GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 19, 2023

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

RE: License #: AL330237775
Investigation #: 2023A1033033
Grandhaven Living Center 1 (Pier)

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,

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 #:** | AL330237775 |
| | |
| **Investigation #:** | 2023A1033033 |
| | |
| **Complaint Receipt Date:** | 02/21/2023 |
| | |
| **Investigation Initiation Date:** | 02/21/2023 |
| | |
| **Report Due Date:** | 04/22/2023 |
| | |
| **Licensee Name:** | Grandhaven Living Center LLC |
| | |
| **Licensee Address:** | Suite 200<br>3196 Kraft Avenue SE<br>Grand Rapids, MI 49512 |
| | |
| **Licensee Telephone #:** | (517) 420-3898 |
| | |
| **Administrator:** | Rochelle Lyons, Designee |
| | |
| **Licensee Designee:** | Rochelle Lyons, Designee |
| | |
| **Name of Facility:** | Grandhaven Living Center 1 (Pier) |
| | |
| **Facility Address:** | 3145 W Mt Hope Avenue<br>Lansing, MI 48911 |
| | |
| **Facility Telephone #:** | (517) 420-3898 |
| | |
| **Original Issuance Date:** | 02/12/2002 |
| | |
| License **Status:** | REGULAR |
| | |
| **Effective Date:** | 01/26/2021 |
| | |
| **Expiration Date:** | 01/25/2023 |
| | |
| **Capacity:** | 20 |
| | |
| **Program Type:** | PHYSICALLY HANDICAPPED<br>AGED |

## II. ALLEGATION(S)

| | **Violation Established**? |
|---|---|
| Direct care staff, Aniyah Caldwell & Arianna Shaw, were arrested for a felony firearms offense, and have not informed management of the arrest. | Yes |
| Direct care staff, Brenda Eldridge, is administering a discontinued inhaler to Resident J. | No |

## III. METHODOLOGY

| | |
|---|---|
| 02/21/2023 | Special Investigation Intake<br>2023A1033033 |
| 02/21/2023 | Special Investigation Initiated - Telephone<br>Interview with Licensing Consultant, Julie Elkins, via telephone. |
| 03/02/2023 | Inspection Completed On-site<br>Interview with Operations Specialist, Crystal Smith. Review of direct care staff, Arianna Shaw & Aniyah Caldwell's workforce background check eligibility clearance, review of Resident A's medications and Medication Administration Record. |
| 03/09/2023 | Contact - Telephone call made<br>Interview with direct care staff, Arianna Shaw, via telephone. |
| 03/09/2023 | Contact - Telephone call made<br>Attempt to interview direct care staff, Aniyah Caldwell, via telephone. Voicemail message left. |
| 03/09/2023 | Contact - Telephone call made<br>Attempt to interview direct care staff, Brenda Eldridge, via telephone. Voicemail message left. |
| 04/09/2023 | APS Referral- No referral indicated at this time. No suspicion of abuse/neglect. |
| 04/09/2023 | Inspection Completed-BCAL Sub. Compliance |
| 04/07/2023 | Exit Conference<br>Exit conference completed via telephone with Licensee Designee, Rochelle Lyons. Voicemail message left. |

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

**ALLEGATION:**

**Direct care staff members Aniyah Caldwell and Arianna Shaw were arrested for a felony firearms offense but have not informed management of the arrest.**

**INVESTIGATION:**

On 2/21/23 I received an online complaint regarding the Grandhaven Assisted Living Center 1 (Pier) adult foster care facility (the facility). The complaint alleged that direct care staff members Aniyah Caldwell and Arianna Shaw were arrested for a felony firearms offense but have not informed management of the arrest as required. On 3/2/23 I completed an on-site investigation at the facility. I interviewed Operations Specialist, Crystal Smith. Ms. Smith reported both Ms. Caldwell and Ms. Shaw are employed by the facility. She reported both Ms. Caldwell and Ms. Shaw have completed the Michigan Workforce Background Check process and were cleared to work at the facility. Ms. Smith reported that to her knowledge neither Ms. Caldwell nor Ms. Shaw have been arraigned on felony firearm charges. She reported that if they had reported this to another manager with the facility this would have been directly communicated to her.

On 3/2/23, during on-site investigation, I reviewed the *Michigan Workforce Background Check* eligibility letters for Ms. Shaw and Ms. Caldwell. Both Ms. Shaw and Ms. Caldwell had been determined to be eligible to work as a direct care staff based on the results of their *Michigan Workforce Background Check* eligibility screenings.

