GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

Deborah Hampton
Church of Christ Assisted Living
23621 15 Mile Road
Clinton Township, MI 48035

September 3, 2024

RE: License #: AH500243182
Investigation #: 2024A1022066
Church of Christ Assisted Living

Dear Deborah Hampton:

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.

Please review the enclosed documentation for accuracy and contact me with any questions.

Sincerely,

Barbara P. Zabitz, R.D.N., M.Ed.
Health Care Surveyor
Health Facility Licensing, Permits, and Support Division
Bureau of Community and Health Systems
Department of Licensing and Regulatory Affairs
Mobile Phone: 313-296-5731
Email: zabitzb@michigan.gov

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH500243182
Investigation #:	2024A1022066
Complaint Receipt Date:	07/10/2024
Investigation Initiation Date:	07/11/2024
Report Due Date:	09/09/2024
Licensee Name:	Church of Christ Assisted Living
Licensee Address:	23575 15 Mile Rd. Clinton Township, MI 48035
Licensee Telephone #:	(586) 791-2470
Administrator/Authorized Rep	Deborah Hampton
Name of Facility:	Church of Christ Assisted Living
Facility Address:	23621 15 Mile Road Clinton Township, MI 48035
Facility Telephone #:	(586) 285-6230
Original Issuance Date:	04/26/2002
License **Status:**	REGULAR
Effective Date:	08/01/2024
Expiration Date:	07/31/2025
Capacity:	138
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
The Resident of Concern (ROC) was issued a 30-day discharge notice for an invalid reason.	Yes

III. METHODOLOGY

07/10/2024	Special Investigation Intake 2024A1022066
07/11/2024	Special Investigation Initiated - Telephone Phone call placed to complainant. Left message to return call.
07/30/2024	Inspection Completed On-site
08/13/2024	Contact - Document Received Information exchanged with the facility via email.
09/03/2024	Exit Conference Conducted via email.

ALLEGATION:

The Resident of Concern (ROC) was issued a 30-day discharge notice for an invalid reason.

INVESTIGATION:

On 07/11/2024, the Bureau of Community and Health Systems (BCHS) received a complaint alleging that the Resident of Concern (ROC) was not receiving appropriate care. According to the written complaint, the ROC “isn’t receiving his medication timely or at all and when she (the complainant) questions staff about why he’s not getting his meds, they tell her he is refusing. The complainant states that is not accurate and she has a camera in the resident’s room to see when his medication is given… the resident isn’t getting his showers as scheduled and when staff are questioned, they say the resident is refusing his showers, which isn’t true…”

On 07/11/2024, I interviewed the complainant by phone. The complainant clarified that when the ROC lived with her at home, he took his medications and was cooperative with showering, toilet use and other personal hygiene activities. The complainant stated that she had a private caregiver in the facility and that this private caregiver had no difficulty getting the ROC to cooperate. On 07/26/2024, the complainant sent me an email indicating that the ROC had been issued a 30-day

discharge notice, effective 08/13/2024. The complainant felt that the reasons for the discharge were invalid, because all of the issues with the ROC were the result of not properly administering the ROC's medication to him.

On 07/30/2024, at the time of the onsite visit, I interviewed the administrator/authorized representative (AR). When the AR was asked to explain the basis on which the 30-day discharge notice had been given to the ROC, the AR stated that there were two issues, both related to the complexity of the ROC's medication schedule. The letter advising the family of the discharge read, "At this time the facility cannot continue to manage [name of the ROC]'s medications or the number of specialists that are allowed to call medications in to the pharmacy for [name of the ROC] … We are hereby issuing a 30-day notice for discharge."

According to the AR, when the ROC had moved into the facility, the family had requested that they be exempt from the facility's requirement that all medication dispensed to ROC be supplied by the facility's contracted pharmacy. The reason given by the family was that the ROC took some expensive and difficult to obtain medications, and that they (the family) had their own sources that would be less costly to the ROC. The facility agreed to this request.

