



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

October 17, 2023

Kent Vanderloon  
McBride Quality Care Services, Inc.  
P.O. Box 387  
Mt. Pleasant, MI 48804

RE: License #: AS560395819  
Investigation #: 2023A0790061  
McBride Meridian Rd. AFC

Dear Mr. Vanderloon:

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 feel free to 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. 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 black ink that reads "Rodney Gill". The signature is written in a cursive style with a large, prominent 'R' and 'G'.

Rodney Gill, 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**

<b>License #:</b>	AS560395819
<b>Investigation #:</b>	2023A0790061
<b>Complaint Receipt Date:</b>	09/06/2023
<b>Investigation Initiation Date:</b>	09/06/2023
<b>Report Due Date:</b>	11/05/2023
<b>Licensee Name:</b>	McBride Quality Care Services, Inc.
<b>Licensee Address:</b>	3070 Jen's Way Mt. Pleasant, MI 48858
<b>Licensee Telephone #:</b>	(989) 772-1261
<b>Administrator:</b>	Kent Vanderloon
<b>Licensee Designee:</b>	Kent Vanderloon
<b>Name of Facility:</b>	McBride Meridian Rd. AFC
<b>Facility Address:</b>	2530 S. Meridian Rd. Midland, MI 48640
<b>Facility Telephone #:</b>	(989) 835-7688
<b>Original Issuance Date:</b>	12/07/2018
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	06/07/2023
<b>Expiration Date:</b>	06/06/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Direct care staff members (DCSMs) Alexandra Garibaldi, Sheryl Thompson, and Madison Sacco smoke marijuana out of dab pens while on break.	No
Medication errors have occurred at the facility.	Yes

## III. METHODOLOGY

09/06/2023	Special Investigation Intake 2023A0790061
09/06/2023	APS Referral is not necessary because this is a denied APS complaint.
09/06/2023	Special Investigation Initiated – Telephone call made- Interviewed direct care staff member (DCSM) Sheryl Thompson who functions as the assistant house manager.
09/06/2023	Contact - Document Received. Ms. Thompson emailed requested documentation.
10/11/2023	Inspection Completed On-site. Interviewed direct care staff members (DCSMs) Alexandra Garibaldi, Cheyenne Warner, Sheryl Thompson, Amber Pate, ADOS Bernie Myers, Resident A, Resident B, and Resident C.
10/16/2023	Inspection Completed-BCAL Sub. Compliance
10/16/2023	Exit Conference with licensee designee Kent Vanderloon. Mr. Vanderloon had no additional information to add.
10/16/2023	Corrective Action Plan Requested and Due on 10/31/2023.

**ALLEGATION: Direct care staff members (DCSMs) Alexandra Garibaldi, Sheryl Thompson, and Madison Sacco smoke marijuana out of their dab pens while on break.**

### **INVESTIGATION:**

I reviewed a denied Adult Protective Services (APS) referral dated 09/06/2023. The referral indicated there are five residents living at the facility. The complaint alleged

direct care staff members (DCSMs) Alexandra, Sheryl, and Madison smoke marijuana out of dab pens while on break but during their shift caring for residents. This has been an ongoing concern.

I interviewed DCSM Sheryl Thompson who functions as the assistant house manager via phone. Ms. Thompson provided last names for the three DCSMs mentioned in the allegations. Ms. Thompson emailed the medication administration errors made during the months of 07/2023, 08/2023, and 09/2023. AFC Licensing Division – Incident / Accident Reports were provided listing the medication administration errors occurring during the past few months.

I interviewed assistant director of services (ADOS) Bernie Myers via phone on 09/11/2023 about the allegations. Mr. Myers stated he received a complaint involving medication errors and direct care staff members (DCSMs) Alexandra Garibaldi, Cheryl Thompson, and Madyson Sacco smoking marijuana out of dab pens during work hours a couple of weeks ago. Mr. Myers stated he and human resources coordinator Lisa Porres conducted an internal investigation.

Mr. Myers said he interviewed Ms. Garibaldi, Ms. Thompson, and Ms. Sacco and they all denied marijuana use. Mr. Myers stated Ms. Thompson does use a vape pen or e-cigarette but only vapes tobacco. Mr. Myers stated during the internal investigation there was no evidence found indicating Ms. Garibaldi, Ms. Thompson, and/or Ms. Sacco smoke marijuana while at work. He said he did not have any of them drug tested. Mr. Myers said he is sensitive to marijuana smoke and found no evidence indicating Ms. Garibaldi, Ms. Thompson, and/or Ms. Sacco are using marijuana at work.

