedtime for sleep as a PRN.	Yes

III. METHODOLOGY

09/15/2022	Special Investigation Intake 2022A0582058
09/20/2022	Special Investigation Initiated - Face to Face At Resident A's school
10/04/2022	Inspection Completed On-site Interview with Deron White, Home Manager
10/20/2022	Contact - Telephone call made With Guardian A
10/20/2022	Contact - Telephone call made With Angelene Hardy, Medical Coordinator
10/24/2022	APS Referral Denied Referral
10/24/2022	Inspection Completed-BCAL Sub. Compliance
10/24/2022	Exit Conference With Nicholas Burnett, Licensee Designee
10/24/2022	Corrective Action Plan Requested and Due on 11/08/2022

ALLEGATION:

On 04/14/2022, Resident A, who is autistic, had a scratch on his right check from play fighting with another resident. About four to six weeks prior to 09/13/2022, Resident A had scratches on his right forearm and scratches on the back of his neck from play fighting with another resident.

INVESTIGATION:

I received this denied Adult Protective Services complaint on 09/15/2022. On 09/20/2022, I conducted an unannounced, onsite inspection Resident A's school. I observed Resident A, and noted that he had an old, healed scratch on his forearm. I did not observe any other scratches on Resident A's body. Resident A was dressed appropriately and appeared to be receiving proper care and supervision. I interviewed Resident A's teacher Anissa Allen, who stated that Resident A does have old, healed scratches, but it is not a major concern. Resident A could not be interviewed due to his diagnosis.

On 10/04/2022, I conducted an unannounced, onsite inspection at the facility. I interviewed Deron White, Home Manager. Mr. White stated that Resident A is very playful at times and has become physical without really having an understanding if he is hurting someone. Mr. White stated that Resident A becomes very excited, which can be overwhelming for other residents. Mr. White stated that he was not aware of any scratches that were of serious concern, and he has no concern with physical aggression against Resident A.

On 10/20/2022, I interviewed Guardian A. Guardian A stated that Resident A does not have issues of being playful when he is visiting her at home. Guardian A stated that she has observed scratches on Resident A and has talked with Home Manager Deron White about it. Guardian A stated that the scratches have not required hospitalization, and Resident A has only required band aids for medical care. Guardian A stated that anytime she has talked with Mr. White about a concern she has, he immediately takes care of it.

I reviewed prior Incident Reports related to Resident A and instances of scratches, which documented the following:

> **Date of Incident:** 05/16/2022
> **Time:** 1:15 PM
> **Explain What Happened**: [Resident A] arrived back to the care home from school as staff was cleaning up the living room. When [Resident A] walked in the care home and went into the living room, staff noticed a couple of scratches on his right forearm. Staff then notified the medical coordinator and manager of the scratches. Staff then cleaned up [Resident A] and [Resident A] then went into the living room to watch TV.

Staff Action: Notified the medical coordinator and manager and cleaned up [Resident A].
Corrective Measures: Staff will continue to monitor [Resident A] for his health and safety.

Date of Incident: 09/25/2022
Time: 9:26 AM
Explain What Happened: [Resident A was in the care home watching TV in the living room, when suddenly [Resident A] started yelling and walking up to a peer that was also standing in the common area. [Resident A] walked up to the peer and punched peer in the head. Staff stepped in between [Resident A] and peer to redirect them away from one another. [Resident A] then attempted to punch peer again and peer scratched [Resident A] on the forehead. Staff was able to redirect [Resident A] to the sunroom to separate the two. [Resident A] walked to his room with staff and was calmed by staff turning on music. Staff then notified management and medical coordinator about the incident and scratch. [Resident A's] scratch was cleaned up by staff. Staff gave [Resident A] an activity to do and increased supervision to ensure [Resident A's] health and safety.
Action Taken by Staff: Staff used blocking technique to stop [Resident A] and peer from hitting one another. Staff redirected [Resident A] to his room and used music to calm [Resident A] down. Staff gave [Resident A] a coloring activity and increased supervision to ensure [Resident A's] health and safety. Staff cleaned up the scratch and notified manager and medical coordinator.
Corrective Measures: Staff will increase supervision to ensure [Resident A's] health and safety.

