



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 22, 2023

Sarah Schmidt  
Chandler Pines, LLC  
1435 Coit Ave NE  
Grand Rapids, MI 49505

RE: License #: AM410390297  
Investigation #: 2023A0583031  
Chandler Pines

Dear Mrs. Dillon:

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 is recommended. 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.

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) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 333-9702

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM410390297
<b>Investigation #:</b>	2023A0583031
<b>Complaint Receipt Date:</b>	06/12/2023
<b>Investigation Initiation Date:</b>	06/12/2023
<b>Report Due Date:</b>	07/12/2023
<b>Licensee Name:</b>	Chandler Pines, LLC
<b>Licensee Address:</b>	1435 Coit Ave NE Grand Rapids, MI 49505
<b>Licensee Telephone #:</b>	(616) 745-4675
<b>Administrator:</b>	Gina Dillon
<b>Licensee Designee:</b>	Gina Dillon
<b>Name of Facility:</b>	Chandler Pines
<b>Facility Address:</b>	Unit A 7555 Chandler Dr. NE Belmont, MI 49306
<b>Facility Telephone #:</b>	(616) 745-4675
<b>Original Issuance Date:</b>	04/22/2019
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	10/22/2021
<b>Expiration Date:</b>	10/21/2023
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED, AGED, DEVELOPMENTALLY DISABLED, ALZHEIMERS

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
The facility is inadequately staffed with only one staff working in the building.	Yes
Facility staff are not changing Resident A's brief at night.	Yes
Residents' medications are not being given at the correct times.	Yes
There is no food in the facility for residents.	No
Resident A has been sleeping without sheets on her bed.	Yes
Additional Findings	Yes

**III. METHODOLOGY**

06/12/2023	Special Investigation Intake 2023A0583031
06/12/2023	Special Investigation Initiated - On Site
06/12/2023	APS Referral
06/14/2023	Contact – Email Licensee Designee Sarah Schmidt
06/15/2023	Contact – Telephone Licensee Designee Sarah Schmidt
06/15/2023	Contact – Telephone Licensee Designee Sarah Schmidt
06/15/2023	Contact – Email Licensee Designee Sarah Schmidt
06/20/2023	Exit Conference Licensee Designee Sarah Schmidt
06/21/2023	Contact – Email Licensee Designee Sarah Schmidt

**ALLEGATION: The facility is inadequately staffed with only one staff working in the building.**

**INVESTIGATION:** On 06/12/2023 complaint allegations were received from the BCAL Online Reporting System which stated, “there is not enough staff working, only 1 staff for the building”.

On 06/12/2023 I interviewed Relative 1 via telephone. Relative 1 stated she is Resident A’s daughter and visits the facility approximately three times weekly. Relative 1 stated she was at the facility on 06/11/2023 and observed only one staff working.

On 06/12/2023 I completed an unannounced onsite investigation at the facility and privately interviewed Licensee Designee Sara Schmidt, staff Mikayla Krawczyk, Jaycee Schuberg, Resident A and Resident B.

Ms. Schmidt stated that it has been a struggle to adequately staff the facility and acknowledged the facility houses multiple residents who require the assistance of two staff for safe transfers. Ms. Schmidt stated that from 06/10/2023 11:00 PM until 06/11/2023 7:00 AM the facility operated with only one staff, Amy Day, and on 06/11/2023 from 7:00 AM until 9:30 AM the facility again operated with only one staff, Mikayla Krawczyk. Ms. Schmidt stated she is aware that the facility is required to have a minimum of two staff at all times however it has proved difficult to provide adequate staffing.

Staff Mikayla Krawczyk stated that on 06/11/2023 from 7:00 AM until 12:00 PM, she worked alone at the facility.

Staff Jaycee Schuberg stated she has no knowledge of staff working alone at the facility.

I observed Resident A. She appeared adequately groomed and was wearing clean clothing. Resident A was unable to complete an interview due to her dementia diagnosis.

Resident B stated she he does not know how many staff work at the facility at any given time. Resident B stated he has resided at the facility for “less than a week”.

On 06/12/2023 I emailed complaint allegations to the Adult Protective Services Centralized Intake.

