



STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ORLENE HAWKS  
DIRECTOR

November 22, 2022

Beth Mays  
Resident Advancement, Inc.  
PO Box 555  
Fenton, MI 48430

RE: License #:	AS250010923
Investigation #:	2023A0123004
	Maple Woods

Dear Ms. Mays:

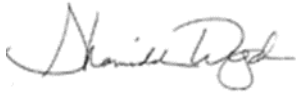
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.

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) 643-7960.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shamidah Wyden".

Shamidah Wyden, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48607  
989-395-6853

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250010923
<b>Investigation #:</b>	2023A0123004
<b>Complaint Receipt Date:</b>	10/06/2022
<b>Investigation Initiation Date:</b>	10/10/2022
<b>Report Due Date:</b>	12/05/2022
<b>Licensee Name:</b>	Resident Advancement, Inc.
<b>Licensee Address:</b>	411 S. Leroy, PO Box 555 Fenton, MI 48430
<b>Licensee Telephone #:</b>	(810) 750-0382
<b>Administrator:</b>	Danielle Davis
<b>Licensee Designee:</b>	Beth Mays
<b>Name of Facility:</b>	Maple Woods
<b>Facility Address:</b>	7448 Maple Road Grand Blanc, MI 48439
<b>Facility Telephone #:</b>	(810) 743-2336
<b>Original Issuance Date:</b>	05/06/1991
<b>License Status:</b>	1ST PROVISIONAL
<b>Effective Date:</b>	08/24/2022
<b>Expiration Date:</b>	02/23/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. ALLEGATION(S)

	<b>Violation Established?</b>
On 10/04/2022, it was observed that there was only one staff member working in the home for the day. No other staff were on call to come in.	No
On 10/04/2022, it was found that the medical books were incomplete; with no documentation of medications present as far back to May 2022. It is unclear if the residents were receiving the prescribed medication for the last four months. Staff were unable to provide information as to the whereabouts of the documentation.	Yes

## III. METHODOLOGY

10/06/2022	Special Investigation Intake 2023A0123004
10/10/2022	Special Investigation Initiated - Letter An APS referral was completed.
10/10/2022	APS Referral
10/11/2022	Inspection Completed On-site I conducted an unannounced on-site at the facility.
10/12/2022	Contact - Document Received Requested documentation received via fax.
10/19/2022	Contact - Telephone call made I spoke with case manager Carla Webb via phone.
10/19/2022	Contact - Telephone call made I spoke with Complainant 1 via phone.
10/19/2022	Contact- Document Sent I sent administrator Danielle Davis an email requesting copies of each resident's assessment plans.
11/17/2022	Contact- Telephone call made I made a call to the facility. I interviewed Staff Brittney McNeal.

11/17/2022	Contact- Telephone call made I made a call to licensee designee Beth Mays and requested additional documentation.
11/17/2022	Contact- Document Received I received requested documentation via email.
11/18/2022	Contact- Telephone call made I made a call to the facility. I spoke with home manager Lakeitha Anderson.
11/21/2022	Contact- Telephone call made I interviewed staff Thomyeshia Martin via phone.
11/22/2022	Contact- Telephone call made I left a voicemail requesting a return call from licensee designee.
11/22/2022	Exit Conference I spoke with licensee designee Beth Mays via phone.

**ALLEGATION:** On 10/04/2022, it was observed that there was only one staff member working in the home for the day. No other staff were on call to come in.

**INVESTIGATION:** On 10/11/2022, I conducted an unannounced on-site visit at the facility. I spoke with home manager Lakeitha Anderson. She stated that she just returned back to work on 10/05/2022 and was off for two months. I observed Resident A, Resident B, Resident C, and Resident D during this on-site. Resident D returned home from school during this on-site visit. They were not interviewed due to lack of verbal skills. They appeared clean and appropriately dressed.

On 10/19/2022, I spoke with the Genesee Health System case manager Carla Webb who is the case manager for the home. She stated that she conducted an on-site visit last week and there was a new staff working with a seasoned staff person.

On 10/19/2022, I spoke with Complainant 1 via phone. Complainant 1 stated that on 10/04/2022, there was one staff present, and an unknown number of residents, and that the staff present was a newer staff person.

