

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 13, 2023

Cynthia Lake 19138 144th Ave. Fruitport, MI 49415

> RE: License #: AF700380762 Investigation #: 2023A0350024

> > Rocking Horse Ranch

Dear Ms. Lake:

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 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 (616) 356-0100.

Sincerely,

Ian Tschirhart, Licensing Consultant

Bureau of Community and Health Systems

Unit 13, 7th Floor 350 Ottawa, N.W.

Grand Rapids, MI 49503

(616) 644-9526

enclosure

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

#### I. IDENTIFYING INFORMATION

License #:	AF700380762
Investigation #:	2023A0350024
Complaint Receipt Date:	06/01/2023
Investigation Initiation Date:	06/02/2023
Report Due Date:	07/01/2023
Licensee Name:	Cynthia Lake
Electrices Name.	Synthia Edito
Licensee Address:	19138 144th Ave.
	Fruitport, MI 49415
Licensee Telephone #:	(616) 846-6593
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Administrator:	Cynthia Lake
Licensee Designee:	Cynthia Lake
	<b>5</b> ,
Name of Facility:	Rocking Horse Ranch
Facility Address:	19138 144th Avenue
	Fruitport, MI 49415
Estilia Estados d	(040) 040 0500
Facility Telephone #:	(616) 846-6593
Original Issuance Date:	01/22/2016
License Status:	REGULAR
Effective Date:	07/21/2022
Expiration Date:	07/20/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED AGED

## II. ALLEGATION(S)

Viol	ation	ì
Estab	lishe	d?

Six of Resident A's Diazepam (Valium) are unaccounted for. The	Yes
count shows 12 but only 6 pills are in the container.	

#### III. METHODOLOGY

06/01/2023	Special Investigation Intake 2023A0350024
06/01/2023	APS Referral
06/02/2023	Special Investigation Initiated - Letter Through emails, I arranged to meet Emily Fewless, Adult Protective Services investigator, at this home on 06/02.
06/02/2023	Contact - Face to Face I met Ms. Fewless at this home and we spoke with Cynthia Lake, Licensee Designee, and staff member, Carrie Bauer.
06/02/2023	Contact - Telephone call made Ms. Fewless and I spoke with Christine Durling, DCW.
06/07/2023	Contact - Document Received I received an email from Ms. Fewless with the drug screen results attached
06/07/2023	Contact - Telephone call made I spoke with Cynthia Lake, Licensee Designee
06/07/2023	Contact - Telephone call made I spoke with Moonyeen Lincoln, former Licensee Designee
06/12/2023	Contact - Telephone call made I spoke with Bethany Townsend, DCW
06/13/2023	Exit conference – Held with Cynthia Lake, Licensee Designee

ALLEGATION: Six of Resident A's Diazepam (Valium) are unaccounted for. The count shows 12, but only 6 pills are in the container.

**INVESTIGATION:** On 06/01/2023, through emails, I arranged to meet with Emily Fewless, Adult Protective Services investigator, at this home on 06/02.

On 06/02/2023, I met Ms. Fewless at this home, and we spoke with Cynthia Lake, Licensee Designee. I informed Ms. Lake of the allegation and she said she spoke with her staff members and none of them knew how the count for Resident A's Diazepam was off six pills. Ms. Lake stated that this medication is a PRN (given as needed) and that Jessica Sobers, a visiting nurse for Health West Community Mental Health, was at this home on 05/31 and said this medication had expired and she took the pills with her. Ms. Lake reported that she has requested that this medication be prescribed as a nasal spray rather than in pill form, and that a dose in pill form will be delivered to be used if needed until the nasal spray arrives. I requested the names of all the staff members and their phone numbers, and Ms. Lake provided them to me and Ms. Fewless. I also requested a copy of the Controlled Substance Log for this medication and a copy of the Medication Administration Record (MAR) for May 2023, and Carrie Bauer, Direct Care Worker (DCW), provided them to Ms. Fewless and me. The MAR showed that the Diazepam had not been given to Resident A for the entire month of May (2023). Both Ms. Bauer and Ms. Lake denied taking any of this medication herself. As no explanation was given by Ms. Lake as to how the count was short six pills. I requested that she and her staff members be drug-tested, and Ms. Lake agreed. I requested that Ms. Lake have the tests done as soon as possible and with Ms. Fewless's consent, to have the results sent to Ms. Fewless when the results were available. I requested that Ms. Fewless then forward the results to me, and she agreed to do so. I asked Ms. Bauer about the shortage in the pill count, and she stated she didn't know how it happened. I could see by the Controlled Substance Log that Ms. Bauer had not given Resident A any doses of Diazepam during the month of May (2023).

