



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 2, 2024

Rayann Burge
RSR Serenity LLC
47640 Gratiot Avenue
Chesterfield, MI 48051

RE: License #: AL500408375
Investigation #: 2024A0604015
Sandalwood Village III

Dear Ms. 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.

A six-month provisional license is being recommended in Special Investigation Report #2024A0602011 dated 03/29/2024, which remains in effect.

If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan.

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.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 West Grand Blvd Ste 9-100
Detroit, MI 48202
(248) 285-1703

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL500408375
Investigation #:	2024A0604015
Complaint Receipt Date:	03/25/2024
Investigation Initiation Date:	03/27/2024
Report Due Date:	05/24/2024
Licensee Name:	RSR Serenity LLC
Licensee Address:	47640 Gratiot Avenue Chesterfield, MI 48051
Licensee Telephone #:	(586) 949-6220
Administrator:	Rayann Burge
Licensee Designee:	Rayann Burge
Name of Facility:	Sandalwood Village III
Facility Address:	47640 Gratiot Avenue Chesterfield, MI 48051
Facility Telephone #:	(586) 949-6220
Original Issuance Date:	11/01/2021
License Status:	REGULAR
Effective Date:	02/28/2023
Expiration Date:	02/27/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED TRAUMATICALLY BRAIN INJURED ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Staff that were not cleared to work at Sandalwood Valley were transferred to Sandalwood Village after the summary suspension.	Yes
The facility is short staffed.	No
Resident care is being neglected. Resident C was left unchanged and is not being bathed regularly.	No
Resident O is not getting his medication as prescribed.	Yes
The facility is not being cleaned.	No
Additional Findings	Yes

III. METHODOLOGY

03/25/2024	Special Investigation Intake 2024A0604015
03/26/2024	APS Referral Received intake #200193 and second referral with additional information. Both intakes denied by Adult Protective Services (APS) and forwarded to licensing. Dismissed intake and will add allegations to open investigation.
03/27/2024	Special Investigation Initiated - On Site Completed unannounced onsite investigation. Interviewed Licensee Designee, Rayann Barge, Home Manager, Shantinique Person, Resident J and Relative 1. Observed Resident O.
03/27/2024	Contact - Document Received Received medication administration records by email from Rayann Barge.
03/28/2024	Contact - Document Sent Email to Rayann Barge. Received return email from Rayann Barge with CPR/First aid training records and medical statements.
03/28/2024	Contact - Document Sent Email to Rayann Barge
04/30/2024	Contact - Document Received Received intake #200659. Dismissed and added allegations to open investigation.

05/02/2024	Inspection Completed On-site Completed unannounced onsite investigation. Interviewed Staff, Zakia Lewis, Hillary Worswick, Antoinette Williams, Germain Hardy, Shantinique Person and Resident A, Resident C and Resident P. Resident G did not want to be interviewed.
05/02/2024	APS Referral
05/06/2024	Contact - Telephone call received Received message from Adult Protective Services (APS) Worker, Lisa Franzoni
05/07/2024	Contact - Document Sent Email to and from APS Worker. Lisa Franzoni. APS did not find any concerns
05/14/2024	Contact- Document Sent Email to Rayann Burge requesting documents. Received copies of staff schedules by email from Ms. Burge.
05/15/2024	Contact- Document Received Received April and May 2024 shower records from Rayann Burge by email.
08/02/2024	Exit Conference Completed exit conference by phone with Rayann Burge

ALLEGATION:

- **Staff that were not cleared to work at Sandalwood Valley were transferred to Sandalwood Village after the summary suspension.**

INVESTIGATION:

On 03/25/2024, I opened a special investigation for Sandalwood Village III. A summary suspension was completed for the licensees' large adult foster care homes, Sandalwood Valley I and II on 03/20/2024. It was reported that employees that were not cleared to work at Sandalwood Valley were transferred to Sandalwood Village after the summary suspension.

On 03/26/2024, A second complaint was received regarding Sandalwood Village III. It is believed that medications are not being passed appropriately at the home. The Complainant alleged that the staff said that Resident O's medication didn't arrive, but when the pharmacy was contacted, it was discovered the medication did arrive. The staff found the medication today. Resident O didn't get his medication yesterday as

scheduled. Resident O was discontinued from his Seroquel medication, and he was prescribed another medication for his behaviors and aggression. Staff had both medications written down for Resident O. The Seroquel was supposed to be stopped, and the new medication was supposed to start. Yesterday, Resident O did not get his new medication because staff said they didn't receive it. Resident O did get the Seroquel yesterday. Resident O did not present with any behaviors.

