



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

August 24, 2023

Gladys Sledge
Packard Group Inc
PO Box 2066
Southfield, MI 48037

RE: License #: AS630367512
Investigation #: 2023A0605035
Woodward Group Home

Dear Gladys Sledge:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

The issuance of a six-month provisional license was previously recommended in Special Investigation Report #2023A0605003, which remains in effect. You signed a settlement agreement agreeing to the issuance of a provisional license on 03/16/2023 and the 1st provisional was issued effective 03/27/2023.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 303-6348

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630367512
Investigation #:	2023A0605035
Complaint Receipt Date:	06/21/2023
Investigation Initiation Date:	06/21/2023
Report Due Date:	08/20/2023
Licensee Name:	Packard Group Inc
Licensee Address:	Suite 303 731 Pallister Street Detroit, MI 48202
Licensee Telephone #:	(248) 626-3837
Administrator/ Licensee Designee	Gladys Sledge
Name of Facility:	Woodward Group Home
Facility Address:	2563 Lahser Road Bloomfield Hills, MI 48304
Facility Telephone #:	(248) 335-0946
Original Issuance Date:	07/16/2015
License Status:	1ST PROVISIONAL
Effective Date:	03/27/2023
Expiration Date:	09/26/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
DCS Shade Twitty yells at the residents.	No
Direct care staff (DCS) who have not completed medication training are passing medications.	No
The home manager (HM) Shanita Baldwin is using resident funds to provide food for her own personal house. There is no food in the home.	No
Residents are left in soiled beds.	No
Additional Findings	Yes

III. METHODOLOGY

06/21/2023	Special Investigation Intake 2023A0605035
06/21/2023	Special Investigation Initiated - Letter Forwarded allegations to Oakland County Office of Recipient Rights (ORR) Alanna Honkanen
06/21/2023	APS Referral Made referral to Adult Protective Services
06/26/2023	Contact - Telephone call received Call from ORR worker Rishon Kimble
06/27/2023	Inspection Completed On-site Conducted an unannounced on-site investigation in collaboration with ORR Rishon Kimble
07/11/2023	Contact - Document Received Email from Dana Pikula, regional manager
07/11/2023	Contact - Telephone call made Call with Dana Pikula
07/11/2023	Contact - Telephone call received Call from APS worker Estelita Horton

07/12/2023	Contact - Document Received Email from APS Estelita Horton
08/01/2023	Contact - Telephone call made Interviewed direct care staff (DCS) Shade Twitty and Tracy Daniels regarding the allegations Left messages for DCS Jamaryona Parks, Cidney Hogan, and Georgia Roberts
08/07/2023	Contact - Face to Face Interviewed DCS Cidney Hogan and DCS Georgia Roberts regarding the allegations
08/16/2023	Contact - Telephone call made Followed up with Dana Pikula regarding fund's part II forms
08/17/2023	Exit Conference Left detailed voice mail message for licensee designee Gladys Sledge with my findings
08/17/2023	Contact - Telephone call received Discussed findings with Ms. Sledge

ALLEGATION:

DCS Shade Twitty yells at the residents.

INVESTIGATION:

On 06/21/2023, intake #195593 was assigned for investigation. I initiated the investigation by making a referral to Oakland County Office of Recipient Rights (ORR) and made a referral to Adult Protective Services (APS).

On 06/26/2023, I received a telephone call from ORR worker Rishon Kimble. Ms. Kimble will be investigating these allegations. She agreed to a collaborative unannounced on-site visit at Woodward Group Home on 06/27/2023.

On 06/27/2023, I along with ORR worker Rishon Kimble conducted an unannounced on-site investigation. Present was the home manager (HM) Shanita Baldwin and Resident A. Residents B, C, D, and E were not present during this visit as they were at workshop. Resident A was having lunch in the dining room. He appeared to have good hygiene and dressed appropriately for the day. Resident A stated he did not have any

concerns about staff and gets enough food to eat. He denied any staff being mean to him or anyone else in the home.

I interviewed the HM Shanita Baldwin regarding the allegations. The HM began working for this corporation since 11/08/2022 and was promoted to HM on 05/24/2023. She's surprised about these allegations because these allegations are the same ones, she, and other direct care staff (DCS) complained to upper management about the previous HM Cora Smith. Ms. Smith voluntarily quit along with two other staff members when they were confronted about the concerns. The HM has worked with DCS Shade Twitty, and she has never heard Ms. Twitty yell or raise her voice at any resident or call any resident "nasty." She has not received any complaints from other staff or the residents regarding Ms. Twitty. If she has, she would have brought these concerns to the attention of upper management.

