GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 24, 2026

Jennifer Herald
Oliver Woods Retirement Village LLC
Suite 200
3196 Kraft Ave SE
Grand Rapids, MI 49512

RE: License #: AL780262260
Investigation #: 2026A1033035
Oliver Woods #2

Dear Ms. Herald:

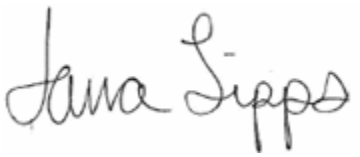
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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) 335-5985.

Sincerely,



Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL780262260
Investigation #:	2026A1033035
Complaint Receipt Date:	05/07/2026
Investigation Initiation Date:	05/07/2026
Report Due Date:	07/06/2026
Licensee Name:	Oliver Woods Retirement Village LLC
Licensee Address:	Suite 200 3196 Kraft Ave SE Grand Rapids, MI 49512
Licensee Telephone #:	(810) 334-8809
Administrator:	Carla LaMarr
Licensee Designee:	Jennifer Herald
Name of Facility:	Oliver Woods #2
Facility Address:	1320 W. Oliver St. Owosso, MI 48867
Facility Telephone #:	(989) 729-6060
Original Issuance Date:	04/16/2004
License Status:	REGULAR
Effective Date:	08/29/2025
Expiration Date:	08/28/2027
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Direct care staff members are not being adequately trained to perform their job duties.	Yes
Direct care staff, Sierra Woodring, administered resident medications independently prior to completing medication administration training.	No
The facility is not properly stocked with incontinence briefs to provide proper care to all residents.	No
The facility runs out of oxygen and does not have adequate supply for residents requiring oxygen.	No
The facility frequently runs out of resident medications.	Yes

III. METHODOLOGY

05/07/2026	Special Investigation Intake 2026A1033035
05/07/2026	Special Investigation Initiated - Telephone Interview conducted with adult foster care licensing consultant, Bridget Vermeesch.
05/08/2026	APS Referral APS, Adult Services Worker, Rebecca Schalow.
05/15/2026	Inspection Completed On-site Interviews conducted with Administrator, Carla LaMarr, Assistant Wellness Director, Brandi Harrison, & Maintenance Director, Alex McLean. Review of direct care staff trainings completed, review of resident records initiated.
05/18/2026	Contact - Document Sent Email correspondence sent to Administrator, Carla LaMarr, requesting additional documentation.
05/21/2026	Contact - Document Received Documents received via email from Administrator, Carla LaMarr.
05/28/2026	Contact - Telephone call made Interview conducted with direct care staff, Nicole Chapman, via telephone.
05/28/2026	Contact - Document Received

	Email correspondence received from Administrator, Carla LaMarr.
05/29/2026	Contact - Document Received Email correspondence received from Administrator, Carla LaMarr.
05/29/2026	Contact - Document Received Email correspondence received from direct care staff, Nicole Chapman.
06/04/2026	Contact - Telephone call made Interview conducted via telephone with Citizen 3.
06/07/2026	Contact - Document Received Email correspondence received from direct care staff, Nicole Chapman.
06/08/2026	Contact - Telephone call made Interview conducted with direct care staff, Caitlyn Hoskins, via telephone.
06/08/2026	Contact - Telephone call made Interview conducted with direct care staff, Abigail Harrison, via telephone.
06/09/2026	Contact - Telephone call received Interview conducted with direct care staff, Julie Birge, via telephone.
06/09/2026	Contact - Telephone call made Attempts to interview direct care staff, Sierra Woodring, on 5/28/26 & 6/9/26, via telephone. Voicemail messages left both times. Awaiting response.
06/09/2026	Contact - Document Received Email correspondence received from Administrator, Carla LaMarr.
06/09/2026	Contact - Telephone call made Interview conducted with Citizen 1, via telephone.
06/09/2026	Contact - Telephone call made Interview conducted with Citizen 2, via telephone.
06/11/2026	Contact – Document Sent Email correspondence sent to Administrator, Carla LaMarr.
06/21/2026	Contact – Document Received

	Email correspondence received from Ms. LaMarr.
06/22/2026	Contact – Document Received Email correspondence received from Ms. LaMarr.
06/22/2026	Exit Conference Conducted via email with licensee designee, Jennifer Herald, and Administrator, Carla LaMarr.

