March 24, 2015

Best Drug Rehabilitation Services, SA0510026
Amber Howe, C.O.O.
300 Care Center Drive
Manistee, MI 49660

SUBJECT: Complaint Investigation Report

Dear Ms. Howe:

A complaint inspection was conducted on March 4, 2015 and March 16, 2015 at Best Drug Rehabilitation Services, located at 300 Care Center Drive, Manistee, MI 49660.

Participants included:
- Amber Howe, COO (March 16, 2015 only)
- Veronica Johnson, Deputy Executive Director
- Jay Calewarts, Manager, LARA, State Licensing Section
- James Hoyt, Regulations Officer, LARA, State Licensing Section
- Pamela Lindsey, RN, Surveyor, LARA, State Licensing Section (March, 16, 2015 only)
- Andrew Schefke, Surveyor, LARA, State Licensing Section

Several complaints were received by the Department of Licensing and Regulatory Affairs (LARA), Bureau of Health Care Services, that included allegations of staff abusing clients, clients not receiving adequate medical attention from the programs physician and nursing staff, exposed asbestos insulation on uncovered pipes in the basement of the facility, insufficient heat in the facility due to a faulty boiler system, and exposed electrical outlets and fuse boxes. Additionally, concerns were raised about the program changing the fire systems in the building without having the system properly inspected by the Fire Marshall.

Based on the information that was gathered during interviews of staff and clients as well as record reviews during the onsite inspections at Best Drug Rehabilitation Services in Manistee, it has been determined that the program is not in compliance with following administrative rules:

R325.14111 Physical facilities shall be adequate for the specific type of service provided. This requirement was not met per findings below.

The inspections for the two boilers that heat the building along with the domestic hot water were overdue as of January of 2015. Interview with maintenance revealed that both boilers

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were not in good working order and would need repairs once the weather warmed up. Confirmation that these boilers were past due was made with the state boiler inspector.

The program had replaced the main fire alarm panel approximately two years ago. The state electrical inspector had inspected the install of the new fire alarm panel with deficiencies but the program did not allow him access when following-up, and it appears the deficiencies were never addressed. The program had some electrical work done in the facility, including adding a new electrical panel for the spa. No inspections had been performed on this electrical work. The state surveyors contacted the state electrical inspector for the Manistee area. The state electrical inspector said he made a site visit to follow-up on his report and noticed an electrical contractor's van in the parking lot and electrical panel box as well as other miscellaneous electrical items outside the building. He stated that he entered the facility lobby and was told there was no electrical work being done in the building and program refused him entry into the building.

Upon entering the facility for inspection on March 4, a contractor was installing magnetic locks on the door to the facility from the lobby and a cross corridor on the first floor. The facility did not have an electrical permit nor did they contact the fire marshal for approval of this work. Note that these magnetic door locks are on the egress corridor.

The kitchen is currently serving staff and charging them for meals. By serving staff (which could be considered the public), the kitchen may need to be inspected and licensed by the local health department. The program will need to contact the local health department to determine if the kitchen will require licensure.

The surveyors did see pipes that had insulation hanging from them. The program provided a letter from Johnny Neal Construction stating that, after a visual inspection, there is no asbestos exposed in the facility. Although not believed to be asbestos, at a minimum, exposed insulation should be patched and enclosed.

R325.14112 (10) A staff member shall be evaluated at least annually…

Several staff files were reviewed but none contained a performance evaluation signed by the staff member as required by this rule.

R325.14112 (11) An appropriate staff member who is designated by the program director to be responsible for overseeing the operation of the program shall be physically on-site when the program director is absent.

On March 4 and 16, neither the COO nor the Deputy Executive Director was onsite upon entering the facility. The program did not have anyone designated in charge in their absence.

R325.14113 Program Evaluation

Review of the programs evaluation plan revealed that approximately 45% of the clients left the program against medical advice (approximately 20% during detox and 25% during residential). The program needs to develop a plan to address the high level of clients leaving against medical advice.

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R325.14114 Staff development program

The program failed to provide adequate job training to staff members. Per program policy (Section 3.2), each staff member is to receive a minimum of 20 hours of documented training per year related to their duties as well as infection control training (Section 3.4). Review of staff files revealed that training was not being provided to staff. Most staff files showed no recorded trainings. When training records were found, the trainings were over a year old. Interview with the new director of ethics and security on March 16 revealed that the only training he said he got was a manual to read. He was not aware of any other training that he needed to complete. The COO acknowledged that training for staff might be overdue.

Review of nursing staff employee files revealed that they had no competencies or job related education included in any of the files.

R325.14204 (2) By accepting a license, a licensee authorizes the office and its representatives to conduct the inspections and investigations necessary to determine compliance.

