GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 6, 2024

Rayann Burge
RSR Creek LLC
5485 Smiths Creek
Kimball, MI 48074

RE: License #: AS740408305
Investigation #: 2024A0580016
Sandalwood Creek II

Dear Rayann Burge:

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. 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,

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 #:** | AS740408305 |
| | |
| **Investigation #:** | 2024A0580016 |
| | |
| **Complaint Receipt Date:** | 01/17/2024 |
| | |
| **Investigation Initiation Date:** | 01/19/2024 |
| | |
| **Report Due Date:** | 03/17/2024 |
| | |
| **Licensee Name:** | RSR Creek LLC |
| | |
| **Licensee Address:** | 5485 Smiths Creek<br>Kimball TWP, MI 48074 |
| | |
| **Licensee Telephone #:** | (586) 383-2802 |
| | |
| **Administrator:** | Rayann Burge |
| | |
| **Licensee Designee:** | Rayann Burge |
| | |
| **Name of Facility:** | Sandalwood Creek II |
| | |
| **Facility Address:** | 5485 Smiths Creek<br>Kimball TWP, MI 48074 |
| | |
| **Facility Telephone #:** | (810) 367-7192 |
| | |
| **Original Issuance Date:** | 11/16/2021 |
| | |
| License **Status:** | REGULAR |
| | |
| **Effective Date:** | 05/16/2022 |
| | |
| **Expiration Date:** | 05/15/2024 |
| | |
| **Capacity:** | 6 |
| | |
| **Program Type:** | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>ALZHEIMERS |

| | |
|---|---|
| | AGED |

## II. ALLEGATION(S)

| | **Violation Established**? |
|---|---|
| Resident A has been missing his medications due to them being out of stock. | Yes |
| Additional Findings | Yes |

## III. METHODOLOGY

| | |
|---|---|
| 01/17/2024 | Special Investigation Intake<br>2024A0580016 |
| 01/17/2024 | APS Referral<br>Denied by APS for investigation. |
| 01/19/2024 | Special Investigation Initiated - Telephone<br>Spoke with Guardian A. |
| 01/24/2024 | Inspection Completed On-site<br>Unannounced onsite visit. Contact with direct staff, Marie Carrier. |
| 01/24/2024 | Contact - Face to Face<br>Face to face interview with Resident A. |
| 01/25/2024 | Contact - Document Received<br>Emailed copy of documents requested was received. |
| 01/29/2024 | Contact - Telephone call made<br>Call to Licensee Designee, Rayann Burge. |
| 03/06/2024 | Contact - Telephone call made<br>Call to Relative Guardian A. |
| 03/06/2024 | Exit Conference<br>Exit conference with Licensee Designee, Rayann Burge. |

**ALLEGATION:**

Resident A has been missing his medications due to them being out of stock.

**INVESTIGATION:**

On 01/17/2024, I received a complaint via BCAL Online Complaints. This complaint was denied by APS for investigation.

On 01/19/2024, I spoke with Relative Guardian A, who stated that when she last visited Resident A, he stated that he was not feeling well. She requested that he be seen by the physician, and he is now hospitalized due to having Sepsis. She had not been made aware that he'd missed any medication.

On 01/24/2024, I conducted an unannounced onsite inspection at Sandalwood Creek II was conducted. Contact was made with direct staff Marie Carrier who. Staff Carrier stated that Resident A did not receive his medication due the pharmacy running out of stock.

Residents in the home were observed in the living room area of the home watching television. They were appropriately clothed, groomed, and appeared to be receiving adequate care.

Staff Patricia Stemposky, who was initially observed working at Sandalwood Creek I, was identified as a floating staff. Staff Stemposky provided me with a copy of Resident A's medication log for January 2024.

The Jan 2024 medication log for Resident A indicates that Resident A is prescribed Acetaminophe, 650 MG tab, to be taken once by mouth every 8 hours. The log reflects that Resident A did not receive his medication on 01/04/2024 at 8am, or 4pm due to the medication being out of stock. Resident A also did not receive this medication at all on 01/02/2024 or 01/03/2024. Resident A did not receive his 12am dosage on 01/04/2024. Januvia, 100MG tabs, is prescribed to be taken once by mouth daily. The log reflects that Resident A did not receive this medication 01/01/2024-01/15/2024, due to being out of stock. Metformin 500MG tabs is prescribed to be taken by mouth twice a day. The log reflects that on 01/03/2024-01/06/2024, Resident A did not receive his second dose of this medication, due to being out of stock. Polyethylene Glycol 3350 POWD, prescribed to be dissolved in 17 grams in water, and drink by mouth once daily, was not given 01/01/2024-01/05/2024. Prednisone 10mg tab, to be taken once by mouth daily, was not given on 01/01/2024-01/05/2024. He received this medication on 01/06/2024, then again was not given his prescribed medication on 01/07/2024-01/14/2024. Resident was hospitalized on 01/16/2024 and returned to the facility on 01/22/2024.

