



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

August 21, 2023

Jennifer Bhaskaran
Alternative Services Inc.
Suite 10
32625 W Seven Mile Rd
Livonia, MI 48152

RE: License #: AS780376323
Investigation #: 2023A0584038
Middleton Home

Dear Ms. Bhaskaran:

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.

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 (517) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Candace Coburn". The signature is written in a dark ink and has a fluid, connected style.

Candace Coburn, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS780376323
Investigation #:	2023A0584038
Complaint Receipt Date:	06/23/2023
Investigation Initiation Date:	06/23/2023
Report Due Date:	08/22/2023
Licensee Name:	Alternative Services Inc.
Licensee Address:	Suite 10 32625 W Seven Mile Rd Livonia, MI 48152
Licensee Telephone #:	(248) 471-4880
Administrator:	Jennifer Bhaskaran
Licensee Designee:	Jennifer Bhaskaran
Name of Facility:	Middleton Home
Facility Address:	835 Middleton Road Owosso, MI 48867
Facility Telephone #:	(248) 471-4880
Original Issuance Date:	07/07/2015
License Status:	REGULAR
Effective Date:	01/07/2022
Expiration Date:	01/06/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
On 6/18/2023, direct care staff member Sophia Jones passed a double dose of Resident A's medication Lisinopril.	Yes
Additional Findings	Yes

III. METHODOLOGY

06/23/2023	Special Investigation Intake - 2023A0584038.
06/23/2023	Special Investigation Initiated – Letter
06/23/2023	APS Referral sent.
07/15/2023	Contact - Face to Face interview with Andrea Andrykovich, Shiawassee Health and Wellness Recipient Rights officer.
08/16/2023	Inspection Completed On-site.
08/16/2023	Contact - Face to Face with direct care staff Sofia Jones, Alesha Farley, Ginger Flanner, Pam Henry, Resident A, B, C, D, E, and F.
08/17/2023	Exit Conference via email contact with Jennifer Bhaskaran, licensee designee.

ALLEGATION:

On 6/18/2023, direct care staff member Sophia Jones passed a double dose of Resident A's medication Lisinopril.

INVESTIGATION:

On 6/23/2023 the Bureau of Community and Health Systems received the above allegation via the online complaint system.

On 7/18/2023, I conducted a face-to-face interview with Shiawassee Recipient Rights Officer Andrea Andrykovich, who stated she interviewed direct care staff member Sophia Jones and confirmed the allegation. According to Ms. Andrykovich, Resident A was not adversely affected by the medication error.

On 8/16/2023, I conducted an unannounced investigation at the facility. I observed the facility to be orderly, clean and in good physical condition.

I attempted to conduct face-to-face interviews with Residents A, B, C, D, E, and F. However, none were able or willing to answer questions. I observed all residents to be well groomed.

I conducted face-to-face interviews with Ms. Jones, and direct care staff members Aleisha Farley, Ginger Flanner, and Pam Henry. Ms. Jones stated she was responsible for passing Resident A's medications on 6/18/2023 and accidentally administered Resident A the medication Lisinopril twice. Ms. Jones stated she was made aware of the error on 6/19/2023 when it was discovered by her coworker Aleisha Farley. Ms. Jones stated she did not observe anything suspicious regarding Resident A's behavior for the rest of her shift on 6/18/2023. Ms. Jones stated when she was informed of the error on 6/19/2023, she reported it to house manager Nichole Frye and to the Shiawassee Health and Wellness Recipient Rights Office.

Ms. Farley's statements were consistent with the statement's Ms. Jones provided to me.

According to Ms. Flanner and Ms. Henry, they do not have any concerns regarding working conditions that may affect the passing of medications while working at the facility.

I reviewed Ms. Jones' employee training documentation and confirmed she successfully completed required medication administration training in September of 2022.

I requested and reviewed the facility's electronic medication administration records (MARs) for Residents A, B, C, D, E, and F. Documentation on the electronic MARs appeared to be completed satisfactory with staff initials noted for passing medication as required.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	Based upon my investigation, which consisted of interviews with Shiawassee Recipient Rights Officer Andrea Andrykovich and multiple staff members, as well as a review of relevant facility documents pertinent to the allegation, there is enough evidence to substantiate the allegation that on 6/18/2023 facility staff members Sophia Jones administered two doses of Lisinopril to Resident A instead of one as the label indicates.

CONCLUSION:	VIOLATION ESTABLISHED
--------------------	------------------------------

ADDITIONAL FINDINGS:

INVESTIGATION:

On 8/16/2023, while reviewing six resident files, five out of the six files reviewed did not have updated annual *Assessment Plans for AFC Residents*.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(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 upon my investigation, which consisted of a review of relevant facility documents pertinent to the allegation, there is enough evidence to substantiate the allegation that required <i>Assessment Plans for AFC Residents</i> were not found in five of six resident files.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receiving an acceptable corrective action plan, I recommend no changes in the status of this license.



8/18/2023

Candace Coburn
Licensing Consultant

Date

Approved By:

Michele Streeter

8/21/2023

Michele Streeter
Section Manager

Date