On 06/02/2023, Ms. Fewless and I called and spoke with Christine Durling, DCW, regarding this matter. Ms. Durling stated that she first heard about this matter on 05/31 and did not know why the pill count was off. Ms. Durling denied taking any of this medication herself.

On 06/07/2023, I received and email from Ms. Fewless with the drug screens for Ms. Lake, Ms. Bauer, Ms. Townsend, and Ms. Durling attached. All tested negative for narcotics.

On 06/12/2023, I called and spoke with Bethany Townsend, DCW. I informed her of the allegation, and she said she was aware of it. I asked Ms. Townsend if she knew why the count of Resident A's Diazepam was short by six pills, and she stated, "I can't tell you. I have no idea." I told Ms. Townsend that she was the last person to give Resident A this medication on 02/23/2023, and that she wrote that the count was 12. I asked if the count was done with another staff member, and she said no, and confirmed that the count was 12. Ms. Townsend reported that they "have been doing it wrong" and that ever since it was discovered that six pills were missing, they now have the staff member who works first shift count the narcotics, and two staff members go over them at shift change. She denied taking any of this medication herself.

Ms. Townsend informed me that Resident A now takes a nasal spray instead of the Diazepam pills. She further told me that the key to the medication has been moved and only herself, Ms. Lake, Ms. Bauer, and Ms. Durling know where it is kept.

On 06/12/2023, I called and spoke with Ms. Lake, and asked if it were possible that Moonyeen Lincoln, former Licensee Designee, could have given Resident A some of her Diazepam medication, and she reported that it was possible that she did and forgot to write it in the log. Ms. Lake stated that Ms. Lincoln has "a lot of memory loss, especially short-term."

On 06/12/2023, I called and spoke with Ms. Lincoln, who lives in this home, and she was aware of the allegation. I asked if she had given Resident A any doses of Diazepam over the past couple of months, and she said she had not, and had not taken any for herself either. She reported that she does not do any adult foster care work anymore and hasn't for several months. Ms. Lincoln said that she does not take any medication herself. I asked her if she had any idea why the count was short six pills, and she answered, "Poor record-keeping."

On 06/13/2023, I called and held an exit conference with Cynthia Lake, Licensee Designee. I informed Ms. Lake that I was citing a violation of this rule. Ms. Lake accepted this finding and had no further comment.

APPLICABLE RULE	
R 400.1418	Resident medications.
	<ul> <li>(4) When a licensee or responsible person supervises the taking of medication by a resident, the licensee or responsible person shall comply with the following provisions:</li> <li>(a) Maintain a record as to the time and amount of any prescription medication given or applied. Records of prescription medication shall be maintained on file in the home for a period of not less than 2 years.</li> </ul>
ANALYSIS:	Cynthia Lake, Licensee Designee; Carrie Bauer, DCW; Bethany Townsend, DCW; and Christine Durling, DCW, all reported that they do not know why Resident A's Diazepam count was short six pills.
	Ms. Townsend was the last staff member to administer this medication to Resident A and was the one who wrote 12 in the log. Ms. Townsend said there were 12 pills left at that point, which was on 02/23/2023.
	Ms. Lake, Ms. Townsend, Ms. Bauer, and Ms. Durling went in for drug testing. Each one was negative for narcotics.

	Moonyeen Lincoln, former Licensee Designee who lives in this home, stated that she has not administered any medication to any resident, including Resident A, for the past several months because she is retired from the adult foster care business.
	Although it could not be determined why the count of Resident A's Diazepam was short six pills, it is clear that the medication count and medication documentation do not match. Therefore, a violation of the above referenced rule is confirmed.
CONCLUSION:	VIOLATION ESTABLISHED

### IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend that the status of this home's license remain unchanged, and that this special investigation be closed.

Man 2	June 13, 2023
lan Tschirhart Licensing Consultant	Date
Approved By:	
0 0	June 13, 2023
Jerry Hendrick Area Manager	Date