On 07/11/2023, I contacted via telephone Dana Pikula regarding the allegations. Ms. Twitty has always been appropriate with the resident. Ms. Pikula has not received any complaints regarding DCS Shade Twitty yelling at residents or calling them nasty.

On 08/01/2023, I interviewed DCS Shade Twitty regarding the allegations. Ms. Twitty has been with this corporation for one year. She works from 3PM-11PM. she denied yelling at any of the residents or calling them nasty. She stated, "I've never had any complaints made against me in the four years since I've worked in this field."

On 08/01/2023, I interviewed DCS Tracy Daniels via telephone regarding the allegations. Ms. Daniels has worked for this corporation for about nine years. She has worked with DCS Shade Twitty and has never observed her yelling at residents or calling them nasty. She has not received any complaints from other staff or the residents that Ms. Twitty has been inappropriately speaking to residents.

On 08/07/2023, I interviewed DCS Cidney Hogan face-to-face at Woodward Group Home regarding the allegations. Ms. Hogan has been with this corporation since March 2023. She has worked with DCS Shade Twitty and has never observed her yell at the residents or call them nasty. Ms. Hogan has never been told by other staff or residents that Ms. Twitty has yelled at the residents or made rude comments to them.

On 08/07/2023, I interviewed DCS Georgia Roberts face-to-face regarding the allegations. Ms. Roberts has been working for the corporation since April 2023. She works all shifts and has worked with DCS Shade Twitty. Ms. Roberts have never heard Ms. Twitty yell or say rude things to the residents including calling them nasty.

APPLICABLE RULE	
R 400.14308	Resident behavior interventions prohibitions.
	(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of

	<p>the licensee, employees, or any person who lives in the home shall not do any of the following:</p> <p>(f) Subject the resident to any of the following:</p> <p>(ii) Verbal abuse.</p>
ANALYSIS:	<p>Based on my investigation and information gathered, DCS Shade Twitty has not subjected any resident to verbal abuse. Ms. Twitty denied yelling at the residents and denied calling them nasty. I interviewed several DCS who all denied Ms. Twitty verbally abusing the residents by yelling at them or making any inappropriate remarks. I interviewed Resident A who denied that any staff has been mean to him.</p>
CONCLUSION:	<p>VIOLATION NOT ESTABLISHED</p>

ALLEGATION:

Direct care staff (DCS) who have not completed medication training are passing medications.

INVESTIGATION:

On 06/27/2023, I interviewed the HM regarding these allegations. The HM has completed medication training and stated that only staff that have completed medication training administer medications. She stated that there are three DCS who are in the middle of completing medication training, Georgia Roberts, Cidney Hogan, and Shade Twitty.

I reviewed June 2023 medication logs for Residents A, B, C, D, and E and saw that DCS Cidney Hogan's initials were on all the medication logs for all the residents. Ms. Twitty stated that she believes Ms. Hogan may have completed her medication training but that I will need to contact Dana Pikula, the regional manager to confirm Ms. Hogan's medication training.

On 07/11/2023, I interviewed Dana Pikula regarding the allegations. Ms. Pikula stated that only DCS trained on medication administration at Woodward Group Home are passing medications. Ms. Pikula stated that DCS Cidney Hogan has completed her medication training; therefore, she passes medication. Ms. Pikula emailed me a copy of Ms. Hogan's certificate for medication refresher she successfully completed with Easterseals on 02/27/2023.

On 08/01/2023, I interviewed DCS Shade Twitty regarding the allegations. Ms. Twitty does not pass medication as she has yet to finish her medication training. She denied passing medication to any resident and does not know if there are any staff that is passing medication that has not been trained. The HM always schedules one staff that

has completed medication training and only that staff passes medication to all the residents.

On 08/01/2023, I interviewed DCS Tracy Daniels regarding the allegations via telephone. Ms. Daniels completed her medication training and passes medications. She stated she does not know of any DCS that has not been trained on medication administration is passing meds. She stated that the HM always schedules two DCS and one of those staff if not both have completed medication training.

