



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 31, 2023

Becky Howard  
Monark Grove Clarkston  
7373 Sashabaw Rd.  
Clarkston, MI 48348

RE: License #: AH630413772  
Investigation #: 2023A0784066  
Monark Grove Clarkston

Dear Becky Howard:

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.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Aaron L. Clum".

Aaron Clum, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 230-2778

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH630413772
<b>Investigation #:</b>	2023A0784066
<b>Complaint Receipt Date:</b>	06/01/2023
<b>Investigation Initiation Date:</b>	06/06/2023
<b>Report Due Date:</b>	07/31/2023
<b>Licensee Name:</b>	Clarkston Senior Living LLC
<b>Licensee Address:</b>	Ste 200 101 W. Big Beaver Road Troy, MI 48084
<b>Licensee Telephone #:</b>	(248) 680-7180
<b>Administrator/Authorized Representative:</b>	Becky Howard
<b>Name of Facility:</b>	Monark Grove Clarkston
<b>Facility Address:</b>	7373 Sashabaw Rd. Clarkston, MI 48348
<b>Facility Telephone #:</b>	(248) 954-1006
<b>Original Issuance Date:</b>	12/22/2022
<b>License Status:</b>	TEMPORARY
<b>Effective Date:</b>	12/22/2022
<b>Expiration Date:</b>	06/21/2023
<b>Capacity:</b>	83
<b>Program Type:</b>	AGED ALZHEIMERS

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Resident A was not administered prescribed medications	Yes
Additional Findings	No

## III. METHODOLOGY

06/01/2023	Special Investigation Intake 2023A0784066
06/06/2023	Special Investigation Initiated - On Site
06/06/2023	Inspection Completed On-site
06/06/2023	Exit Conference Conducted with authorized representative Becky Howard

### **ALLEGATION:**

**Resident A was not administered prescribed medications**

### **INVESTIGATION:**

On 6/01/2023, the department received this online complaint. Due to the anonymous nature of the complaint, additional information could not be obtained.

According to the complaint, on 5/08/2023, Resident A was not administered two doses of Metformin as prescribed. On 5/09/2023, Resident A was not administered Norvasc and Lipitor as prescribed.

On 6/06/2023, I interviewed administrator/authorized representative Becky Howard at the facility. Ms. Howard stated she was not aware of any residents having not been administered medications as noted in the complaint. Ms. Howard stated that resident medications are refilled each month by the pharmacy and administrations are tracked on a medication administration record (MAR) within the facilities computer system.

On 6/06/2023, I interviewed associate 1, a medication technician (med tech), at the facility. Associate 1 stated she recalled Resident A had missed a dose of her Metformin on or around the date noted in the complaint. Associate 1 stated she remembered because Resident A had mentioned it in frustration. Associate 1 stated she was unsure if Resident A had missed any doses of other medications.

I reviewed Resident A's MAR for May 2023. Review of the MAR revealed Resident A was not administered prescribed *METFORMIN TAB 500 MG* two times on 5/08/2023, as well as one does of prescribed *AMLODIPINE TAB 5MG* (Norvasc generic) on 5/10/2023 and one does of *ATROVASTATIN TAB 10 MG* (Lipitor Generic) on 5/10/2023. For each missed administration the notes on the MAR indicated the medication was "not in cart".

<b>APPLICABLE RULE</b>	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<b>(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.</b>
<b>ANALYSIS:</b>	The complaint alleged Resident A was not administered prescribed medications on at least two different dates. The investigation confirmed the allegations. Based on the findings the facility is not in compliance with this rule.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.

*Aaron L. Clum*

7/14/2023

Aaron Clum  
Licensing Staff

Date

Approved By:

*Andrea L. Moore*

07/28/2023

Andrea L. Moore, Manager  
Long-Term-Care State Licensing Section

Date