



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

Kimberly Rocca-Riffle
Elder Care Of Michigan, LLC
Suite 400
52188 Van Dyke
Shelby Township, MI 48316

April 30, 2025

RE: License #: AM350380787
Investigation #: 2025A1038027
Tawas Manor

Dear Ms. Rocca-Riffle:

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.

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) 356-0100.

Sincerely,

Johnnie Daniels, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa Ave NW
Grand Rapids MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM350380787
Investigation #:	2025A1038027
Complaint Receipt Date:	03/21/2025
Investigation Initiation Date:	03/25/2025
Report Due Date:	05/20/2025
Licensee Name:	Elder Care Of Michigan, LLC
Licensee Address:	Suite 400 52188 Van Dyke Shelby Township, MI 48316
Licensee Telephone #:	(586) 997-9401
Licensee Designee:	Kimberly Rocca-Riffle
Name of Facility:	Tawas Manor
Facility Address:	751 Newman St. East Tawas, MI 48730
Facility Telephone #:	(566) 997-9401
Original Issuance Date:	08/24/2016
License Status:	REGULAR
Effective Date:	02/19/2025
Expiration Date:	02/18/2027
Capacity:	12
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Staff were not providing proper care for residents.	No
Staff were not destroying residents' medication as required.	Yes
Staff were stealing residents' funds and forging signatures.	Yes

III. METHODOLOGY

03/21/2025	Special Investigation Intake 2025A1038027
03/25/2025	Special Investigation Initiated - Telephone made to administrator Karen Buzzie.
03/27/2025	Contact - Face to Face interview conducted with administrator Karen Buzzie.
03/27/2025	Contact - Face to Face interview conducted with Resident A.
04/01/2025	Contact - Telephone call made to Guardian A1.
04/01/2025	Contact - Telephone call made to Hospice worker Megan Smith.
04/02/2025	Contact - Document Received from hospice
04/10/2025	Exit Conference – With admin Karen Buzzie.

04/21/2025	Contact - Document Received from admin Ms. Buzzie.
04/21/2025	Inspection Completed-BCAL Sub. Compliance
04/28/2025	Contact – telephone call made To Guardian B1

ALLEGATION:

Staff were not providing proper care for residents.

INVESTIGATION:

On 3/27/25, I conducted an investigation at the facility and interviewed administrator Karen Buzzie. Ms. Buzzie denied residents are laying in their own feces or urine for an extended period of time. Ms. Buzzie stated no resident has been threatened to be kicked out for their behavior or for any other reason.

On 3/27/25, I interviewed direct care staff (DCS) Linda Clayton. Ms. Clayton stated staff conduct two-hour checks on residents for any feces or urine. DCS Clayton stated staff will check on residents more when needed or requested by residents. DCS Clayton stated residents are cared for appropriately and timely.

I conducted an inspection of the facility, which there was no smell of urine or feces. The facility was very clean during my inspection. While conducting my inspection I observed multiple residents who were well dressed and clean. The residents were in good spirits eating lunch. The residents were taken care of with no smells. While at the facility there was one DCS along with the manager Ms. Buzzie which met the requirement for staffing at the facility.

On 3/27/25, I interviewed Resident A who stated he is well taken care of in the facility. Resident A stated he had no concerns of the care in the facility.

On 4/1/25, I interviewed hospice worker Megan Smith via telephone. Ms. Smith stated she had minor concerns with wound care on Resident B and Resident C. Ms. Smith stated staff were not properly treating or dressing the wounds of residents. Ms. Smith provided documents of her notes regarding the wound concerns.

On 4/28/25, I interviewed Guardian B1 via telephone. Guardian B1 provided a statement consistent of hospice worker Megan Smith. Guardian B1 added Hospice should have been caring for the wound when they were in the facility twice a week.

Guardian B1 stated she was at the facility multiple times a week and the wounds were only getting worse. Guardian B1 stated she voiced her concerns to hospice and the facility. Guardian B1 stated her only concerns for the other residents was the staff was not active enough with the residents.

