



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 20, 2024

Susan Barnosky
Laurel Health Care Co Of Wayland
8181 Worthington Rd
Westerville, OH 43082

RE: License #: AL030068008
Investigation #: 2025A0583010
Maplewood of Sandy Creek

Dear Ms. Barnosky:

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 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL030068008
Investigation #:	2025A0583010
Complaint Receipt Date:	12/04/2024
Investigation Initiation Date:	12/05/2024
Report Due Date:	01/03/2025
Licensee Name:	Laurel Health Care Co Of Wayland
Licensee Address:	8181 Worthington Rd Westerville, OH 43082
Licensee Telephone #:	(269) 792-2249
Administrator:	Susan Barnosky
Licensee Designee:	Susan Barnosky
Name of Facility:	Maplewood of Sandy Creek
Facility Address:	425 East Elm Street Wayland, MI 49348
Facility Telephone #:	(269) 792-2249
Original Issuance Date:	06/11/1996
License Status:	REGULAR
Effective Date:	04/01/2024
Expiration Date:	03/31/2026
Capacity:	20
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Staff did not seek medical treatment for Resident A after an unwitnessed fall that occurred at the facility.	No
Facility staff are not administering Resident A's medication as prescribed.	Yes
Facility staff are not checking and changing Resident A's colostomy bag.	No
Additional Findings	Yes

III. METHODOLOGY

12/04/2024	Special Investigation Intake 2025A0583010
12/05/2024	Special Investigation Initiated - Letter
12/06/2024	Inspection Completed On-site
12/19/2024	APS Referral
12/20/2024	Exit Conference Licensee Designee Susan Barosky

ALLEGATION: Staff did not seek medical treatment for Resident A after an unwitnessed fall that occurred at the facility.

INVESTIGATION: On 12/04/2024 the above complaint allegations were received from the LARA-BCHS-Complaints system. The complaint stated that Resident A sustained a "recent fall while attempting to change his own sheets" and now has a noticeable limp. The complaint further stated Resident A did not notify any staff after he fell and fall was not heard by staff.

On 12/06/2024 I completed an unannounced onsite investigation at the facility and privately interviewed staff Jessica Altman and licensee designee Susan Barnosky.

Staff Jessica Altman stated that Resident A is "pretty independent" and moves freely within the community. Ms. Altman stated that Resident A was currently out in the community. Ms. Altman stated that she was unaware that Resident A had a recent fall. Ms. Altman stated that she has observed Resident A multiple times, including today, and has not observed Resident A to display a limp.

Ms. Barnosky stated that Resident A's sister called Ms. Barnosky yesterday and stated that Resident A had sustained a fall at the facility "last Thursday" causing

Resident A to exhibit a “limp”. Ms. Barnosky stated that she has observed Resident A and he does not exhibit a limp or any other type of injury since the fall. Ms. Barnosky stated that Resident A did not notify staff that he had fallen and did not report any injuries since the incident.

On 12/19/2024 I emailed the complaint allegations to Adult Protective Services Centralized Intake.

On 12/19/2024 I interviewed staff Tansy DeYoung via telephone. Ms. DeYoung stated that she is employed at the facility and is a Licensed Practical Nurse. Ms. DeYoung stated that she heard “second hand” that Resident A had fallen in his bedroom the first week of December 2024, but did not report the incident to staff. Ms. DeYoung stated that she had observed Resident A at the facility after the unreported fall and did not observe Resident A display a limp. Ms. DeYoung stated that after the fall she asked Resident A if he had pain, and he stated that he did not. Ms. DeYoung stated that Resident A was discharged from the facility last week to a new facility located in Holland.

On 12/19/2024 I interviewed Resident A via telephone. Resident A stated that he no longer resides at the facility and moved to a new facility last week. Resident A stated that one a particular afternoon approximately the first week of December 2024, he fell in his bedroom while trying to open his closet. Resident A stated that he did not break or sprain any bones, but he did display a limp for “two or three days”. Resident A stated that he did not tell facility staff that he had fallen, and no staff questioned his limp. Resident A stated that his limp has dissipated.

On 12/20/2024 I completed an exit conference with licensee designee Susan Barnosky via telephone. Ms. Barnosky stated that she agreed with the finding.