On 06/13/2023 I completed a LARA file review which indicates Special Investigation 2022A0583032 (06/23/2022) denotes violation of R400.14206 (2) as a result of the facility operating with one staff despite residents requiring the assistance of two staff for safe transfers.

On 06/14/2023 I received an email from Licensee Designee Sarah Schmidt which contained Resident Assessment Plans for Residents A through J and the weekly Staff Schedule.

I observed that Resident A's Assessment Plan, signed 07/25/2022, states Resident A requires staff assistance with eating, toileting, bathing, grooming, dressing, mobility, and personal hygiene and Resident A utilizes a wheelchair and walker.

Resident B's Assessment Plan, signed 06/01/2023, states Resident B requires staff assistance with eating, toileting, bathing, grooming, dressing, mobility, and personal hygiene and Resident B utilizes a wheelchair.

Resident C's Assessment Plan, signed 06/14/2023, states Resident C requires staff assistance with eating, toileting, bathing, grooming, dressing, mobility, and personal hygiene and Resident C utilizes a wheelchair.

Resident D's Assessment Plan, signed 03/27/2023, states Resident D requires staff assistance with eating, toileting, bathing, grooming, dressing, mobility, and personal hygiene.

Resident E's Assessment Plan, signed 11/10/2022, states Resident E requires staff assistance with eating, toileting, bathing, grooming, dressing, mobility, and personal hygiene and Resident E utilizes a wheelchair.

Resident F's Assessment Plan, signed 01/11/2022, states Resident F requires staff assistance with bathing, grooming, dressing, and personal hygiene.

Resident G's Assessment Plan, signed 11/25/2022, states Resident G requires staff assistance with eating, toileting, bathing, grooming, dressing, mobility, and personal hygiene and Resident G utilizes a walker.

Resident H's Assessment Plan, signed 06/14/2023, states Resident H requires staff assistance with personal hygiene.

Resident I's Assessment Plan, signed 05/16/2023, states Resident I requires staff assistance with eating, toileting, bathing, grooming, dressing, mobility, and personal hygiene.

Resident J's Assessment Plan, signed 04/03/2023, states Resident J requires staff assistance with eating, toileting, bathing, grooming, dressing, mobility, and personal hygiene and Resident J utilizes a wheelchair.

I observed that the weekly Staff Schedule dated 05/28/2023 until 06/10/2023 indicated that from 06/10/2023 11:00 PM until Midnight; the facility was adequately staffed with two staff, Amy Day and Kimberly Robinson.

On 06/15/2023 I interviewed Licensee Designee Sarah Schmidt via telephone. Ms. Schmidt stated that Resident C, D, E, and J each require the assistance of two staff

for safe transfers. Ms. Schmidt stated Resident C, D, E, and J’s Assessment Plans need to be updated to reflect the need for two staff assistance for safe transfers.

On 06/15/2023 I interviewed Licensee Designee Sarah Schmidt via telephone. Ms. Schmidt stated that she did not update the staff schedule to accurately reflect that Staff Amy Day was in fact, the only staff working at the facility on 06/10/2023 11:00 PM until midnight. Ms. Schmidt reaffirmed that from 06/10/2023 11:00 PM until 06/11/2023 7:00 AM the facility operated with only one staff, Amy Day.

On 06/15/2023 I received an email from Licensee Designee Sarah Schmidt which contained Resident K’s Assessment Plan for AFC Residents, signed 02/06/2023. Resident K’s Assessment Plan states Resident K requires staff assistance with eating, toileting, bathing, grooming, dressing, and personal hygiene.

On 06/20/2023 I completed an Exit Conference via telephone with Licensee Designee Sarah Schmidt. Ms. Schmidt stated that she agreed with the finding. Ms. Schmidt reaffirmed that the facility has continued to have difficulty providing adequate staffing.

On 06/21/2023 I received an email from Licensee Designee Sarah Schmidt. I reviewed that the email stated “we will be accepting the provisional license”.

