



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 14, 2023

Rochelle Lyons
Grandhaven Living Center LLC
Suite 200
3196 Kraft Avenue SE
Grand Rapids, MI 49512

RE: License #: AL330378741
Investigation #: 2023A1033024
Grandhaven Living Center (Harbor)

Dear Ms. Lyons:

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. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps". The signature is written in dark ink on a light-colored background.

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL330378741
Investigation #:	2023A1033024
Complaint Receipt Date:	01/24/2023
Investigation Initiation Date:	01/27/2023
Report Due Date:	03/25/2023
Licensee Name:	Grandhaven Living Center LLC
Licensee Address:	Suite 200 3196 Kraft Avenue SE Grand Rapids, MI 49512
Licensee Telephone #:	(517) 420-3898
Administrator:	Rochelle Lyons
Licensee Designee:	Rochelle Lyons
Name of Facility:	Grandhaven Living Center (Harbor)
Facility Address:	3145 West Mt. Hope Lansing, MI 48911
Facility Telephone #:	(517) 485-5966
Original Issuance Date:	08/07/2017
License Status:	REGULAR
Effective Date:	02/07/2022
Expiration Date:	02/06/2024
Capacity:	20

Program Type:	AGED
----------------------	------

ALLEGATION(S)

	Violation Established?
Contracted direct care staff are not properly trained.	Yes
Employee files are not being kept for contracted direct care staff.	Yes
Prescription medications are being kept in resident rooms and not in a locked container. Residents are being allowed to self-administer medications without a physician's order.	Yes
Resident medications are not being administered as ordered.	No

II. METHODOLOGY

01/24/2023	Special Investigation Intake 2023A1033024
01/27/2023	Special Investigation Initiated - On Site- Interview Executive Director, Sarah Kate VanAuker & Operations Specialist, Bobbie Huizen. Review of resident medications, facility walkthrough completed, initiated review of employee files.
02/01/2023	Contact - Document Received- Email received from Ms. VanAuker with employee file information attached for review.
02/08/2023	Contact - Document Received- Email received from Ms. VanAuker regarding employee files.
02/22/2023	Inspection Completed-BCAL Sub. Compliance
03/14/2023	Exit Conference Telephone call made to Licensee Designee, Rochelle Lyons, voicemail message left. Email sent to Ms. Lyons with SIR attached.

**To maintain the coding consistency of residents across several investigations, the residents in this special investigation are not identified in sequential order.*

ALLEGATION:

Contracted direct care staff are not properly trained.

INVESTIGATION:

On 1/25/23 I received an online complaint regarding the Grand Haven Living Center (Harbor), adult foster care facility (the facility). The complaint alleged that the facility is contracting with an outside agency for direct care staff and the direct care staff being provided by this agency are not properly trained to provide direct care in an adult foster care setting.

On 1/27/23 I completed an on-site investigation at the facility. I interviewed Executive Director, Sarah Kate VanAuker, regarding training qualifications of direct care staff. Ms. VanAuker reported management at the facility decided to use contract staff, through the CorsoCare home health agency, due to a shortage of direct care staff. Ms. VanAuker reported direct care staff from the CorsoCare agency are assigned to direct care staff, who are employed by the facility, for job training and shadowing. She reported direct care staff through CorsoCare will shadow facility direct care staff until they feel confident in their training process. Ms. VanAuker reported direct care staff from CorsoCare are not being trained to administer resident medication at this time, but this is something they may look to do in the future. Ms. VanAuker reported she does not maintain a personnel file on the direct care staff from CorsoCare and would need to reach out to the CorsoCare company directly to obtain their personnel files.

On 2/1/23 I reviewed an email from Ms. VanAuker which contained records of personnel files for the CorsoCare direct care staff members currently working in the facility. The files were missing the following information:

- Samia Cook: Missing CPR training
- Loretta Lawler: Missing CPR training
- Derica Kellum: Missing CPR training
- Adrienne Stiefel: Missing CPR training
- Christopher Jordan: Missing CPR training

I requested proof of CPR training for the above stated individuals via email on 2/1/23 from Ms. VanAuker.

On 2/8/23 I received an email response from Ms. VanAuker reporting that the CorsoCare agency has not implemented CPR training for Ms. Cook, Ms. Lawler, Ms.

Kellum, Ms. Stiefel, or Mr. Jordan, and will need to implement this training for compliance with required trainings.

APPLICABLE RULE	
R 400.15204	Direct care staff; qualifications and training.
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: (a) Reporting requirements. (b) First aid. (c) Cardiopulmonary resuscitation. (d) Personal care, supervision, and protection. (e) Resident rights. (f) Safety and fire prevention. (g) Prevention and containment of communicable diseases.
ANALYSIS:	Based upon the interview with Ms. VanAuker as well as review of the personnel files from the CorsoCare agency, it can be determined that the Ms. Cook, Ms. Lawler, Ms. Kellum, Ms. Stiefel, and Mr. Jordan, have not completed required cardiopulmonary resuscitation training required to provide direct care in an adult foster care large group home.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Employee files are not being kept for contracted direct care staff.

INVESTIGATION:

On 1/25/23 I received an online complaint alleging licensee designee Rochelle Lyons is not keeping personnel files for direct care staff who have been contracted through staffing agencies. On 1/27/23 I completed an on-site investigation at the facility. I interviewed Ms. VanAuker regarding the allegation. Ms. VanAuker reported administration does not have employee files for the contracted direct care staff, through the CorsoCare agency. She reported she can receive any information in the personnel files CorsoCare keeps on the contracted staff. Ms. VanAuker made a telephone call to CorsoCare and requested direct care staff file information for the

following direct care staff members Samia Cook, Loretta Lawler, Derica Kellum, Adrienne Stiefel, and Christopher Jordan.

