



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 22, 2024

Katie Edwards
Symphony of Linden Health Care Center, LLC
30150 Telegraph Rd
Suite 167
Bingham Farms, MI 48025

RE: License #:	AL250331295
Investigation #:	2024A0872012
	Homer House Inn

Dear Katie Edwards:

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. In the event that I am not available, and you need to speak to someone immediately, please contact the local office at (517) 643-7960.

Sincerely,

A handwritten signature in black ink that reads "Susan Hutchinson". The signature is written in a cursive style with a large initial "S".

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL250331295
Investigation #:	2024A0872012
Complaint Receipt Date:	12/05/2023
Investigation Initiation Date:	12/05/2023
Report Due Date:	02/03/2024
Licensee Name:	Symphony of Linden Health Care Center, LLC
Licensee Address:	7257 N. Lincoln Lincolnwood, IL 60712
Licensee Telephone #:	(810) 735-9400
Administrator:	Katie Edwards
Licensee Designee:	Katie Edwards
Name of Facility:	Homer House Inn
Facility Address:	202 S Bridge Street Linden, MI 48451
Facility Telephone #:	(810) 735-9400
Original Issuance Date:	05/01/2014
License Status:	REGULAR
Effective Date:	11/03/2022
Expiration Date:	11/02/2024
Capacity:	20
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
On 12/02/23, the residents did not receive their medications.	Yes
Additional Findings	Yes

III. METHODOLOGY

12/05/2023	Special Investigation Intake 2024A0872012
12/05/2023	APS Referral This complaint was referred by APS but was not assigned for investigation
12/05/2023	Special Investigation Initiated - Letter I made an APS complaint
12/06/2023	Inspection Completed On-site Unannounced
12/06/2023	Contact - Document Received AFC documentation received
01/15/2024	Contact - Document Received AFC documentation received
01/18/2024	Contact - Document Sent I exchanged messages with LD Edwards
01/18/2024	Contact - Telephone call made I have left several messages for Staff Leann Harvey but as of this date, she has not returned my calls
01/18/2024	Inspection Completed-BCAL Sub. Compliance
01/22/2024	Exit conference I conducted an exit conference with the licensee designee, Katie Edwards

ALLEGATION: On 12/02/23, the residents did not receive their medications.

INVESTIGATION: On 12/06/23, I conducted an unannounced onsite inspection of Homer House Inn. I interviewed the general manager (GM), Ali Raza the assisted living director (ALD), Wendy Saab, Resident A, and staff Laurel Jarvis.

According to ALD Saab, on 12/02/23 staff Laurel Jarvis came to work and when she found out that she was scheduled to work at Homer House Inn, she texted ALD Saab and told her, "I don't do Homer. You promised me I would work on Monet." Staff Jarvis told ALD Saab that she was leaving so ALD Saab called the facility and moved staff around to make sure Staff Jarvis's shift was covered. ALD Saab said that staff called her later that evening and told her that staff had not "signed out" for medications that morning. She asked staff if the residents received their medications that morning and staff told her that they did not know.

I asked ALD Saab and GM Raza if as of this date, anyone verified whether the residents received their medications on 12/02/23 and they said to their knowledge, nobody has looked further into the situation.

While at the facility, I asked if there were any residents that I would be able to speak to about the incident. I walked into Resident B's room, but she was asleep, so I did not wake her up. I walked into Resident A's room, and she agreed to speak to me. Resident A told me that on 12/02/23, she did not receive her medications. Resident A said that staff Ty (last name unknown) was working that day and he told Resident A that he was not trained to pass medications. He told Resident A that he tried contacting staff and/or management on three occasions to ask for a med passer but nobody was willing to come in and pass medications. According to Resident A, she does not think that any of the residents received their medications on that date. I asked Resident A if there have been other occasions where she has not received her medications and she said no.

Staff Laurel Jarvis said that she has worked for Symphony Inns since February 2022. Staff Jarvis said that there are a total of five Inns, and she normally works in two of them, not Homer House Inn. According to Staff Jarvis, when she got to work on 12/02/23, she looked at the schedule and saw that she was scheduled to be the medication passer on Homer House Inn. Staff Jarvis told me that although she has been trained in medication passing, she does not feel comfortable passing medications to the residents in Homer House Inn since she does not normally work with them. Therefore, she contacted ALD Saab and told her that she was not going to work in Homer House Inn and that she was leaving. Staff Jarvis told me that she did not "abandon my shift" because there were other staff working at the time.