I conducted an unannounced onsite investigation on 10/11/2023. I interviewed DCSM Alexandra Garibaldi who functions as the house manager. Ms. Garibaldi denied marijuana use. She stated she has never smoked marijuana out of a dab pen or any other way while at work.

Ms. Garibaldi said she has never witnessed DCSMs Cheryl Thompson who functions as the assistant house manager and/or Madyson Sacco smoking marijuana out of dab pens or any other way while at work. She said Ms. Thompson and/or Ms. Sacco have never smelled like marijuana when arriving or while at work. Ms. Garibaldi said ADOS Bernie Myers and human resources coordinator Lisa Porres already conducted an internal investigation and found no evidence to support this allegation.

I interviewed DCSM Cheyenne Warner. Ms. Warner stated she has never witnessed DCSMs Ms. Garibaldi, Ms. Thompson, and/or Ms. Sacco using marijuana out of dab pens or any other way while working or on their break. She said Ms. Garibaldi, Ms. Thompson, and Ms. Sacco have never smelled like marijuana when arriving or while working.

I interviewed DCSM Cheryl Thompson. Ms. Thompson stated she smokes regular cigarettes but does not smoking tobacco or marijuana by means of a dab pen. She said

she has never used a pen-style vaporizer and denied vaping. She stated she has never used an e-cigarette or handheld electronic device of any kind to smoke tobacco or marijuana. Ms. Thompson stated she has never witnessed DCSMs Ms. Garibaldi and/or Ms. Sacco smoking marijuana out of dab pens or any other way while at work. She said Ms. Garibaldi and/or Ms. Sacco have never smelled like marijuana when arriving or while at work.

I interviewed DCSM Amber Pate. Ms. Pate stated she has never witnessed DCSMs Ms. Garibaldi, Ms. Thompson, and/or Ms. Sacco smoking marijuana out of dab pens or any other way while at work. She said Ms. Garibaldi, Ms. Thompson, and/or Ms. Sacco have never smelled like marijuana when arriving or while at work.

I interviewed Resident A, Resident B, and Resident C who all stated they have never witnessed DCSMs Ms. Garibaldi, Ms. Thompson, and/or Ms. Sacco smoking marijuana out of dab pens or any other way while at work. They stated Ms. Garibaldi, Ms. Thompson, and/or Ms. Sacco have never smelled like marijuana when arriving or while at work.

I interviewed ADOS Mr. Myers who confirmed there has been no evidence found indicating Ms. Garibaldi, Ms. Thompson, and/or Ms. Sacco use marijuana. Mr. Myers stated the information gathered during their internal investigation confirmed this allegation to be erroneous and of no merit.

<b>APPLICABLE RULE</b>	
<b>R 400.14204</b>	<b>Direct care staff; qualifications and training.</b>
	<b>(2) Direct care staff shall possess all of the following qualifications:</b> <b>(a) Be suitable to meet the physical, emotional, intellectual, and social needs of each resident.</b>
<b>ANALYSIS:</b>	Based on the information gathered during this special investigation through review of documentation and interviews with DCSMs Ms. Garibaldi, Ms. Warner, Ms. Thompson, Ms. Pate, Resident A, Resident B, Resident C, and ADOS Mr. Myers there is no evidence indicating DCSMs Alexandra Garibaldi, Sheryl Thompson, and/or Madison Sacco smoke marijuana out of dab pens while at work.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION: Medication errors have occurred at the facility.**

**INVESTIGATION:**

The APS referral stated medication errors have occurred while these three DCSMs have been working. It is unknown if the medication errors occurred because the DCSMs were under the influence of marijuana. This has been brought to the attention of McBride Quality Care Company and they have not done anything about it.

Mr. Myers admitted there have been several medication errors at the facility recently. He said he has taken steps to ensure medication errors are not made going forward. Mr. Myers said most of the medication errors have been medications being given at the wrong time of day. He stated direct care staff members (DCSMs) have contacted the pharmacy when the medication errors have occurred and were told to resume administering the medication at the right time of day when the next dose is to be given.

Mr. Myers said he suspended DCSM Cheryl Ellsworth for three days because of medication errors. Mr. Myers said DCSMs Alexandra Garibaldi who functions as the home manager and Cheryl Thompson who functions as the assistant home manager are the only two DCSMs allowed to pass medication currently and he scheduled a medication administration training for all DCSMs on 09/20/2023. Mr. Myers stated he is also going to color code the residents' medications in their *medication administration records (MARs)* to indicate what time of day the medication is to be administered based on the color assigned to it.

