



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 12, 2023

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

RE: License #: AL410247136
Investigation #: 2023A0357022
Byron Center Manor V

Dear Mr. Cramer:

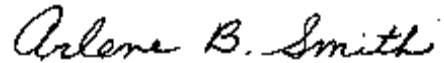
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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) 356-0183.

Sincerely,

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

Arlene 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

License #:	AL410247136
Investigation #:	2023A0357022
Complaint Receipt Date:	05/12/2023
Investigation Initiation Date:	05/12/2023
Report Due Date:	07/11/2023
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 V
Facility Address:	2115 84th Street Byron Center, MI 49315
Facility Telephone #:	(616) 878-3300
Original Issuance Date:	05/23/2003
License Status:	REGULAR
Effective Date:	01/24/2022
Expiration Date:	01/23/2024
Capacity:	20
Program Type:	AGED, ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Medications 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

05/12/2023	Special Investigation Intake 2023A0357022
05/12/2023	Special Investigation Initiated - Telephone
05/25/2023	Contact - Telephone call made. To Bryan Cramer, Licensee Designee/Administrator.
06/23/2023	Unannounced inspection On-site. Met with Ms. Irene Fuglseth, House Manager, in her office on Byron Center Manor V and reviewed resident files.
06/27/2023	Announced Inspection On-site.
06/28/2023	Contact – Telephone call made. Carolina Ruiz, Med passer and Pedro Cardoso med passer.
07/05/2023	Inspection Completed On-site Announced inspection.
07/05/2023	Contact - Face to Face Observed residents and staff at lunch. Interviewed Direct Care Staff Athanase Kapinga and Augustin Muhizi.
07/10/2023	Exit Conference Telephone exit conference with Bryan Cramer, Licensee Designee/Administrator.

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 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 V, 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 Irene Fuglseth, House Manager. She confirmed that she works in Byron Center Manor V, and she is the House Manager. 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, Carolina Ruiz, and Pedro Cardoso. They both stated that they administer resident medications, and also work as direct care staff when needed. Both reported that they have never found the medication cart unlocked and have never left the medication cart unlocked.

On 07/10/2023, I conducted a telephone exit conference with Bryan Cramer, Licensee Designee/Administrator and he agreed with my findings.

APPLICABLE RULE	
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.
ANALYSIS:	It was alleged that the medication cart was being left unlocked. On 06/23/2023 during an unannounced inspection I inspected the medication cart and found it locked.

	<p>Ms. Fuglseth reported that she had not found the medication cart unlocked and has not received any reports that the med cart has been left unlocked.</p> <p>Carolina Ruiz and Pedro Cardoso (Med passers) both denied finding the med cart unlocked and denied that they had left the med cart unlocked.</p> <p>During this investigation no evidence was found that the medication cart has been left unlocked. 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 Irene Fuglseth, who provided me with a Resident Roster with the names of the 13 current residents. We discussed the needs of the residents in Byron Center Manor V. We started at the top of the list of residents as they appeared on the Resident Roster. She stated that Resident A has Dementia and she is receiving Hospice care. We reviewed her assessment plan which indicated that Resident A needs help with eating and one staff would help her with cues when needed and if she did not eat, they would feed her. Her assessment plan read that she has had some recent weight decrease and poor appetite and she has a supplement drink twice daily. The plan indicated that she requires assistance from one person with toileting due to her dementia diagnosis. She also requires a one-person assist with bathing, grooming, dressing, personal hygiene and stand-by assist with walking/mobility. Resident A does not use a walker. We reviewed her weight record starting on 02/06/2023 her weight was recorded as 136 pounds. There was no weight recorded for March. On 04/19/2023 her weight was recorded as 150. On 05/03/2023 her weight was recorded as 147.5 pounds and on 06/03/2023 her weight was recorded as 153.5 pounds. Her weight had gone up and down but mostly she gained weight. Ms. Fuglseth stated that Resident A is being fed. She does not need help with transferring, and she wears protection.

