



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 21, 2024

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

RE: License #: AL740408304
Investigation #: 2024A0580027
Sandalwood Creek 1

Dear Rayann Burge:

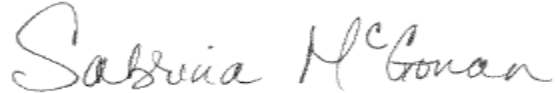
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.
- 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 #:	AL740408304
Investigation #:	2024A0580027
Complaint Receipt Date:	03/26/2024
Investigation Initiation Date:	03/27/2024
Report Due Date:	05/25/2024
Licensee Name:	RSR Creek LLC
Licensee Address:	5485 Smiths Creek Kimball TWP, MI 48074
Licensee Telephone #:	(810) 204-0577
Administrator:	Rayann Burge
Licensee Designee:	Rayann Burge
Name of Facility:	Sandalwood Creek 1
Facility Address:	5485 Smiths Creek 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:	18
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED

II. ALLEGATION(S)

	Violation Established?
Staff yell at residents.	No
Morphine was observed in the fridge that isn't locked. There are boxes and boxes of medications in the administrator's office.	Yes
Resident A hadn't been going to the bathroom, but the staff reports that she had been going to the bathroom. It is assumed she was constipated, and staff did not provide any constipation medication. Resident B and C's medications were not administered correctly.	Yes

III. METHODOLOGY

03/26/2024	Special Investigation Intake 2024A0580027
03/26/2024	APS Referral Denied by APS for investigation.
03/27/2024	Special Investigation Initiated - On Site Unannounced onsite inspection.
03/27/2024	Contact - Face to Face Interview with Resident A.
03/27/2024	Contact - Face to Face Interview with Resident B.
03/27/2024	Contact - Face to Face Interview with Resident C.
04/22/2024	Inspection Completed On-site Follow-up onsite inspection.
04/22/2024	Contact - Face to Face Follow up interview, Resident B.
04/22/2024	Contact - Face to Face Follow-up observation Resident C.
04/22/2024	Contact - Face to Face Interview with Relative D.

04/22/2024	Contact - Face to Face Interview with Resident E.
04/22/2024	Contact - Face to Face Interview with Resident F.
04/22/2024	Contact - Face to Face Interview with Resident G.
04/22/2024	Contact - Face to Face Interview with Resident H.
04/22/2024	Contact - Face to Face Interview with Resident I.
04/22/2024	Contact - Face to Face Interview with direct staff, Alfred Davis.
05/14/2024	Contact - Telephone call made Call to Relative A.
05/14/2024	Contact - Telephone call made Call to Relative B.
05/14/2024	Contact - Telephone call made Call to Relative C.
05/14/2024	Contact - Telephone call made Call to Relative E.
05/14/2024	Contact - Telephone call made Call to Relative F.
05/14/2024	Contact - Telephone call made Call to Relative G.
05/14/2024	Contact - Telephone call made Call to Relative H.
05/14/2024	Contact - Telephone call made Call to Relative I.
05/20/2024	Contact - Telephone call received Spoke with Relative H.
05/20/2024	Contact - Telephone call made

	Call to LD Burge.
05/20/2024	Contact – Documents Received Documents received from LD Burge.
05/20/2024	Contact - Telephone call made Call to Jennifer Harvey, RN, Harmony Cares Hospice.
05/21/2024	Exit Conference Exit conference with LD Burge.

ALLEGATION:

Staff yell at residents.

INVESTIGATION:

On 03/26/2024, I received a complaint via BCAL Online Complaints. This complaint was denied by Adult Protective Services (APS) for investigation. This complaint was denied by APS for investigation.

On 04/22/2024, I conducted an unannounced onsite inspection. While onsite, I spoke with Licensee Designee (LD), Rayann Burge, who denied the allegations that staff yell at the residents.

On 04/22/2024, while onsite, I interviewed several residents regarding the allegations. During the interview with Resident B, he stated that he cannot say if staff yell at residents or not. Resident B has not witnessed it personally since moving into the facility. Resident B stated that the food is not good, and he does not get enough. He adds that he does not like it here.

