



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 11, 2023

Bryan Cramer
Byron Center Manor Inc
2115 - 84th Street SW
Byron Center, MI 49315

RE: License #: AL410007174
Investigation #: 2023A0357019
Byron Center Manor II

Dear Mr. Cramer:


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,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene B. Smith, MSW, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor,
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

enclosure

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

I. IDENTIFYING INFORMATION

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| License #: | AL410007174 |
| Investigation #: | 2023A0357019 |
| Complaint Receipt Date: | 05/11/2023 |
| Investigation Initiation Date: | 05/11/2023 |
| Report Due Date: | 07/10/2023 |
| Licensee Name: | Byron Center Manor Inc |
| Licensee Address: | 2115 - 84th Street SW Byron Center, MI 49315 |
| Licensee Telephone #: | (616) 878-3300 |
| Administrator: | Bryan Cramer |
| Licensee Designee: | Bryan Cramer |
| Name of Facility: | Byron Center Manor II |
| Facility Address: | 2115 - 84th Street SW Byron Center, MI 49315 |
| Facility Telephone #: | (616) 878-3300 |
| Original Issuance Date: | 04/12/1993 |
| License Status: | REGULAR |
| Effective Date: | 10/15/2021 |
| Expiration Date: | 10/14/2023 |
| Capacity: | 20 |
| Program Type: | AGED |

II. ALLEGATION(S)

| | Violation Established? |
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| Medication are not locked. | No |
| Residents are not being assisted with transfers, feeding, or being changed. | No |
| Staff are not qualified to pass medications. | Yes |

III. METHODOLOGY

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| 05/11/2023 | Special Investigation Intake 2023A0357019 |
| 05/11/2023 | Special Investigation Initiated - Telephone |
| 05/25/2023 | Contact - Telephone call made. To Licensee Designee/Administrator, Bryan Cramer. |
| 06/23/2023 | Inspection Completed On-site Unannounced inspection of the facility. |
| 06/23/2023 | Contact - Face to Face Interview with Bryan Cramer, and Teresa Moyer, House Manager. |
| 06/27/2023 | Inspection Completed On-site Announced inspection. |
| 06/27/2023 | Contact - Face to Face With Bryan Cramer, Irene Fugseth and Teresa Moyer. |
| 06/28/2023 | Contact - Telephone call made. Telephone interview with Medical Technician/direct care aid, with Samantha VanderHill. |
| 07/05/2023 | Inspection Completed On-site Announced inspection. Observed the residents during the lunch. |
| 07/05/2023 | Interview with Teresa Moyer, House Manager. |
| 07/05/2023 | Reviewed Resident Files with Ms. Moyer. |
| 07/05/2023 | Interview with Resident Care Aids, Bronia Araos and Yesenia Fuet. |
| 07/07/2023 | Telephone Exit Conference conducted with Teresa Moyer. |

ALLEGATION: Medications are not locked.

INVESTIGATION: On 05/11/2023 our department received an anonymous complaint. Byron Center Manor Inc. has four Adult Foster Care licensed facilities at the same address and the complainant did not specify which facility was to be investigated. Therefore, I registered the complaints at all four licensed facilities. The five allegations included: Med carts are not being locked; Residents are not properly transferred; Residents are not being fed; Residents are not being changed; and staff are not qualified to pass medications. There were no dates, times, or names of residents provided related to these five allegations.

On 06/23/2023, I made an unannounced inspection during the second shift of the home with Bryan Cramer, Licensee Designee/Administrator. We went directly to Byron Center Manor II and I found the medication cart to be locked. Mr. Cramer stated that he has not received any complaints or reports that the medication carts have been found unlocked.

On 06/23/2023, I conducted a face-to-face interview with Teresa Moyer, House Manager. She confirmed that she works in Byron Center Manor II on first shift. She stated that she has never found the medication cart unlocked nor has any staff reported to her that they had found the medication cart unlocked.