On 06/23/2023, I reviewed Resident B's file and she had many diagnoses and is receiving Hospice care. Ms. Fuglseth stated that she had lost some weight coming from the hospital recently and she had a pureed diet. Resident B refused food especially the pureed foods items. Ms. Fuglseth reported that the family and the hospice staff met together, and they decided on comfort care and that she can have regular foods. She also has Boost for supplementing when she does not eat. We

reviewed her assessment plan which indicated that staff are to assist with feeding due to the lack of range of motion in her arms. She needs help with toileting by two staff due to her increased weakness. One staff is needed to assist with grooming and two staff assist with all transfers. Her weight on 02/27/2023 was 203 pounds. There was no weights record for March 2023. On 04/19/2023 her weight was recorded as 186.5 pounds, on 05/03/2023 her weight was 186.5 pounds and on 06/03/2023 her weight was 189.5 pounds. For the last three months she has varied by a few pounds. Ms. Fuglseth stated that the Hospice staff were not concerned about the weight loss at the first of the year but since she has been eating a regular diet, she has maintained her weight. Ms. Fuglseth stated that they do feed Resident B. She reported there have not been any concerns raised about her transfers and she has not received any injuries. She wears protection and requires help with changing.

On 06/23/2023, I reviewed Resident C's file and his diagnosis included, Mild Cognitive Impairment, Acquired absence of Right upper Limb, and Heart Failure. Ms. Fuglseth reported that Resident C was not a good eater unless there is bacon served. She also reported that he will grab your hand and want you to feed him even though he is capable of feeding himself. We reviewed his assessment plan dated 11/12/2022. The plan was checked yes for assistance with eating/feeding with the explanation of, *'cup up assist, set up by staff and assist as needed.'* For toileting bathing, grooming, and personal hygiene, one staff is required to assist him. He can walk independently. We reviewed his weight records: 01/12/2023 he weighed 166 pounds, on 02/08/2023 her weighed 164.5 pounds, (none for March), on 4/19/2023 her weighed 171.5 pounds, and on 05/03/2023 he weighed 170 pounds.

On 06/23/2023, I reviewed Resident D's file. Her diagnosis included "*Dementia in Other disease classified elsewhere...*" Ms. Fuglseth stated that Resident D, receives one person assist from bed to stand, help to toilet, and she wears a brief pull-up and she can be incontinent of bowel and bladder. She needs help with changing her protection. She stated further that she requires the staff to feed her. We reviewed her assessment plan dated 11/04/2022 said yes for help with eating/feeding with the written instructions of staff to set up meals, offer clues and reminders during meal to ensure proper nutrition. Yes, was checked for toileting, bathing, grooming, dressing, personal hygiene with the explanation that help was needed due to her confusion. Resident D is independent in walking/mobility. We reviewed her weight records and starting with 02/08/2023 her weight was 151 pounds, (no weight was recorded for March), 04/19/2023, 147.5 pounds, 05/03/2023. 150 pounds, 06/23/2023 149 pounds. She varied a few pounds.

On 06/23/2023, we reviewed Resident E's assessment plan. She has a diagnosis of Alzheimer's Disease. Ms. Fuglseth reported that Resident E can feed herself. Her assessment plan indicated she needs help with Eating/Feeding. The plan stated she needed help from one staff with toileting, bathing, grooming, dressing and personal hygiene. Under the section of walking/mobility it read: *'Staff to standby assist with ambulation. Resident ambulates and transfers with 4 wheeled walker.'*

On 06/23/2023 we reviewed Resident F's assessment plan, dated 10/026/2022. His diagnosis is Alzheimer's Disease. Ms. Fuglseth stated that he is incontinent. She said that he has to be fed and requires a two-person transfer. His assessment plan stated he does not require help with eating, but Ms. Fuglseth reported they feed him. The plan indicated he needs assistance with toileting, bathing, grooming, dressing, personal hygiene, and walking/mobility. He does have a wheelchair and a wheeled walker. His weight record indicated he weighed 147.5 in April, 141.5 in June and 132.5 in July. Ms. Fuglseth reported he recently has been failing. His physician is aware of the weight loss.

On 06/23/2023, we did not review Resident G's file because he is planning to move to one of their less restrictive homes.