<b>APPLICABLE RULE</b>	
<b>R 400.14206</b>	<b>Staffing requirements.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	<p>Licensee Designee Sarah Schmidt stated that from 06/10/2023 11:00 PM until 06/11/2023 7:00 AM the facility operated with only one staff, Amy Day, and on 06/11/2023 from 7:00 AM until 9:30 AM the facility again operated with only one staff, Mikayla Krawczyk. Ms. Schmidt stated that Resident C, D, E and J each require the assistance of two staff for safe transfers.</p> <p>Staff Mikayla Krawczyk stated that on 06/11/2023 from 7:00 AM until 12:00 PM, she worked alone at the facility.</p> <p>A preponderance of evidence was discovered during the course of the Special Investigation to substantiate a violation of the applicable rule. The facility has operated with only one staff despite multiple residents requiring the assistance of two staff for safe transfers.</p>

<b>CONCLUSION:</b>	<b>REPEAT VIOLATION ESTABLISHED</b> <b>Special Investigation 2022A0583032 (06/23/2022)</b>
--------------------	---

**ALLEGATION:** Facility staff are not changing Resident A's brief at night.

**INVESTIGATION:** On 06/12/2023 complaint allegations were received from the BCAL Online Reporting System which stated, "the facility is not changing Resident A's briefs at night".

On 06/12/2023 I interviewed Relative 1 via telephone. Relative 1 stated she recently received a text message from staff Mikayla Krawczyk stating that Resident A was not being changed from her wet briefs by third shift staff. Relative 1 stated Resident A is "supposed to be changed at night" while she is sleeping. Relative 1 stated Resident A was recently found in her bedroom wrapped in a blanket with no clothing because the staff did not change her urine-soaked brief during the night causing Resident A to pull off the adult brief and her clothing.

On 06/12/2023 I completed an unannounced onsite investigation at the facility and privately interviewed Licensee Designee Sara Schmidt, staff Mikayla Krawczyk, Jaycee Schuberg, Resident A, and Resident B.

Ms. Schmidt stated third shift staff are supposed to check residents' adult briefs every two hours and change any adult briefs observed to be wet. Ms. Schmidt stated that on 06/11/2023 staff Mikayla Krawczyk informed Ms. Schmidt that at the start of Ms. Krawczyk's first shift; Ms. Krawczyk observed multiple residents were "soaked" in urine as a result of third shift staff not performing "check and changes". Ms. Schmidt stated she has not discussed the 06/11/2023 incident concerns with third shift staff.

Staff Mikayla Krawczyk stated that the morning of 06/11/2023 Ms. Krawczyk observed multiple residents lying in wet beds and wet clothing. Ms. Krawczyk stated residents are not being "checked and changed" during third shift as evidenced by the numerous residents observed to be lying in urine soaked bedding and clothing. Ms. Krawczyk stated that on the morning of 06/11/2023 she observed Resident B's ostomy bag was so full that the catheter was backing up into Resident B's body.

Staff Jaycee Schuberg stated she has worked multiple third shifts and has observed staff document that "two hour check and changes" were completed when in fact they were not. Ms. Schuberg stated she has observed residents wearing their daytime clothing to bed and wearing "wet briefs" longer than "overnight".

I observed Resident A. She appeared adequately groomed and was wearing clean clothing. Resident A was unable to complete an interview due to her dementia diagnosis.



Resident B stated he is uncertain if staff are checking his ostomy bag every two hours during the overnight hours. Resident B stated he has resided at the facility less than one week but is happy with the level of care provided.

On 06/14/2023 I received an email from Licensee Designee Sarah Schmidt which contained Resident Assessment Plans for Residents A through J and the weekly Staff Schedule.

Resident A's Assessment Plan, signed 07/25/2022, states Resident A requires staff assistance with eating, toileting, bathing, grooming, dressing, mobility, and personal hygiene and Resident A utilizes a wheelchair and walker.

I observed that Resident Bs Assessment Plan, signed 06/01/2023, states Resident B requires staff assistance with eating, toileting, bathing, grooming, dressing, mobility, and personal hygiene and Resident B utilizes a wheelchair.

I observed that the weekly Staff Schedule dated 05/28/2023 until 06/10/2023 indicated that from 06/10/2023 11:00 PM until Midnight; the facility was adequately staffed with two staff, Amy Day and Kimberly Robinson.