On 03/26/2024, additional complaint information was received. Sandalwood Village III houses up to 20 adults who are physically handicapped, developmentally disabled, aged, traumatically brain injured and/or suffer from Alzheimer's Disease. All the adults require assistance with medication management, food preparation, housekeeping and obtaining medical care. The facility appears to be understaffed as there are 13 residents residing in the facility with six who utilize wheelchairs. Four of the six residents are completely wheelchair dependent requiring a two-person assist. There are only two staff members working the midnight shift. As of 03/20/2024, three, possibly more, residents moved into the facility who also utilize wheelchairs for ambulation. There is concern that Resident J's needs are not being met due to insufficient staffing.

On 04/30/2024, A fourth complaint was received regarding Sandalwood Village III. It was alleged that Resident C was left unchanged and soiled. Residents care overall is being neglected. Resident C is not being bathed regularly. Facility is not being cleaned. The facility is short staffed.

On 03/27/2024, I completed an unannounced onsite investigation. I interviewed Licensee Designee, Rayann Burge, Home Manager, Shantinique Person, Resident J Relative 1, and observed Resident O. When I arrived at the facility, Licensee Designee, Rayann Burge indicated that she was working on updating employee and resident files since the summary suspension took place. Ms. Burge was in a large room of the facility with several piles of documents and boxes of files and folders. She stated that that files were boxed up and taken from Sandalwood Valley. She indicated that six residents moved to Sandalwood Village from Sandalwood Valley. Also, Staff, Dawn Castellano, Starly Dominguez and Nehemie Soloman transferred to Sandalwood Village. Staff, Stacy Schokora, transferred to Sandalwood Creek. Ms. Burge stated that she did not yet have an employee file onsite for Dawn Castello. A fingerprinting clearance dated 03/25/2024 was provided to AFC Consultant, Cindy Berry, by email from Ms. Burge. She also provided clearances for Staff, Sheryce Bradshaw, Eugenia Crochren, Starly Dominguez and Martin Brahanth who were reported to be transferring to Sandalwood Village.

On 03/27/2024, I reviewed employee file for Starly Dominguez. Ms. Dominguez did not have medical statement, TB test, clearance, reference checks or training records in employee file. I could not locate verification of training for safety and fire prevention. Ms. Burge did provide a clearance for Ms. Dominguez on 03/25/2024 to AFC Licensing Consultant, Cindy Adams, by email. The clearance was dated 03/25/2024.

On 03/27/2024, I reviewed employee file for Lesley Rodriguez. Ms. Rodriguez did not have verification of references or TB test. I could not locate verification of training for reporting requirements or safety and fire prevention. On 03/28/2024, Ms. Burge emailed verification of medical statement and CPR/First Aid training for Ms. Rodriguez.

On 03/27/2024, I reviewed employee file for Emily Barrett and found required documents in file.

On 03/27/2024, I interviewed Home Manager, Shantinique Person. She stated that she previously worked at the facility from 2017- 2019. She was rehired 06/20/2022. Ms. Person stated that she did not have a clearance when she was rehired or a medical or TB test. I reviewed Ms. Person's employee file. She was fingerprinted for Sandalwood Village I on 06/20/2022. The license for Sandalwood Village is closed as the facility received an HFA exemption. Ms. Person did not have a medical, TB test, annual health review, safety and fire prevention training or references in employee file. Ms. Burge provided verification for CPR/First training for Ms. Person by email on 03/28/2024.

APPLICABLE RULE	
MCL 400.713	License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.
	(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following: (e) The good moral character of the licensee or licensee designee, owner, partner, director, and person responsible for the daily operation of the facility. The

	applicant is responsible for assessing the good moral character of the employees of the facility. The person responsible for the daily operation of the facility shall be not less than 18 years of age.
ANALYSIS:	<p>On 03/27/2024, I reviewed employee file for Shantinique Person. She was fingerprinted for Sandalwood Village I on 06/20/2022. The license for Sandalwood Village I is closed as the facility received an HFA exemption. She did not have fingerprinting on file for Sandalwood Village III.</p> <p>Staff, Nehemie Soloman, was reported to be transferring to Sandalwood Village III and a clearance was not provided.</p>
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.
ANALYSIS:	On 03/27/2024, I reviewed employee file for Staff, Shantinique Person. Ms. Person did not have an annual health review in employee file.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days

	of an individual's employment, assumption of duties, or occupancy in the home.
ANALYSIS:	On 03/27/2024, Staff, Shantinique Person and Starly Dominguez did not have initial medical statements in employee files.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.
ANALYSIS:	On 03/27/2024, Staff Starly Dominguez, Lesley Rodriguez and Shantinique Person did not have verification of TB tests in employee files.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15208	Direct care staff and employee records.
	(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: <ul style="list-style-type: none"> (a) Name, address, telephone number, and social security number. (b) The professional or vocational license, certification, or registration number, if applicable. (c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents. (d) Verification of the age requirement. (e) Verification of experience, education, and training. (f) Verification of reference checks. (g) Beginning and ending dates of employment.

