



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 17, 2022

Kristen Wright
Hope House I Nonprofit Hsg Corp
P O Box 1978
524 North Jackson St.
Jackson, MI 49201

RE: License #: AL380007059
Investigation #: 2022A0007034
Hope House II/Fowler House

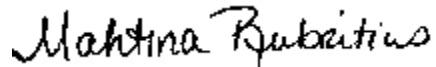
Dear Ms. Wright:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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 (313) 456-0380.

Sincerely,

A handwritten signature in black ink that reads "Mahtina Rubritius". The signature is written in a cursive style with a large initial 'M'.

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd., Ste. #9-100
Detroit, MI 48202
(517) 262-8604

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL380007059
Investigation #:	2022A0007034
Complaint Receipt Date:	09/15/2022
Investigation Initiation Date:	09/19/2022
Report Due Date:	11/14/2022
Licensee Name:	Hope House I Nonprofit Hsg Corp
Licensee Address:	P 0 Box 1978 524 North Jackson St. Jackson, MI 49201
Licensee Telephone #:	(517) 784-4426
Administrator:	Judy Reid
Licensee Designee:	Kristen Wright
Name of Facility:	Hope House II/Fowler House
Facility Address:	400 Van Buren Street Jackson, MI 49201
Facility Telephone #:	(517) 784-1522
Original Issuance Date:	10/01/1980
License Status:	REGULAR
Effective Date:	04/09/2022
Expiration Date:	04/08/2024
Capacity:	16
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
Staff leave home to smoke cigarettes and weed for over 30 minutes.	No
Staff are supposed to give medications for bowel movements and some residents have not had a BM in 9 days.	Yes
Medication errors are not reported. Management staff, Ms. Evans, and Ms. Wilson, also make medication errors.	No
Additional Findings	Yes

III. METHODOLOGY

09/15/2022	Special Investigation Intake - 2022A0007034
09/15/2022	APS Referral Received.
09/19/2022	Special Investigation Initiated – Letter Email to ORR
09/19/2022	Referral - Recipient Rights
09/21/2022	Contact - Telephone call received from ORR Officer #1. She will be going to the home tomorrow to investigate the allegations.
09/27/2022	Inspection Completed On-site - Unannounced - Face to face contact with Ms. Reid, Administrator, Ms. Wilson, Medication Coordinator, Ms. Evans, other staff, Resident A, Resident B, Resident C, Resident D, and Resident E.
11/10/2022	Contact - Telephone call made to Ms. Reid - Additional information requested.
11/14/2022	Contact - Telephone call made to Ms. Reid. The information has not been received. Ms. Reid will resend the documentation.
11/14/2022	Contact - Document Received - BM Charts and Staff Contact Information.

11/14/2022	Contact - Telephone call made to Employee #1, Phone number no longer in service.
11/14/2022	Contact - Telephone call made to Employee #2, Message left. I requested a returned phone call.
11/14/2022	Contact - Telephone call made to Employee #3, Message left, I requested a returned phone call.
11/14/2022	Contact - Telephone call received from Employee #2. Interview.
11/14/2022	Contact - Telephone call received from Employee #3. Interview.
11/14/2022	Contact - Telephone call made to Jackson County Guardian.
11/14/2022	Contact - Telephone call received from Jackson County Guardian.
11/15/2022	Contact - Telephone call made to Jackson County Guardian. Interview.
11/15/2022	Contact - Document Sent - Email to ORR Officer #1.
11/16/2022	Contact - Telephone call made to Ms. Reid. Additional documentation requested.
11/16/2022	Contact - Document Received - Additional documentation.
11/16/2022	Exit Conference conducted with Ms. Wright, Licensee Designee.

ALLEGATIONS:

Staff leave home to smoke cigarettes and weed for over 30 minutes.

INVESTIGATION:

On September 27, 2022, I conducted an unannounced on-site investigation and made face to face contact with Ms. Reid, Administrator, Ms. Wilson, Medication Coordinator, Ms. Evans, other staff, Resident A, Resident B, Resident C, Resident D, and Resident E.

I interviewed Ms. Reid, Administrator. She did not confirm that staff are smoking cigarettes outside the home for 30-minutes, when she is working. When they suspected things were going on, unannounced visits were completed. They also

plan to install cameras on the outside of the home. Ms. Reid also reported that she was not aware of any staff smoking weed on the premises. She stated that if it's occurring, it's after 6:30 p.m. She also recalled that she will often drive by the facility or stop by around 10:00 p.m.

During the on-site investigation, I interviewed Resident A. Resident A reported to live in the home for a long time. He did not provide any information to confirm the allegations. He reported no additional concerns.