I reviewed Resident A's Behavior Treatment Plan dated 09/18/2022, which documented the following:

Hitting is the primary and most frequent form of physical aggression. Minor injuries not requiring medical attention (but may require in-house first aid) occurs occasionally in the past year. Physical aggression can be very unpredictable and is often unprovoked. He does not evidence ability to understand the vulnerabilities (e.g., cannot identify who is especially vulnerable). Poor/compromised impulse control abilities and lack of understanding/insight related to the potential injury/harm associated with any violence that he might exhibit is indicated.

[Resident A] will engage in unprovoked physical aggression toward housemates (or aggression in which the frustration that provoked was unknown or not apparent or communicated by [Resident A] until after the aggression). Physical aggression most often includes hitting. When this occurs, staff should seek to verbally redirect him away from others and engage in problem-solving discussion aimed at identifying his concern/frustration.

APPLICABLE RULE	
R 400.14305	**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 on interviews and observations of Resident A, there have been instances in which Resident A had scratches on his body as the result of physically aggressive behavior. It is noted in Resident A's Treatment Plan that he also has physically aggressive behavior, resulting in minor injuries requiring "in-house first aid." Resident A was observed to have scratches that had healed. Incident Reports documented two instances in which Resident A had scratches on his body, and staff responded by "cleaning up" Resident A. In the most recent instance, Resident A had physically aggressive behavior towards another resident. As documented in his Treatment Plan, staff directed the residents away from each other, provided a distraction for Resident A, and increased supervision. There is no evidence to confirm a violation of the rule.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

On 08/10/2022 at 7:55 AM, Resident A was administered Trazodone 100mg for agitation. However, the order for this medication is written for use at bedtime for sleep as a PRN.

INVESTIGATION:

I received this complaint on 09/22/2022. On 09/26/2022, I contacted Michelle Salem, Genesee Health Systems Recipient Rights. Ms. Salem stated that she has investigated and confirmed that the allegation is true. Ms. Salem stated that Primrose Medical Coordinator Angelene Hardy gave permission to Direct Care Worker Bobreonnia Holloway to pass the medication, but Ms. Holloway did not specify to Ms. Hardy that Trazodone would be the medication to pass as a PRN for agitation. Ms. Salem stated that the medication is prescribed to be taken at bedtime as needed. Ms. Salem stated that she spoke with the nurse at GHS who indicated that there was no risk of harm for administering this medication at that time.

On 10/04/2022, I conducted an unannounced, onsite inspection at the facility. I interviewed Deron White, Home Manager. Mr. White stated that he was not aware of

the allegation. I asked Mr. White to provide the contacts for Angelene Hardy and a copy of the Medication Administration Record (MAR) for Resident A.

I reviewed the August 2022 MAR for Resident A. The MAR indicated that Resident A was prescribed “Trazodone Tab 100MG: Take 1 tablet by mouth at bedtime as needed to help with sleep.” The MAR indicated that the medication was administered on 08/10/2022, as initialed by “BH (Bobreannia Halloway).” The MAR documented that the medication was administered at 7:55 AM, with the reason being “agitation,” and the results “relaxed.”

On 10/20/2022, I interviewed Angelene Hardy, Medical Coordinator. Ms. Hardy stated that on the morning of 08/10/2022, she received a phone call from the lead worker asking if a PRN could be administered to Resident A for agitation. Ms. Hardy stated that she asked if staff used calming techniques, and if it did not work, then they could administer the PRN. Ms. Hardy stated she later received a text message from DCW Bobreannia Halloway, who confirmed if she could administer the PRN, to when Ms. Hardy replied yes. Ms. Hardy stated that the PRN that should have been administered was Lorazepam instead of Trazodone. Ms. Hardy stated that the error was reported to Tiffany Ellis Medical Coordinator Supervisor, who informed Flatrock’s physician assistant. Ms. Hardy stated that she will no longer assumed that she and the medication passer are on the same page, but make sure that they are referring to the same medication in the future.

APPLICABLE RULE	
R 400.14312	**Resident medications.**
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	Based on interviews and a review of Resident A’s Medication Administration Record, there is sufficient evidence to confirm that Resident A was administered his prescription for Trazodone 100 MG at 7:55 AM for agitation, which was not in accordance with the instructions to administer the PRN at bedtime to help with sleep.
CONCLUSION:	**VIOLATION ESTABLISHED**

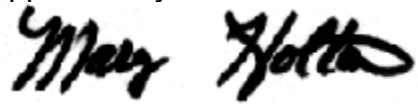
IV. RECOMMENDATION

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

10/24/2022

Derrick Britton Date
Licensing Consultant

Approved By:



10/24/2022

Mary E. Holton Date
Area Manager