



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 3, 2023

Andrew Akunne
Carnegie AFC Inc
3879 Packard Street
Suite 1
Ann Arbor, MI 48108

RE: License #: AM630279362
Investigation #: 2023A0991008
Victory Lane

Dear Mr. Akunne:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd., Ste. 9-100
Detroit, MI 48202
(248) 296-2783

enclosure

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

I. IDENTIFYING INFORMATION

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| License #: | AM630279362 |
| Investigation #: | 2023A0991008 |
| Complaint Receipt Date: | 12/15/2022 |
| Investigation Initiation Date: | 12/16/2022 |
| Report Due Date: | 02/13/2023 |
| Licensee Name: | Carnegie AFC Inc |
| Licensee Address: | 3879 Packard Street Suite 1 Ann Arbor, MI 48108 |
| Licensee Telephone #: | (734) 973-7764 |
| Licensee Designee: | Andrew Akunne |
| Name of Facility: | Victory Lane |
| Facility Address: | 600-610 Wanda Ferndale, MI 48220 |
| Facility Telephone #: | (248) 398-1032 |
| Original Issuance Date: | 09/15/2006 |
| License Status: | REGULAR |
| Effective Date: | 03/14/2021 |
| Expiration Date: | 03/13/2023 |
| Capacity: | 12 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED |

II. ALLEGATION(S)

| | Violation Established? |
|---|-----------------------------------|
| Resident R is being given a heart medication that she does not need. She is not allowed to see her family physician and must see the in-home physician. | No |

III. METHODOLOGY

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| 12/15/2022 | Special Investigation Intake 2023A0991008 |
| 12/16/2022 | Special Investigation Initiated - Telephone Call to complainant- left message |
| 12/16/2022 | APS Referral Referred to Adult Protective Services (APS) - denied for investigation |
| 12/19/2022 | Contact - Telephone call made Interviewed complainant via telephone |
| 12/19/2022 | Contact - Telephone call made To home manager, Kim Scott |
| 12/21/2022 | Inspection Completed On-site Unannounced onsite inspection - interviewed staff and reviewed documentation |
| 12/21/2022 | Contact - Document Received Medication logs, hospital discharge paperwork, physician contacts |
| 01/05/2023 | Inspection Completed On-site Unannounced onsite inspection- interviewed Resident R |
| 01/06/2023 | Contact - Document Received Hospital discharge paperwork |
| 01/09/2023 | Contact - Document Received Appointment records |
| 01/10/2023 | Contact - Telephone call made Left message for guardian |

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| 02/02/2023 | Contact - Telephone call made Left message for guardian |
| 02/02/2023 | Exit Conference Via telephone with licensee designee, Andrew Akunne |

ALLEGATION:

Resident R is being given a heart medication that she does not need. She is not allowed to see her family physician and must see the in-home physician.

INVESTIGATION:

On 12/15/22, I received a complaint alleging that Resident R is being given heart medications that she does not need, and that the facility is requiring her to see the in-home physician and will not allow her to see her family physician. The complaint also alleged that the facility has given Resident R high blood pressure medication for a condition she does not have, which had terrible side effects. The allegations regarding the blood pressure medication are not addressed in this investigation, as they were previously investigated in special investigation #2022A0602037 and were not substantiated.

I initiated my investigation on 12/16/22 by making a referral to Adult Protective Services (APS) Centralized Intake, which was not assigned for investigation.

On 12/19/22, I interviewed the complainant via telephone. The complainant had difficulty staying on topic and provided a detailed history of her relationship with Resident R, which led to Resident R having a court appointed guardian. The complainant stated that she felt Resident R's guardian was not looking out for Resident R's best interests, and the facility does whatever the guardian says. Resident R is required to see the house doctor, rather than an outside doctor because that is what the guardian requested. The complainant stated that there were previously issues with Resident R's blood pressure medication, and now they put her on a heart medication that she does not need. She stated that Resident R has a blood disorder and needs to see a hematologist, but staff at the facility did not take her for months and months. The delay in Resident R being taken to her hematology/oncology appointment was also addressed in special investigation #2022A0602037 and was substantiated.

On 12/19/22, I interviewed the home manager Kim Scott, via telephone. Ms. Scott stated that Resident R currently sees two doctors, the home's visiting physician, Dr. Bryant, and her oncologist, Dr. Ding. Ms. Scott stated that neither Resident R nor her guardian have expressed any complaints about her doctors and have not stated that they want to change physicians. Ms. Scott stated that Resident R has not had any new medications added recently. Dr. Bryant did change her blood pressure medication to Procardia XL several months ago. Procardia is prescribed for Resident R's blood

pressure, not a heart condition. This is the only change that he made to Resident R's medications, and she has not had any negative side effects. Ms. Scott stated that staff take good care of Resident R and are addressing all of her medical needs. Staff take her to weekly appointments to get lab work completed to check her hemoglobin levels because she is prescribed Prednisone. Ms. Scott stated that she feels Resident R's guardian is making appropriate decisions regarding her care and treatment. Resident R's daughter is upset because she is not the guardian and does not have precedence for making decisions.