On 06/15/2023 I interviewed Licensee Designee Sarah Schmidt via telephone. Ms. Schmidt stated that she did not update the staffing schedule to accurately reflect that Staff Amy Day was in fact, the only staff working at the facility on 06/10/2023 11:00PM until midnight. Ms. Schmidt reaffirmed that from 06/10/2023 11:00 PM until 06/11/2023 7:00 AM the facility operated with only one staff, Amy Day.

On 06/15/2023 I received an email from Licensee Designee Sarah Schmidt which contained Resident K's Assessment Plan for AFC Residents, signed 02/06/2023. I observed that Resident Ks Assessment Plan states Resident K requires staff assistance with eating, toileting, bathing, grooming, dressing, and personal hygiene.

On 06/20/2023 I completed an Exit Conference via telephone with Licensee Designee Sarah Schmidt. Ms. Schmidt stated she has not observed instances of residents not receiving adequate care but does understand that when she is not present, staff may not be providing adequate care. Ms. Schmidt did not dispute the finding.

<b>APPLICABLE RULE</b>	
<b>R 400.14303</b>	<b>Resident care; licensee responsibilities.</b>
	<b>(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.</b>
<b>ANALYSIS:</b>	Staff Mikayla Krawczyk stated that morning of 06/11/2023 Ms. Krawczk observed multiple residents lying in wet beds and wet

	<p>clothing. Ms. Krawczyk stated residents are not being “checked and changed” during third shift as evidenced by the numerous residents observed to be lying in urine-soaked bedding and clothing. Ms. Krawczyk stated that on the morning of 06/11/2023 she observed that Resident B’s ostomy bag as so full that the catheter was backing up into Resident B’s body.</p> <p>Staff Jaycee Schuberg stated she has worked multiple third shifts and has observed staff document that two hour “check and changes” were completed when in fact they were not. Ms. Schuberg stated she has observed residents wearing their daytime clothing to bed and wearing wet briefs longer than overnight.</p> <p>A preponderance of evidence was discovered during the course of the Special Investigation to substantiate a violation of the applicable rule. Facility staff failed to provide personal care as specified in Resident A’ and B’s Assessment Plans.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION: Residents’ medications are not being given at the correct times.**

**INVESTIGATION:** On 06/12/2023 complaint allegations were received from the BCAL Online Reporting System which stated, “medications are not being given at correct times”.

On 06/12/2023 I interviewed Relative 1 via telephone. Relative 1 stated she visited the facility on the morning of 06/11/2023 and observed that residents were not administered their 8:00 AM medications until 10:00 AM. Relative 1 stated staff Mickayla Krawczyk was working alone at the facility on 06/11/2023 and administered the 8:00 AM medications to residents at 10:00 AM.

On 06/12/2023 I completed an unannounced onsite investigation at the facility and privately interviewed Licensee Designee Sara Schmidt, staff Mikayla Krawczyk, Jaycee Schuberg, and Resident B.

Ms. Schmidt stated multiple residents are prescribed medications scheduled to be administered at 8:00 AM daily. Ms. Schmidt stated she has no knowledge of residents receiving their 8:00 AM medications at 10:00 AM.

Staff Mikayla Krawczyk stated she was working alone at the facility on 06/11/2023 from 7:00 AM until 12:00 PM. Ms. Krawczyk stated she was unable to administer residents their scheduled 8:00 AM medications until 10:00 AM because she was “too

busy” assisting residents with their personal care needs. Ms. Krawczyk stated that although she administered residents’ medications at 10:00 AM; Ms. Krawczyk documented the medication administration at 8:00 AM in the Medication Administration Record.

Staff Jaycee Schuberg stated she had no knowledge of residents not receiving their medications at their scheduled times.

Resident B stated he had no knowledge of residents not receiving their medications at their scheduled times.

On 06/20/2023 I completed an Exit Conference via telephone with Licensee Designee Sarah Schmidt. Ms. Schmidt stated she agreed with the finding and would continue to educate facility staff regarding medication administration.