I reviewed four *AFC Licensing Division – Incident / Accident Reports (IRs)* for the facility. The *IRs* were all written up because of medication errors. The first *IR* was dated 07/27/2023 and indicated when passing 4:00 p.m. medications for Resident A, direct care staff member (DCSM) Cheryl Ellsworth administered an Olanzapine 10 mg tablet to Resident A instead of the prescribed medication Divalproex 25 mg tablet. The error was not noticed until the 8:00 p.m. medication count. According to the *IR*, the home manger, on call doctor, and the Rite Aid pharmacist were all informed. The *IR* stated the pharmacist advised no emergency intervention was required, hold Resident A's 8:00 a.m. Olanzapine 10 mg tablet the next day, and then continue to administer medications as prescribed. The second *IR* and third *IR* were reviewed and determined not to be medication errors.

The fourth *IR* was dated 09/02/2023 and indicated when administering morning medications on 09/03/2023 DCSM Cheryl Thompson noticed Resident C's Macrobid 100 mg tablet was not passed the evening before 09/02/2023 at 8:00 p.m. Ms. Thompson contacted the pharmacist, and they stated not to administer the missed medication but to continue to administer Resident C's medications as prescribed. The pharmacist explained the missed medication was not an emergency and did not require any medical intervention.

Ms. Garibaldi stated there have been several medication errors over the past few months. Ms. Garibaldi stated coaching and counseling was provided to DCSM Jessica Hoggard because on 08/17/2023 when passing medications Ms. Hoggard failed to initial 15 different medications throughout the residents' *medication* administration records (MARs), failed to document the number of Resident C's Phenazopyridine HCL 200 mg medication, and violating the medication protocol to which facility direct care staff members adheres.

I reviewed the Coach and Counsel document confirming Ms. Hoggard received coaching and counseling on 08/18/2023 for the reasons indicated above.

Ms. Garibaldi stated all DCSMs participated in a medication in-service on 08/16/2023 and again on 09/20/2023. DCSMs reviewed the five rights of medication administration and three checks. Ms. Garibaldi stated all DCSMs were required to complete medication administration training online within the past month, shadow an experienced DCSM during medication administration, and were observed administering medications three times by an experienced DCSM before allowing them to administer medications unsupervised. Ms. Garibaldi stated Mr. Myers recently requested all medications be color coded based on time of day the medication is to be administered. Ms. Garibaldi stated this request has been completed.

I reviewed Staff Meeting Agendas and In-Service Annual Tracking Form documenting medication in-services were completed on 08/16/2023 and 09/20/2023. The agendas documented medication in-services were provided to all DCSMs on 08/16/2023 and again on 09/20/2023, and specified material reviewed. The DCSMs were instructed to sign Attestation Forms confirming they were present during the medication in-services. I reviewed the Attestation Forms to ensure all DCSMs attended the medication in-services.

I reviewed Medication Administration Refresher certificates from the Michigan Department of Health and Human Services - Community Practices and Innovations Behavioral and Physical Health and Aging Services Administration confirming DCSMs completed an online medication administration refresher course. I reviewed documentation demonstrating all DCSMs shadowed and were shadowed on three different dates by an experienced DCSM before administering medications unsupervised.

Ms. Garibaldi, Ms. Warner, Ms. Thompson, and Ms. Pate all stated no residents have been harmed because of the medication errors.

Resident A, Resident B, and Resident C all stated they are unaware of any medication errors occurring at the facility. Resident A, Resident B, and Resident C all stated they have never been harmed because of a medication error and are unaware of medication errors occurring while medications were being administered to them.



I conducted an exit conference with licensee designee Kent Vanderloon. Mr. Vanderloon was informed a rule violation was established because of this special investigation and was asked to provide an acceptable Corrective Action Plan (CAP). He had no additional information to provide.

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(2) Medication shall be given, taken, or applied pursuant to label instructions.</b>
<b>ANALYSIS:</b>	Based on the information gathered during this special investigation through review of documentation and interviews with DCSMs Ms. Garibaldi, Ms. Warner, Ms. Thompson, Ms. Pate, Resident A, Resident B, Resident C, and ADOS Mr. Myers there is evidence several medication errors have occurred at the facility within the past few months.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### IV. RECOMMENDATION

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



10/16/2023

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Rodney Gill Date  
Licensing Consultant

Approved By:



10/17/2023

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Dawn N. Timm Date  
Area Manager