On 06/28/2023, I conducted a telephone interview with Medical Technician, Samantha VanderHill. She stated that she administers resident's medications and does work as a direct care staff when needed. She reported that she has never found the medication cart unlocked and has never left the medication cart unlocked.

On 07/07/2023, I conducted a telephone exit conference with Teresa Moyer. Bryan Cramer the Licensee Designee/Administrator had sent me a letter because he was going on vacation, whereby he appointed Ms. Moyer to be the Licensee Designee in his absence. Ms. Moyer agreed with my findings.

| APPLICABLE RULE | |
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| R 400.15312 | 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. |

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| ANALYSIS: | <p>It was alleged that the medication cart was being left unlocked.</p> <p>On 06/23/2023 during an unannounced inspection I inspected the medication cart and found it to be locked.</p> <p>Ms. Moyer reported that she had not found the medication cart to be unlocked and has not received any reports that the med cart was not locked.</p> <p>Ms. VanderHill denied finding the med cart unlocked and denied that she has left the med cart unlocked.</p> <p>During this investigation no evidence was found that the medication cart was not locked. Therefore, there is not a violation of the rule that requires the cabinet to locked.</p> |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ALLEGATION: Residents are not being assisted with transfers, feeding, or being changed.

INVESTIGATION: On 06/23/2023, I made an unannounced inspection of the facility and met with the Licensee Designee/Administrator, Bryan Cramer. Mr. Cramer reported he has not received any complaints or concerns related to the care of the residents. He introduced me to Teresa Moyer, House Manager.

On 06/23/2023, I conducted a face-to-face interview with Ms. Moyer in her office. Ms. Moyer provided me with a Resident Roster with the names of the 19 residents. She explained that there were no residents in their care that require help with transfers, eating, and no one needs assistance changing their adult protection. She said occasionally a resident may not be feeling well and may need assistance from staff who will hold their hand and if they were needing more care, they have a gait belt available to use. She said no one needed consistent care for transfers. She also reported that they always have two staff on the floor. She stated that the med passer can help with resident care needs when she has completed her medication administration and if necessary, she can lock the med cart and help an aid with care of a resident if necessary. She stated they always have two staff on the floor at all times. She also reported that the residents do not have skin breakdowns.

On 06/28/2023, I conducted a telephone interview with Medical Technician/direct care staff, Samantha VanderHill. She stated that she administers resident's medications and helps with direct care if needed. She reported that the residents usually do not require help with transfers. She reported it is very rare if they need help and if they do it is a one person standing by to help. She stated they have a gait belt they can use if necessary. She went onto explained that if they notice that a

resident is not able to transfer themselves safely, they immediately make a referral for evaluation by Physical Therapy (PT) and/or Occupational Therapy (OT) so they can help the resident to be trained in how to transfer correctly and safely. She reported that she has been trained in how to transfer residents' safety. She stated that she does not have any knowledge of residents not being transferred properly and she has no knowledge of a resident having any injuries for improper transfers. She said they do not use a Hoyer-lifts in their facility, and it would be most unusual if a resident needed a two-person transfer.

On 07/05/2023, I observed the residents while they were eating their lunch. Each resident was able to feed themselves and no staff were observed feeding any of the residents.

On 07/05/2023, I reviewed Resident A's Assessment Plan, dated 04/05/2023 with Ms. Moyer. On page two of his assessment plan, under the 'Self-Care Skill Assessment', there were no checks indicating that he requires assistance with eating. The written part of the assessment plan under 'Toileting indicated he is continent, but wears briefs, and does need a one-person assistance with the brief. Under the section of 'Walking/Mobility,' it read: 'Right side weakness since right hip Fx (status post) fall (09/22). Transfers=needs assist, one with Gait Belt on most days.'

On 07/05/2023, I conducted interviews with two direct care aids, Bronia Araos and Yesenia Fuet. They stated that had been trained in transferring techniques and they feel confident in transfers of residents. They both verified that Resident A does not need help with eating, and they do not have to feed him. They both reported that he is a large man, but they are able to meet his needs of helping with his brief after elimination (to clean him) and transferring him with the gait belt.

