



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 23, 2023

Kory Feetham
Merrill Assisted Living, LLC
150 Commerce Ct
Gladwin, MI 48624

RE: License #: AL730389269
Investigation #: 2023A0582041
Merrill Fields Assisted Living

Dear Mr. Feetham:

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. If 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 that reads "Derrick L. Britton".

Derrick Britton, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-9721

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL730389269
Investigation #:	2023A0582041
Complaint Receipt Date:	03/28/2023
Investigation Initiation Date:	03/29/2023
Report Due Date:	05/27/2023
Licensee Name:	Merrill Assisted Living, LLC
Licensee Address:	400 N. Midland Street Merrill, MI 48637
Licensee Telephone #:	(989) 705-2060
Administrator:	Kory Feetham
Licensee Designee:	Kory Feetham
Name of Facility:	Merrill Fields Assisted Living
Facility Address:	400 N. Midland Street Merrill, MI 48637
Facility Telephone #:	(989) 715-2060
Original Issuance Date:	04/25/2018
License Status:	REGULAR
Effective Date:	10/25/2022
Expiration Date:	10/24/2024
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED ALZHEIMERS, AGED

II. ALLEGATIONS

	Violation Established?
Staff are working alone on third shift, while there are residents that require two-person assist.	Yes
Medications are not being passed appropriately.	Yes
Narcotics are not being recorded appropriately and the count is not accurate.	Yes

III. METHODOLOGY

03/28/2023	Special Investigation Intake 2023A0582041
03/29/2023	Special Investigation Initiated - Letter With Anthony Humphrey, Licensing Consultant
04/03/2023	Inspection Completed On-site
04/03/2023	Inspection Completed On-site Interviews with Madison Rodriguez, Resource Care Coordinator, Resident B, Resident C, Resident D, Resident E
05/17/2023	Contact - Telephone call made With Direct Care Worker Kaylee Noel
05/18/2023	Contact - Telephone call made With Direct Care Worker Jodi Valead
05/19/2023	Inspection Completed On-site Interviews with Kelsey Moore, Manager, Direct Care Workers Megan Dilts, and Shannon Beyer
05/22/2023	APS Referral
05/22/2023	Exit Conference With Kory Feetham, Licensee Designee
05/22/2023	Inspection Completed-BCAL Sub. Compliance

ALLEGATION:

Staff are working alone on third shift, while there are residents that require two-person assist.

INVESTIGATION:

I received this anonymous complaint on 03/28/2023. On 04/03/2023, I contacted Anthony Humphrey, Licensing Consultant. Mr. Humphrey stated that although he has received recent allegations at the facility, the current allegation has not been investigated by him.

On 04/03/2023, I conducted an unannounced, onsite inspection at the facility. I interviewed Madison Rodriguez, Resource Care Coordinator. Ms. Rodriguez identified Resident A, Resident B, and Resident C as required a two-person assist for transfers.

I interviewed Resident B, who identified as being at the facility for about one year. Resident B identified as using a Hoyer lift, which only requires one staff person to assist with transfers. Resident B stated that there was a recent occasion in which there was only one staff member working third shift, and there were concerns about this. Resident B stated that things have been inconsistent with staffing and management at the facility.

I interviewed Resident C, who identified as residing at the facility for six months. Resident C identified as requiring at least two staff members to assist with transfers. Resident C was not aware of an occasion in which a staff member was working alone.

I interviewed Resident D, who stated that there are typically two staff working on each shift, but on a couple of nights there was only one staff member working throughout the evening. Resident D stated that a staff member working alone may have occurred two or three times.

I interviewed Resident E, identified as residing at the facility for five years. Resident E stated that there has been a lot of instability at the facility with managers and staff quitting. Resident E stated that there are typically two staff on each shift, but a week ago there was only one staff member working on third shift. Resident E stated that a staff member worked alone on third shift a week prior to the first occurrence. Resident E stated that staff members working alone is not a normal occurrence.

On 05/17/2023, I interviewed Direct Care Worker Kaylee Noel. Ms. Noel identified Resident A and Resident C as requiring a two person assist. Ms. Noel stated that she has never worked alone during the time she has been employed at the facility.

On 05/18/2023, I interviewed Direct Care Worker Jodi Valead. Ms. Valead identified Resident A, Resident C, and Resident F as requiring a two-person assist for transfers. Ms. Valead stated that although things have improved, there were staff that had to work alone on occasion.

On 05/19/2023, I conducted an unannounced, onsite inspection at the facility. I interviewed Kelsey Moore, Administrator. Ms. Moore identified three residents that require a two person assist. I observed that there were two direct care workers on shift.