Upon entering the facility on March 4, 2015, the security staff refused surveyors access to the building. It was explained that denying access would be considered not cooperating with the inspection. When asked who was in charge, security and the receptionist said that the Deputy Executive Director was not there. They could not provide another person that was in charge in her absence. The Deputy Executive Director arrived onsite about 5 minutes after the surveyors' arrival but told the surveyors to wait in the lobby and give her a minute to make some calls. After another 10 minutes the Deputy Executive Director returned and allowed access to the building.

On March 16, 2015, surveyors checked in with the receptionist who said the COO and Deputy Executive Director were in a meeting. After some time in the lobby, surveyors asked again and it was discovered that the COO and Deputy Executive Director were not onsite. Request to speak with who was in charge in their absence was made but it was unclear who was in charge. When it was stated that surveyors needed access to the building, security then allowed state surveyors to access the building.

The program continues to delay state access to the facility.

R325.14302 (3) The recipient rights policies and procedures shall meet all of the following requirements:
(a) Require the program director to designate a staff member to function as the program rights advisor who shall do all of the following:
(i) Attend training offered by the office concerning recipient rights procedures.
(ii) Receive and investigate all recipient rights complaints independent of interference or reprisal from the program administration.

The program has designated a staff member to be the recipient rights officer who is listed on the employee list as Housekeeping/Maintenance. Interview with the recipient rights designee by phone on March 20, 2015 revealed that she had not received any complaints in the approximately 6 months that she was assigned the recipient rights person. She stated that issues are resolved by case managers prior to making it to the recipient rights person.

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All recipient rights complaints are required to go directly to the recipient rights person at the facility. Currently many client complaints are filtered through their ethics department, the client's case manager or administration.

Interview with clients revealed that they did not understand how to file a complaint. Responses to the question as to whom they would contact to file a complaint were the ethics department, the administrator or their lawyer. None of the 12 clients interviewed mentioned that they would contact the program's recipient rights person.

R325.14302 (4) Copies of recipient rights policies and procedures shall be provided to each member of the program staff. Each staff member of the program shall review the policies and procedures and shall sign a form provided by the office which indicates that he or she understands, and shall abide by, the policies and procedures. The form shall be explained to the staff by the program director. A signed copy shall be maintained in the staff personnel file and a signed copy shall be retained by the staff member.

No documentation in any staff files reviewed that the program director went over recipient rights with staff.

R325.14302 (6) As part of the admission procedure to a program, a recipient shall receive the following:

(a) If incapacitated, receive the procedures described in this subrule as soon as feasible, but not more than 72 hours after admission to an approved service program.

(b) A written description of the rights of recipients of substance abuse services.

(c) A written description of any restrictions of the rights based on program policy.

Interview with clients revealed that 9 of 12 clients said that they were not given a copy of their rights. Several clients voiced that they thought they signed something about recipient rights at admission but felt rushed to sign all the documents at admission, and did not review any of the documents in detail before signing. During the interview with the ethics officer on March 4, it was stated that he goes over the recipient rights upon admission. It was stated that a copy of the rights is provided to the client if requested.

325.14302 (9) Rights of recipients shall be displayed on a poster provided by the office in a public area of all licensed programs. The poster shall indicate the program rights advisor's name and phone number.

The program did not have a recipient rights poster displayed in a public area as required.

R325.14304 (3) A recipient may present grievances or suggest changes in program policies and services to the program staff, to governmental officials, or to another person within or outside the program. In this process, the program shall not in any way restrain the recipient.

A review of reports (named by the provider as Knowledge Reports) showed that two clients were fined for smoking outside designated smoking areas. As part of their discipline, the two clients were required to sign a promissory note stating that they would not make negative comments about the program. Such discipline action violates the recipient's right to grieve.

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325.14305(4) A recipient shall have the benefits, side effects, and risks associated with the use of any drugs fully explained in language which is understood by the recipient.

Clients often enter the program while on prescription medications for conditions such as anxiety, bi-polar disorder, depression and other psychotic medications. As part of the program, clients are required to discontinue their prescribed medications. There is no documented evidence that staff are explaining to the clients the side effects or risks of discontinuing of the medications.

R325.14306 (6) A recipient has the right to be free from doing work which the program would otherwise employ someone else to do, unless the work and the rationale for its therapeutic benefit are included in program policy or in the treatment plan for the recipient.

In interviews with clients and staff, it was noted that clients could be put on an ethics cycle if they broke a program rule or if they wanted to work off any fine they may have received. Several clients mentioned being put on 3 to 5 days of 12-hour work details primarily cleaning and scrubbing toilets. During this time of ethics cycle, clients are pulled from their classroom work that delays their completion of the program. Clients that were put on an ethics cycle voiced that, while they understood their actions had consequences, they did not believe work details should pull them from their classes and delay their completion of the treatment program.