	<p>(h) Medical information, as required.</p> <p>(i) Required verification of the receipt of personnel policies and job descriptions.</p>
ANALYSIS:	<p>On 03/27/2024, I completed an unannounced onsite investigation at Sandalwood Village III. Staff, Dawn Castello, did not have an employee file onsite. A fingerprinting clearance was provided for Ms. Castello by email on 03/25/2024.</p> <p>Staff, Lesley Rodriguez, Starly Dominguez and Shantinique Person did not have verification of reference checks in employee files.</p>
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15204	Direct care staff; qualifications and training.
	<p>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</p> <ul style="list-style-type: none"> (a) Reporting requirements. (b) First aid. (c) Cardiopulmonary resuscitation. (d) Personal care, supervision and protection. (e) Resident rights. (f) Safety and fire prevention. (g) Prevention and containment of communicable diseases.
ANALYSIS:	<p>On 03/27/2024, I reviewed employee files onsite. Staff Starly Dominguez did not have training records in employee file. Staff Lesley Rodriguez did not have verification of training for reporting requirements or safety and fire prevention in employee file. Staff Shantinique Person did not have verification of safety and fire prevention training in employee file.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

- **The facility is short staffed.**
- **Resident care is being neglected. Resident C was left unchanged and is not being bathed regularly.**
- **The facility is not being cleaned.**

INVESTIGATION:

On 03/27/2024, I completed an unannounced onsite investigation. I interviewed Licensee Designee, Rayann Burge, Ms. Burge stated that today there are three direct care workers, one medication passer, cook, manager and herself on shift. The two HFA exempt buildings have remained empty.

On 03/27/2024, I interviewed Home Manager, Shantinique Person. Ms. Person stated that they have three to four staff per shift. She believes they have sufficient staff as they do not currently have any residents that require a two person assist.

On 03/27/2024, I interviewed Resident J. She stated that she has lived at Sandalwood Valley for about a year and a half. She stated that it is going pretty good. Staff help her with bathing and she does not have to wait for assistance. She likes to listen to books on tape. She did not have any concerns regarding the facility.

On 05/02/2024, I completed an unannounced onsite investigation. I interviewed Staff, Zakia Lewis, Hillary Worswick, Antoinette Williams, Germain Hardy, Shantinique Person, Resident A, Resident C and Resident P. Resident G did not want to be interviewed. I found that the facility was clean including the common areas and resident bedrooms observed.

On 05/02/2024, I interviewed Staff, Zakia Lewis. She stated that she is a shift lead/medication tech. She stated that they currently have four staff on shift. She indicated that the facility is not short staffed. Ms. Lewis has not found that residents are being left soiled. She indicated that staff do a walkthrough prior to next shift to ensure that residents have been changed. Ms. Lewis stated that residents are showered two times per week, and they keep a log. She believes the facility is always kept clean and the residents needs are being met. Ms. Lewis did not have any concerns regarding the facility.

On 05/02/2024, I interviewed Staff, Hillary Worswick. She stated that she has worked at Sandalwood since last August. She has been fingerprinted and trained. She stated that there are 17 residents at facility and four staff on shift. Ms. Worswick indicated that they are not short staffed. She has not found any residents soiled or unchanged. She stated that staff do walkthroughs and check every resident, every shift. Ms. Worswick stated that residents are bathed twice a week and sometimes more if they have a messy bowel movement or accident that requires clean up. Residents are never showed less than

twice per week. Ms. Worswick stated that the facility is clean, trashes are emptied, and it smells clean. She does not believe resident needs are being neglected. Ms. Worswick did not have any concerns regarding the facility.

On 05/02/2004, I interviewed Staff, Antoinette Williams. She stated that she began working at Sandalwood the end of March 2024. She has been fingerprinted and trained. Ms. Williams stated that there are 17 residents and 3-4 staff per shift. They are never short staffed. Ms. Williams stated that residents are not left soiled or unchanged. She indicated that the manager is big on making sure midnight staff changes residents as well. Residents are bathed twice a week. If a resident refuses to bath at their scheduled time staff will keep asking them. Ms. Williams stated that the facility is very clean. There is no urine smell or anything. She stated that resident needs are not being neglected. Ms. Williams had no concerns regarding facility.