On 11/16/2022, I conducted a follow-up visit at the facility. I could not enter the facility due to them having COVID-19 exposure. There was a sign on the door stating that they were exposed. Staff Tim McGown answered the door and stated that everyone had just got tested that day, and they did not have the results in yet. I did not complete the on-site visit.

On 11/17/2022, I received requested paperwork from licensee designee Beth Mays. A copy of the staff schedule was received and reviewed. On Tuesday 10/04/2022, the staff schedule shows that staff Tim McGown worked from 2:00 pm to 6:00 am, staff Thomyeshia Martin worked from 6:00 am to 2:00 pm, and staff Valeria Pringle worked from 2:00 pm to 8:00 am. Staff Brittney McNeal is also on the schedule where she worked from 10:00 pm on 10/03/2022 until 10:00 am the following morning on 10/04/2022.

On 11/17/2022, I received requested paperwork from licensee designee Beth Mays. Copies of each resident's *Assessment Plan for AFC Residents* was reviewed. Resident A's assessment plan dated 03/30/22 states that he cannot go in the community on his own and staff provides all personal care including medication administration. Resident B's assessment plan dated 03/01/2022 states that he cannot move independently in the community, he is non-verbal and not alert to his surroundings, and needs assistance with all personal care including medication administration. Resident C's assessment plan dated 3/30/22, states that she also cannot move independently in the community, staff are to assist with all personal care including medication administration, and transportation to dialysis. Resident D's assessment plan dated 12/20/21, states that she cannot move independently in the community, requires supervision for safety, needs assistance with all personal care, and self-harms. Resident E's assessment plan, dated for 03/01/2022 states he is non-verbal, cannot go in the community on his own, and staff provide all personal care including medication administration.

On 11/17/2022, I made a follow-up call to the facility. I spoke with Staff Brittney McNeal who stated that the home manager Staff Anderson was not in. I interviewed Staff McNeal who stated that she has never been on a shift by herself.

On 11/18/2022, I spoke with home manager Lakeitha Anderson via phone. During this call, Staff Anderson looked at the staff schedule for October 2022. She stated that on that day, there would have only been three residents because two of them go to school (Resident D and Resident E). She stated that there have been no days that she knows of where Staff Pringle (the newer staff person) was at the facility working by herself. She stated that on 10/04/2022, it was staff Thomyeshia Martin that was asked about the resident's medical books and could not locate the documentation.

On 11/21/2022, I made a call to staff Thomyeshia Martin. Staff Martin stated that she recalls working on 10/04/2022. She stated that if that day was a school day, then there were two residents who were at school (Resident D and Resident E). She stated that Resident C also has dialysis appointments on Tuesdays, Thursdays, and Saturday's. She denied that she has ever worked out of ratio, and that the ratio is three residents to one staff.

<b>APPLICABLE RULE</b>	
<b>R 400.14206</b>	<b>Staffing requirements.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	<p>On 10/19/22, case manager Carla Webb stated that she conducted an on-site visit the week prior and observed a new staff working with a seasoned staff person. Complainant 1 stated that on 10/04/22, a newer staff was working alone.</p> <p>The facility's staff schedule confirms that Staff Thomyeshia Martin was working on shift on 10/04/2022.</p> <p>Staff Thomyeshia Martin reported that she was the staff person working on 10/04/2022, and that there were at least two residents who were at school. Staff Anderson reported that Resident C and Resident D were at school that day, and Staff Martin was not out of ratio.</p> <p>There is no preponderance of evidence to substantiate a rule violation in regard to insufficient staffing.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:** On 10/04/2022, it was found that the medical books were incomplete; with no documentation of medications present as far back to May 2022. It is unclear if the residents were receiving the prescribed medication for the last four months. Staff were unable to provide information as to the whereabouts of the documentation.

**INVESTIGATION:** On 10/11/2022, I conducted an unannounced on-site visit at the facility. I asked home manager Lakeitha Anderson to pull each of the resident's medication administration record (MARS) books. During this on-site, I reviewed May, July, August, and September 2022 MARS documentation for each resident. June 2022 MARS documentation appeared to be missing out of each resident's files. During this on-site, I observed the bubble packs for each resident in the locked medication closet. The bubble packs had pills that were popped out, indicating that staff have been passing medications.