A follow-up observation of Resident C was made while onsite. Resident C was observed in his room, sitting in his wheelchair watching TV.

While onsite I attempted to interview Resident D, who is hard of hearing. Resident D could not understand the questions being asked. Resident D was observed while in her room, visiting with Relative D and his spouse. Resident D was observed adequately dressed and groomed while sitting in her reclining chair. Resident D appeared to be receiving adequate care. Relative D shared that Resident D is hard of hearing and refuses to wear her hearing aids. Relative D stated that Resident D is new to the facility and between he and his other siblings, they visit several times a week. Since her stay there have been no noted concerns with care, hygiene, food or otherwise.

While onsite I interview Resident E, observed sitting alone in the living room on the other side of the facility. He denies any mistreatment by staff.

While onsite, I interviewed Resident F as he was walking down the hall. Resident F was adequately dressed and appeared to be receiving proper care. Resident F denied staff yelling at him, stating that he has “no problems with the staff”.

While onsite I interviewed Resident G in the staff office. Resident G stated that staff may raise their voice, however, not to be mean, just so the residents can hear.

While onsite I interviewed Resident H in the staff office. Resident H denied that staff are mean or yell at her. Resident H denied ever witnessing staff being mean or yell at other residents.

While onsite I interviewed Resident I in the staff office. Resident I denied that staff yell at residents, adding that he is treated well.

On 04/22/2024, while onsite, I interviewed direct staff Alfred Davis, who denied the allegations that staff yell at the residents.

05/14/2024, I placed a call to Relative A. A voice mail message was left requesting a return call.

On 05/14/2024, I spoke with Relative B, who stated that this is the 3rd facility that Resident B has been in, and he complains about them all, stating “no place makes him happy”. Resident B oftentimes gets confused regarding his medications. Relative B has no personal concerns regarding the care being provided at the facility.

On 05/14/2024, I spoke with Relative C, who stated he has nothing but praise regarding the care Resident C has received since moving to the facility. Relative C stated that the staff has provided excellent treatment and care for Resident C. Relative C stated that he believes someone is out to get Sandalwood.

On 05/14/2024, I spoke with Relative E who stated that Resident E that she currently has no concerns with the care being provided to Resident E. Relative E adds that she is able to address any concerns with the staff, who are always pleasant and appear to be caring. Relative E stated that Resident E has not expressed any concerns or complaints regarding the overall care at the facility.

On 05/14/2024, I spoke with Relative F who stated she has expressed concerns regarding the poor quality of food, having discovered the residents were being fed hot dogs for dinner, twice within the week, however, there are no concerns regarding being yelled at or mistreated by staff. Resident F is currently in the hospital due to having a seizure.

On 05/14/2024, I placed a call to Relative G. A voice mail message was left requesting a return call.

On 05/14/2024, I placed a call to Relative H. A voice mail message was left requesting a return call.

On 05/14/2024, I placed a call to Relative I who stated that she has no concerns with the care being provided to Resident I at the facility, stating that “he likes it there”. Resident I has expressed that he likes the food and the staff. Relative I added that the staff are wonderful and she often recommends the AFC to others to consider for placement.

On 05/20/2024, I spoke with Relative H who stated that she has no concerns regarding the facility. She and another relative are in and out of the facility quite often and visit with Resident H at least 2-3 times a week. Staff have been observed comforting the residents and the new home manager appears to have a good handle on things. Resident H has expressed that she loves her room, and feels safe and happy residing at Sandalwood Creek I.

APPLICABLE RULE	
R 400.15305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	<p>It was alleged that staff yell at the residents.</p> <p>LD Rayann Burge denied the allegations.</p> <p>Residents B, E, F, H, and I all denied the allegations. Resident G stated that staff may raise their voice, however, not to be mean, just so the residents can hear.</p> <p>Relatives B, C, D, E, I, and H, all expressed no concerns with the care being provided at the facility.</p> <p>Relative F stated there are no concerns regarding being yelled at or mistreated by staff. Relatives A and G did not respond. Based on the interviews LD Rayann Burge, direct staff Alfred Davis, Residents B, E, F, H, I, and Relatives B, C, D, E, F, H, and I, there is not enough evidence to support the rule violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Morphine was observed in the fridge that isn't locked. There are boxes and boxes of medications in the administrator's office.