The AR went on to say that several of the family-supplied medications were not replenished in a timely manner and that the ROC went without on multiple occasions. At the time of the onsite visit, one of the family-supplied medications, GabaTrex, had ran out, and, despite requests from the AR, had not been replenished. The ROC gone 48 hours without his prescribed dose. The AR felt that the family's insistence on their being in control of the ROC's medications was highly problematic; it put the ROC in danger of being exposed to a delay in treatment (from not receiving the medication) and contributed to the facility's medication error rate. The AR described this as a valid reason for not being able to meet the ROC's medical requirements.

The AR went on to explain that the medications that were supplied by their contracted pharmacy came in blister packaging and the medications that were supplied by the family were in medication bottles. The AR stated that since the facility's medication technicians (med techs) were not licensed staff, they strove to make medication administration as simple as possible and having to jump between medications in blister packs and medications in bottles had confused some of the med techs. The AR went on to say that all medications, even the over-the-counter medications could not be given without a licensed health care provider's order, so when the ROC moved-in, a physician had written orders for these medications supplied by the family, but over time, the family brought in medications that had a different name on its label. This caused even more confusion for the med techs. The AR then stated to reduce the med tech's confusion and stress when administrating medications to the ROC, she started to personally manage his medications by setting up individual medication "cartridges" for each administration time by removing the pharmacy-supplied medication from the blister pack and the family-

supplied medication from its respective bottle and putting them into the appropriate cartridge. Whenever she did this, she would create a medication tracking report that she would send to the ROC's family, as they were being charged for this extra service. As she was preparing this report, she discovered that on 07/06/2024, an outside nurse practitioner (NP) had sent the pharmacy an order for donepezil (Aricept) for the ROC, which was included on that tracking form. However, when the tracking form was sent to the family, they became upset when they saw the donepezil (Aricept) order and claimed that would be harmful to the ROC and that it should not be administered to the resident. According to the AR, the process used by the outside NP was not in line with facility standards for medication administration, because, although the medication was properly ordered from the pharmacy vender, it was not communicated through the family or directly with the facility. The AR described this as increasing the number of providers who were calling in orders to their pharmacy and being the second reason for not being able to meet the ROC's medical needs. When asked to explain this reasoning, in an email exchange dated 08/13/2024, the AR explained "about the number of specialists allowed to call meds to the pharmacy. We don't have a limit to that only a way to make sure that the information is communicated to the pharmacy and the facility."

At the time of the onsite visit, the ROC was observed in the MC unit. He was dressed and well groomed. When caregiver #1 asked the ROC if he needed to use the toilet, he replied that he did and accompanied her back to his room. The ROC independently went into the bathroom, and appropriately voided into the toilet. Caregiver #1 stated that the ROC would not go to the toilet without a caregiver reminding him, so she and caregiver #2 would try and remind every 20 minutes or so. According to the AR, the ROC was not difficult for the caregivers to provide care for, but if he was not reminded to use the toilet, he would urinate in inappropriate places.

APPLICABLE RULE	
R 325.1922	**Admission and retention of residents.**
	(11) In accordance with MCL 333.20201(3)(e), a home's discharge policy shall specify that a home for the aged resident may be transferred or discharged for any of the following reasons: **(a) Medical reasons.** **(b) His or her welfare or that of other residents.** **(c) For nonpayment of his or her stay.** **(d) Transfer or discharge sought by resident or authorized representative.**

ANALYSIS:	There was no evidence that the facility was unable to provide care for the ROC, including medication management except for procuring appropriate medication. The facility should have a method for procuring appropriate medications for each resident. Therefore, the reason of medical reasons is not consistent with the rule written.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon an acceptable corrective action plan, I recommend no change to the status of the license.

09/03/2024

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Barbara Zabitz Date
Licensing Staff

Approved By:

08/27/2024

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Andrea L. Moore, Manager Date
Long-Term-Care State Licensing Section