On 07/05/2023, I reviewed Resident B's file with Ms. Moyer. Her Assessment Plan indicated she walks with a walker. There were no checks on her Self-Care Assessment to indicate if she needed help with her care needs. I interviewed Ms. Moyer, and she indicated that Resident B does not need help with eating. She can be incontinent at times with urine, and they check on her every two hours during the nighttime and change her if she is wet. She stated she can walk to her bathroom without assistance. She reported Resident B does not require any help with transfers. I observed Resident B in her bedroom, and she was walking well without her walker. The two direct care aids, Bronia Araos and Yesenia Fuet, both confirmed what Ms. Moyer had reported correctly concerning the care needs of Resident B.

On 07/05/2023, I reviewed Resident C's file with Ms. Moyer. Her Assessment Plan indicated that she does not need help with eating except to have her food cut-up. The plan indicated she needs a one-person assist with toileting. She also needs one staff assistance with using a gait belt with her ambulation due to her general weakness for safety. Her plan stated she uses a 4 wheeled walker, a raised toilet set and a hospital bed. Ms. Moyer reported that Resident C has greatly improved and

does not need assistance with the gait belt for ambulation anymore. The two direct care aids, Bronia Araos and Yesenia Fuet, both confirmed what Ms. Moyer had reported correctly concerning the care needs of Resident C.

On 07/05/2023, both care aids Bronia Araos and Yesenia Fuet confirmed that none of the current residents need help with eating. They both reported that there have not been any injuries reported on transferring any residents and that they had not found residents wet or soiled when they started their shift. They both denied having any difficulty in transferring the residents because they use the gait belt. They both reported being trained in transferring techniques.

On 07/07/2023, I conducted a telephone exit conference with Teresa Moyer, and she agreed with my findings.

| APPLICABLE RULE | |
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| R 400.15303 | Resident care; licensee responsibilities. |
| | (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. |
| ANALYSIS: | <p>It was alleged that residents are not properly transferred, fed, or changed.</p> <p>Teresa Moyer, House Manager stated that the residents do not require help with transferring, eating or with changing of adult protection. She reported that the resident's assessment plans do not contain these personal care needs for the residents residing in the facility.</p> <p>Samantha VanderHill, med passer and aid stated that the residents in the facility do not regularly require help with transfers, eating or with changing of adult protection. She reported they immediately refer residents to OT and PT services if they need help with transfers.</p> <p>Both Bronia Araos and Yesenia Fuet who are care aids reported that they are trained in transfer techniques and no resident has been injured while they have helped with transferring. They both confirmed they use a gait belt when transferring Resident A and C. They both verified that residents are changed as needed and none of the current residents require help with eating.</p> <p>During this investigation there was no evidence found that the current residents require assistance with transfers, except with</p> |

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| | the use of a gait belt, eating or changing of adult protection. Therefore, no violation was established to the rule. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ALLEGATION: Staff are not qualified to pass medications.

INVESTIGATION: On 06/23/2023, I met with Mr. Cramer, and we discussed the allegation. He stated that all the staff who administer resident medications have been fully trained. He stated that they would not be administrating resident's medications if they had not been fully trained.

On 06/23/2023, I conducted a face-to-face interview with Ms. Moyer. I asked her if the staff administering the resident's medications were trained. She reported that all of the med passers have been trained. I asked her if she could provide evidence such as a certificate of the training. She said she could not. She provided me with a document entitled Byron Center / Meadow Place Med Aid Training Sheet which was 14 pages long. Instructions with a Daily Schedule which included Day 1, Day 2, Day 3-5 and Daily Tasks. Each of the identified days had tasks for the trainer to do. This was followed by Medication Training Guide (pages 3 – 5) which included specifics of how to administer medications. The next sheet in the document was a chart where the trainer and the trainee were required to initial each of the five days. This sheet had the following: *'Policy on presenting meds, Nurses Drug Book, 5 rights, Cleaning & Restocking the med cart, Standing Orders, When scheduled to do meds, you may not switch with a co-worker without management approval and Hot to properly write up an order (from the standing orders).'* This document had places for signatures by the Trainer and two Aide's signature with dates. Pages numbered 7 – 14 were instructions for Insulin Injections and an Insulin Video Quiz. Pages 12 -14 included a Medication Quiz. Ms. Moyer stated this document was what they followed and used to train staff to administer resident's medications. I asked her to provide me with the signed 14-page training document for each of the med passers. She stated that Katie Wieringa, who no longer works for Byron Center Manor Inc, had these documents but now they do not have them. Ms. Moyer reported she had no documentation to prove the staff have been trained with this document or any other proof of trainings. She stated that Care Cardinal is currently planning to have medication administration training for staff but was unsure of the date.