INVESTIGATION:

On 03/27/2024, while onsite, I observed that there were several bubble pack medications located in boxes in LD Burge's office. LD Burge stated that the medications were delivered, however, she had not had an opportunity to sort and store them. LD Burge added that she keeps her office locked. Residents are not allowed in the office. The mini-Frigidaire located in the kitchen area was found to contain morphine as alleged. There was no lock on the Frigidaire. LD Burge stated that she was not aware that it was broken and would replace it immediately.

On 04/22/2024, while onsite I observed that the bubble pack medication being stored in LD Burge's office had been removed. The mini-Frigidaire located in the kitchen area had been replaced and is now locked.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.
ANALYSIS:	<p>It was alleged that Morphine was observed in the fridge that isn't locked. There are boxes of medications in the administrator's office.</p> <p>While onsite, I observed that there were several bubble pack medications located in boxes in LD Burge's office. The mini-Frigidaire located in the kitchen area was found to contain morphine as alleged. There was no lock on the Frigidaire.</p> <p>LD Burge stated that she was not aware that the fridge was broken and would replace it immediately.</p>

	<p>LD Burge stated that the medications were delivered, however, she had not had an opportunity to sort and store them. She adds that she keeps her office locked where residents are not allowed.</p> <p>Based on the observation of the unlocked medication, there is enough evidence to support the rule violation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Resident A hadn't been going to the bathroom, but the staff reports that she had been going to the bathroom. It is assumed Resident A was constipated, and staff did not provide any constipation medication. Residents B and C's medications were not administered correctly.

INVESTIGATION:

On 03/27/2024, I conducted an unannounced onsite inspection at Sandalwood Creek I. While onsite, I spoke with Licensee Designee, Rayann Burge, who stated that to her knowledge, Resident A has been having bowel movements, however, the stools have been loose.

LD Burge denied that Residents B and C are not being given their medications appropriately. LD Burge added that due to closing of other facilities within the corporation, Residents B and C are new to the facility, effective 03/20/2024. Their medications have been transferred.

On 03/27/2024, while onsite I spoke with Resident A regarding the allegations. Resident A was observed adequately dressed while lying in bed, watching birds at her window. Resident A was alert; however, she was unable to answer any questions regarding the allegations, indicating that she did not understand.

On 03/27/2024, while onsite I interviewed Resident B who was observed sitting in his wheelchair, while in the living room falling asleep as he was watching television. Resident B stated that he has received all his medication. Resident B was adequately dressed and groomed. He appeared to be receiving proper care.

The March 2024 Medication Log for Resident B was reviewed. The log indicates that Resident B began receiving his medication at the facility effective 03/21/2024. Resident B is prescribed Hydrocodone-Acetaminophen 5-325 mg, 2 tablets by mouth, to be taken 4 times a day for pain. On 03/21/2024, Resident B did not receive his 6am dosage of

Hydrocodone-Acetaminophen 5-325 mg. This medication was discontinued effective 03/26/2024.

On 03/27/2024, while onsite, I interviewed Resident C while in his room. He responded, "I think so", when asked if he has received all his medication. Resident C was observed in his room, he appeared to be adjusting to his new surroundings. He was adequately clothed and groomed. He appeared to be receiving proper care.

The March 2024 Medication Log for Resident C was reviewed. The log indicates that since moving in the facility, Resident C has received his medication as prescribed.

On 04/22/2024, I conducted a follow-up onsite inspection. LD Burge shared that Resident A passed away on 04/05/2024.

05/14/2024, I placed a call to Relative A. A voice mail message was left requesting a return call.

On 05/14/2024, Relative B stated that he gets updates from hospice who expressed concern regarding Resident B's medication.