ALLEGATION:

- **Direct care staff members are not being adequately trained to perform their job duties.**
- **Direct care staff, Sierra Woodring, administered resident medications independently prior to completing medication administration training.**

INVESTIGATION:

On 5/7/26 I received an online complaint regarding the Oliver Woods #2, adult foster care facility (the facility). The complaint alleged that the direct care staff members are not receiving adequate training to perform assigned tasks. The complaint further alleged that direct care staff, Sierra Woodring, was administering resident medications prior to completing her medication administration training.

On 5/15/26 I conducted an unannounced, on-site investigation at the facility. I spoke with Administrator, Carla LaMarr, and Assistant Wellness Director/direct care staff, Brandi Harrison, regarding direct care staff training records. Ms. LaMarr and Ms. Harrison reported that they keep direct care staff training records through the Relias training system online. They reported that when a direct care staff member is hired there is a training checklist that the team works with the new hire on completing and there is a check-off process for when the new hire completes certain tasks. They reported that this check-off sheet is a paper copy and kept in the direct care staff paper file. Ms. LaMarr and Ms. Harrison reported that they have recently had a disgruntled employee who they believe has gone through the employee files and shredded these training sheets. They reported that many direct care staff orientation training sheets are now missing. Ms. LaMarr and Ms. Harrison denied that Ms. Woodring ever administered medications prior to completing medication administration training. I requested to review the complete direct care staff list for the facility. This facility is located on a campus that houses four licensed adult foster care facilities. The direct care staff are usually cross trained at each facility and able to cover shifts in all facilities. I requested to review thirteen direct care staff training records. I observed the following when reviewing these files:

- The following direct care staff do not have a current cardiopulmonary resuscitation certification:
    - Corey Miller
    - Julie Birge

    - Sierra Woodring
    - Emily Clark
    - Corney Emerson
    - Mercedes Finnagin
    - Nicole Chapman
        - I spoke with Ms. LaMarr, via email, on 5/28/26, about the missing CPR certifications for these direct care staff members. She reported that this is accurate information and that they are scheduled to take a new CPR course on 6/14/26.
- Sierra Woodring Medication Administration Training record was completed and dated 4/27/26-4/28/26.
- The files did contain documentation of all other required trainings.

During the on-site investigation on 5/15/26 I requested to review the *Medication Administration Records* (MARs) for seven residents. I was provided with these records via email from Ms. LaMarr on 5/21/26. I observed the following information on the MARs reviewed:

- Sierra Woodring's signature did not appear on any of the provided MARs as someone who administered medications during the month of April 2025.

On 5/28/26 and 6/9/26 I made attempts to interview Ms. Woodring, via telephone. Voicemail messages were left both days and no response was received.

On 5/28/26 I interviewed Ms. Chapman via telephone regarding the allegation. Ms. Chapman reported that Ms. Woodring was in the middle of her medication administration training and had not yet been cleared to administer medications independently when direct care staff, Shelly Teal, requested that she administer medications in one of the other licensed adult foster care facilities located on this campus. Ms. Chapman reported that she could not recall the exact date when this occurred, but she knew it happened in April 2026.

On 6/8/26 I interviewed direct care staff, Caitlyn Hoskins, via telephone regarding the allegation. Ms. Hoskins reported that she has received all training to work at the licensed adult foster care facilities on this campus. She reported that she has never observed a direct care staff member administering medications prior to completing their medication administration training.

On 6/8/26 I interviewed Abigail Harrison, via telephone, regarding the allegation. Ms. Harrison reported that she feels she completed all required trainings prior to providing independent care to the residents at the facility. She reported that she has never observed untrained direct care staff members administering resident medications.

