GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 10, 2023

Mark James
American AFC Inc.
5355 Northland Dr. C-133
Grand Rapids, MI 49525

RE: License #:	AM610259339
Investigation #:	2023A0356013
	Terrace Manor

Dear Mr. James:

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.

A six-month provisional license will be issued as recommended in the previous special investigation 2023A0356009 dated 02/07/2023. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan. 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 (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM610259339
Investigation #:	2023A0356013
Complaint Receipt Date:	01/10/2023
Investigation Initiation Date:	01/10/2023
Report Due Date:	03/11/2023
Licensee Name:	American AFC Inc.
Licensee Address:	5355 Northland Dr. C-133 Grand Rapids, MI 49525
Licensee Telephone #:	(616) 292-2837
Administrator:	Mark James
Licensee Designee:	Mark James
Name of Facility:	Terrace Manor
Facility Address:	1148 Terrace Street Muskegon, MI 49442-3449
Facility Telephone #:	(231) 722-7442
Original Issuance Date:	05/12/2004
License Status:	REGULAR
Effective Date:	09/30/2022
Expiration Date:	09/29/2024
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL, AGED

II. ALLEGATION(S)

	Violation Established?
Staff at the facility are not administering Resident A's medication as prescribed.	Yes
Additional Finding	Yes

III. METHODOLOGY

01/10/2023	Special Investigation Intake 2023A0356013
01/10/2023	APS Referral Anna Mater, Muskegon Co. DHHS, APS.
01/10/2023	Special Investigation Initiated - Telephone Anna Mater, APS.
01/11/2023	Contact - Document Received Anna Mater, APS.
01/13/2023	Inspection Completed On-site
01/13/2023	Contact - Face to Face Resident A, and staff, John "June" Chandler.
01/17/2023	Contact-Document Received Anna Mater, APS.
01/31/2023	Contact - Document Received Anna Mater, APS.
02/15/2023	Contact - Document Sent Mark James, Licensee. Requested MAR.
02/16/2023	Contact - Document Received M. James, working on getting MAR.
02/21/2023	Contact - Document Sent M. James, update on MAR. Received facility documents for Resident A.
03/02/2023	Contact - Document Received MAR from M. James. Facility documents for Resident A. Anna Mater, APS.

03/02/2023	Contact-Telephone call made. Trinity Home Health Care-Shannon Tobin, RN clinical manager.
03/03/2023	Contact-Document received. Anna Mater, new denied APS referral.
03/07/2023	Inspection Completed On-site W/Anna Mater, APS.
03/07/2023	Contact - Telephone call made. Accuflow systems for the entire MAR for Resident A.
03/07/2023	Contact - Document Received Received MAR from Accuflow systems.
03/07/2023	Contact - Face to Face Roy James, Tracy Weaver, Anna Mater, Resident A.
03/13/2023	Exit Conference-Mark James, Licensee Designee.

ALLEGATION: Staff at the facility are not administering Resident A's medication as prescribed.

INVESTIGATION: On 01/10/2023, I received a BCAL (Bureau of Children and Adult Licensing) online complaint. The complainant reported Resident A has Type 1 diabetes, Resident A has been seen in the ER (emergency room) in the last three months for low and high blood sugars and a seizure disorder. The complainant reported there are concerns that Resident A is not compliant with his insulin medication which may be contributing to his medical instability. Recently, Resident A was hospitalized for a pressure wound and his blood sugar was greater than 500. The complainant reported Resident A's insulin medication is not being administered properly. Adult Protective Services Worker (APS), Anna Mater, Muskegon County Department of Health and Human Services was assigned to investigate.

On 01/10/2023, Anna Mater, APS Worker conducted an unannounced inspection at the facility and provided information from her interview. Ms. Mater interviewed Resident A at the facility and Resident A reported he gets medication three times daily. Resident A stated staff administer all his medications including insulin regularly and they do not miss a day. Ms. Mater stated Resident A reported he checks his blood sugar on his own three times daily, tells staff what his blood sugar is and based on his blood sugar reading, insulin is administered per a sliding scale. Ms. Mater stated Resident A reported if his blood sugar is too high, he goes to the hospital. Ms. Mater stated Resident A reported he has not been to the hospital due to high blood sugar lately, but he has been to the hospital due to a seizure disorder. Resident A reported he has a pressure wound that developed during Christmas time

when he was in the hospital for pneumonia and the wound is being treated by nurses coming to the facility. Resident A reported his blood sugar is in the 500 range at times but that it is normal for him to have high blood sugar. Resident A reported he notifies staff when it is high and always takes his insulin and all other medications.