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(2) Medication shall be given, taken, or applied pursuant to label instructions.</b>
<b>ANALYSIS:</b>	<p>Staff Mikayla Krawczyk stated she was working alone at the facility on 06/11/2023 from 7:00 AM until 12:00 PM and was unable to administer residents their scheduled 8:00 AM medications until 10:00 AM because she was “too busy” assisting residents with their personal care needs.</p> <p>A preponderance of evidence was discovered during the course of the Special Investigation to substantiate a violation of the applicable rule. On 06/11/2023 facility staff did not administer residents’ 8:00 AM medications at the scheduled time.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION: There is no food in the facility for residents.**

**INVESTIGATION:** On 06/12/2023 complaint allegations were received from the BCAL Online Reporting System which stated, there is no food in the facility for residents.

On 06/12/2023 I interviewed Relative 1 via telephone. Relative 1 stated she visited the facility on 06/11/2023 and the facility was out of milk and eggs therefore staff Mikayla Krawczyk had to borrow “milk and cheerios” from Chandler Pines Unit B (AS410411560), which is a separate adult foster care facility located in the lower level of the building. Relative 1 stated she provided Ms. Krawczyk with eggs to

serve to residents. Relative 1 stated she visited on or about 06/08/2023 and observed approximately "\$1000.00 in new groceries" and prior to 06/11/2023 the facility has provided an adequate amount of food and meals.

On 06/12/2023 I completed an unannounced onsite investigation at the facility and privately interviewed Licensee Designee Sara Schmidt, staff Mikayla Krawczyk, Jaycee Schuberg, and Resident B.

Ms. Schmidt stated the facility follows the posted menu and provides three nutritious meals daily. Ms. Schmidt stated the facility has an adequate amount of food. Ms. Schmidt stated the facility refrigerator recently broke and therefore the food was placed in a refrigerator located at Chandler Pines Unit B, which is a separate adult foster care facility located in the lower level of the building. Ms. Schmidt stated staff Mikayla Krawczyk was unaware that the milk and other perishables were located in the lower level refrigerator.

Staff Mikayla Krawczyk stated that on 06/11/2023 she could not locate the milk, oatmeal, and syrup in the facility therefore she served residents a breakfast of pancakes with jelly and eggs. Ms. Krawczyk stated that a sufficient amount of groceries are purchased each week however, "they go missing". Ms. Krawczyk stated residents are provided three nutritious meals daily despite the missing groceries.

Staff Jaycee Schuberg stated the facility contains an abundant supply of food and staff follow the posted menu. Ms. Schuberg stated residents are provided three nutritional meals plus snacks daily.

Resident B stated facility staff provided residents with three nutritional meals plus snacks daily. Resident B stated he is happy with the amount of food provided.

While onsite I complete a visual inspection of the kitchen and dining areas. I observed a sufficient amount of food located in the facility. I observed that the facility contained the contents of food to follow the posted menu.

On 06/14/2023 I received an email from Licensee Designee Sarah Schmidt which contained the April, May, and June 2023 weight records for Residents A through K. The weight records indicated no concerning weight reductions.

On 06/20/2023 I completed an Exit Conference via telephone with Licensee Designee Sarah Schmidt. Ms. Schmidt stated she agreed with the finding.

<b>APPLICABLE RULE</b>	
<b>R 400.14313</b>	<b>Resident nutrition.</b>
	<b>(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form,</b>

	<b>consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.</b>
<b>ANALYSIS:</b>	<p>Licensee Designee Sarah Schmidt stated the facility follows the posted menu and provides three nutritious meals daily. Ms. Schmidt stated the facility has an adequate amount of food.</p> <p>Staff Jaycee Schuberg stated the facility contains an abundant supply of food and staff follow the posted menu. Ms. Schuberg stated residents are provided three nutritional meals plus snacks daily.</p> <p>Resident B stated facility staff provide residents with three nutritional meals plus snacks daily. Resident B stated he is happy with the volume of food provided.</p> <p>A preponderance of evidence was not discovered during the course of the Special Investigation to substantiate violation of the applicable rule.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION: Resident A has been sleeping without sheets on her bed.**

**INVESTIGATION:** On 06/12/2023 complaint allegations were received from the BCAL Online Reporting System which stated, Resident A has been sleeping without sheets on her bed.