On 6/9/26 I interviewed direct care staff, Julie Birge, regarding the allegation. Ms. Birge reported that she has never witnessed untrained direct care staff members administering medications to residents at the facility. She reported that she feels she received all required trainings.

On 6/9/26 I interviewed Citizen 1 via telephone regarding the allegation. Citizen 1 reported that they were previously employed at the facility. They reported that they worked at the facility for about eight to ten months. Citizen 1 reported that they have no knowledge regarding the allegation that direct care staff were allowed to administer medications prior to completing medication administration training.

On 6/9/26 I interviewed Citizen 2 via telephone regarding the allegation. Citizen 2 is a former direct care staff member of the facility. Citizen 2 reported that they have no knowledge of information pertaining to direct care staff being allowed to administer medications prior to completing medication administration training.

On 6/5/25, Special Investigation #2025A1033032 cited a rule violation of Rule R400.15204(3)(c) regarding direct care staff qualifications and training requirements. The citation identified that five direct care staff members did not have current documentation of completed cardiopulmonary resuscitation training in their employee files. The CAP submitted on 6/17/25 identified that direct care staff would be trained and competent in cardiopulmonary resuscitation and a copy of this certification would be placed in direct care staff files. Adult foster care home rules were updated and promulgated on 11/3/2025 and Rule R 400.15204 is equivalent to Rule R 400.629(5)(c).

APPLICABLE RULE	
R 400.629	**Direct care staff; qualifications and training.**
	(5) 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 trained and competent in all of the following areas before performing assigned tasks independently: **(a) Reporting requirements.** **(b) First aid.** **(c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.** **(d) Personal care, supervision, and protection.** **(e) Resident rights.** **(f) Safety and fire prevention.** **(g) Prevention and containment of communicable diseases including recognizing signs of illness.** **(h) Food safety, which includes food storage, preparation, distribution, and serving in a safe manner.** **(i) Nutrition and special diets.**

ANALYSIS:	Based upon interviews conducted with Ms. LaMarr and Ms. Harrison as well as review of employee files, it can be determined that there were seven out of 13 files that were missing documentation of current cardiopulmonary resuscitation certifications. Based on this information a violation has been established.
CONCLUSION:	**REPEAT VIOLATION ESTABLISHED [SEE SIR#2025A1033032 Rule 204(3)(c), AND CAP SUBMITTED 6/17/25].**

APPLICABLE RULE	
R 400.675	**Resident medications.**
	(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident: **(a) Be trained in the proper handling and administration of medication.**
ANALYSIS:	Based upon interviews conducted with Ms. LaMarr, Brandi Harrison, Ms. Chapman, Abigail Harrison, Ms. Birge, Ms. Hoskins, Citizen 1, and Citizen 2, as well as review of Ms. Woodring's medication administration training and seven resident MARs, it can be determined that there is not adequate evidence to conclude that Ms. Woodring administered medications at the facility prior to completing her medication administration training. Therefore, a violation will not be established at this time.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

- **The facility is not properly stocked with incontinence briefs to provide proper care to all residents.**
- **The facility runs out of oxygen and does not have adequate supply for residents requiring oxygen.**

INVESTIGATION:

On 5/7/26 I received an online complaint regarding the facility. The complaint alleged that the facility is not properly stocked with incontinence briefs for resident use. The complaint further alleged that there have been residents who have run out of their oxygen tanks due to direct care staff oversight. On 5/15/26 I conducted an unannounced, on-site investigation at the facility. I interviewed Ms. LaMarr & Brandi Harrison regarding the allegation. Ms. LaMarr and Ms. Harrison reported that there are three residents receiving hospice care at the facility. They reported that the hospice provider supplies the incontinence briefs for these residents. They further reported that

the remaining residents will have the cost of incontinence briefs factored into their room and board amount. Ms. LaMarr reported that there are four licensed adult foster care facilities on this campus and each facility has a storage room with a supply of incontinence briefs available for resident use. Ms. LaMarr further reported that there is a large storage room in one of the licensed facilities where an overflow supply of briefs is kept for resident use and dispersed to all facilities on the campus. Ms. LaMarr and Ms. Harrison reported that when a resident receives briefs from their hospice provider, the briefs are shipped to the facility, in that resident's name, and stored in their resident apartment.