On 08/07/2023, I interviewed DCS Cidney Hogan regarding the allegations. Ms. Hogan stated she completed her medication training prior to working at this group home; therefore, she could pass medication. Ms. Hogan stated would never pass medication to any resident if she had not completed her medication training. She does not know of any DCS that is untrained and passing medication.

On 08/07/2023, I interviewed DCS Georgia Roberts regarding the allegations. Ms. Roberts has not completed her medication administration training yet, so she is not passing medications. She has not observed any DCS passing medications that were not trained.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication 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:	Based on my investigation and information gathered, DCS Cidney Hogan was properly trained in administration of medication when she passed medications to Residents A, B, C, D, and E. I reviewed Ms. Hogan's certification of medication refresher completed on 02/27/2023 at Easterseals.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The home manager (HM) Shanita Baldwin is using resident funds to provide food for her own personal house. There is no food in the home.

INVESTIGATION:

On 06/27/2023, I interviewed the HM regarding the allegations. On 05/24/2023, when she became the HM, Dana Pikula came out to the home as it was the HM's first day. Ms. Pikula noticed no food in the home which was also another complaint made against the previous HM Cora Smith. Ms. Pikula told the HM to go grocery shopping using the resident's bridge cards. The HM stated that Resident A, Resident D, and Resident E receive food benefits. The bridge cards are locked up in the closet and the HM forgot the keys to the closet at her home. The HM showed me and ORR worker Rishon Kimble all the transactions she made using the residents' bridge cards on her phone. The HM also showed us her own personal bridge card for her and her family. She denied using the residents' bridge cards for her own personal use. The HM stated that she keeps all the receipts for all groceries she purchases and forwards those receipts to Ms. Pikula who verifies the receipts with the transactions made. Ms. Pikula has never come to the HM and told the HM that the books were not balanced. The HM stated she would never misuse any of the residents' funds and that since she has become the HM, there has always been food in the home. I observed the refrigerator and the freezer and there was plenty of food for all the residents.

On 07/11/2023, I interviewed Dana Pikula regarding the allegations. Ms. Pikula stated that when the previous HM Cora Smith was at Woodward Group Home, staff including the current HM made complaints about Ms. Smith and that there was no food in the home. On 05/24/2023, when the HM Shanita Baldwin began, Ms. Pikula went to the home and there was no food. The HM went grocery shopping and has always made sure there is food in the home. Ms. Pikula stated that the HM has used Resident A's, Resident D's, and Resident E's bridge cards appropriately. The HM forwards all receipts to Ms. Pikula and all transactions have been accurate. She has no concerns regarding the HM. She stated, "I don't understand how this complaint is regarding Shanita when she just became the HM." Ms. Pikula stated the previous HM Ms. Smith was misusing residents' bridge cards and these allegations were investigated and substantiated.

On 07/12/2023, I received an email from APS worker Estelita Horton stating she conducted another on-site and there was plenty of food.

On 08/01/2023, I interviewed DCS Shade Twitty regarding the allegations. Ms. Twitty stated that prior to the current HM taking over, there was minimal food because of the previous HM Cora Smith. Ms. Twitty stated that the HM does all the grocery shopping and there has not been any concerns about no food. Ms. Twitty does not have any knowledge of misuse of residents' bridge cards because she does not have any contact with residents' funds.

On 08/01/2023, I interviewed DCS Tracy Daniels regarding the allegations via telephone. Ms. Daniels has never arrived at the home and there was minimal food. She does not grocery shop for the home, so she has no access to any of the residents' funds. Ms. Daniels does not believe the HM uses any of the residents' bridge card for her own personal use. She stated, "When does Shanita have time when she's still learning how to do everything around here." Ms. Daniels has never had any resident report to her they are hungry because there's no food.

On 08/07/2023, I interviewed DCS Cidney Hogan regarding the allegations. Ms. Hogan does not grocery shop for this home. She does not have access to any of the residents' bridge cards. There is always food in the home and that she has never arrived at her shift and there was minimal food. She does not believe the HM has been misusing their bridge cards because "she's a new manager and is still learning."

On 08/07/2023, I interviewed DCS Georgia Roberts regarding the allegations. Ms. Roberts does not do any grocery shopping and does not have access to the residents' bridge cards. There is always food in the home and when the food is low, the HM goes grocery shopping. She too does not believe the HM is misusing the residents' bridge card because these allegations were made against the prior HM Cora Smith.