While at the facility, I attempted to interview other residents; however, they were either unable to provide any information to confirm or refute the allegations, napping or unavailable.

I interviewed Ms. Evans. She stated that only one person at a time is supposed to be outside during their smoke break. These allegations have been alleged, but they have not caught anyone not following the rules. Ms. Evans stated that she sometimes drives by the facility, and she has only observed a staff and residents outside.

On November 14, 2022, I interviewed Employee #2. She has been employed as a direct care worker for about a year and a half. She reported to be fully trained. Regarding staff smoking outside, staff are to smoke in a designated area. They cannot leave the premises. She was not aware of any staff smoking marijuana during their smoke breaks. Employee #2 informed me that a long time ago, a staff took a longer smoke break. This was brought to management's attention and the matter was resolved.

On November 14, 2022, I interviewed Employee #3. She has been a direct care staff for three years. She reports to be fully trained. Regarding the smoke breaks, only one staff person is to be outside at a time. Before going on break, the staff member must let the other staff know that they're taking a break; in case there is an emergency. She was not aware of any staff smoking weed on their smoke breaks. She reported that there are usually up to five staff on duty during 1st shift. There are enough staff on duty to provide care for the residents and cover smoke breaks.

On November 15, 2022, I interviewed Jackson County Guardian. She reported to have Resident F and Resident I placed in this home. She reported that this was a good home and if there is an issue, management handles the problem quickly. No concerns have been brought to her attention regarding staff leaving for break and smoking cigarettes or marijuana.

On November 16, 2022, I conducted the exit conference with Ms. Wright, Licensee Designee. I informed her of the investigation and my recommendations. She agreed with the conclusion of the investigation.

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:	<p>Ms. Reid, Administrator, did not confirm that staff are smoking cigarettes outside the home for 30-minutes, when she is working. In addition, she was not aware of any staff smoking weed on the premises. When they suspected things were going on, unannounced visits were completed. They also plan to install cameras on the outside of the home, to increase supervision.</p> <p>Resident A did not provide any information to confirm the allegations.</p> <p>According to Ms. Evans, they have not caught anyone not following the rules, as related to smoke breaks.</p> <p>Employee #2 reported that they cannot leave the premises (during smoke breaks). She was not aware of any staff smoking marijuana during their smoke breaks.</p> <p>According to Employee #3, before going on break, the staff member must let the other staff know that they're taking a break. She was not aware of any staff smoking weed on their smoke breaks.</p> <p>Based on the information gathered during this investigation and provided above, it's concluded that there is not a preponderance of the evidence to support the allegations that staff are leaving the home for 30 minutes to smoke cigarettes and marijuana.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATIONS:

Staff are supposed to give medications for bowel movements and some residents have not had a BM in 9 days.

INVESTIGATION:

According to Ms. Reid, approximately half of the residents in the home receive bowel movement (BM) monitoring and their eliminations are tracked. According to Ms. Reid and Ms. Wilson, Medication Coordinator, they have standing med orders for the residents, and they were not aware of any of the residents going nine days without a bowel movement. Ms. Wilson also provided me with a copy of an example of the Standing Medical Orders form, which is completed for the residents in the home.

Ms. Wilson recalled that Resident G was out of Milk of Magnesia (PRN) from September 22, 2022, to September 26, 2022, as they were waiting for the prescription from the doctor. On September 26, 2022, Resident G received the Milk of Magnesia. Resident G was having a problem with BMs, but she is usually regular.

A review of the medication log reflected that Resident G was given Milk of Magnesia (PRN), for constipation, on September 26, 2022.

Per Ms. Reid, Resident A used the bathroom independently; however, he needs assistance with cleaning. Resident E is independent in the bathroom, but he will flush the toilet before the elimination is observed in the toilet. Resident F is also independent with using the bathroom, but she will self-report when she has a bowel movement. There was a concern that Resident H had not had a BM, so he was given Milk of Magnesia on September 22, 2022. He still did not have one, and a suppository was given on September 23, 2022, which resolved the issue. Stool softeners have been requested because some residents are on lots of medications, and they want to make sure that they're not backed up.

During the interview with Employee #2, she reported that she was not aware of any of the residents going nine days without a bowel movement.

During the interview with Employee #3, she reported that things get busy, and BMs might not be documented correctly on the charts. There are protocols and procedures to follow if residents don't have bowel movements after a couple of days. Staff are to follow certain med orders, based on the needs of the residents. Sometimes, staff have to follow-up and ask staff from the previous shifts if the BM charts are correct or not (such as the resident had a BM late in the shift and the new information was not updated on the sheets). If staff can't remember if a resident did or did not have a BM; this determines what protocols should be followed next. Staff also reach out to the medication coordinator for guidance and approval if there is an issue and additional treatment steps are necessary. Employee #3 also recalled that they have a new resident, Resident J, and she stated that his BMs are not regular or consistent. She discussed the interventions provided to address the situation.