On 05/14/2024, Relative C stated that Resident C has received all his medication to his knowledge.

On 05/20/2024, LD Burge stated that she recalls staff having given Resident C his medication on this day, however, staff was unable to log into the computer at the moment the medication was given to add her initials. Staff forgot to add her initials to the log once the computer was available.

On 05/20/2024, I received a copy of the Standing Medical Orders (SMO) for Resident A, effective 09/24/2023-09/24/2024. The SMO indicates that if there is no pain and no bowel movement within 48-72 hours, Resident A should be given 30cc of Milk of Magnesia at bedtime and encourage intake of clear fluids. Not to be used over 3 consecutive days.

The March 2023 Medication Log for Resident A indicates that Resident A was given Polyethylene Glycol powder for constipation on 03/08/2024.

The Bowel movement log for Resident A indicates that Resident A had a bowel movement 03/08/2024. She did not have another recorded bowel movement until 9 days later, on 03/17/2024. No medication for constipation was administered during this time. The next recorded bowel movement for Resident A occurred on 03/23/2024. No medication for constipation was provided during the 6-day time frame.

I also received a copy of the Medical Examiner Report for Hospice Deaths, completed by Harmony Cares Hospice. The report indicates that Resident A passed away on 04/05/2024 at 2:50pm, with a diagnosis of Hypertensive Heart Disease with Heart Failure. No medication inconsistencies or unusual circumstances were noted.

On 05/20/2024, I spoke with Jennifer Harvey, RN, Harmony Cares Hospice stated that while visiting with Resident A she noticed that she had not had a bowel movement and staff were not giving her Milk of Magnesia as prescribed.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	<p>It was alleged that Resident A is not being provided with constipation medication, while Resident B and C's medication was not administered correctly.</p> <p>Licensee Designee, Rayann Burge denied the allegations.</p> <p>Standing Medical Orders (SMO) for Resident A, effective 09/24/2023-09/24/2024, indicates that if there is no pain and no bowel movement within 48-72 hours, Resident A should be given 30cc of Milk of Magnesia at bedtime and encourage intake of clear fluids. Not to be used over 3 consecutive days.</p> <p>The March 2023 Medication Log for Resident A indicates that Resident A was given Polyethylene Glycol powder for constipation on 03/08/2024.</p> <p>The Bowel movement log for Resident A indicates that Resident A had a bowel movement 03/08/2024. She did not have another recorded bowel movement until 9 days later, on 03/17/2024. No medication for constipation was administered during this time. The next recorded bowel movement for Resident A occurred on 03/23/2024. No medication for constipation was provided during the 6-day time frame.</p> <p>The March 2024 Medication Log for Resident B reflects that on 03/21/2024, Resident B did not receive his 6am dosage of Hydrocodone-Acetaminophen 5-325 mg.</p> <p>The March 2024 Medication Log for Resident C reflects that since moving in the facility, Resident C has received his medication as prescribed.</p> <p>Relative B stated that he gets updates from hospice who expressed concern regarding Resident B's medication. Relative C stated that Resident C has received all his medication to his knowledge.</p>

	<p>Jennifer Harvey, RN, Harmony Cares Hospice stated that while visiting with Resident A she noticed that she had not had a bowel movement and staff were not giving her Milk of Magnesia as prescribed.</p> <p>Based on interviews conducted with LD Rayann Burge, Residents A, B C, Relatives B, C, and Harmony Cares Hospice Nurse Jennifer Harvey, the March 2024 Medication Logs reviewed for Residents A, B and C, a review of the Standing Medical Orders, and the Bowel Movement Log for Resident A, there is enough evidence to support the rule violation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

On 05/21/2024, I conducted an exit conference with Licensee Designee, Rayann Burge. LD Burge was informed of the findings of this investigation.

IV. RECOMMENDATION

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

 May 21, 2024

Sabrina McGowan Date
Licensing Consultant

Approved By:

 May 21, 2024

Mary E. Holton Date
Area Manager