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.
ANALYSIS:	Based on my investigation, there is enough food in the home and all the residents have been getting proper meals at least three times per day with snacks. I observed plenty of food in the home on 06/27/2023 and APS made another visit on 07/12/2023 and there was plenty of food.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.14315	Handling of resident funds and valuables.
	(10) A licensee, administrator, direct care staff, other employees, volunteers under the direction of the licensee, and members of their families shall not accept, take, or borrow money or valuables from a resident, even with the consent of the resident.

ANALYSIS:	Based on my investigation and review of the bridge card transactions made by the HM Shanita Baldwin, she was not misusing the residents' bridge cards for her own personal use. The HM does the grocery shopping using Resident A, Resident D and Resident E bridge cards. She keeps the receipts and forwards them to the regional manager Dana Pikula. Ms. Pikula stated there have not been any concerns of misuse of the residents' bridge card by the HM as they are verified with the transactions; however, there was concern of misuse of residents' bridge card by the previous HM Cora Smith which were substantiated.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Residents are left in soiled beds.

INVESTIGATION:

On 06/27/2023, I interviewed the HM regarding the allegations. The only residents who wear briefs are Resident A at night only, Resident B and Resident E. Resident A gets reminders to go to the bathroom and they conduct two-hour bed checks and if Resident A is completely soiled, he will get changed. Resident B is verbal and tells when she needs to be changed or when she needs to go to the bathroom, but sometimes she will sit soiled, so staff go to her every hour asking if she needs to be changed. Resident E is non-verbal and wears a brief 24 hours a day seven days a week. He does not like to be soiled so when he is soiled, he will take his brief off. The HM has never arrived at her shift and found any resident soiled. She stated all the staff are good about changing the residents and making sure they and their linens are clean.

I observed all the residents' bedrooms and the linens, and their bedrooms were clean. There was no smell of urine in any of the bedrooms.

On 07/11/2023, I interviewed Dana Pikula regarding the allegations. Ms. Pikula stated she has conducted pop up visits at the home and has never observed any resident soiled or smelling of urine. She stated all the staff are good about changing the residents and making sure residents are clean.

On 07/12/2023, I received an email from APS worker Estelita Horton stating she conducted another on-site visit and observed all beds were clean and the clients were clean.

On 08/01/2023, I interviewed DCS Shade Twitty regarding the allegations. Ms. Twitty stated these allegations are not true. She nor any other DCS would leave any of the residents soiled. She and other DCS consistently check the residents and if they need

assistance with toileting, they assist and if they are soiled, then the resident is changed. Residents who are verbal have never complained about being soiled and not changed. Ms. Twitty has never arrived at her shift and found a resident soiled or smell of urine.

On 08/01/2023, I interviewed DCS Tracy Daniels regarding the allegations. Ms. Daniels stated she has never left any resident soiled. Residents have accidents and as soon as they do, they are changed. She has never begun her shift and observed a resident soiled and not changed by the staff working that shift. All the residents are always clean as are their bed linens. She conducts every two-hour check with each resident and changes them if they are soiled.

On 08/07/2023, I interviewed DCS Cidney Hogan regarding the allegations. Ms. Hogan has never left a resident sitting soiled in their bed or chairs. She completes checks every two-hours and changes them if they are soiled. She has never begun her shift and found residents soiled because staff did not change them.

On 08/07/2023, I interviewed DCS Georgia Roberts regarding the allegations. Ms. Roberts stated she checks residents every 30 minutes to ensure they do not need to be changed. She has never left a resident soiled and has never observed residents soiled when she begun her shift.

APPLICABLE RULE	
R 400.14314	Resident hygiene.
	(1) A licensee shall afford a resident the opportunity, and instructions, when necessary, for daily bathing and oral and personal hygiene. A licensee shall ensure that a resident bathes at least weekly and more often if necessary.
ANALYSIS:	Based on my investigation, DCS are meeting the needs of the residents and changing their briefs when they are soiled. I conducted an unannounced on-site visit on 06/27/2023 and observed Resident A to be clean with good hygiene. I observed all the resident's bedrooms to be clean and do not smell of urine. APS Estelita Horton conducted an on-site visit on 07/12/2023 and she observed the residents to have good hygiene and their bedrooms were clean. All the DCS reported they never leave any resident soiled and conduct checks between 30 minutes to tow-hours and change them if needed.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL ALLEGATIONS:

INVESTIGATION:

On 06/27/2023, I reviewed Resident A, Resident B, Resident D, and Resident E June 2023 medication logs and found the following errors:

- Resident A's **Ferrous Sulfate** (8AM-06/16/2023), **Atenolol** (8AM-6/16/2023), **Quetiapine** (8AM-06/16/2023; 8PM-06/02/2023, 06/05/2023-06/07/2023, 06/09/2023-06/13/2023, 06/16/2023, 06/17/2023, 06/19/2023, 06/20/2023, 06/22/2023, 06/26/2023), **Ketoconazole** (8AM-06/13/2023 and 06/16/2023; 8PM- 06/05/2023-06/07/2023, 06/09/2023-06/11/2023, 06/16/2023, 06/19/2023, 06/20/2023, 06/22/2023, 06/26/2023), **Risperidone** (8AM- 06/16/2023; 4PM- 06/07/2023, 06/09/2023, 06/13/2023, 06/16/2023, 06/19/2023, 06/20/2023, 06/22/2023, 06/26/2023; 8PM- 06/05/2023-06/07/2023, 06/09/2023-06/11/2023, 06/16/2023, 06/19/2023, 06/20/2023, 06/22/2023, 06/26/2023) **Acetaminophen** (8AM-06/16/2023; 4PM- 06/07/2023, 06/13/2023, 06/16/2023, 06/19/2023, 06/20/2023, 06/22/2023, 06/26/2023; 12AM- 06/04/2023, 06/05/2023, 06/10/2023-06/12/2023, 06/23/2023-06/26/2023), **Vitamin D3** (8AM-06/16/2023), **Levothyroxine** (8AM- 06/16/2023), **Omeprazole** (8AM-06/16/2023), **Tamsulosin** (8AM- 06/16/2023), **Atorvastatin** (8AM-06/16/2023), **Fluoxetine** (8AM-06/13/2023), **Meloxicam** (8AM- 06/13/2023) and **Aspirin** (8AM- 06/16/2023) medications were passed but staff did not initial the medication logs.
- Resident B's **Docusate** (7PM- 06/05/2023-06/07/2023, 06/09/2023-06/12/2023, 06/16/2023, 06/19/2023, 06/20/2023, 06/22/2023, 06/26/2023), **Topiramate** (7PM- 06/05/2023-06/07/2023, 06/09/2023-06/12/2023, 06/16/2023, 06/19/2023, 06/20/2023, 06/22/2023, 06/26/2023), **Risperidone** (7AM- 06/08/2023- 06/11/2023, 06/13/2023, 06/16/2023; 7PM- 06/05/2023-06/07/2023, 06/09/2023- 06/11/2023, 06/13/2023, 06/16/2023, 06/19/2023, 06/20/2023, 06/22/2023, 06/26/2023), **Quetiapine** (7PM- 06/05/2023-06/07/2023, 06/09/2023-06/11/2023, 06/16/2023, 06/19/2023, 06/20/2023, 06/22/2023, 06/26/2023) medications were given but staff did not initial the medication logs.
- Resident D's **Vitamin D2** (7PM- 06/05/2023, 06/19/2023, 06/26/2023), **Docusate** (7AM- 06/19/2023; 7PM- 06/05/2023-06/07/2023, 06/09/2023-06/11/2023, 06/16/2023, 06/19/2023, 06/20/2023, 06/22/2023, 06/26/2023), **Clobazam** (7AM- 06/19/2023; 7PM- 06/05/2023-06/07/2023, 06/09/2023-06/11/2023, 06/16/2023, 06/19/2023, 06/20/2023, 06/22/2023, 06/26/2023), **Divalproex** (7AM- 06/19/2023; 7PM-06/05/2023-06/07/2023, 06/09/2023-06/11/2023, 06/16/2023, 06/19/2023, 06/20/2023, 06/22/2023, 06/26/2023), **Risperidone** (7PM- 06/05/2023-06/07/2023, 06/09/2023-06/11/2023, 06/16/2023, 06/19/2023, 06/20/2023, 06/22/2023, 06/26/2023), **Digestive Advantage** (7AM- 06/19/2023), **Epidiolex** (7AM- 06/19/2023; 7PM- 06/05/2023-06/07/2023, 06/09/2023- 06/11/2023, 06/16/2023, 06/19/2023, 06/20/2023, 06/22/2023, 06/26/2023) medications were passed but staff did not initial the medication logs.