Ms. LaMarr and Ms. Harrison reported that there are two residents in the facility who utilize oxygen tanks as part of their plan of care. These residents were identified as Resident A and Resident B. They reported that there has never been an issue with these residents running out of oxygen at the facility. Ms. LaMarr reported that an issue did occur at one of the other licensed adult foster care facilities on the campus with a resident of that licensed setting running low on her portable oxygen tanks. Ms. LaMarr reported that a training was completed with all direct care staff members regarding this issue and how to know when to reorder oxygen tanks. Ms. LaMarr further clarified that the resident in question was not out of oxygen, she still had her oxygen concentrator which plugs into the wall outlet. She reported that new portable oxygen tanks were ordered and delivered the same day that her tank ran out of oxygen. Ms. LaMarr reported that the direct care staff training related to reordering oxygen tanks was completed on 5/13/26.

During the on-site investigation on 5/15/26 I conducted a walkthrough of the entire campus. I observed all storage areas where incontinence briefs are stored for resident use. The facility had a large supply of briefs in multiple sizes and variations. During this investigation I asked Ms. LaMarr to provide evidence of briefs being ordered through a durable medical equipment company. Ms. LaMarr provided me with the following documentation:

- Invoice from Medline dated 4/11/26. This invoice was for incontinence briefs and totaled $1870.50.
- Invoice from Medline dated 3/25/26. This invoice was for incontinence briefs and totaled $843.01.
- Invoice from Medline dated 3/10/26. This invoice was for incontinence briefs and totaled $1380.64.

On 6/8/26 I interviewed Abigail Harrison, via telephone, regarding the allegation. Ms. Harrison reported that she has never observed the facility insufficiently supplied with incontinence briefs for resident use. She reported no issues with residents running out of oxygen at the facility.

On 6/8/26 I interviewed direct care staff, Caitlyn Hoskins, regarding the allegation. Ms. Hoskins reported that she has no knowledge of the facility being in short supply of incontinence briefs or residents running out of oxygen. She reported to the best of her knowledge these issues have not occurred.

On 6/9/26 I interviewed Ms. Birge, via telephone, regarding the allegation. Ms. Birge reported that she has never had an issue with the facility not being adequately supplied with incontinence briefs for resident use. Ms. Birge reported that to her knowledge, no residents have ever run out of their oxygen.

On 6/9/26 I interviewed Citizen 1, via telephone, regarding the allegation. Citizen 1 reported that they have not worked at the facility is several months, but they were aware that in December 2025 there were many issues concerning the facility not being properly supplied with incontinence briefs for resident use. Citizen 1 reported that there were residents who required XXXLG size briefs and these were not provided for a period. Citizen 1 reported that there had been a change in leadership at the facility during this period and when this change occurred the person responsible for ordering incontinence briefs and other supplies stopped ordering. Citizen 1 reported that there seemed to be a breakdown in communication about who was tasked with this responsibility and it fell by the wayside. Citizen 1 reported that during this timeframe there were residents who were forced to use a smaller size brief which caused discomfort to those residents. Citizen 1 had no information on any residents running out of their oxygen tanks at the facility.

On 6/9/26 I interviewed Citizen 2 via telephone, regarding the allegation. Citizen 2 reported that during December 2025 and January 2026 there seemed to be an issue with having an adequate supply of incontinence briefs, wipes, and other supplies. Citizen 2 reported that during this period the facility, even the storage rooms were frequently empty and the direct care staff were struggling to find supplies. Citizen 2 reported that this problem was addressed with management but noted that this issue went on for several weeks. Citizen 2 had no reported information on residents running out of oxygen tanks.

