



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 11, 2023

Kathleen Sparrow-Dinzik
White Oaks, A Randall Residence
300 White Oak Road
Lawton, MI 49065

RE: License #: AL800315839
Investigation #: 2023A1031048
White Oaks Assisted Living - II

Dear Ms. Sparrow-Dinzik:

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.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days.

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 blue ink that reads "KDuda".

Kristy Duda, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL800315839
Investigation #:	2023A1031048
Complaint Receipt Date:	06/07/2023
Investigation Initiation Date:	06/07/2023
Report Due Date:	08/06/2023
Licensee Name:	White Oaks, A Randall Residence
Licensee Address:	300 White Oak Road Lawton, MI 49065
Licensee Telephone #:	(269) 624-4811
Administrator/Licensee Designee:	Kathleen Sparrow-Dinzik, Designee
Name of Facility:	White Oaks Assisted Living - II
Facility Address:	300 White Oak Road Lawton, MI 49065
Facility Telephone #:	(269) 624-4811
Original Issuance Date:	04/01/2013
License Status:	REGULAR
Effective Date:	10/03/2021
Expiration Date:	10/02/2023
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Residents are not receiving prescribed medications.	Yes
Additional Findings	Yes

III. METHODOLOGY

06/07/2023	Special Investigation Intake 2023A1031048
06/07/2023	Special Investigation Initiated - On Site
06/07/2023	Contact - Face to Face Interviews with Kathleen Sparrow-Dinzik, Cheryl Alford, Staff #1, and Staff #2.
06/08/2023	Contact - Email sent to Kathleen Sparrow-Dinzik requesting documentation.
06/09/2023	Contact - Telephone Interview with Staff #3, Steve Woltanski, and Emily Miller.
06/14/2023	Contact - Telephone Interview with Staff #4 and Staff #5.
06/16/2023	Contact - Document Received
06/20/2023	Contact - Document Requested from Hometown Pharmacy and ECP.
06/21/2023	Contact - Email exchange with Nichole Shelton.
06/21/2023	Contact - Telephone Interview with Nichole Shelton.
06/22/2023	Contact - Documents Received from Kathleen Sparrow-Dinzik.
06/27/2023	Contact - Telephone Interview with Michael Hoving.
06/28/2023	Contact - Documents Requested.
06/30/2023	Contact - Document Received
07/05/2023	Inspection Completed On-site

07/05/2023	Contact - Face to Face Interviews completed with Cheryl Alford, Debra Stratton, Torrie Sprague, Staff #6, Staff #7, and Staff #8.
07/06/2023	Contact - Documents Requested.
07/07/2023	Contact - Documents Requested.
07/11/2023	Contact - Document Received from Cheryl Alford.
07/17/2023	Contact - Document Received from Cheryl Alford.
08/10/2023	Exit Conference with Licensee Designee Kathleen Sparrow-Dinzik.

ALLEGATION:

Residents are not receiving prescribed medications.

INVESTIGATION:

On 6/7/23, I interviewed Staff #1 in the home. Staff #1 reported they have been employed at the home for one week and did not have any information regarding the allegations. Staff #1 reported they have not observed any residents to be neglected or not cared for appropriately.

On 6/7/23, I interviewed Staff #2 in the home. Staff #2 reported there were previously issues with residents' medications being refilled. Staff #2 reported there were many times multiple residents were out of medications and did not receive their prescribed medications. Staff #2 reported staff would document in the system when a resident was running low on medications and submit a refill request. Staff #2 reported she believed Ms. Alford was responsible for checking and refilling medications.

On 6/7/23, I interviewed the licensee designee Kathleen Sparrow-Dinzik in the home. Ms. Sparrow-Dinzik reported there were no issues regarding residents receiving their prescribed medications. Ms. Sparrow-Dinzik was informed that a MAR was reviewed that showed consistent issues with a resident being without medication. Ms. Sparrow-Dinzik then reported the home did previously have issues with Hometown Pharmacy refilling prescriptions due to having software issues with ECP. Ms. Sparrow-Dinzik reported the ECP system they use was supposed to notify staff when a resident had seven days left of medications. Ms. Sparrow-Dinzik reported staff were to push the "refill" button and the prescription was supposed to be filled by the pharmacy. Ms. Sparrow-Dinzik reported she reached out to Hometown Pharmacy to address her concerns regarding the software system not notifying the pharmacy that a prescription needed to be refilled. Ms. Sparrow-Dinzik reported Hometown Pharmacy was not able to fix the issue. Ms. Sparrow-Dinzik

reported they stopped using the refill option within the system and started manually requesting refills via fax to the pharmacy. Ms. Sparrow-Dinzik was asked if multiple residents were impacted by the systematic issue and not receiving their medications. Ms. Sparrow-Dinzik reported some residents were impacted by this issue. Ms. Sparrow-Dinzik reported she contacted Hometown Pharmacy multiple times and had meetings to discuss the issues, but the pharmacy was never able to resolve the issue. Ms. Sparrow-Dinzik reported there was also issues with residents receiving medications due to Hometown Pharmacy only delivering medications in the middle of the night. Ms. Sparrow-Dinzik reported they “fired” Hometown Pharmacy and started using a new system in January 2023 and have not had any issues with medication refills. Ms. Sparrow-Dinzik reported she did not contact the residents’ healthcare professional for assistance when residents ran out of medications as she addressed her concerns directly with the pharmacy.