On 05/02/2024, I interviewed Staff, Germain Hardy. She stated that she is a Kitchen/Direct Care Worker. She has worked at Sandalwood since January 2024 and has been fingerprinted and trained. She believed there were 18-19 residents and 4-5 staff per shift. Ms. Hardy stated that she is not aware of the facility being short staffed. She stated that she never finds that residents have not been changed. She indicated that midnight staff always changes residents, and the shift leads do a walkthrough before midnight shift leaves to make sure residents have been changed. She stated that residents are bathed in morning and before bed. She stated that a chart is kept keeping track of residents being bathed. Ms. Hardy stated that the facility is always clean. Resident needs are not being neglected. Ms. Hardy did not have any concerns regarding the facility.

On 05/02/2024, I interviewed Home Manager, Shantinique Person. She stated that they have three to four staff scheduled per shift. They are not understaffed. Ms. Person stated that they are not finding that staff are leaving residents soiled and unchanged. Ms. Person stated that residents are bathed twice a week and more often if needed. They do laundry throughout the week. Ms. Person stated that the facility is clean and there are no urine smells. No resident needs are being neglected. Ms. Person indicated that the residents who moved from Sandalwood Valley are adjusting, and the families are happy with the care they are receiving. Ms. Person stated that a family member who is not residents POA recently threatened to make a complaint.

On 05/02/2024, I interviewed Resident A. She believed that she has lived at Sandalwood for six years and stated it is going great. Resident A stated that staff help her with everything. Resident A stated that she gets help with showers and bathing four times per week. She does toileting on her own. Resident A indicated that there are enough staff, and that the facility is clean. She gets enough food to eat and gets help with everything she needs. She stated that everyone is great.

On 05/02/2024, I interviewed Resident C. She stated that she is not sure how long she has lived at Sandalwood. She likes living here. Resident C indicated that she gets help with everything including medications and has a wash day twice a week. She was not

sure if staff give showers often enough. Resident C indicated that the facility is clean and there are plenty of staff. She indicated that she is doing ok and has no problems. She did not report any concerns regarding the facility.

On 05/02/2024, I interviewed Resident P. She stated that she is doing ok. Staff give her medications sometimes. Staff help her if needed. Resident P stated that the facility is clean. She did not report any concerns.

On 05/02/2024, I attempted to interviewed Resident G. Resident G did not want to be interviewed by licensing.

On 05/07/2024, I received an email from APS Worker. Lisa Franzoni. Ms. Franzoni stated that she went to the facility and did not find any concerns.

On 05/14/2024, I received copies of April and May 2024 staff schedules for Rayann Burge. The schedules show that three staff and cook are being scheduled for shifts.

On 05/15/2024, I received April and May 2024 shower records from Rayann Burge by email. Records confirmed that showers are being tracked on a calendar.

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:	There is not enough information to determine that the facility is short staffed. On 05/02/2024, I completed an unannounced onsite investigation and there were four staff present. Manager, Shantinique Person, also arrived during onsite investigation. Staff interviewed indicated that there were three or more staff per shift.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.15314	Resident hygiene.
	(1) A licensee shall afford a resident the opportunity, and instructions when necessary, for daily bathing and oral and personal hygiene. A licensee shall ensure that a resident bathes at least weekly and more often if necessary.

ANALYSIS:	There is not enough information to determine that residents are not being changed or bathed regularly. Staff interviewed indicated that residents are bathed at least two times per week and more often if needed. On 05/15/2024, I received April and May 2024 shower records from Rayann Burge by email. Records confirmed that showers are being tracked on a calendar. It was also reported that walkthroughs are completed during shift change to ensure residents have been changed.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.
ANALYSIS:	On 03/27/2024 and 05/02/2024, I completed unannounced onsite investigation at Sandalwood Village III. During both onsite investigations, I found the facility to be well maintained and clean. None of the staff or residents interviewed reported that the facility is not being cleaned.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident O is not getting his medication as prescribed.

INVESTIGATION:

On 03/27/2024, I completed an unannounced onsite investigation. I interviewed Licensee Designee, Rayann Burge. She was not aware of any issues that occurred with Resident O's medication and stated that she did not speak to anyone regarding any medication concerns.

On 03/27/2024, I observed Resident O. He was unable to be interviewed due to his dementia. I interviewed Relative 1 who was visiting Resident O during the onsite investigation. She stated that Resident O had only been at Sandalwood Valley for about a week when the summary suspension occurred. He has dementia and hospice had made medication changes to try to manage some of his behaviors. She said when she visited him at Sandalwood Valley, she found two pills on his bedroom floor, which would explain why they thought the medications were not helping his behaviors. She took the pills to the manager who googled them. The medication was Zyprexa. Relative 1 did not

want him moved though and was concerned people would think she made the complaint.