APPLICABLE RULE	
R 400.671	**Resident care.**
	(4) A licensee shall provide supervision, protection, and personal care as specified in a resident's assessment plan. A hospice service plan, do-not resuscitate order, or any other advance directive must be included as an addendum to the resident assessment and maintained with the assessment plan in the resident's record.

ANALYSIS:	Based upon interviews conducted and observations made during the unannounced, on-site investigation, it can be determined that there is no substantial evidence to conclude that the facility is not currently being adequately supplied with incontinence briefs for resident use. Citizen 1 and Citizen 2 both verified that there appeared to be an issue with having adequate supplies in December 2025, but this issue appears to be corrected. Ms. LaMarr was able to provide current transactions of a purchase history for these products, and the facility had a large supply of incontinence briefs during the on-site investigation. There was no evidence of residents at this facility running out of oxygen tanks presented during this investigation. Therefore, a violation will not be established.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: The facility frequently runs out of resident medications.

INVESTIGATION:

On 5/7/26 I received an online complaint regarding the facility. The complaint alleged that residents are missing medications due to the facility running out of medications to administer. This complaint also identified that residents who take insulin were running out of their insulin supply.

On 5/8/26 I received email correspondence from Adult Protective Services, Adult Services Worker, Rebecca Schalow. Ms. Schalow reported that she is currently investigating similar concerns at the facility and provided me with written dictation of interviews she conducted while she was on-site at the facility on 5/6/26. I observed the following in Ms. Schalow's notes:

- Face to face interview with Resident B on 5/6/26. Resident B reported to Ms. Schalow that she is aware the facility ran out of her medications for a period of two days at some point within the past month. Resident B reported to Ms. Schalow that the only side effect she observed when she ran out of medications was that she had difficulty sleeping for two nights.
- Ms. Schalow had a face to face interview with Ms. LaMarr and Brandi Harrison on 5/6/26. They reported that on 4/30/26 Resident B was presumed to have enough medication to "get her through" and it was found that they needed a reorder from the physician regarding her Norco medication. Both, denied any knowledge of Resident B's Lorazepam not being available for administration but advised Ms. Schalow that it was likely the same situation as the Norco. They reported to Ms. Schalow that Resident B's physician was contacted the following Monday (5/4/26) and the medication refills were delivered that evening. Ms. Schalow and Ms. Harrison were also asked about Resident E's Gabapentin medication being unavailable to administer. It was reported that on 4/23/26

Resident E was out of her Gabapentin and she was out of her Atorvastatin from 4/27/26-5/4/26.

On 5/15/26 I conducted an unannounced, on-site investigation at the facility. I interviewed Ms. LaMarr and Brandi Harrison regarding the allegation. Ms. LaMarr reported that there have not been any issues with residents at the facility running out of their medications to her knowledge. Ms. Harrison reported no concerns about this occurring as well.

During the unannounced, on-site investigation I requested to review the MARs for seven residents for the month of April 2025. Ms. LaMarr provided these MARs for my review via email on 5/21/26. I conducted a walkthrough of the facility and observed where resident medications are stored. I reviewed the insulin supply on-hand for Resident C. Resident C's insulin was available at the facility for administration on this date.

I reviewed the seven MARs provided by Ms. LaMarr. I observed the following information:

- Resident D is prescribed, Mirtazapine, and this medication was marked as not administered on the following dates, 4/1, 4/2, 4/4, 4/21-4/30/25. I asked Ms. LaMarr about these missed doses. Ms. LaMarr reported that the direct care staff had made several attempts to obtain a refill on this medication through Resident D's hospice provider. Ms. LaMarr sent documentation attesting to these attempts as well as a final discontinuation order for the medication.

On 5/28/26 I interviewed Ms. Chapman via telephone regarding the allegation. Ms. Chapman reported that there are frequently residents who do not receive timely refills on their medications. Ms. Chapman reported that she had documentation of residents who were missing medications and she would email this documentation to this consultant. Ms. Chapman reported that Resident B's son had voiced concerns because Resident B was frequently running out of Hydrocodone and Lorazepam.