Resident A's MARS documentation was reviewed during this on-site. Photos were taken of the documentation reviewed that were missing staff initials. On page one of one on his May 2022 MARS, there is one missing staff initial for 09/28/2022, for his Boost VHS- Drink one can two times a day for 5:00 pm. On page two of two on his

May 2022 MARS, there are three missing staff initials on 05/01/2022, 05/03/2022, and 05/28/2022 for his 7:00 pm Divalproex 250 mg ER prescription. There are also 11 days where staff did not note his daily temps or their initials where it says, "record temps daily." July 2022 MARS were reviewed. There were 13 missing staff initials for six different medications on 07/15/2022, 07/28/2022, and 07/30/2022. Resident A's September 2022 MARS on page one of one had one missing staff initial for his Triple Antibiotic ointment for 09/26/2022 at 7:00 pm.

Resident B's MARS documentation was reviewed during this on-site. Photos were taken of the documentation reviewed. For September 2022, there are two pages of MARS that are missing staff initials. There are five staff initials missing on page one, and one on page two for 09/30/2022. There are two staff initials missing for three med passes on page two of two for August 2022 MARS (08/08/2022- Glycopyrrol 1mg- *take one table by mouth three times daily*, 4:00 pm, and Boost (drink one can three times daily on 8/7/22 at 5:00 pm and 8/26 at 12:00 pm.) There are about 25 staff initials missing between page one and page two of July 2022 MARS for multiple medications, including his Boost supplement. There about 11 missing staff initials for May 2022 MARS across three pages.

Resident C's MARS documentation was reviewed during this on-site. Photos were taken of the documentation reviewed that were missing staff initials. There are missing staff initials on her August 2022 MARS for Levothyroxin 200 mcg-*take one table by mouth every morning* at 5:00 am for 08/30/2022 and 08/31/2022. On page four of four of the September 2022 MARS, there are eight staff initials missing for multiple medications, and blood pressure readings are not noted for 09/27/22 and 09/30/2022. On page three of four for her September 2022 MARS, there are 12 missing staff initials for multiple medications for 6:00 am meds. There are eight missing staff initials for multiple medications on page two of four for morning medications on 09/27/2022 and 09/30/2022. It is the same for page one, with missing staff initials on both of those days for all 6:00 am meds. For August 2022 (page one of four), there are missing staff initials for her Levothyroxin 200 mcg- *take one tablet by mouth every morning* on 08/30/2022, and 08/31/2022. On page four of four for the August MARS, there are 12 missing staff initials between her Apap/Codeine 300-30 mg and Lorazepam 2mg for 10:00 am and 12:00 pm med passes. Resident C's July 2022 MARS documentation shows no staff initials for seven med passes (on page 4 of 4) for APAP/Codeine 300-30 mg and Simbrinza Sus 1-0.2%, and no daily blood pressure readings and staff initials on 07/28/22, 07/30/22, and 07/31/22. On page one of four, in her July 2022 MARS, there are six medications listed, and missing staff initials for 16 med passes. On page two of four, for July 2022, there are another six medications listed, and there are missing staff initials for eight med passes. There are 19 missing staff initials, for six different medications, across multiple days on page three of four, for July 2022 MARS. May 2022 MARS documentation for Resident A show no staff initials in 15 boxes for medication passes on 05/31/2022 (pages one through three of four).



Resident D's MARS documentation was reviewed during this on-site. Photos were taken of the documentation reviewed that were missing staff initials. On page two of two, there are about 15 missing staff initials for six different medications on 09/20/2022, 09/26/2022, 09/27/2022, and 09/30/2022. On page three of three for the September 2022 MARS, Resident D's blood pressure readings are missing for 09/27/2022. The directions are "*Blood pressure every morning.*"

Resident E's MARS documentation was reviewed during this on-site. Photos were taken of the documentation reviewed that were missing staff initials. His September 2022 MARS documentation shows missing staff initials for his 6:00 am Valproic Acid sol 250 m/L- *take 5ML by mouth twice daily* for 09/27/2022 and 9/30/2022 at 6:00 am. His blood pressure readings were not recorded for 09/27/2022 and 09/30/2022. The same prescription (Valproic Acid Sol 250 m/L) on his July 2022 MARS documentation shows missing staff initials for 7/15/22, 7/30/22, and 7/31/22 at 6:00 am. Daily blood pressure readings were not recorded 7/06/22 through 07/08/2022, 07/15/2022, 07/30/2022, and 07/31/2022. His May 2022 MARS documentation shows missing staff initials for 05/31/2022 at 6:00 am for the same medication as well. Daily blood pressure readings and staff initials for May 2022 are not noted for 12 different days, and daily temperature readings are not noted for 21 different days.