On 03/27/2024, I interviewed Home Manager, Shantinique Person. Ms. Person stated that Resident O moved into the facility on 03/20/2024 and his Seroquel was discontinued on 03/21/2024. He began Risperidone on 03/22/2024. She was not aware of any issues that occurred with his medications. She did not speak to anyone regarding his medications.

On 03/27/2024, I received copy of Resident O's March 2024 medication log. The medication log indicates that Resident O's Seroquel was discontinued on 03/22/2024. The medication log indicates that the medication was last passed on 03/21/2024.

Resident O's March 2024 medication log was missing staff initials for the following medications-

Boost (Drink one carton with meals)- 03/24 (8AM, 12PM), 03/27 (8AM)

Divalproex Tab 125 mg- 03/24 (8AM), 03/27 (8AM)

Metoprolol Tar Tab 25 mg- 03/24 (8AM), 03/26 (8AM), 03/27(8AM)

Resident O's medication log indicates for Metorolol Tart Tab 25 mg to take one tablet by mouth twice daily and to hold if sbp <110 or plus <60. However, the electronic medication record only lists an 8:00 am administration time and boxes to record blood pressure and pulse.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	Resident O's medication log indicates for Metorolol Tart Tab 25 mg to take one tablet by mouth twice daily and to hold if sbp <110 or plus <60. However, the electronic medication record only lists an 8:00 am administration time and boxes to record blood pressure and pulse.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

	<p>(b) Complete an individual medication log that contains all of the following information:</p> <p>(i) The medication.</p> <p>(ii) The dosage.</p> <p>(iii) Label instructions for use.</p> <p>(iv) Time to be administered.</p> <p>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p> <p>(vi) A resident's refusal to accept prescribed medication or procedures.</p>
ANALYSIS:	<p>Resident O's March 2024 medication log was missing staff initials for the following medications:</p> <p>Boost (Drink one carton with meals)- 03/24 (8AM, 12PM), 03/27 (8AM)</p> <p>Divalproex Tab 125 mg- 03/24 (8AM), 03/27 (8AM)</p> <p>Metoprolol Tar Tab 25 mg- 03/24 (8AM), 03/26 (8AM), 03/27(8AM)</p>
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 03/27/2024, I completed an unannounced onsite investigation at Sandalwood Village III. I reviewed resident files for Resident J, Resident M and Resident O.

Resident J was admitted to facility on 12/30/2022. Resident J's assessment plan and resident care agreement were dated 12/30/2022 and had not been updated. Resident J did not have a current health care appraisal. Her health care appraisal was dated 12/13/2022. Also, her Funds Part 2 form was last completed on 12/30/2022. Her weight record was blank.

Resident M did not have a current health care appraisal. His last health care appraisal was completed on 02/27/2023.

Resident O's file was current but in process of being updated for Sandalwood Village. He was admitted to Sandalwood Valley on 03/15/2024 and moved to Sandalwood Village on 03/20/2024.

I completed an exit conference by phone with Licensee Designee, Rayann Burge on 08/02/2024. I informed her of the violations found and that a copy of the special investigation report would be mailed once approved. I also informed her that a

corrective action plan would be requested and recommendation is to continue the provisional license.

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:	Resident J did not have a current assessment plan. Resident J's assessment plan was last completed on 12/30/2022.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED Reference SIR # 2024A0602011 dated 03/29/2024

APPLICABLE RULE	
R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.
ANALYSIS:	Resident J did not have a current resident care agreement. Resident J's resident care agreement was last completed on 12/30/2022.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
ANALYSIS:	Resident J and Resident M did not have current health care appraisals. Resident J's last health care appraisal was completed on 12/13/2022. Resident M's health care appraisal was last completed on 02/27/2023.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED Reference SIR # 2024A0602011 dated 03/29/2024

APPLICABLE RULE	
R 400.15310	Resident health care.
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.
ANALYSIS:	Resident J did not have a completed weight record in resident file.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15315	Handling of resident funds and valuables.
	(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A

	department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
ANALYSIS:	Resident J's Funds Part 2 form was last completed on 12/30/2022.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend issuance of a provisional license as is also being recommended in SIR# 2024A0602011.

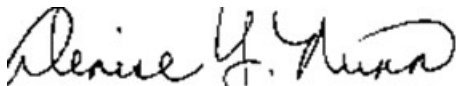


08/02/2024

Kristine Cilluffo
Licensing Consultant

Date

Approved By:



08/02/2024

Denise Y. Nunn
Area Manager

Date