On 5/29/26 I received email correspondence from Ms. Chapman regarding the allegation. Ms. Chapman provided the following documentation for my review:

- *Med Pass Exceptions*, 2/1/26-5/8/26, for Resident E. I observed the following:
  - Tramadol 50MG tablet was marked as "Awaiting Med Arrival From Pharmacy from 2/5/26-2/6/26.
  - Lidocaine PAD 4% marked as "Resident Refused" on 2/2, 2/7, 2/8/26
- *Med Pass Exceptions*, 2/1/26-5/8/26, for Resident F. I observed the following:
  - Lorazepam 0.5 MG marked as "Awaiting Med Arrival From Pharmacy" on 2/2/26 & 2/3/26.
- *Med Pass Exceptions*, 2/1/26-5/8/26, for Resident G. I observed the following:
  - Preservision CAP AREDS 2 is marked as "Resident Refused" on 2/3, 2/10, 2/11, 2/13, 2/23, 2/25, 3/1, 3/3, ¾, 3/9/26.
  - Memantine 10MG is marked as "Resident Refused" on 2/19/26.
  - Quetiapine 100MG was marked as "Resident Refused" on 2/19/26.
  - Lovastatin 40MG was marked as "Resident Refused" on 2/19/26.

- *Med Pass Exceptions*, 2/1/26-5/8/26, for Resident H. I observed the following:
    - Dofetilide 125MCG is marked as “Awaiting Med Arrival From Pharmacy” on 2/14 – 2/20/26.
    - Atorvastatin 40MG is marked as “Awaiting Med Arrival From Pharmacy” on 2/14-2/20/26.
    - Tamsulosin 0.4MG is marked as “Awaiting Med Arrival From Pharmacy” on 2/14-2/20/26.
- *Med Pass Exceptions*, 2/1/26-5/8/26, for Resident I. I observed the following:
    - Aripiprazole 5MG is marked as “Awaiting Med Arrival From Pharmacy on 2/19/26.
- *Med Pass Exceptions*, 2/1/26-5/8/26, for Resident B. I observed the following:
    - Hydrocodone 5-325MG is marked as “Awaiting Med Arrival From Pharmacy” on 2/1/26-2/3/26 & 3/6/26-3/9/26.
    - Lorazepam 0.5MG is marked as “Awaiting Med Arrival From Pharmacy” on 3/8/26.
- *Med Pass Exceptions*, 2/1/26-5/8/26, for Resident C. I observed the following:
    - Humalog KWIK INJ 100/ML is marked as “Physically Unable to Take” on 2/9, 2/13, 2/14, 2/18/26.
    - Lantus SOLOS INJ 100/ML is marked as “Physically Unable to Take” on 2/13/26.
- *Med Pass Exceptions*, 2/1/26-5/8/26, for Resident D. I observed the following:
    - Fexofenadine 60MG is marked as “Awaiting Med Arrival From Pharmacy” on 2/11/26 & 2/12/26.
    - Quetiapine 25 MG is marked as “Awaiting Med Arrival From Pharmacy” on 2/19/26-2/24/26.
    - Levothyroxine 100MCG is marked as “Awaiting Med Arrival From Pharmacy” on 2/20/26.
- *Med Pass Exceptions*, 2/1/26-5/8/26, for Resident J. There were numerous medications not administered as prescribed on this log. However, they were all marked with valid reasons for lack of administration including “Hospital”, “Physically Unable to Take” and a notation about a hospice referral for this resident.
- *Med Pass Exceptions, 2/1/26-5/8/26,* for Resident K. I observed the following:
    - There were numerous missed administrations of medications on this log. However, most of these missed doses were marked appropriately with notations of “Resident Refused” or “Physically Unable to Take”.
- *Med Pass Exceptions*, 2/1/26-5/8/26, for Resident L. I observed the following:
    - Multiple notations of “Resident Refused” by missed administrations.
    - Divalproex 125MG was marked as “Awaiting Arrival From Pharmacy” on 2/13/26 – 2/20/26.
- Med Pass Exceptions, 2/1/26-5/8/26, for Resident M. I observed the following:
    - Every missed dose was marked with “Resident Refused”.