On 01/10/2023, Ms. Mater interviewed staff Dinah Johnson and Roy James at the facility and provided information from her interview. Ms. Johnson reported she usually works the night shift and Resident A gets his medications at 7:30p.m., 9:00a.m. and in the afternoon. Ms. Mater stated Roy James reported Resident A's blood sugar levels are often high and Resident A's doctors are aware of this. Roy James reported that often when Resident A wakes up in the morning, his blood sugar levels are in the 300's because Resident A eats junk food, orders take out and does not manage his diet well. Ms. Mater stated Roy James showed her (Ms. Mater) the medication records at the facility and explained that each time Resident A receives medication including insulin, it is documented on the computer. Roy James reported to Ms. Mater that Resident A sees Dr. Melissa Wynsma at Hackley Community Care and she is aware of Resident A's medical issues. Roy James reported that Resident A usually goes to the hospital due to seizures and if his blood sugar is "really bad" but usually Resident A ends up in the hospital due to his seizure disorder.

On 01/13/2023, I conducted an unannounced inspection at the facility and interviewed staff John "June" Chandler. Mr. Chandler stated Resident A has a nurse from Trinity Health that comes to the home to take care of the pressure wound, and Roy James takes Resident A to all his doctor's appointments. Mr. Chandler stated they are "doing what doctors tell us to do" and Resident A is taking all his medications as they are supposed to be taken. Mr. Chandler stated all medications are documented on the MAR (medication administration record) but he is unable to pull the MAR up on the computer for review.

On 01/13/2023, I conducted an unannounced inspection at the facility and interviewed Resident A. Resident A stated his medications are administered as prescribed daily by staff at the facility. Resident A checked his blood sugar while I was there and Mr. Chandler watched him test his blood sugar level. Resident A stated he checks his blood sugar four times daily. Staff watch and then insulin is administered if needed and as prescribed. Resident A stated he has a seizure disorder and is taking a chewable seizure medication and has had no seizures recently. Resident A stated he is not on a special diet and is trying to make better choices when it comes to food and his diabetes but sometimes his roommates get pizza at night and share with him which will cause a high blood sugar reading in the morning.

On 02/21/2023, I received and reviewed Resident A's health care appraisal (HCA) signed by Brent Simon, PA (physician assistant). The HCA documents Resident A has no special diet.

On 03/02/2023, I received and reviewed the January MAR (medication administration record) for Resident A from Licensee, Mark James via email. I could not see the entire MAR and I could not see all the medications on the MAR.

On 03/02/2023, I interviewed Ms. Mater via telephone. Ms. Mater stated Roy James is taking Resident A to doctor's appointments and medical oversight is being provided to Resident A. Ms. Mater stated Resident A has an appointment at Hackley Community Care with Dr. M. Wynsma today, 03/02/2023 and Dr. Wynsma referred Resident A to an endocrinology specialist in Grand Rapids. Ms. Mater stated Roy James took Resident A to his initial visit with the specialist but because he did not know his way around Grand Rapids, he was late to the appointment and the specialist would not see Resident A requiring a new referral. Ms. Mater stated she is working with Roy James and Dr. Wynsma to get that set up.

On 03/02/2023, I interviewed Shannon Tobin, Trinity Home Health Care, RN (registered nurse) clinical manager via telephone. Ms. Tobin stated Resident A was being seen for wound care stemming from a pressure ulcer on the coccyx, Type 1 diabetic and diabetic education/teaching was provided to Resident A and staff while they were in the home caring for him. Ms. Tobin stated Resident A had a seizure on 01/11/2023 and was hospitalized due to the seizure and there were questions at that time if Resident A was taking his insulin correctly. Ms. Tobin stated on 01/19/2023 the nurse documented fluctuating blood sugar levels between 300-500 and a fasting blood sugar level of 400 but Resident A's blood sugar levels were being tested four times daily and staff were administering insulin based on the blood sugar reading. Ms. Tobin stated the Trinity nurse documented that candy bars were seen in Resident A's room, so the nurse provided education to Resident A about making better choices and not eating candy bars. Ms. Tobin stated Resident A uses a sliding scale for insulin and the doctors were aware of the fluctuating blood sugars but were not going to change the sliding scale, at that time, possibly due to the pressure wound he had. Ms. Tobin stated on 01/20/2023, Resident A's blood sugars were between 100-300, Resident A was referred to an endocrinologist to be seen on 01/24/2023 in Grand Rapids and Resident A was discharged from their services on 02/16/2023 based on stable blood sugar levels and the healing of the wound.