On 12/19/22, I interviewed Resident R via telephone. Resident R stated that she does not have any concerns about any of the staff in the home or her care. She stated that she has an issue with her guardian, and she does not like her.

On 12/21/22, I conducted an unannounced onsite inspection at Victory Lane. Resident R was in the hospital and was not available to be interviewed. I reviewed copies of Resident R's medication administration records (MARs), physician notes, prescriptions, and hospital discharge paperwork, as well as her medication bubble packs. I did not note any discrepancies between the medications that were prescribed, and the medications being administered. The documentation showed that the facility's visiting physician, Dr. Bryant, discontinued Resident R's blood pressure medication, Metoprolol 50 Mg tablet, on 08/04/22 and prescribed Nifedipine ER 30 Mg Tablet (generic for Procardia) take one tablet by mouth every day. I reviewed physician notes from Dr. Bryant dated 10/03/22 and 12/13/22, which indicate that Resident R's blood pressure has improved with the change to Procardia 30 Mg daily.

During the onsite inspection, I interviewed direct care worker, Ola Jaiyesimi. Ms. Jaiyesimi stated that she has worked in the home since 2019. She stated that the facility has a visiting physician who comes to the home, but residents could choose to see another doctor. Ms. Jaiyesimi stated that she typically works weekends, so she is not usually present when the doctor comes to the home. She stated that Resident R had some issues with her medications when she first moved into the home, but she saw the doctor and the issues were resolved. Resident R has a lot of ongoing health issues. Staff contact the physician if Resident R complains or does not feel well. She did not have any concerns regarding the care Resident R is receiving at the home.

On 01/05/23, I conducted an unannounced onsite inspection at Victory Lane and interviewed Resident R. Resident R stated that she was hospitalized because her blood levels went down, and she just returned to the home. They gave her a blood transfusion and then she got COVID-19, so she was in the hospital for a while. She stated that she does not have any complaints about staff or the home's visiting physician, Dr. Bryant. She stated that if she wanted to see another doctor, the home would allow it. She sees Dr. Bryant because he comes out to the house. She also sees her oncologist and gets lab work done to test her blood levels. She did not have any concerns about her medications. Resident R stated that she does not have any problems with the home. She is upset because she wants her daughter to be her guardian.

On 02/02/23, I conducted an exit conference via telephone with the licensee designee, Andrew Akunne. I shared my findings from the investigation. Mr. Akunne did not have any additional information regarding the investigation.

| APPLICABLE RULE | |
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| R 400.14304 | Resident rights; licensee responsibilities. |
| | <p>(1) Upon a resident's admission to the home, a licensee shall inform a resident or the resident's designated representative of, explain to the resident or the resident's designated representative, and provide to the resident or the resident's designated representative, a copy of all of the following resident rights:</p> <p>(l) The right to employ the services of a physician, psychiatrist, or dentist of his or her choice for obtaining medical, psychiatric, or dental services.</p> |
| ANALYSIS: | <p>Based on the information gathered through my investigation, there is insufficient information to conclude that Resident R is being denied the right to employ the services of a physician of her choosing. According to the home manager, Resident R and her guardian never expressed any issues with Resident R seeing the home's visiting physician or requested another doctor. The complainant stated that Resident R cannot see an outside doctor, and sees the visiting physician, because that is what her guardian requested. The complainant is not Resident R's guardian and is not able to make decisions regarding Resident R's medical care.</p> |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

| APPLICABLE RULE | |
|------------------------|---|
| R 400.14312 | Resident medications. |
| | <p>(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.</p> |

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| ANALYSIS: | Based on the information gathered through my investigation, there is insufficient information to conclude that staff are giving Resident R a heart medication that she does not need. During the investigation, I reviewed Resident R's medications and prescriptions. All medications being administered to Resident R were prescribed by a physician. Resident R was not prescribed a heart medication. Resident R's primary care physician changed her blood pressure medication to Nifedipine ER 30 Mg Tablet (generic for Procardia) on 08/04/22 and noted in subsequent visits that Resident R's blood pressure improved with the change in medication. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

IV. RECOMMENDATION

I recommend that the special investigation be closed with no change to the status of the license.

Kristen Donnay

02/02/2023

 Kristen Donnay
 Licensing Consultant

 Date

Approved By:

Denise Y. Nunn

02/03/2023

 Denise Y. Nunn
 Area Manager

 Date