On 6/4/26 I interviewed Citizen 3 regarding the allegation. Citizen 3 is a former direct care staff member for the facility. Citizen 3 was previously in a management position with the facility. Citizen 3 reported that she has not worked at the facility in a couple

months but previously she was aware that there were some issues with residents' medications not being refilled in a timely manner. Citizen 3 could not recall specific residents or resident names for this investigation.

On 6/8/26 I interviewed Ms. Hoskins regarding the allegation. Ms. Hoskins reported that she is not aware of residents running out of their medications. She reported that she usually does not administer medications which gives her limited knowledge of the medications available in the medication cart.

On 6/8/26 I interviewed Abigail Harrison, via telephone, regarding the allegation. Ms. Harrison reported that she has not experienced residents running out of their prescribed medications at the facility.

On 6/9/26 I interviewed Ms. Birge via telephone regarding the allegation. Ms. Birge reported that she has never observed a resident run out of their medication at the facility. She has no knowledge of this occurring.

On 6/11/26 I sent email correspondence to Administrator, Carla LaMarr, requesting information on missing medications noted on the Med Pass Exceptions documents supplied by Ms. Chapman. On 6/21/26 Ms. LaMarr responded to this email with the requested information. Ms. LaMarr copied licensee designee, Jennifer Herald, on this communication. I observed the following information in this email:

- Ms. LaMarr reported that Resident H's missed doses of his Atorvastatin and Tamsulosin medications from 2/14/26-2/20/26 were due to the pharmacy not delivering the medications with his regular cycle fill for that month. Ms. LaMarr attached images of screenshots of conversations direct care staff members had with providers attempting to understand why the medications were not delivered. The documentation provided by Ms. LaMarr was dated 2/20/26.
- Ms. LaMarr reported that Resident B's Hydrocodone medication was not available to administer from 2/1/26-2/3/26 due to awaiting a new order from the doctor. She reported she attached email communication attesting to this. She further reported that this same medication was not available from 3/6/26-3/9/26 due to again needing a new prescription from the provider. She reported that the care coordinator had reached out to the provider on 3/2/26 but a new script was not issued or delivered until 3/9/26. I reviewed the documentation provided by Ms. LaMarr and noted that the request for Resident B's Hydrocodone refill was sent on 2/2/26 and again on 3/3/26 & on 3/6/26. There was a note in this documentation indicating it was "too soon" to refill this medication, yet the facility was out of the medication.
- Ms. LaMarr reported that she has no available information on why Resident D did not receive her Quetiapine medication from 2/19/26-2/24/26.
- Ms. LaMarr reported that Resident L's Divalproex medication required a refill which is why it was not administered from 2/13/26-2/20/26. She reported that the refill request was requested on 2/16/26.

APPLICABLE RULE	
R 400.675	**Resident medications.**
	(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.
ANALYSIS:	Based upon interviews conducted and documentation reviewed it can be determined that there is adequate evidence to indicate that there have been several dates and times when residents of the facility have gone without their prescribed, routine medications, for days at a time. When I requested that Ms. LaMarr clarify why these medications were not present at the facility she reported for Resident B, Resident D, Resident H, and Resident L each resident had medications that were not administered as prescribed due to either perceived pharmacy error, or direct care staff not requesting the medication refills in a timely manner. Resident routine medications should be reordered prior to medication stock being depleted at the facility to ensure smooth transitions and allow for no disruptions in the medications administered to residents. Whether there is a communication barrier with the pharmacy or the direct care staff are not planning ahead to reorder medications, this has been identified as an area needing improvement. Based on this information collected a violation is being established.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt of an approved corrective action plan, no change to the status of the license is recommended at this time.

6/22/26

_____

Jana Lipps Date
Licensing Consultant

Approved By:

06/24/2026

_____

Dawn N. Timm Date
Area Manager