On 01/24/2024, while onsite, I observed Resident A dressed in his clothing, while lying in bed in his room at Sandalwood Creek Side 2. Resident A stated that he returned from

the hospital 2 days ago and to his knowledge, he has received all his medications. Resident A appeared to be receiving adequate care.

On 01/25/2024, I received an emailed copy of the AFC Assessment plan for Resident A, which states that staff will distribute Resident A's medication. I also received a copy of the McLaren Macomb Hospital Discharge Summary for Resident A, dated 01/22/2024. The Summary states that Resident A was discharged with a diagnosis of Encephalopathy, metabolic HLD (hyperlipidemia), HTN (hypertension). He has a history of stoke rheumatoid arthritis and seizures. He has no discharge activity restrictions.

On 01/29/2024, I spoke with the Licensee Designee (LD), Rayann Burge, who stated the resident medication is ordered 10-days in advance, however, the pharmacy used by the facility, Memphis drugs. With Resident A being a newer resident, they did not catch the fact that he was running out of medication, until 3 days prior. Staff at the facility did not attempt to obtain the medication from any other pharmacy. Resident A's medication was received from the pharmacy on 01/25/2024.

On 03/06/2024, I spoke with Relative Guardian A, who shared that since this incident, things have been going pretty well for Resident A at Sandalwood Creek II.

| **APPLICABLE RULE** | |
|---|---|
| **R 400.14312** | **Resident medications.** |
| | **(2) Medication shall be given, taken, or applied pursuant to label instructions.** |
| **ANALYSIS:** | It was alleged that Resident A has been missing his medications due to them being out of stock.<br><br>Staff Marie Carrie and licensee designee Rayann Burge both stated that Resident A did not receive his medication due to the pharmacy being out of stock.<br><br>Resident A stated that to his knowledge, he received his medication. The AFC Assessment plan for Resident A, which states that staff will distribute Resident A's medication.<br><br>The January 2024 Medication Log for Resident A indicates that he was not given his Acetaminophen, 650 MG tab, Januvia, 100MG tab, Metformin 500MG tab, Polyethylene Glycol 3350 POWD, and Prednisone 10mg tab, medications on several different date within the month. |

| | |
|---|---|
| | Based on the interviews conducted with direct staff Marie Carrie, licensee designee Rayann Burge, Resident A, Relative Guardian A and a review of the AFC Assessment plan and January 2024 Medication Log for Resident A, there is enough evidence to support the rule violation. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

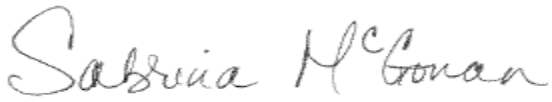
On 01/24/2024, while onsite, I observed that the wheelchair ramp entrance/exit to the facility was covered with snow. I informed the staff on duty that exits are to remain free of hazards.

| **APPLICABLE RULE** | |
|---|---|
| **R 400.14403** | **Maintenance of premises.** |
| | **(12) Sidewalks, fire escape routes, and entrances shall be kept reasonably free of hazards, such as ice, snow, and debris.** |
| **ANALYSIS:** | Based on the observation of snow covering the entrance/exit wheelchair ramp during the unannounced onsite inspection on 01/24/2024, there is enough evidence to support the rule violation. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

On 03/06/2024, I conducted an exit conference with the licensee designee, Rayann Burge. I informed Rayann Burge of the findings of this investigation.

## IV. RECOMMENDATION

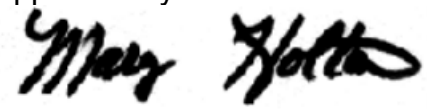
Upon the receipt of an approved corrective action plan, no changes to the status of the license is recommended.



March 6, 2024

Sabrina McGowan — Date
Licensing Consultant

Approved By:



March 6, 2024

Mary E. Holton — Date
Area Manager