On 06/23/2023, Ms. Fuglseth reported that Resident H, has Dementia, is unable to speak and is receiving hospice services. She said he has not lost weight. She said he self-dresses and is independent with transfers. Resident H's assessment plan dated indicated he requires assistance with eating/feeding. He also requires assistance with toileting and wears a brief. Under bathing it said he needs help with one staff with stand-by assistance. He also requires assistance with dressing, personal hygiene, and walking was noted as requiring "*stand-by assist.*" She is incontinent of bowel and bladder and it takes one-half hour to administer her medications because she refuses them. Resident H takes Boost if she does not eat, has no skin breakdown, she goes often to the Emergency room due to blood clots (DPT) in her legs, the facility physician sees her weekly, she is incontinent of bowel and bladder.

On 06/23/2023, Ms. Fuglseth explained that Resident I just had an ER visit because her leg was swollen and red and she has DPT. She reported that she frequently refuses her medications but is seen by the doctor at the facility every week. We reviewed her assessment plan which indicated she needs to have her meat cup-up for her, but she can feed herself. Under the sections of toileting, bathing, grooming, dressing, personal hygiene, it is indicated that she requires a one person assist.

On 06/23/2023, Ms. Fuglseth reported that Resident J has a diagnosis of Alzheimer's Disease and is on Hospice care. She is independent in transfers and does wear briefs for protection. She said at night staff give her reminders to get up and use the restroom every three hours. Her assessment plan indicated she requires assistance with toileting and staff offer assistance with dressing and grooming.

On 06/23/2023, Ms. Fuglseth explained that Resident K is receiving Hospice care and has Chronic Kidney disease, Primary Hypertension, Pulmonary Fibrosis, and Dysphagia. She said she needs to be fed, depending on the day and has protein shakes if she doesn't eat well. When she has a bad day, she cannot feed herself staff feed her. She also reported that she requires a two-person transfer, and is incontinent of bowel and bladder. She is checked and changed every two hours

during sleeping time. Her assessment plan indicated she requires some “stand-by” assistance during meal-times. Under toileting, bathing, grooming, dressing, personal hygiene, it was indicated she requires assistance. Under walking/mobility it indicated she requires assistance with transfers. Resident K has a pureed diet and thin liquids. Her weight records showed that her weight has not changed in recent months.

On 06/23/2023, Ms. Fuglseth reported that Resident L is on Hospice care, has dementia and is 96 years old. She reported that Resident L requires assistance from two staff for personal care and one staff for transfers. Her assessment plan was consistent with the information provided by Ms. Fuglseth. I reviewed her weight and on 04/22/2023 she weighted 160 pounds, on 05/03/2023 she weighed 157.85 and on 06/23/2023, she weighted 151 pounds. Ms. Fuglseth said we can't force her to let us feed her. She wears protection and she needs help with changing.

On 06/23/2023, Ms. Fuglseth reported that Resident M is receiving Hospice care and has been diagnosed with Alzheimer's disease. She reported that she requires a two-person transfer. She reported that staff try to feed her, and she grabs the spoon, because she likes to feed herself. She reported she is incontinent of bowel and bladder. We reviewed her assessment plan which confirmed the information provided by Ms. Fuglseth and also indicated that staff need to assist Resident M with transfers. Resident M's weights I reviewed her weight chart indicated she has lost seven pounds in the past few months but Ms. Fuglseth reported that Hospice is aware of her weight loss and so is her physician and they are not concerned because she is on Hospice.

In summary, six residents require help with eating and two other residents require occasional help. Six residents require help with transferring, and some require a two-person transfer. Eleven of the residents, wear adult protection and require help with changing.

On 07/05/2023, I conducted face-to-face interview with Direct Care Staff, Athanase Kaporiga. He said he has worked in the facility for one year. He stated that he always helps residents transfer, and some residents require a two-person assist. He reported four residents require two staff. He explained that that they work together to help the residents. He reported that some residents can be transferred with a gait belt. He said he knows how to transfer residents correctly because others have taught him. I asked him about changing residents and he responded that he can change them with no trouble. Some others have difficulty in changing but not him. I asked if he had found residents wet or soiled and he said no. I asked him about the residents that need help with feeding. He immediately named them all. He said they all help feed the residents and no one goes without food. He denied that any resident has been left unchanged.