The following was noted on the Standing Medical Orders to address constipation:

“If two (2) days with no BM give Milk of Magnesium 30 ml. If three (3) days with no BM give Bisacodyl 10mg suppository rectally. If four (4) days with no BM give Ready to use Enema rectally. If no immediate BM 15 minutes after enema contact primary physician.”

I reviewed the medication logs and bowel movement charts for Resident G. Staff documented that Resident G was out of the POLYETH GLYC 3350 NF POW (prescribed for constipation) from September 17, 2022, to September 26, 2022 (nine days). According to the bowel movement charts from September 1, 2022, to September 30, 2022, staff documented that Resident G did not have bowel movements for 11 days out of the month; however, it was not eleven consecutive days. It should be noted that Resident G did not have a BM on September 4, 5, and 6, (consecutive days) and there was no record on the medication log of staff administering Milk of Magnesia, after two days, or Bisacodyl, after three days with no BM.

I reviewed the bowel movement charts for Resident C. According to the bowel movement charts from August 1, 2022, to August 31, 2022, staff documented that Resident C went without a bowel movement between 3 to 5 consecutive days. Based on the medication logs reviewed, Resident C was given his PRN medication to address constipation.

I reviewed the bowel movement charts for Resident E. According to the bowel movement charts from September 1, 2022, to September 30, 2022, staff documented that Resident E did not have bowel movements for a total of 16 days that month. These 16 days were not consecutive. Staff also documented that he was given Milk of Magnesia twice, and he was given one suppository during this time frame. Regarding the consecutive days, Resident E did not have BMs on September 8, 9, and 10, 2022. Based on the medication logs reviewed, there was no record of staff administering Milk of Magnesia, after two days, or Bisacodyl, after three days with no BM.

I reviewed the bowel movement charts for Resident F. According to the bowel movement charts from September 1, 2022, to September 30, 2022, staff documented that Resident F did not have bowel movements for 3 days out of the month. The three days were not consecutive days.

On November 16, 2022, I spoke with Ms. Reid, Administrator, after reviewing the documentation, as I had some follow-up questions. She confirmed that each of the residents in the home have the Standing Medical Order, which is renewed with their primary physician each year.

Regarding Resident G, Ms. Reid informed that Resident G did have a bowel movement during the time in question; however, the staff documentation was inaccurate. In addition, that Office of Recipient Rights cited them for the inaccurate

documentation. Please see Rule R. 400.14312 (4)(b) in this report for additional information regarding this matter.

According to Jackson County Guardian, there have been no issues brought to her attention regarding the residents going several days without bowel movements.

During the exit conference with Ms. Wright, Licensee Designee, I informed her of the investigation, the findings, and my recommendations. She agreed to submit a written corrective action plan to address the established violations.

APPLICABLE RULE	
R 400.15303	Resident care; licensee responsibilities.
	(1) Care and services that are provided to a resident by the home shall be designed to maintain and improve a resident's physical and intellectual functioning and independence. A licensee shall ensure that all interactions with residents promote and encourage cooperation, self-esteem, self-direction, independence, and normalization.

<p>ANALYSIS:</p>	<p>Based on the resident records reviewed, none of the residents went nine days without a bowel movement. However, according to Ms. Reid, each of the residents also have a Standing Medical Order that addresses constipation.</p> <p>The following was noted on the Standing Medical Orders to address constipation: “If two (2) days with no BM give Milk of Magnesium 30 ml. If three (3) days with no BM give Bisacodyl 10mg suppository rectally. If four (4) days with no BM give Ready to use Enema rectally. If no immediate BM 15 minutes after enema contact primary physician.”</p> <p>According to the records, Resident E did not have BMs on September 8, 9, and 10, 2022. Based on the medication logs reviewed, there was no record of staff administering Milk of Magnesia, after two days, or Bisacodyl, after three days with no BM.</p> <p>According to the resident records reviewed, Resident G did not have a BM on September 4, 5, and 6; and there was no record on the medication log of staff administering Milk of Magnesia, after two days, or Bisacodyl, after three days with no BM.</p> <p>Based on the information gathered during this investigation and provided above, it’s concluded that staff were not providing the required care by following the Standing Medical Orders for Resident E and Resident G.</p>
<p>CONCLUSION:</p>	<p>VIOLATION ESTABLISHED</p>

ALLEGATIONS:

Medication errors are not reported. Management staff, Ms. Evans, and Ms. Wilson, also make medication errors.