On 03/03/2023, Ms. Mater sent a new APS complaint referral via email (the referral is dated 03/03/2023). The information in the referral is as follows; *'(Resident A) is diagnosed with diabetes, seizures, high blood pressure, delusional disorder, and anti-social personality disorder. Staff at the AFC manage medications for (Resident A), including his insulin. It is reported (Resident A) is on a sliding scale for his insulin. He is given insulin at 9:00am and then again at 12:00pm. This does not give the insulin enough time to work and results in (Resident A) having low blood sugar. (Resident A) also gets insulin at night. On two occasions, (Resident A) was given too much insulin by staff member, Dinah (Johnson). He was given 20 units once and 22 units just the other night when he should have got 16 units each time based on his blood sugar levels. This resulted in (Resident A) waking up with his sugar level at 39. Yesterday, his sugar was 91. (Resident A) does have a history of fluctuation with*

his sugars but there is a concern his insulin is being mismanaged. which could cause health complications.'

On 03/07/2023, I conducted an unannounced inspection at the facility with Ms. Mater and interviewed Roy James and Resident A. Roy James stated during his shift which is during the day, he administers Resident A's medications as prescribed. Roy James stated once Resident A tests his blood sugar, if his sugar is over 151, based on a scale they use, they administer the number of units of "R" (fast acting) insulin required. Roy James showed me the chart that is hanging above the desk next to the medication cart. The chart shows units ranging from 3-20 based on blood sugar levels of 151-450. If Resident A's blood sugar level rises above 450, the physician is consulted. Roy James stated Resident A's blood sugars are tested four times daily, and insulin "R" (fast acting) medication is administered at 9:00a.m., 12:00p., 5:00p.m. based on the sliding scale. Roy James stated Resident A gets 18 units of "N" (long lasting) insulin in the morning at 9:00a.m. and 16 units of "N" insulin in the evening at 9:00p.m. Resident A stated staff Roy James and Mr. Chandler administer his insulin medications as prescribed but the nighttime staff, Ms. Johnson may not be administering the sliding scale insulin as directed by the chart instructions. Resident A stated Ms. Johnson has given him 20 and 22 units when it should have been 16 units of insulin because she said it was difficult to get 16 units drawn up in the syringe. Resident A stated this caused his blood sugar to drop to 39. Roy James stated he took Resident A to the specialist endocrinology appointment in Grand Rapids on 01/24/2023 but they were late, and the doctor would not see them. Roy James stated he attempted to set up a new appointment, but it requires another referral. Ms. Mater stated she would facilitate getting another referral from Dr. Wynsma so a new appointment can be made.

On 03/07/2023, Roy James was also unable to pull the MAR up on the computer they use at the facility to document resident medications. Roy James and I called Accuflow who is the manager of the MAR site and were able to get the MARs for January, February, and March 2023. A review of the MARs shows the following information.

- January 2023 MAR documented Novolin N inj U-100 inject 16 units subcutaneously in the evening at 8:00p.m. all dates signed by staff as administered as prescribed.
- January 2023 MAR documented Novolin N inj U-100 inject 18 units subcutaneously every morning at 9:00a.m. all dates signed by staff as administered as prescribed.
- January 2023 MAR documented Novolin R inj U-100 inject subcutaneously 3 times daily with meals per sliding scale, January 4, 9:00a.m. did not document Resident A's blood sugar level on the MAR, on January 17 9:00a.m. Resident A's blood sugar level is documented as "hi", units of insulin given was documented as "20 Roy said," on January 23rd 9:00a.m. Resident A's blood sugar was documented as 458 and units of insulin given was documented as "20 Roy said", on January 25, 9:00a.m. Resident A's blood

sugar reading, site of injection and units administered are documented with a ~~0~~ (with a line through it) indicating nothing recorded for that date at 9:00a.m.