On 6/7/23, I interviewed the Wellness Director Cheryl Alford in the home. Ms. Alford reported there have not been any issues regarding residents receiving their medications since they started using a new system in January 2023. Ms. Alford reported staff were submitting refill requests through ECP for her to approve when a resident had seven days left of their medication. Ms. Alford reported she would approve the refill request and Hometown Pharmacy was supposed to refill the medications. Ms. Alford reported she would follow-up with the pharmacy within two days if the prescription had not been refilled. Ms. Alford reported she contacted Hometown Pharmacy and was informed by the pharmacy that they would have to order the medication from another pharmacy, or they would put in order in for medications. Ms. Alford reported she continuously called the pharmacy to request refills. Ms. Alford reported she did not document her attempts made to get medications refilled for residents that were out of medications. Ms. Alford reported she did not contact the residents’ healthcare providers for assistance in refilling the medications. Ms. Alford reported this was a consistent issue in the home and approximately “40” residents between the two units were impacted by running out of medications. Ms. Alford reported she and Ms. Sparrow-Dinzik had meetings with Hometown Pharmacy, and they were not able to rectify the issue. Ms. Alford reported this is when they decided to change pharmacies.

On 6/9/23, I interviewed the Hometown Pharmacy manager Steve Woltanski and the operations manager Emily Miller via telephone. They reported the home never reported issues regarding the software system refilling medications or not receiving residents’ medications. They reported if the home had reached out, they would have sent a technician immediately to the home to repair the software issues they were experiencing as they take these issues very seriously. They reported they never attended any meetings with anyone at the home to address the medication concerns.

On 6/14/23, I interviewed Staff #4 via telephone. Staff #4 reported there was a period where there were issues with residents not receiving their medications. Staff #4 reported multiple residents in the home were impacted by this issue. Staff #4

reported direct care staff were responsible for entering in notes in the computer to state medications were running low or medications were out. Staff #4 reported Ms. Alford was responsible for following up and ensuring medications were refilled for the residents. Staff #4 reported the leadership team did not prioritize the medication issue and it was “rough” for a while with resident’s medication issues. Staff #4 reported “things are getting better” with the new computer system.

On 6/14/23, I interviewed Staff #5 via telephone. Staff #5 reported they were concerned due to residents not receiving their medications. Staff #5 reported multiple residents were impacted over a period of time. Staff #5 reported residents were negatively impacted by this especially those that demonstrated behavioral difficulties. Staff #5 reported there are still issues with residents receiving medications due to staff misplacing medications and staff not being able to locate the medication which results in a “no pass”.

On 6/21/23, I interviewed ECP senior compliance officer Nichole Shelton. Ms. Shelton reported the ECP system offers different functions and options for the home to tailor to their needs. Ms. Shelton reported the system can track medication inventory and offers a “reorder” function if the home chooses to use this feature. Ms. Shelton reported medication refills are put in a “reorder que” and the request is sent to the pharmacy to refill. Ms. Shelton reported if a home has issues with the ECP system, they are to contact the pharmacy or ECP directly to rectify the issue and a technician is sent to repair the issues. Ms. Shelton reported the company offers training packages and ongoing resources to ensure users can adequately utilize the system. Ms. Shelton was not able to confirm whether the home utilized offered trainings or reported any issues with the ECP system.

On 6/27/23, I interviewed the director of long-term sales through Hometown Pharmacy Michael Hoving. Mr. Hoving reported he was not informed by the home that multiple residents were experiencing issues with not receiving their medications through Hometown Pharmacy. Mr. Hoving reported Hometown Pharmacy provides a courtesy service to assist with refilling medications for their clients. Mr. Hoving reported it is ultimately the responsibility of the home to contact the pharmacy and/or the healthcare provider to ensure medications are sent to the pharmacy and refilled. Mr. Hoving reported he did have a conversation with the home regarding additional training needs to learn how to use the software system better. Mr. Hoving reported a Medication Pass Workshop and additional trainings and resources were provided to the home. Mr. Hoving reported the home did not attend any of the offered trainings or workshops offered to them.

On 7/5/23, I interviewed Staff #6 in the home. Staff #6 reported there were previously issues with residents receiving their medications for a brief period of time. Staff #6 reported they are now a trained medication technician and there has not been anymore issues with residents receiving medications.

