



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 11, 2023

Jennifer Muszall Lakeshore Caring Corp.
4851 Lakeshore, Bldg A
Fort Gratiot, MI 48059

RE: License #: AL740007429
Investigation #: 2023A0580010
Lakeshore Woods

Dear Ms. Muszall:

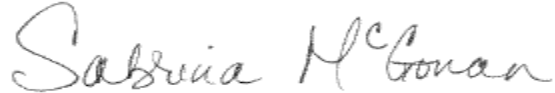
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 cursive script that reads "Sabrina McGowan".

Sabrina McGowan, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 835-1019

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL740007429
Investigation #:	2023A0580010
Complaint Receipt Date:	11/21/2022
Investigation Initiation Date:	11/22/2022
Report Due Date:	01/20/2023
Licensee Name:	Lakeshore Caring Corp.
Licensee Address:	4851 Lakeshore, Bldg A Fort Gratiot, MI 48059
Licensee Telephone #:	(810) 385-3185
Administrator:	Jennifer Muszall
Licensee Designee:	Jennifer Muszall
Name of Facility:	Lakeshore Woods
Facility Address:	4851 Lakeshore Road Fort Gratiot, MI 48059
Facility Telephone #:	(810) 385-3185
Original Issuance Date:	03/30/1992
License Status:	REGULAR
Effective Date:	02/18/2022
Expiration Date:	02/17/2024
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
In August 2022, Resident A was given the wrong medications.	No
Additional Findings	Yes

III. METHODOLOGY

11/21/2022	Special Investigation Intake 2023A0580010
11/21/2022	APS Referral This complaint was denied by APS for investigation.
11/22/2022	Special Investigation Initiated - Telephone A call was made to the complainant.
11/30/2022	Inspection Completed On-site An onsite inspection was conducted. Contact was made with the administrator, Ms. Jennifer Muszall.
01/09/2023	Contact - Telephone call made A call was made to Ms. Jessica Norton, Direct Staff.
01/09/2023	Contact - Telephone call made A call was made to Relative Guardian A.
01/10/2023	Exit Conference An exit was held with the licensee designee, Ms. Jennifer Muszall.

ALLEGATION:

In August 2022, Resident A was given the wrong medications.

INVESTIGATION:

On 11/21/2022, I received a complaint via BCAL Online Complaints. This complaint was denied by APS for investigation.

On 11/22/2022, I spoke with the complainant who reiterated the allegations made in the complaint.

On 11/30/2022, I conducted an onsite inspection at Lakeshore Woods. Contact was made with both the license designee/administrator, Ms. Jennifer Muszall and Ms. Joanna Gorecki, Director of Nursing. Resident A was placed in the facility the end of June 2022. Resident A is diagnosed with dementia with Relative Guardian A identified as his guardian. Resident A moved from the facility on 11/04/2022, without a 30-day notice. Ms. Gorecki denied the allegations that Resident A was given the wrong medications. She stated that Relative Guardian A frequented the facility and passed all Resident A's medication. She adds that she was very controlling and insisted on being the person to administer his medication. She stated that Relative A often tried to give Resident A an extra daily vitamin that was not prescribed. She stated that if a staff observe or drop medication on the floor, they are to document and dispose of them properly.

Resident A's Medication Log for August 2022 was reviewed. It indicates that Resident A was given his medication as prescribed, except for his 8:00pm scheduled application of Ammonium Lactate 12% Lotion, which Resident A refused on 08/31/2022. Staff initials are listed for each dose of medication that was administered to Resident A during the month.

The AFC Assessment plan for Resident A states that the facility staff will manage all the resident's medication. The plan was signed by Relative Guardian A on 06/24/2022. This plan was not signed by the licensee designee.

On 01/09/2023, I spoke with direct staff, Ms. Jennifer Norton. She denied giving Resident A the wrong medication. She stated that Relative Guardian A was controlling and insisted that she be allowed to give Resident A his medication. Although she initialed that she administered the medication, admittedly, she did not observe Resident A take the medication after it was given to Relative Guardian A.

On 01/09/2023, I spoke with Relative Guardian A. She stated that after staff gave her Resident A's medication, she would then administer it to him. She did this to ensure that he would not refuse if he received his medicine from an unfamiliar face due to his dementia diagnoses. She adds that Resident A is unable to participate in an interview due to his dementia. Relative Guardian A stated that on at least 3 occasions Resident A was given the wrong medicine while at the facility, which she had to bring to their attention. She stated that she was not pleased with Resident A's stay while at the facility which is why she moved him from the facility effective 11/04/2022. Resident A is currently back home with home help care services that she has put in place.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	<p>Staff members, Ms. Joanna Gorecki and Ms. Jennifer Norton deny the allegations that Resident A was given the wrong medication.</p> <p>Relative Guardian A stated on at least 3 occasions Resident A was given the wrong medicine.</p> <p>The August 2022 Medication Log for Resident A was reviewed, indicating that Resident A was given his medication as prescribed.</p> <p>Based on the information obtained during this investigation, there is not enough evidence to support the rule violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

The AFC Assessment Plan for Resident A was signed and dated by the designated representative, Relative Guardian A on 06/24/2022. The plan was not signed by the licensee designee as required.

On 01/10/2023, I conducted an exit conference with the licensee designee, Ms. Jennifer Muszall sharing the findings of this investigation. Ms. Muszall is the new licensee designee effective 07/11/2022. We discussed the need for signatures on assessment plans as well as the AFC documents receiving the required signatures in the future.

APPLICABLE RULE	
R 400.15301	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:	The AFC Assessment plan reviewed for Resident A was not complete. The plan is not signed by the licensee designee as required. There is enough evidence to support the rule violation
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

Nursing Director, Ms. Joanna Gorecki stated that Relative Guardian A was allowed to administer Resident A his medication while he was residing in the facility. The August 2022 Medication log for Resident A indicates that his medication was administered by staff.

The AFC Assessment Plan for Resident A states that the facility staff will manage all the resident’s medication.

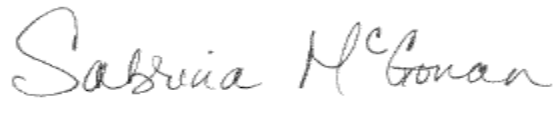
Staff, Ms. Jennifer Norton stated that Relative Guardian A was controlling and insisted that she be allowed to give Resident A his medication. Although she initialed that she administered the medication, admittedly, she did not observe Resident A take the medication after it was given to Relative A.

On 01/10/2023, I conducted an exit conference with the licensee designee, Ms. Jennifer Muszall sharing the findings of this investigation. Ms. Muszall is the new licensee designee effective 07/11/2022. We spoke about ensuring staff receiving the proper medication passing training to ensure license rule compliance.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(3) Unless a resident's physician specifically states otherwise in writing, the giving, taking, or applying of prescription medications shall be supervised by the licensee, administrator, or direct care staff.
ANALYSIS:	Based on the interviews conducted with staff members, Ms. Joanna Gorecki and Ms. Jennifer Norton, a review of Resident A’s AFC assessment plan which indicates that that the facility staff will manage all of the resident’s medication, and the August 2022 Medication Log for Resident A, which contains staff initials as having administered the medication, there is enough evidence to support the rule violation that the giving, taking or applying of prescription medication was not supervised by the licensee, administrator or direct staff.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon the receipt of an approved corrective action plan, no change to the status of the license is recommended.

 January 11, 2023

Sabrina McGowan Date
Licensing Consultant

Approved By:

 January 11, 2023

Mary E. Holton Date
Area Manager