- January 2023 MAR documented on January 1st, 2nd, 7th, 10th 13th, 14th, and 16th at 12:00p.m. show an NR (not recorded) for Resident A's blood sugar reading, site of injection and units administered.
- January 2023 MAR documented on January 2nd, 8th and 22nd at 5:00p.m. show an NR (not recorded) for Resident A's blood sugar reading, site of injection and units administered.
- February 2023 MAR documented on the 6th of February, Resident A's Novolin N inj U-100 inject 16 units subcutaneously in the evening at 8:00p.m. as NR (not recorded). The explanation is documented as 'medication on hold.' The rest of the month is documented all diabetes medications administered as prescribed.
- March 2023 MAR documented Novolin N inj U-100 inject 16 units subcutaneously, on 03/08/2023, evening dose at 8:00p.m., slash marks (//) are documented in the signature box. The slash marks are documented on the MAR as "missed dose."
- March 2023 MAR documented Novolin R inj U-100 inject subcutaneously 3 times daily with meals per sliding scale, at 9:00a.m. on March 4th and 7th Resident A's blood sugar, site of injection and units administered as 'not recorded.' At 12:00p.m. and 5:00p.m. on March 4th, blood sugar, site of injection and units administered as 'not recorded' and the explanation for both the 4th and the 7th was 'medication on hold.' Mr. R. James explained that medication on hold means Resident A's blood sugar levels were low enough that he did not require the sliding scale insulin injection however, Resident A's blood sugar level should be documented on the MAR.
- A review of the MAR does not show Resident A was administered the wrong amount of sliding scale insulin as documented in the subsequent complaint.
- A review of the MAR shows Resident A's insulin to be administered daily at 9:00a.m., 12:00p.m., 5:00p.m. and 8:00p.m., the latter complaint documented the insulin administration at 9;00a.m. and 12:00p.m. do not give enough time in between the doses causing low blood sugar levels. However, staff are administering at the time prescribed.
- The January 2023 MAR documented, Phenytoin chew 50 mg, Dilantin chew two tablets by mouth 3x daily at 9:00a.m., 5:00p.m. and 8:00p.m. as prescribed for Resident A's seizures. Documented on 01/22/2023, the 5:00p.m. dose is marked as not administered (a zero with a line through it ~~0~~) and the explanation is documented as 'medication on hold.'
- The February 2023 MAR documented Resident A's Phenytoin medication was administered as prescribed.
- The March 2023 MAR documented Resident A's Phenytoin medication on 03/07/2023, 5:00p.m. is marked as not administered and the explanation is documented as 'medication on hold.' Nothing on the MAR indicated this medication should ever be 'on hold.'

On 03/10/2023 & 03/13/2023, I conducted an exit conference with Licensee Designee, Mark James. Mr. James stated staff at the facility administered Resident A's medications as prescribed and he does not agree with any information inferring that staff failed to administer Resident A's medication properly. Mr. James stated he will review the report and the MAR for purposes of a corrective action plan.

APPLICABLE RULE	
R 400.14312	**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:	Two complaints were received that reported Resident A is not getting his insulin medication properly which may be contributing to medical instability. Staff Roy James, Ms. Johnson and Mr. Chandler reported Resident A's medications are administered as prescribed. Resident A reported that Roy James and Mr. Chandler administered his medications as prescribed but Ms. Johnson has given him too much insulin causing his blood sugar to drop to low levels. Ms. Tobin stated Resident A was discharged from their services based on stable blood sugar levels and the healing of a wound. Resident A's MAR for the months of January, February and March 2023 does not show Resident A's medications are being documented as administered as prescribed. Therefore, a violation of this applicable rule is established.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS

INVESTIGATION: On 02/21/2023, I received and reviewed Resident A's health care appraisal (HCA) signed by Brent Simon, PA (physician assistant). The HCA is dated 07/02/2020, which is well over a year old.

On 03/13/2023, I conducted an exit conference with Licensee Designee, Mark James via email. Mr. James will submit an acceptable corrective action plan.

APPLICABLE RULE	
R 400.14301	**Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
ANALYSIS:	Resident A's Health Care Appraisal is dated 07/02/2020 and has not been updated annually as required. Therefore, a violation of this applicable rule is established.
CONCLUSION:	**VIOLATION ESTABLISHED**

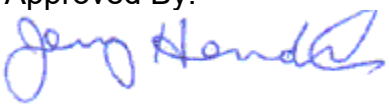
IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend the issuance of a provisional license based on the prior recommendation from SI2023A0356009 dated 02/07/2023.

03/10/2023

Elizabeth Elliott Date
Licensing Consultant

Approved By:



03/10/2023

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Jerry Hendrick Date
Area Manager