On 7/5/23, I interviewed Staff #7 in the home. Staff #7 reported they were not in the current position last year as they worked in the kitchen. Staff #7 reported they were unaware of any concerns related to residents receiving medications.

On 7/5/23, I interviewed Staff #8 in the home. Staff #8 reported they were not aware of any current concerns regarding medications because they are not allowed to pass medications. Staff #8 reported only medication technicians can pass medications.

On 7/14/23, I requested MAR documentation for Residents A, C, E, F, and G.

On 7/28/23, I reviewed randomly selected MARs for residents that resided in the home from July to October 2022:

- Resident A was out of one or more medications 27 days in July, 31 days in August, 28 days in September, and 25 days in October.
- Resident B was out of one or medications 15 days in July, 13 days in August, 24 days in September, and 16 days in October.
- Resident C was not out of medications from July through October.
- Resident D was out of one or more medications 7 days in July, 0 days in August, 0 days in September, and 0 days in October.
- As of 7/28/23, MAR documentation has not been provided by the home for Residents E, F, and G for review.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	Based on interviews and the review of supporting documentation, the home did not ensure that residents were receiving their medications pursuant to label instructions. Medication administration records revealed multiple residents were chronically out of medications for multiple days and weeks for at least four months. The home did not appropriately address and prioritize the issue and consistently blamed the pharmacy for residents not receiving medications. The home reported they did not contact any healthcare providers in efforts to rectify the alleged issues they were experiencing with the pharmacy. The home was not able to provide any documentation to support their claims that meetings were held with the pharmacy. The pharmacy reported the home never informed them of any issues

	with residents running out of medications or issues with the ECP medication system which could have been resolved if they were notified.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 7/7/23, AFC Consultant Nile Khabeiry and I reviewed eight resident files:

- Resident A – Assessment plan not signed by designated representative.
- Resident B – Assessment plan not available for review.
- Resident C - Assessment plan not signed by designated representative.
- Resident E - Assessment plan not available for review.
- Resident F - Assessment plan not signed by designated representative.
- Resident G – Assessment plan not available for review.
- Resident H - Assessment plan did not have any signatures.
- Resident I - Assessment plan not available for review.

APPLICABLE RULE	
R 400.15301	Resident admission criteria; resident assessment plan
	(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 maintain a copy of the resident's written assessment plan on file in the home.
ANALYSIS:	Based on the review of resident assessment plans, it has been determined that the home is not completing assessment plans as required by this rule. Resident assessments that were available for review revealed the home is not completing assessments at least annually, obtaining required signatures to verify the assessments are being completed with the

	resident/designated representative, or they are not being completed at all.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

I reviewed eight resident files for current residents residing in the home. The home is not consistently using the department approved resident agreement form. The home provided a copy of an “Admission Agreement” packet that is used instead of the department’s resident care agreement form.

On 7/6/23, I reviewed the licensing file and did not locate an approved variance to utilize a substitute form.

APPLICABLE RULE	
R 400.15301	Resident admission criteria; resident care agreement.
	(7) A department resident care agreement form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department. A resident shall be provided the care and services as stated in the written resident care agreement.
ANALYSIS:	The home is not consistently using the department approved resident agreement form. Multiple resident files did not have resident care agreements available for review. The home provided a copy of an “Admission Agreement” packet that is being used instead of the department’s resident care agreement form.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 7/7/23, AFC Consultant Nile Khabeiry and I reviewed eight resident files:

- Resident A – Agreement signed 3/7/22.
- Resident B – Agreement signed 4/29/21.
- Resident C - Agreement signed 2/13/22.
- Resident E – Agreement not available for review.

- Resident F - Agreement not available for review.
- Resident G – Agreement not available for review.
- Resident H – Agreement did not have a signature page.
- Resident I - Agreement not available for review.

APPLICABLE RULE	
R 400.15301	Resident admission criteria; resident care agreement.
	(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.
ANALYSIS:	Based on the review of documentation, it has been determined that the home is not completing the resident care agreements as required by this rule. Eight resident care agreements reviewed revealed the home is not completing the resident care agreements annually and some occasions, not at all.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED [For reference licensing study report (LSR) dated 10/4/21 corrective action plan (CAP) dated 10/19/21]

INVESTIGATION:

On 7/7/23, AFC Consultant Nile Khabeiry and I reviewed eight resident files:

- Resident A – Healthcare appraisal completed timely.
- Resident B – Healthcare appraisal dated 5/31/22.
- Resident C - Healthcare appraisal completed timely.
- Resident E – Healthcare appraisal not available for review.
- Resident F - Healthcare appraisal completed timely.
- Resident G – Healthcare appraisal not available for review.
- Resident H – Healthcare appraisal not available for review.
- Resident I - Healthcare appraisal not available for review.