On 12/06/23, I received AFC documentation related to this complaint. According to the documentation, as of this date there are 13 residents living at Homer House Inn. I reviewed the staff schedule for 12/02/23 and noted that the following staff were scheduled to work that day for the following shifts:

- 1st shift (6am-6pm): Leann Harvey (med passer) and Nateavion Williams

- 2nd shift (6pm-6am): Shania Cochran (med passer), Angelina Hardy and Tashiera Lee

On 01/12/24, I emailed the licensee designee, Katie Edwards, requesting additional information related to this complaint.

On 01/17/24, I reviewed additional information received from LD Edwards related to this complaint. LD Edwards stated that on 12/02/23, staff Leann Harvey was scheduled from 6am-6pm and was the scheduled medication passer in Homer House Inn and Van Gogh House Inn. During a medication audit on 12/04/23, staff Kara Foust discovered that none of the medications were signed out as being passed on 12/02/23.

Management contacted Staff Harvey who confirmed that she did not pass medications to the residents in Homer House Inn on 12/02/23. Staff Harvey was suspended pending the internal investigation, given a written reprimand, and was “educated on following orders from supervisor and on call personnel.”

On 01/17/24, I reviewed the medication logs for all residents on 12/02/23. I confirmed that none of the residents were administered their medications from 6am-6pm on 12/02/23.

On 01/18/24, I exchanged messages with LD Edwards. She said that Staff Harvey is no longer working for her facility. Staff Harvey’s employment was terminated on 12/21/23.

I have attempted to contact Staff Harvey on several occasions but as of 01/22/24, she has not returned my messages.

On 9/28/22, I completed SIR #2022A0872053 and substantiated R 400.15312(2). I concluded that one of the residents did not receive her prescribed insulin injection from 8/18/22 – 8/20/22. On 10/21/22, the licensee designee at the time, Kimberly Gee, submitted a corrective action plan stating that the assisted living director was educated on the availability process for ordering insulin pens for new admissions. Kimberly Gee said that compliance would be maintained by the administrator/licensee designee randomly auditing new admissions to ensure timely medication delivery.

On 2/09/23, I completed SIR #2023A0872016 and substantiated R 400.15312(2). I concluded that in December 2022 and January 2023, on several occasions one of the residents did not receive her medications as prescribed. On 02/23/23, the licensee designee at the time, Melissa Sevegney submitted a corrective action plan stating that med pass staff will be educated on medication administration and will be given a competency check off assessment. She also stated that audits of med pass training will be conducted monthly for 3 months and then quarterly thereafter.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	<p>According to Assisted Living Director, Wendy Saab, on the morning of 12/02/23, staff did not sign out resident medications.</p> <p>According to Resident A, on 12/02/23 she did not receive her medications and she does not believe any of the other residents received their medications.</p> <p>I reviewed the medication logs for the residents in Homer House Inn and verified that none of the residents received their medications from 6am-6pm on 12/02/23.</p> <p>Management contacted Staff Harvey who confirmed that she did not pass medications to the residents on 12/02/23.</p> <p>I conclude that there is sufficient evidence to substantiate this rule violation.</p>
CONCLUSION:	<p>REPEAT VIOLATION ESTABLISHED</p> <p>Ref: SIR #2022A0872050 dated September 28, 2022.</p> <p>Ref: SIR #2023A0872016 dated February 9, 2023.</p>

ADDITIONAL FINDINGS:

INVESTIGATION: On 12/02/23, staff Laurel Jarvis was scheduled to work and pass medications to the residents in Homer House Inn. Staff Jarvis left her shift without advance notice. Staff Leann Harvey was then scheduled to pass medications in Homer House Inn, but she was also scheduled to work and pass medications in Van Gogh House Inn. The other staff working in Homer House Inn was not trained to pass medications. There were insufficient staff working at this facility on 12/02/23.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.

ANALYSIS:	<p>On 12/02/23, staff Laurel Jarvis was scheduled to work and pass medications to the residents in Homer House Inn. She left her shift without advance notice. Staff Leann Harvey was then scheduled to pass medications in Homer House Inn, but she was also scheduled to work and pass medications in Van Gogh House Inn. The other staff working in Homer House Inn was not trained to pass medications. There was insufficient staff working at this facility on 12/02/23.</p> <p>I conclude that there is sufficient evidence to substantiate this rule violation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

On 01/22/24, I conducted an exit conference with the licensee designee, Katie Edwards. I discussed the results of my investigation and explained which rule violations I am substantiating. LD Edwards agreed to complete and submit a corrective action plan upon the receipt of my investigation report.

IV. RECOMMENDATION

Upon the receipt of an acceptable corrective action plan, I recommend no change in the license status.

Susan Hutchinson

January 22, 2024

Susan Hutchinson Licensing Consultant	
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Approved By:

Mary Holton

January 22, 2024

Mary E. Holton Area Manager	Date
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