I interviewed Direct Care Worker Megan Dilts, who stated that there are two residents that require a two-person assist. Ms. Dilts stated that she has worked alone before at the facility due to staff not showing up on third shift. Ms. Dilts stated that operations have been unstable after the previous managers quit.

I interviewed Direct Care Worker Shannon Beyer, who identified three residents that require a two-person assist. Ms. Beyer stated that she recalls that there was one third shift that had only one staff person working. Ms. Beyer stated that things are improving with hiring new staff and a new administrator.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(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.
ANALYSIS:	Based on interviews with staff and residents, there is sufficient evidence to suggest that there was not enough staff on duty at all times to provide supervision and protection for residents. Staff and residents admitted that there were occasions on third shift in which there was only one staff person, although there are residents that require a two-person assist.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Medications are not being passed appropriately.

INVESTIGATION:

I received this anonymous complaint on 03/28/2023. On 04/03/2023, I contacted Anthony Humphrey, Licensing Consultant. Mr. Humphrey stated that although he has received recent allegations at the facility, the current allegation has not been investigated by him.

On 04/03/2023, I conducted an unannounced, onsite inspection at the facility. I interviewed Madison Rodriguez, Resource Care Coordinator, who assisted with inspecting resident electronic Medication Administration Records (MAR).

I reviewed the March 2023 MAR for Resident G, which documented that she is prescribed Mucinex twice daily. However, there was no documentation that the medication was passed during the first weeks of March 2023. Ms. Rodriguez stated that the pharmacy was slow getting the script filled, and she had to call and email to get the situation taken care of. I reviewed the MAR for Resident H, which documented a prescription for Lorazepam at 8 PM. There were no initials marked for passing the medication on March 2nd and March 4th. I reviewed the MAR for Resident I, which documented a prescription for Gabapentin at 2 PM and 8 PM. There were no initials marked for passing the medications for 2 PM on March 27th and 8 PM on March 2nd and 4th. I reviewed the MAR for Resident J, which documented a prescription for Synthroid at 6 AM. There was no initial marked for passing the medication on March 10th. Ms. Rodriguez stated that she did not have an explanation as to why the MARs were not initialed on the days identified.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(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) Complete an individual medication log that contains all of the following information: (i) The medication. (ii) The dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given. (vi) A resident's refusal to accept prescribed medication or procedures.

ANALYSIS:	Based on my inspection of the MARs for Resident G, Resident H, Resident I, and Resident J, there is sufficient evidence to confirm that medications are not being passed appropriately. On various days, the March 2023 medication logs were not initialed to indicate the administration or refusal of medications. There was no explanation provided as to why the medication logs were not completed fully.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Narcotics are not being recorded appropriately and the count is not accurate.

INVESTIGATION:

I received this anonymous complaint on 03/28/2023. On 04/03/2023, I contacted Anthony Humphrey, Licensing Consultant. Mr. Humphrey stated that although he has received recent allegations at the facility, the current allegation has not been investigated by him.

On 04/03/2023, I conducted an unannounced, onsite inspection at the facility. I interviewed Madison Rodriguez, Resource Care Coordinator, who assisted with inspecting resident electronic Medication Administration Records (MARs) and medications. I inspected that Resident I was prescribed Neurontin. The count for this medication was 88 pills but was recorded as 89 pills. I inspected that Resident H was prescribed Lorazepam. The count for this medication was 35 pills, although 34 was the recorded count. I inspected that Resident K was prescribed Codeine. The count was recorded as 19 pills, but there were 18 pills in the bottle. Ms. Rodriguez did not have an explanation as to why the counts for these medications were off.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(6) A licensee shall take reasonable precautions to ensure that prescription medication is not used by a person other than the resident for whom the medication was prescribed.

ANALYSIS:	Based on my inspection of the narcotic counts, there is sufficient evidence to suggest that the facility does not have internal controls to ensure accuracy and accountability for narcotics. There were three narcotic prescription counts that were not accurate, and there was no explanation or knowledge by Ms. Rodriguez as to why the counts were off. The lack of accountability for narcotics could lead to someone else potentially taking or being administered the medication.
CONCLUSION:	VIOLATION ESTABLISHED

On 05/22/2023, I conducted an Exit Conference with Kory Feetham, Licensee Designee. I informed Mr. Feetham of the findings from the investigation and the need for a Corrective Action Plan.

IV. RECOMMENDATION

Contingent upon an acceptable Corrective Action Plan, I recommend no change in the license status.

Derrick L. Britton

05/23/2023

Derrick Britton
Licensing Consultant

Date

Approved By:

Mary Holton

05/23/2023

Mary E. Holton
Area Manager

Date