APPLICABLE RULE	
R 400.15301	Resident admission criteria; health care appraisal.
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
ANALYSIS:	Based on the review of documentation, the home is not ensuring that health care appraisals are being completed as required by this rule. Multiple residents did not have health care appraisals available for review or they were not completed annually.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

Ms. Alford reported incident reports are not in the residents' files. Ms. Alford reported she provides the incident reports to Ms. Sparrow-Dinzik, and she does not know where they are kept.

On 7/6/23, I requested the home's incident reports while conducting an onsite inspection. The home provided incident reports for the month of June 2023. The incident reports were completed on an internal form and not on a department approved form. The home was not able to locate other incident reports prior to June 2023.

I reviewed the licensing file and did not locate an approved variance to utilize a substitute form.

APPLICABLE RULE	
R 400.15311	Investigation and reporting of incidents, accidents, illnesses, absences, and death.
	(3) An incident must be recorded on a department-approved form and kept in the home for a period of not less than 2 years.
ANALYSIS:	The home is not using a department approved incident form and was not able to provide incident reports prior to June 2023.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

Ms. Sparrow-Dinzik reported Ms. Alford would be able to answer questions related to improper medication documentation in MAR. Ms. Sparrow-Dinzik reported she was not aware of any issues related to staff not documenting information in the MAR correctly.

Ms. Alford reported she and Ms. Sparrow-Dinzik were aware of issues and inconsistencies regarding staff not properly documenting information within the MAR. Ms. Alford reported there were issues where staff would document a resident refused medication when the home did not have the medication in stock. Ms. Alford reported the home discussed the concerns with staff at a meeting and had them complete a short quiz. Ms. Alford reported staff were not provided with a formal training to learn how to properly document issues related to medication within the MAR.

Multiple MAR records for residents reviewed did not have complete notations and/or had inaccurate notations as to why residents did not receive their medications as prescribed. The MAR often reflects “No Pass Reason: Other Problems” and there is no supporting comment as to why a “No Pass” occurred. Multiple records also reflect “Resident Refusal” although on the same date or the date before and after, it is noted residents were out of medications.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(4)(b) Complete an individual medication log that contains all of the following information: <ul style="list-style-type: none"> (i) The medication. (ii) The dosage. (iii) Label instructions for use. (iv) Time to be administered.

	<p>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p> <p>(vi) A resident's refusal to accept prescribed medication or procedures.</p>
ANALYSIS:	The home did not properly complete the resident's medication logs. Ms. Alford acknowledged discrepancies within the medication records as staff were not documenting correctly. The home did not document reasons why residents had a "no pass". The MARs reviewed were inconsistent as there were multiple comments stating residents refused medications when they were out of medications. The home did not provide training to ensure that medication logs were being completed accurately by staff.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

Ms. Sparrow-Dinzik reported if residents refuse medications, the home documents the refusal, Ms. Alford then contacts the appropriate healthcare provider. Ms. Sparrow-Dinzik reported Ms. Alford then documents and implements what is recommended by the healthcare professional.

Ms. Alford reported she has not contacted any healthcare providers when residents refuse medication, a medication error occurs, or residents are out of medications. Ms. Alford reported she was not aware that she was supposed to contact the appropriate health care professional when these incidents occur.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(4)(f) Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given.

ANALYSIS:	Ms. Sparrow-Dinzik reported Ms. Alford is responsible for contacting the appropriate health care professional if a medication error occurs or when residents refuse prescribed medications. Ms. Alford reported she has not contacted any healthcare providers when residents refuse medication, a medication error occurs, or residents are out of medications.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

Resident A, Resident B, Resident C, Resident E, Resident F, Resident G, Resident H, and Resident I did not have a Funds I form in their file available for review.

APPLICABLE RULE	
R 400.15315	Handling of resident funds and valuables.
	(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
ANALYSIS:	Eight resident files did not have a Funds I form in their file available for review.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED [For reference LSR dated 10/4/21 CAP dated 10/19/21]

On 8/10/23, I completed an exit conference with Ms. Sparrow-Dinzik via telephone. Ms. Sparrow-Dinzik reported she did not agree with the findings involving residents not receiving medications. Ms. Sparrow-Dinzik reported this was no fault of the home and the pharmacy failed to provide the prescribed medications. Ms. Sparrow-Dinzik acknowledged that the home was using internal forms not approved by the department and acknowledged that resident files were not complete as the required forms were not available for review.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend

modification of the license to provisional.

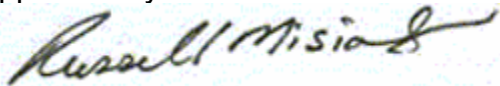


8/11/23

Kristy Duda
Licensing Consultant

Date

Approved By:



8/11/23

Russell B. Misiak
Area Manager

Date