- Resident E's **Risperidone 1MG** (8PM- 06/02/2023, 06/05/2023-06/07/2023, 06/09/2023-06/11/2023, 06/16/2023, 06/19/2023, 06/20/2023, 06/22/2023, 06/26/2023), **Risperidone 0.25MG** (12PM- 06/11/2023, 06/14/2023-06/16/2023, 06/26/2023; 4PM- 06/02/2023, 06/05/2023-06/07/2023, 06/09/2023, 06/11/2023, 06/13/2023, 06/16/2023, 06/19/2023, 06/20/2023, 06/22/2023, 06/26/2023), **Briviact** (8PM- 06/02/2023, 06/05/2023-06/07/2023, 06/09/2023-06/11/2023, 06/13/2023, 06/16/2023, 06/19/2023, 06/20/2023, 06/22/2023, 06/26/2023) **Rufinamide** (8PM- 06/02/2023, 06/05/2023-06/07/2023, 06/09/2023, 06/11/2023, 06/13/2023, 06/16/2023, 06/19/2023, 06/20/2023, 06/22/2023, 06/26/2023), **Lamotrigine** (8PM- - 06/02/2023, 06/05/2023-06/07/2023, 06/09/2023-06/11/2023, 06/13/2023, 06/16/2023, 06/19/2023, 06/20/2023, 06/22/2023, 06/26/2023), **Omeprazole** (5:30PM- 06/02/2023, 06/05/2023-06/07/2023, 06/09/2023, 06/11/2023, 06/13/2023, 06/16/2023, 06/19/2023, 06/20/2023, 06/22/2023, 06/26/2023), **Timolol Maleate** (8AM- 06/05/2023, 06/08/2023; 8PM- 06/02/2023, 06/05/2023-06/07/2023, 06/09/2023-06/11/2023, 06/13/2023, 06/16/2023, 06/19/2023, 06/20/2023, 06/22/2023, 06/26/2023), **Gabapentin** (8AM- 06/05/2026; 1PM-06/07/2023, 06/11/2023, 06/13/2023-06/16/2023, 06/20/2023, 06/22/2023, 06/26/2023; 8PM- 06/02/2023, 06/05/2023-06/07/2023, 06/09/2023-06/11/2023, 06/13/2023, 06/16/2023, 06/19/2023, 06/20/2023, 06/22/2023, 06/26/2023) medications were passed but staff did not initial the medication logs.

The HM stated she has been working with staff in putting their initials on the log at the time the medication is given but staff have been forgetting. She will speak with the regional manager Dana Pikula to have an in-service training completed on initialing the medication logs.

On 08/07/2023, I conducted another on-site visit at this home to provide technical assistance on medication administration. Licensee designee Gladys Sledge, regional manager Dana Pikula and all staff members were present. Resident A was present too and he appeared clean and dressed appropriately for the day. Technical assistance was provided regarding medication administration specifically regarding missing initials. Discussion was made regarding implementation of a two-person check, daily review of medication logs, changing pharmacists and communicating with the prescribing physician regarding the time of medication administration as this home passes medications about eight times daily due to the prescribing physician putting specific times on the medication.

On 08/17/2023, I conducted the exit conference via telephone with licensee designee Gladys Sledge with my findings. Ms. Sledge stated that she has already implemented the two-person check during every shift with medication logs. She has contacted the prescribing physician who has agreed to reduce the number of times each resident receives medication, and they are now working with a new pharmacy. An in-service was completed with staff on initialing the medication logs at the time the medication is given in hopes of addressing the medication errors. I advised Ms. Sledge that I'm

recommending the provisional license remains in effect and she submit a corrective action plan. Ms. Sledge acknowledged.

APPLICABLE RULE	
R 400.14312	Resident medications.
	<p>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <p>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p>
ANALYSIS:	During the on-site investigation on 06/27/2023, I reviewed Resident A, Resident B, Resident D, and Resident E medication logs for June 2023, and found missing initials on all the residents' medication logs.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED SIR# 2023A0605003; CAP 12/22/2022

IV. RECOMMENDATION

Contingent upon receiving an acceptable corrective action plan, I recommend the 1st provisional license to remain in effect.



08/17/2023

Frodet Dawisha
Licensing Consultant

Date

Approved By:



08/24/2023

Denise Y. Nunn
Area Manager

Date