INVESTIGATION:

During the interview with Ms. Reid, she reported that there have not been any issues with medication errors. They now utilize the QuickMar program for tracking medication administration.

While at the facility, I reviewed the medications and medication logs for Resident G. The medication administration and processes were discussed with Ms. Wilson, Med Coordinator. There were no recent medication errors. During the review of the

medication logs for Resident G, it was noted that the initials were missing for the 8:00 p.m. medications on September 21, 2022, and September 23, 2022. According to Ms. Wilson, the system documented the information elsewhere.

Per Ms. Wilson, Resident G has a special diet, all her medications are crushed and administered in apple sauce. She also reported that they're on top of these issues because they don't want to go to the emergency room.

Ms. Wilson reported there have been no incidents of medication errors and there are two staff passing medications (buddy system).

During my interview with Ms. Evans, she reported that she has not had any medication errors. In addition, that medication errors don't occur often in the home. She explained the medication administration process to me, which included two staff passing the medications together, and documenting the information on the computer system.

During my interview with Employee #2, she reported to be aware of the medication administration procedures and what to do if there was a medication error. She was not aware of any recent medication errors.

During the interview with Employee #3, she reported that she did not have any medication errors. She did recall; however, discovering that the medication roll had a double pack. The medications came from the pharmacy this way.

I inquired if a resident has ever received too much medication because of the medication packets being incorrect and she stated they had not. She did not want to give the medication until the discrepancy had been resolved. The Med Coordinator is notified if there is an issue with the medications. Employee #3 also has a system in place, such as placing a dot and information on the bubble packet, to document that a specific medication has been passed for that day.

According to Jackson County Guardian, there have been no issues reported to her regarding medication errors.

It should also be noted that medication errors are not required to be reported to LARA. However, if it's determined that a medication error has occurred, the violation would be cited.

During the exit conference with Ms. Wright, Licensee Designee, I informed her of the investigation and my recommendations. She agreed with the conclusion of the investigation.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	<p>Ms. Reid, Ms. Wilson, and Ms. Evans reported that there have not been any issues with medication errors. They now utilize the QuickMar program for tracking medication administration.</p> <p>Employee #2 reported to be aware of the medication administration procedures and she knew what to do if there was a medication error. She was not aware of any recent medication errors.</p> <p>Employee #3 reported that she did not have any medication errors. She did recall; however, discovering that the medication roll had a double pack. The medications came from the pharmacy this way. The Med Coordinator is notified if there is an issue with the medications.</p> <p>Based on the information gathered during this investigation and provided above, it's concluded that there is not a 51% preponderance of the evidence to support the allegations that there are medication errors occurring in the home.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On November 16, 2022, I spoke with Ms. Reid, Administrator, after reviewing the documentation, as I had some follow-up questions. Regarding Resident G, Ms. Reid informed that Resident G did have a bowel movement during the time in question; however, the staff documentation was inaccurate. In addition, that Office of Recipient Rights cited them for the inaccurate documentation.

Regarding Resident G, it was also noted that there were no staff initials on the medication logs on September 21 and 23, 2022, for the 8:00 p.m. medications.

The medication logs for Resident E were reviewed. It was noted that the staff initials were missing for the 8:00 p.m. medications on September 21, 2022.

The medication logs for Resident F were reviewed. It was noted that the staff initials were missing for the 8:00 p.m. medications on September 21, 2022.

Ms. Reid and I discussed the missing initials on the medication logs. Ms. Reid stated that part of the written corrective action plan would include the staff being written up and re-trained.

During the exit conference with Ms. Wright, Licensee Designee, I informed her of the investigation, the findings, and my recommendations. She agreed to submit a written corrective action plan to address the established violations.

APPLICABLE RULE	
R 400.15312	Resident medications.
	<p>(4)(b) Complete an individual medication log that contains all of the following information:</p> <ul style="list-style-type: none"> (i) The medication. (ii) The dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given. (vi) A resident’s refusal to accept prescribed medication or procedures.
ANALYSIS:	<p>Regarding Resident G, it was also noted that there were no staff initials on the medication logs on September 21 and 23, 2022, for the 8:00 p.m. medications.</p> <p>The medication logs for Resident E were reviewed. It was noted that the staff initials were missing for the 8:00 p.m. medications on September 21, 2022.</p> <p>The medication logs for Resident F were reviewed. It was noted that the staff initials were missing for the 8:00 p.m. medications on September 21, 2022.</p> <p>Based on the information gathered during this investigation and provided above, it’s concluded that the staff did not accurately document information in the resident records.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Mahtina Rubritius

11/16/2022

Mahtina Rubritius
Licensing Consultant

Date

Approved By:

A. Hunter

11/17/2022

Ardra Hunter
Area Manager

Date