On 06/12/2023 I interviewed Relative 1 via telephone. Relative 1 stated she recently visited the facility and observed Resident A's bed lacked a top sheet.

On 06/12/2023 I completed an unannounced onsite investigation at the facility and privately interviewed Licensee Designee Sara Schmidt. Ms. Schmidt stated residents are generally provided with two sheets, a pillowcase, a minimum of one blanket, and a bedspread for each bed however currently multiple residents lack a top sheet. Ms. Schmidt stated she would order the needed sheets expediently.

While onsite I observed multiple residents' beds contained a fitted sheet, pillowcase, and blankets. I observed multiple residents' beds lacked a top sheet.

On 06/20/2023 I completed an Exit Conference via telephone with Licensee Designee Sarah Schmidt. Ms. Schmidt stated she agreed with the finding and would order adequate bed linens for all residents.

<b>APPLICABLE RULE</b>	
<b>R 400.14411</b>	<b>Linens.</b>
	<b>(1) A licensee shall provide clean bedding that is in good condition. The bedding shall include 2 sheets, a pillow case, a minimum of 1 blanket, and a bedspread for each bed. Bed linens shall be changed and laundered at least once a week or more often if soiled.</b>
<b>ANALYSIS:</b>	<p>The Licensee Designee stated residents are generally provided with two sheets, a pillowcase, a minimum of one blanket, and a bedspread for each bed however currently multiple residents lack a top sheet. Ms. Schmidt stated she will order the needed sheets expediently.</p> <p>While onsite I observed multiple residents' beds contained a fitted sheet, pillowcase, and blankets. I observed multiple residents' bed lacked a top sheet.</p> <p>A preponderance of evidence was discovered during the course of the Special Investigation to substantiate a violation of the applicable rule; residents' bed linens lacked two sheets.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ADDITIONAL FINDING: The facility staff schedule is not updated to reflect schedule changes.**

**INVESTIGATION:** On 06/14/2023 I received an email from Licensee Designee Sarah Schmidt which contained the weekly Staff Schedule. I observed that the weekly Staff Schedule dated 05/28/2023 until 06/10/2023 indicated that from 06/10/2023 11:00 PM until Midnight; the facility was adequately staffed with two staff, Amy Day and Kimberly Robinson.

On 06/15/2023 I interviewed Licensee Designee Sarah Schmidt via telephone. Ms. Schmidt stated that she did not update the staff schedule to accurately reflect that staff Amy Day was in fact, the only staff working at the facility on 06/10/2023 11:00PM until midnight.

On 06/20/2023 I completed an Exit Conference via telephone with Licensee Designee Sarah Schmidt. Ms. Schmidt stated she agreed with the finding and would keep the staffing schedule updated.

<b>APPLICABLE RULE</b>	
<b>R 400.14208</b>	<b>Direct care staff and employee records.</b>
	<b>(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information: (e) Any scheduling changes.</b>
<b>ANALYSIS:</b>	On 06/15/2023 I interviewed Licensee Designee Sarah Schmidt via telephone. Ms. Schmidt acknowledged that she did not update the staff schedule to accurately reflect that staff Amy Day was in fact, the only staff working at the facility on 06/10/2023 11:00PM until midnight.  A preponderance of evidence was discovered during the course of the Special Investigation to substantiate a violation of the applicable rule; on 06/10/2023 the facility staffing schedule was not updated.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ADDITIONAL FINDING: Resident F's Assessment Plan was not updated annually.**

**INVESTIGATION:** On 06/14/2023 I received an email from Licensee Designee Sarah Schmidt which contained Resident F's Assessment Plan for AFC Residents, signed 01/11/2022.

On 06/15/2023 I interviewed Licensee Designee Sarah Schmidt via telephone. Ms. Schmidt acknowledged that Resident F's Assessment Plan was overdue.

On 06/20/2023 I completed an Exit Conference via telephone with Licensee Designee Sarah Schmidt. Ms. Schmidt stated she agreed with the finding and has already drafted a new Assessment Plan for Resident F.