On 07/05/2023, I conducted a face-to-face with Direct Care Staff Augustin Muhizi. He reported he has worked in the facility for over a year. He knew the names of

each resident who needs to be fed and the names of all the residents who require help with transferring. He knew who required a two-person transfer. He said he has not found residents were not changed and denied leaving any resident unchanged. He reported that all the residents who require help with eating are fed. He said no one goes without.

On 06/28/2023, I conducted a telephone interview with Medical Technician/direct care staff, Krystal Lamkin. She has been with Byron Center Manor, since 2019. She stated she has been trained in medication administration and is confident of her ability to administer resident medications. She also reported that she has trained care aids so she was certain that the direct care staff knew how to properly transfer residents. She confirmed that the residents who cannot feed themselves, that they do feed them. She stated that the residents are checked on every two to three hours and if they need changing, they change them. She reported that she has not received any complaints on residents not being feed, not being changed or not being transferred properly. She knows of no injuries for residents during transfers and believes the residents are being transferred correctly. She stated that she observes the staff caring for the residents every day when she is administering their medications and when she is not administering their medications, she helps the direct care staff care for the residents. She also reported that if the Direct Care Aids need help with a resident for transfers, she locks the med cart and helps them. She reported that the residents in their unit have no skin breakdowns, and no one has reported to her that they have found any resident wet or soiled.

On 07/05/2023, I observed the residents at lunch time with Ms. Lamkin. She identified each resident that was being fed by staff which included Resident A, B, D, E, F, H and K. Ms. Lamkin said the residents are always fed.

On 07/10/2023, I conducted a telephone exit conference with Bryan Cramer, Licensee Designee/Administrator and he agreed with my findings.

APPLICABLE RULE	
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:	It was alleged that residents are not properly transferred, fed, or changed. Irene Fuglseth, House Manager stated that there were six residents that require feeding and two more who some days they can't feed themselves.

	<p>I observed the lunch meal on 07/05/2023 and witnessed that Residents A, B, D, E, F, H and K were all being fed.</p> <p>Interviews with Direct Care Staff, Athanase Kapinga and Agustin, Muhizi both knew the names of the residents that require assistance with feeding. They both reported they feed the residents. They both knew the names of the residents that require transferring and they knew which residents needed help with changing their adult protection. They both denied leaving any resident unchanged and stated they have not found any resident that was left it soiled or wet protection.</p> <p>During this investigation there was no evidence found that the current residents require assistance with transfers, except with the use of a gait belt, eating or changing of adult protection. Therefore, no violation was established to the rule.</p>
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 administering resident's medications if they had not been fully trained.

On 06/23/2023, I conducted a face-to-face interview with Ms. Fuglseth, House Manager. 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 referenced the 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 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. Fuglseth reported she had no documentation to prove the staff have been trained. 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. Lampkin who verified that she is a full-time med passer in Byron Center Manor IV. 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 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 07/10/2023, I conducted a telephone exit conference with Bryan Cramer, Licensee Designee/Administrator. He disagreed with my findings. He stated that all the med passers working in the facility were fully trained. He said they would not be passing medications if they had not been trained. He stated that Ms. Fuglseth has made sure all the med passers are fully trained and she works directly with them. He stated that they cannot provide the signed training documents because the new management, Care Cardinal, changed their computer system and all the documents were lost. He also stated that their House Manager (Teresa Moyer) had secured training found on the State of Michigan's web site and she has taken the course and

is planning to test each med passers which were a total of 22 in their 4 licensed homes. He said this will prove their med passers are competent in medication administration.

APPLICABLE RULE	
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:	<p>It was alleged that the staff are not qualified to pass medications.</p> <p>Mr. Cramer, Licensee Designee/Administrator, and Ms. Fuglseth, House Manager both stated that all med passers have been trained in medication administration. Mr. Cramer provided a list of employees that administer resident medications that Ms. Fuglseth signed, which stated she had direct observations and 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.</p> <p>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 the Licensee provide an acceptable plan of correction and the license remains the same.

Arlene B. Smith

07/11/2023

Arlene B. Smith
Licensing Consultant

Date

Approved By:



07/12/2023

Jerry Hendrick
Area Manager

Date