APPLICABLE RULE	
R 400.15310	Resident health care.
	(4) In case of an accident or sudden adverse change in a resident's physical condition or adjustment, a group home shall obtain needed care immediately.
ANALYSIS:	<p>Staff Tansy DeYoung stated that she heard “second hand” that Resident A had fallen in his bedroom the first week of December 2024, but did not report the incident to staff. Ms. DeYoung stated that she had observed Resident A at the facility after the unreported fall and did not observe Resident A display a limp. Ms. DeYoung stated that after the fall she asked Resident A if he had pain, and he stated he did not.</p> <p>Resident A stated that on a particular afternoon approximately the first week of December 2024, he fell in his bedroom while</p>

	<p>trying to open his closet. Resident A stated that he did not break or sprain any bones, but he did display a limp for two or three days. Resident A stated that he did not tell facility staff that he had fallen, and no staff questioned his limp. Resident A stated that his limp has dissipated.</p> <p>A preponderance of evidence was not discovered during the course of the Special Investigation to substantiate a violation of the applicable rule.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Facility staff are not administering Resident A's medication as prescribed.

INVESTIGATION: On 12/04/2024 complaint allegations were received from the LARA-BCHS-Complaints system. The complaint alleged that facility staff are not administering Resident A's blood pressure medication as prescribed.

On 12/06/2024 I completed an unannounced onsite investigation at the facility and privately interviewed staff Jessica Altman.

While onsite I observed Resident A's Medication Administration Record for the month of December 2024. I observed that Resident A is prescribed Midodrine HCL 5 MG and 10 MG to be dosed twice daily. I observed that this medication requires facility staff to measure Resident A's blood pressure and hold the medication if Resident A's blood pressure measures 130 or greater. I observed that on 12/02/2024 Resident A did not receive his 8:00 AM doses of Midodrine HCL 5 MG and 10 MG.

Staff Jessica Altman stated that Resident A is prescribed Midodrine HCL 10 MG and 5 MG dosed twice daily at 8:00 AM and 4:00 PM. Ms. Altman explained that staff are required to check Resident A's blood pressure just prior to administering this medication and are ordered to hold the medication if Resident A's blood pressure measures 130 or greater. Ms. Altman acknowledged that on 12/02/2024 she was assigned the task of administering Resident A's medications. Ms. Altman stated that on 12/02/2024, she could not recall if she administered Resident A's Midodrine and stated that she "may have forgotten" to administer it.

On 12/19/2024 I interviewed Resident A via telephone. Resident A stated that to his knowledge, facility staff administered his blood pressure medications twice daily. Resident A that there were times he had to remind facility staff to check his blood pressure before administering his Midodrine HCL.

On 12/20/2024 I completed an exit conference with licensee designee Susan Barnosky via telephone. Ms. Barnosky stated that she agreed with the finding and would submit an acceptable Corrective Action Plan.

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>I observed Resident A's Medication Administration Record for the month of December 2024. Resident A is prescribed Midodrine HCL 5 MG and 10 MG to be given twice daily. On 12/02/2024 Resident A did not receive his 8:00 AM doses of Midodrine HCL 5 MG and 10 MG.</p> <p>Staff Jessica Altman acknowledged that on 12/02/2024 she was assigned the task of administering Resident A's medications. Ms. Altman stated that on 12/02/2024, she could not recall if she administered Resident A's Midodrine and stated that she may have "forgotten" to administer it.</p> <p>Resident A stated that to his knowledge, facility staff administered his blood pressure medications twice daily. Resident A stated that there were times he had to remind facility staff to check his blood pressure before administering his Midodrine HCL.</p> <p>A preponderance of evidence as discovered during the Special Investigation to substantiate a violation of the applicable rule. Resident A did not receive his prescribed Midodrine 5 MG and 10 MG on 12/02/2024 at 8:00 AM.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Facility staff are not checking and changing Resident A's colostomy bag.

INVESTIGATION: On 12/04/2024 complaint allegations were received from the LARA-BCHS-Complaints system. The complaint stated that Resident A's "colostomy bag should be checked daily and changed every 4 days minimum" however "no one has looked at or changed in over 2 weeks".

On 12/06/2024 I completed an unannounced onsite investigation at the facility and privately interviewed staff Jessica Altman and licensee designee Susan Barnosky.