On 06/27/2023, I met with Mr. Cramer, and he explained that a new corporation, Care Cardinal, had purchased the land, the facilities, and the business from Byron Center Manor Inc. He stated that Care Cardinal had eliminated the computer program that Byron Center Manor Inc used for their documents. He said Care Cardinal has their own computer system which they installed. He also stated that the 14-page Med Aid Training sheets were contained in what Care Cardinal had eliminated and therefore he could not reproduce these documents for me to examine. Mr. Cramer provided me with a list of 22 staff's names that he reported

were medication trained. The document read as follows: *‘Based on my direct observations and demonstrations, I attest that these Byron Center employees are competent to manage medications.’* This same document was signed by the two-House Managers, Theresa Moyer and Irene Fuglseth. Care Cardinal has made an application to LARA for a large Adult Foster Care license for all four facilities.

On 06/28/2023, I conducted a telephone interview with Ms. VanderHill, who verified that she is a full-time med passer in Byron Center Manor II. She stated she has worked for Byron Center Manor Inc., since 2016. She reported that she was trained for medication administration by Angela (no last name provided) who was a Registered Nurse and is no longer working in the facility. She said at that time of her training they had a “Med Binder,” which contained key medications and what they were used for. She does not know if there was anything documented that she had received medication administration training. She stated that she is competent and confident in passing resident’s medications and she has not had any medication errors. She also did not know of any medication errors by other med passers.

During previous investigations I have observed the signed Med Aid Training Sheets for several Med Passers, and these documents were the facility’s verification that staff were trained in medication administration. However, with this current investigation, there is no documentation of Medication Administration Training available to verify that the current staff have been trained.

On 07/07/2023, I conducted a telephone exit conference with Teresa Moyer, and she disagreed with my findings. She explained that all the staff that administer resident’s medication have been trained and she has trained them and she mentor’s them constantly and they may call her at any time to ask questions.

| APPLICABLE RULE | |
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| R 400.15312 | Resident medications. |
| | (3) When a licensee, administrator, or direct care staff member supervises the taking of medications by a resident, he or she shall comply with all of the following provisions: (a) Be trained in the proper handling and administration of medication. |
| ANALYSIS: | It was alleged that the staff are not qualified to pass medications. Mr. Cramer, Licensee Designee/Administrator, and Ms. Moyer, House Manager both stated that all med passers have been trained in medication administration. Mr. Cramer provide a list of employees that administer resident medications that Ms. Moyer signed which stated she had direct observations and |

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| | <p>demonstrations that these employees were competent to administer medications.</p> <p>Mr. Cramer stated that the training documents were removed from their computer system when Care Cardinal, the new applicant, applied their computer system and eliminated the Byron Center Manor Inc., computer systems. During this investigation there was evidence found that the required training of administration of medication was not documented. Therefore, there is a violation to the rule.</p> |
| CONCLUSION: | VIOLATION ESTABLISHED |

IV. RECOMMENDATION

I recommend that the Licensee provide an acceptable plan of correction and the license remain the same.

Arlene B. Smith

07/09/2023

Arlene B. Smith
Licensing Consultant

Date

Approved By:

Jerry Hendrick

07/11/2023

Jerry Hendrick
Area Manager

Date