APPLICABLE RULE	
R 400.14305	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:	Based on the review of documents, and interviews of staff. There was not enough corroborating evidence of staff not providing proper care for the residents.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Staff were not destroying residents' medication as required

INVESTIGATION:

Ms. Buzzie stated she fired home manager Chasity Garno on 3/12/25 due to her stealing medication at the facility. Ms. Buzzie stated Ms. Garno was labeling medication as discontinued and instead of destroying she was stealing the medication. Ms. Buzzie confirmed morphine was one of the medication that was taken. Ms. Buzzie stated she has not destroyed any medication as she recently gathered up the medication labeled for destruction and placed them in a locked cabinet. Ms. Buzzie stated she is set to destroy the medication with hospice worker Megan Smith as normally done. Ms. Buzzie stated she spoke with hospice worker Megan Smith who confirmed the medication was not destroyed with her. Ms. Buzzie stated she has not destroyed any medication in a trash bag as that is not proper. Ms. Buzzie stated Michigan State Police (MSP) was currently investigating the stolen medication. Ms. Buzzie advised the MSP case number was 32-954-25.

DCS Clayton stated she was informed by home manager Garno, the home manager is the only one authorized to destroy the medication. DCS Clayton stated she would look at the medication administration records (MAR) and if a medication was labeled as discontinued. The staff are instructed to put the medication in the managers office and not destroy them. DCS Clayton stated it was unknown what was done with the medication after it was put in the managers office. DCS Clayton stated it was the

oxycodone and hydrocodone that was also labeled as discontinued. DCS Clayton stated the residents would not get their medication due to labeled as discontinued. DCS Clayton stated this process was put in place by home manager Garno for nearly two months before her firing.

Ms. Smith stated she did not sign any paperwork on 3/12/25 attesting the destruction of medication. Ms. Smith stated Ms. Garno told staff and management she was destroying medication with her which was false. Ms. Smith stated her signature was forged and she never witnessed Ms. Garno destroying any medication. Ms. Smith stated there was Haloperidol, Hydrocodone, Ativan and Morphine Sulfate (Roxanol) among the missing and supposedly destroyed medication.

I reviewed hospice care documents which verified the missing medication.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.
ANALYSIS:	Based on my interviews with staff and the review of documents. There was corroborating evidence of manager Chasity Garno not properly disposing of medication.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Staff were stealing residents funds and forging signatures.

INVESTIGATION:

Ms. Buzzie stated she found Ms. Garno was taking residents money. Ms. Buzzie stated Ms. Garno was forging residents and workers signatures stating they provided the residents with the money. Ms. Buzzie stated it was unknown how much money was taken. Ms. Buzzie provided me with the signed documentation that was forged by Ms. Garno.

On 3/27/25, I interviewed Resident A who stated he did not sign any documentation for being provided with his money.

DCS Clayton stated only the manager was allowed to handle the resident's money. DCS Clayton stated she did not collect or put away any money regarding the residents.

Ms. Smith stated she had no knowledge of missing money as she did not deal with any of that.

On 4/1/25, I interviewed Guardian A1 who stated she was made aware of residents missing money in the facility. Guardian A1 advised she oversees the majority of residents fund in the facility and was told multiple residents money is currently missing.

Guardian B1 stated Resident B voice concerns of money being taken multiple times. Guardian B1 stated Resident B's signature was forged.

APPLICABLE RULE	
R 400.14315	Handling of resident funds and valuables.
	(8) All resident fund transactions shall require the signature of the resident or the resident's designated representative and the licensee or prior written approval from the resident or the resident's designated representative. (10) A licensee, administrator, direct care staff, other employees, volunteers under the direction of the licensee, and members of their families shall not accept, take, or borrow money or valuables from a resident, even with the consent of the resident
ANALYSIS:	Based on my interviews with staff, Resident A and guardian A1. There was corroborating evidence of staff taking residents funds without their consent. There was also corroborating evidence of home manager Chasity Garno forging residents and staff signatures.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon the approval of a corrective action plan. I recommend the status of the license to remain unchanged.

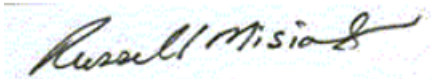


4/21/25

Johnnie Daniels
Licensing Consultant

Date

Approved By:



4/30/25

Russell B. Misiak
Area Manager

Date