Staff Jessica Altman stated that Resident A is "pretty independent" and empties his own colostomy bag. Ms. Altman stated that she has never emptied or changed Resident A's colostomy bag and has not been trained to do so. Ms. Altman stated that Resident A has never asked her to change or empty his colostomy bag.

Ms. Barnosky stated that Resident A empties his own colostomy bag and that staff are required to change Resident A's colostomy bag every seven to ten days. Ms. Barnosky stated that staff Tansy DeYoung changes Resident A's colostomy bag as required because she is trained as a Licensed Practical Nurse.

While onsite I observed Resident A's Medication Administration Record for the month of December 2024. The document stated that Resident A empties his own colostomy bag and that staff are required to change Resident A's colostomy bag "every 7-10 days and as needed for leakage". I observed that on 12/01/2024 staff Tansy DeYoung changed Resident A's colostomy bag. I observed that on 12/05/2024 Ms. DeYoung documented that Resident A refused to allow her to change his colostomy bag and Ms. DeYoung did visually inspect that the colostomy bag was noted to be "in-tact".

On 12/19/2024 I interviewed staff Tansy DeYoung via telephone. Ms. DeYoung stated that she is employed at the facility and is a Licensed Practical Nurse. Ms. DeYoung stated that she changed Resident A's colostomy bag as ordered by his physician and that when Resident A refused to allow her to do so; Ms. DeYoung documented the refusal.

On 12/19/2024 I interviewed Resident A via telephone. Resident A stated that facility staff changed his colostomy bag approximately every week. Resident A stated that he could not recall a time in which he refused to allow staff to change his colostomy bag. Resident A stated that he emptied his colostomy bag without staff intervention.

On 12/20/2024 I completed an exit conference with licensee designee Susan Barnosky via telephone. Ms. Barnosky stated that she agreed with the finding.

APPLICABLE RULE	
R 400.15312	Resident medications.

	<p>(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.</p>
ANALYSIS:	<p>I observed Resident A's Medication Administration Record for the month of December 2024. I observed that the document stated that Resident A empties his own colostomy bag that staff are required to change Resident A's colostomy bag "every 7-10 days and as needed for leakage". I observed that on 12/01/2024 staff Tansy DeYoung changed Resident A's colostomy bag. I observed that on 12/05/2024 Ms. DeYoung documented that Resident A refused to allow her to change his colostomy bag and Ms. DeYoung did visually inspect the colostomy bag which was noted to be "in-tact".</p> <p>Staff Tansy DeYoung is employed at the facility and is a Licensed Practical Nurse. Ms. DeYoung stated that she changed Resident A's colostomy bag as ordered by his physician and that when Resident A refused to allow her to do so; Ms. DeYoung documented the refusal.</p> <p>Resident A stated that facility staff changed his colostomy bag approximately every week. Resident A stated that he could not recall a time in which he refused to allow staff to change his colostomy bag. Resident A stated that he emptied his colostomy bag without staff intervention.</p> <p>A preponderance of evidence as not discovered during the course of the Special Investigation to substantiate violation of the applicable rule.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS: Resident A's Assessment Plan for AFC Residents is incomplete.

INVESTIGATION: On 12/09/2024 I received and reviewed an email from licensee designee Susan Barnosky. The email contained Resident A's Assessment Plan

which was completed on 09/30/2022 by staff Tansy DeYoung, LPN. The document is not signed by Resident A or licensee designee Susan Barnosky. Ms. Barnosky stated the following in the email, "This is the only copy I can locate for (Resident A)".

On 12/20/2024 I completed an exit conference with licensee designee Susan Barnosky via telephone. Ms. Barnosky stated that she agreed with the finding and would submit an acceptable Corrective Action Plan.

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 A's Assessment Plan was completed on 09/30/2022 by staff Tansy DeYoung, LPN. The document is not signed by Resident A or licensee designee Susan Barnosky. A preponderance of evidence was discovered during the Special Investigation to substantiate a violation of the applicable rule. Resident A's Assessment Plan was not completed annually and lacks the required signatures.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable Corrective Action Plan, I recommend that the license remain unchanged.



12/20/2024

Toya Zylstra
Licensing Consultant

Date

Approved By:



12/20/2024

Jerry Hendrick
Area Manager

Date