<b>APPLICABLE RULE</b>	
<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	<b>(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall</b>

	<b>maintain a copy of the resident's written assessment plan on file in the home.</b>
<b>ANALYSIS:</b>	<p>On 06/14/2023 I received an email from Licensee Designee Sarah Schmidt which contained Resident F's Assessment Plan for AFC Residents, signed 01/11/2022.</p> <p>On 06/15/2023 I interviewed Licensee Designee Sarah Schmidt via telephone. Ms. Schmidt acknowledged that Resident F's Assessment Plan was overdue.</p> <p>A preponderance of evidence was discovered during the course of the Special Investigation to substantiate a violation of the applicable rule. Resident F's Assessment Plan was not completed annually.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ADDITIONAL FINDING: Residents are not administered medications as prescribed.**

**INVESTIGATION:** On 06/14/2023 I received an email from Licensee Designee Sarah Schmidt which contained Residents' A through K's Medication Administration Records from 05/01/2023 until 05/31/2023. The document indicated that on 05/09/2023 and 05/10/2023 Resident F did not receive his prescribed Latanoprost eye drops and on 05/07/2023, 05/09/2023, 05/10/2023, 05/27/2023, and 05/29/2023 Resident F did not receive his prescribed Acetaminophen 500 MG. The document also indicated that on 05/26/2027 and 05/27/2023 Resident G did not receive her prescribed Zoloft 100 MG and that on 05/25/2023 Resident H did not receive his prescribed Lipitor 40 MG, on 05/27/2023 and 05/29/2023 Resident H did not receive his prescribed Risperdol .5 MG, and on 05/27/2023 and 05/29/2023 Resident H did not receive his prescribed Trazadone 50 MG.

On 06/15/2023 I interviewed Licensee Designee Sarah Schmidt via telephone. Ms. Schmidt stated that staff Stacie Crider was recently fired from employment at the facility after it was discovered by Ms. Schmidt that Ms. Crider was "pre-popping" residents' medications and not documenting the administration of medications into the electronic Medication Administration Record.

On 06/15/2023 I completed a LARA file review and noted SIR 2023A0583028 (04/27/2023) denotes a violation of R400.14312 (1) as a result of staff documenting the administration of a resident's medication however staff were not actually administering said medication.



On 06/20/2023 I completed an Exit Conference via telephone with Licensee Designee Sarah Schmidt. Ms. Schmidt stated she agreed with the finding and would continue to educate facility staff regarding medication administration.

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	<p>Resident F’s Medication Administration Record (MAR) indicated that on 05/09/2023 and 05/10/2023 Resident F did not receive his prescribed Latanoprost eye drops and on 05/07/2023, 05/09/2023, 05/10/2023, 05/27/2023, and 05/29/2023 Resident F did not receive his prescribed Acetaminophen 500 MG.</p> <p>Resident G’s MAR indicated that on 05/26/2027 and 05/27/2023 Resident G did not receive her prescribed Zoloft 100 MG.</p> <p>Resident H’s MAR indicated that on 05/25/2023 Resident H did not receive his prescribed Lipitor 40 MG, on 05/27/2023 and 05/29/2023 Resident H did not receive his prescribed Risperdol .5 MG, and on 05/27/2023 and 05/29/2023 Resident H did not receive his prescribed Trazadone 50 MG.</p> <p>Licensee Designee Sarah Schmidt stated that staff Stacie Crider was recently fired from employment at the facility after it was discovered by Ms. Schmidt that Ms. Crider was “pre-popping” residents’ medications and not documenting the administration of medications into the electronic Medication Administration Record.</p> <p>A preponderance of evidence was discovered during the course of the Special Investigation to substantiate a violation of the applicable rule.</p>

<b>CONCLUSION:</b>	<b>REPEAT VIOLATION ESTABLISHED</b> <b>Special Investigation 2023A0583028 (04/27/2023)</b>
--------------------	---

**IV. RECOMMENDATION**

Upon receipt of an acceptable Corrective Action Plan, I recommend the license be modified to First Provisional status as a result of the above-cited quality of care violations.



06/21/2023

---

Toya Zylstra  
Licensing Consultant

Date

Approved By:



06/22/2023

---

Jerry Hendrick  
Area Manager

Date