On 2/1/23 I reviewed an email from Ms. VanAuker which contained records of personnel files for the CorsoCare direct care staff members currently working in the facility. The email provided personnel file information for Ms. Cook, Ms. Lawler, Ms. Kellum, Ms. Stiefel, and Mr. Jordan. All the noted files were missing information on required verification of the receipt of personnel policies and job descriptions, as well as proof of CPR training. Ms. Lawler's personnel file was missing information on current TB testing.

APPLICABLE RULE	
R 400.15208	Direct care staff and employee records.
	<p>(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:</p> <ul style="list-style-type: none">(a) Name, address, telephone number, and social security number.(b) The professional or vocational license, certification, or registration number, if applicable.(c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.(d) Verification of the age requirement.(e) Verification of experience, education, and training.(f) Verification of reference checks.(g) Beginning and ending dates of employment.(h) Medical information, as required.(i) Required verification of the receipt of personnel policies and job descriptions.
ANALYSIS:	Based upon interview with Ms. VanAuker and review of the CorsoCare agencies personnel files it can be established that Ms. VanAuker was not aware it was required to maintain personnel records for all direct care staff, including contracted employees through outside agencies. The files provided during this investigation did not contain all the necessary documents for each direct care staff member hired from CorsoCare. The missing documents included verification of trainings, medical information and receipt of personnel policies and job descriptions.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

- **Prescription medications are being kept in resident rooms and not in a locked container.**
- **Residents are being allowed to self-administer medications without a physician's order.**

INVESTIGATION:

On 1/25/23 I received an online complaint alleging the facility keeps prescription medications in the rooms of Resident B, Resident G, and Resident K. On 1/27/23 I completed an on-site investigation at the facility. I conducted a walkthrough of the facility and directly observed the apartments of Resident B, Resident G, and Resident K. I found the following results:

- Resident B's apartment: Located in Resident B's bathroom, in an unlocked container, I found Biofreeze Gel 4%, apply topically to affected areas topically three times a day for pain. Also, in an unlocked container, in the bathroom, was Nystatin Powder, Apply topically to affected area twice a day.
- Resident G's apartment: Located in Resident G's apartment on the bedside table was a Ventolin inhaler. This inhaler was not in the original pharmacy supplied container and did not have Resident G's name or dosage on the inhaler.
- Resident K's apartment: No medications were found in Resident K's apartment during this on-site investigation.

I reviewed the Medication Administration Records (MARs) for Resident B, Resident G, and Resident K. Resident B had documented on her MAR that she has been prescribed the Biofreeze Gel & the Nystatin Powder. I was documented on Resident G's MAR that she is prescribed a Ventolin inhaler, 2 puffs every 4 hours as needed for shortness of breath.

On 1/25/23, during on-site investigation, I interviewed Ms. VanAuker regarding the medications found in Resident B and Resident K's apartments. Ms. VanAuker reported she was unaware of why Resident B's Nystatin Powder and Biofreeze Gel medications were being kept in her apartment. Ms. VanAuker reported she thought they had a physician's order for Resident G to self-administer her inhaler and she would look for this order. She further reported she was uncertain of a physician's order for Resident B to have her two medications in her apartment in an unlocked container. Ms. VanAuker provided the current physicians orders for Resident B and Resident G during this on-site investigation. Neither, Resident B or Resident G had documented in their physicians' orders that they can keep their medications in their resident apartments and/or self-administer their medications.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(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.
ANALYSIS:	Based upon interview with Ms. VanAuker as well as observations made during the on-site investigation it can be determined that Resident B and Resident G were found to have prescribed medications in their resident apartments in unlocked containers.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15312	Resident medications.
	(3) Unless a resident's physician specifically states otherwise in writing, the giving, taking, or applying of prescription medications shall be supervised by the licensee, administrator, or direct care staff.
ANALYSIS:	Based upon the interview with Ms. VanAuker as well as observations made during the on-site investigation it can be determined direct care staff are allowing Resident G to self-administer her Ventolin Inhaler, without a physician's order indicating she is able to self-administer this medication.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Resident medications are not being administered as ordered.

INVESTIGATION:

On 1/25/23 I received an online complaint alleging direct care staff at the facility are not administering resident medications as they are prescribed. On 1/27/23 I completed an onsite investigation at the facility. I interviewed Ms. VanAuker regarding the current resident census. Ms. VanAuker reported the current census at the facility was 13 residents. I reviewed the resident MARs for January 2023 and medications for the following residents:


- Resident A
- Resident B
- Resident D
- Resident F
- Resident G
- Resident J
- Resident L

The observations made during this medication reconciliation were that all medications matched the given MARs for January 2023. There were no notations on the MAR that indicated a resident did not receive their prescribed medications. I also reviewed the controlled substance medications, which were found to be locked in a separate lock box with a count sheet for each resident and their controlled substance. Residents A, B, F, G, and L were prescribed controlled substances and each of their controlled substances matched what was documented on the January 2023 MARs and the count of medications matched the count sheets.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	Based upon review of seven resident MARs and medication reconciliation to these MARs, which included counting all controlled substances, it can be determined that the direct care staff are administering medications as ordered by physicians. There was no available evidence to suggest that this practice is not occurring.
CONCLUSION:	VIOLATION NOT ESTABLISHED

III. RECOMMENDATION

Contingent upon receipt of an approved corrective action plan, no change to the status of the license recommended at this time.

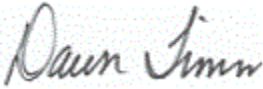


02/27/2023

Jana Lipps
Licensing Consultant

Date

Approved By:



03/14/2023

Dawn N. Timm
Area Manager

Date