On 3/9/23 I interviewed direct care staff Arianna Shaw, via telephone. Ms. Shaw reported she had recently been arrested and arraigned on a felony firearm charge. Ms. Shaw reported she has a court date scheduled for 3/17/23. Ms. Shaw reported she has not disclosed this information to anyone through the facility. Ms. Shaw reported the charges and arrest were a misunderstanding, and she is hoping to have these charges dropped.

On 3/9/23 I tried to interview direct care staff, Aniyah Caldwell, via telephone. I left a voicemail message for Ms. Caldwell. Ms. Caldwell returned this call and left me a returned voicemail message. I made another attempt, on this date, to contact Ms. Caldwell and left a second message. Ms. Caldwell did not return my telephone call.

During on-site investigation on 3/2/23 I reviewed the *Michigan Workforce Background Check Consent and Disclosure* documents for Ms. Shaw and Ms. Caldwell. Under *Part 4. Conditional Employment* section, *part C*, it reads: “I understand that as a condition of continued employment, I am required to report in writing to the health facility/agency or AFC immediately upon being arraigned on a

felony charge or convicted of one or more of the criminal offenses as described in MCL 33.20173a, MCL 330.1134a, and MCL 440.734b, or upon becoming the subject of an order or dispositional find of “Not Guilty by Reason of Insanity”, or upon being the subject of a state or federal substantiated finding of patient or resident neglect, abuse, or misappropriation of property.* Reporting of an arraignment is not cause for termination or denial of employment.” Ms. Shaw signed this form on 4/10/19. Ms. Caldwell signed this form on 5/19/22.

| **APPLICABLE RULE** | |
|---|---|
| **MCL 400.734b** | **Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.** |
| | **(12) As a condition of continued employment, each employee or independent contractor shall do both of the following:**<br>**(a) Agree in writing to report to the adult foster care facility or staffing agency immediately upon being arraigned on 1 or more of the criminal offenses listed in subsection (1)(a) to (g), upon being convicted of 1 or more of the criminal offenses listed in subsection (1)(a) to (g), upon becoming the subject of an order or disposition described under subsection (1)(h), and upon becoming the subject of a substantiated finding described under subsection (1)(i). Reporting of an arraignment under this subdivision is not cause for termination or denial of employment.**<br>**(b) If a set of fingerprints is not already on file with the department of state police, provide the department of state police with a set of fingerprints.** |

| | |
|---|---|
| **ANALYSIS:** | Based upon interviews with Ms. Smith and Ms. Shaw, it can be determined Ms. Shaw was arrested and scheduled to be arraigned on felony firearm charges and failed to report this arraignment to the management with the facility, despite having signed the *Michigan Workforce Background Check Consent and Disclosure* statement on 04/10/2019, acknowledging that any felony arraignment must be disclosed to the AFC immediately. This arrest and scheduled arraignment do not include any convictions.<br><br>There is no information confirming Ms. Smith was arrested or arraigned. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

**ALLEGATION:**

**Direct care staff, Brenda Eldridge, is administering a discontinued inhaler to Resident J.**

**INVESTIGATION:**

On 2/21/23 I received an online complaint regarding the facility. The complaint alleged that direct care staff, Brenda Eldridge, is administering a discontinued inhaler to Resident J. On 3/2/23 I completed an on-site investigation at the facility. I reviewed Resident J's *Medication Administration Records* (MARs) for the months of December 2022, January 2023, and February 2023. I reviewed the MARs for any ordered inhalers for Resident J. On the December 2022 MAR was a documented discontinued Flovent Inhaler. This inhaler was noted as being discontinued on 12/15/22. This medication is not documented as being administered by any direct care staff past the date of 12/15/22. During this on-site investigation I reviewed the medication cart for Resident J's inhalers. There was not a Flovent Inhaler in the medication cart with Resident A's current medications. During on-site investigation I interviewed Operations Specialist, Crystal Smith. Ms. Smith reported that Resident J's Flovent Inhaler had been discontinued and removed from the medication cart. The inhaler is no longer on-site at the facility.

On 3/9/23 I attempted to interview direct care staff, Brenda Eldridge, regarding the allegations. I left a voicemail message for Ms. Eldridge and did not receive a returned call from Ms. Eldridge.

| APPLICABLE RULE | |
|---|---|
| **R 400.15312** | **Resident medications.** |
| | **(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.** |
| **ANALYSIS:** | Based upon interview with Ms. Smith and observations made during the on-site investigation, there was no evidence to indicate Resident J was being administered a discontinued Flovent Inhaler. There was no evidence on the reviewed MARs and no evidence of a Flovent Inhaler in Resident J's medications in the medication cart. |
| **CONCLUSION:** | **VIOLATION NOT ESTABLISHED** |

## IV. RECOMMENDATION

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

04/18/23

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Jana Lipps Date
Licensing Consultant

Approved By:

04/19/2023

_____

Dawn N. Timm Date
Area Manager