On 10/19/2022, I spoke with Complainant 1 via phone. Complainant 1 stated that the paperwork (appointment logs and medication administration sheets) was not present for June, July, and August 2022. September 2022 paperwork was observed, but there were missing weights for Resident A. Complainant 1 stated that staff are supposed to do weekly weights for Resident A, and that they were informed the weights were not completed because staff cannot get Resident A to stand up. Complainant 1 stated that there was a meeting a week ago with the Genesee Health System team, and they have been conducting unannounced visits every few days at different times.

On 11/18/2022, I spoke with home manager Lakeitha Anderson via phone. During this call, Staff Anderson looked at the staff schedule for October 2022. She stated that on 10/04/2022, it was staff Thomyeshia Martin that was asked about the resident medical books and could not locate the documentation. She stated that they are supposed to have a med checker as well.

On 11/21/2022, I made a call to staff Thomyeshia Martin. She stated that when visitors to the home request files, when she cannot find something, she will let them know that she would have to ask the manager. She stated that she does not know where purges files are kept. She stated that she is a medication passer, and that they do have a med checker and has had one for a few months. She stated that she does not know if the missing records were purged. She stated that at the end of the month, when a medication administration record is filled out, they are taken out of the med book and replaced with the new sheets. She stated that she does not know

where the old sheets are placed. She stated that she has not noticed any missing initials in boxes on the medication administration records.

On 06/14/2022, I concluded a Renewal Licensing Study Report for the facility. Rule 400.14312(4)(b)(v) was cited due to staff initials that were missing from the medication administration sheets for all morning medications on 06/08/2022. The corrective action plan dated 06/20/2022 states *“The home manager responsible has implemented a procedure to ensure compliance. Each shift has a med checker that will ensure each medication is administered and each staff initial the medication administration records. The home manager will conduct an in-service with all staff on 6-28-22 to ensure future compliance with this rule.”*

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<p><b>(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:</b></p> <p><b>(b) Complete an individual medication log that contains all of the following information:</b></p> <p><b>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</b></p>
<b>ANALYSIS:</b>	<p>Medication administration records were reviewed for May, July, August, and September 2022 for Resident A, Resident B, Resident C, Resident D, and Resident E.</p> <p>There were multiple missing staff initials on multiple medication administration sheets for each month for all residents.</p> <p>There is a preponderance of evidence to substantiate a rule violation.</p>
<b>CONCLUSION:</b>	<b>REPEAT VIOLATION ESTABLISHED</b> <b>LSR DATED 06/14/2022, CAP dated 06/20/2022</b>

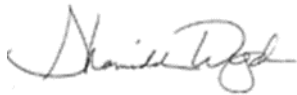
<b>APPLICABLE RULE</b>	
<b>R 400.14316</b>	<b>Resident records.</b>
	<b>(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:</b>

	<p><b>(d) Health care information, including all of the following:</b></p> <p><b>(ii) Medication logs.</b></p>
<b>ANALYSIS:</b>	<p>On 10/11/2022, I conducted an unannounced on-site visit at the facility. June 2022 MARS documentation appeared to be missing out of each resident's files.</p> <p>There is a preponderance of evidence to substantiate a rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On 11/22/2022, I conducted an exit conference with licensee designee Beth Mays. I informed her of the findings and conclusions.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend continuation of the provisional license.

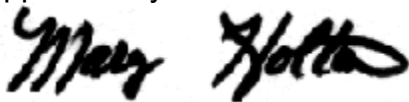


11/22/2022

Shamidah Wyden  
Licensing Consultant

Date

Approved By:



11/22/2022

Mary E. Holton  
Area Manager

Date