On March 16, it was noticed that a ceramic floor was in the process of being installed in the dining room. One of the clients told the surveyors that they were up until 4:00 a.m. helping lay the floor. Another client was observed at the nursing station complaining that his back hurt after helping lay the floor in the dining room.

The above examples exceed the limits of chores that can be given to clients for therapeutic reasons, and no documentation was presented to indicate these chores were part of the treatment schedule. It was also noted that the program only has 1 full time and 2 part-time housekeepers.

R325.14902 (2)(b) The procedures to be followed, including those for referrals, when an applicant is found to be ineligible for admission.

The program took in a client who was suicidal while having no protocol for handling suicidal patients. The program did not have the staff or resources to handle a suicidal client. It is unclear how this client was deemed eligible for admission. See details for this client under R325.14905 (2).

R325.14902 (5) During the admission process, every effort shall be made to assure that an applicant understands …
(a) General nature and objectives of the program.

During interviews with clients, it was clear that many had not been made aware that they were going to be transferred from the detox program in Battle Creek to the Manistee location. Most of the 12 clients interviewed had found the treatment program via the web and thought that they would receive treatment in Battle Creek at A Forever Recovery

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(another program affiliated with this program) while others believed that treatment would be at 121 Capital Ave. NE, Battle Creek, which is the provider's corporate office.

Some clients had concerns about being moved 3 hours north as now their families were not able to visit because of the additional distance from their home town. Other clients complained of false advertisement as the program pictures on the website showed a place on a lake. Review of the website for Life Solutions or www.stopyouraddiction.com only had a link with pictures to A Forever Recovery (on a lake). No link to Best Drug Rehabilitation Services was provided on this website, which is where the clients thought they were going. Some interviewed clients had no idea how they were to get home stating that the program did not advise them how this process worked. It was also discovered that a majority of clients that either dropped out of the program or didn't have money to get home were driven to and dropped off at a homeless shelter in the Muskegon area. Confirmation was made with a homeless shelter in the Muskegon area that numerous people at the shelter were from the Manistee area, although the shelter could not release specific information.

Clients need to be informed at admission, if not before admission, where they are going to be treated (location) and be given a general overview of the nature of the program.

(b) Rules that govern client conduct and infractions that can lead to disciplinary action or discharge from the program.

During interviews with clients, many clients stated that they were not made aware of the rules of the program. Some clients stated that they may have briefly went over the rules at admission but were unsure of what all the rules were and what disciplinary action would be for infractions. Several clients mentioned that it would be helpful to have a copy of the rules and consequences either posted in a public place or provided to them. The disciplinary actions did not seem to be consistent for the same infractions for different clients.

R325.14905 (2) A written treatment plan based upon the assessment made of a client's needs shall be developed and recorded in the client's case record. A treatment plan shall be developed as soon after the client's admission as feasible, but before the client is engaged in extensive therapeutic activities. The written treatment plan shall comply with all of the following:
(a) Be individualized based upon the assessment of the client's needs and, if applicable, the medical evaluation.

The surveyors interviewed the medical director/physician and nursing staff regarding the level of care provided to the clients in the program. The following concerns were found:

Dr. Simon, the medical director/physician, is onsite only Tuesday mornings. Dr. Simon provides a brief admission history, physical note and may provide an order when first seeing a patient. He does not see patients again unless the staff or client requests an exam. No medical care plans are being developed.

Clients are required to come to nurse's station if they want care. Nurses do not perform rounds. The nurses rely on security officers to make patient care observations. Based on a sample of chart reviews, there was no evidence of any change in nursing care procedures for clients that go to the hospital and return (see notes below) with diagnosed medical

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conditions. In addition, if clients report symptoms like increased shortness of breath, insomnia, chest pain or other pain, it is charted that the client is often given nerve tonic, calm pack, and other treatments without any notification to Dr. Simon of the changes in the client's condition. Multiple charts where clients were sent to the hospital had no documentation that Dr. Simon had been notified of the transfer. Below are 4 examples of lack of needed care being provided to clients and the lack of follow-up after a known medical condition.

- 32 year old client admitted to Best Drug Rehab on 1/13/15. On 2/19/15 client developed chest pain and shortness of breath in the hot tub. Client went to the nursing office to report condition. Client was taken to local hospital emergency department. The client was then transferred to Munson Medical Center, where the client was diagnosed with a Myocardial Infarction (MI). In the doctor's note it stated the client had been having exertional chest pain for the past 2 weeks. The nurse's notes in the Best Drug Rehab client record never mentioned any chest pain prior to the day the client had the MI. The only days post MI that have nursing notes are the days the client came to the nurse's station for medication. No notes indicate the staff went to see the client to ask about chest pain, do an assessment, or to take vital signs. There were no physician's progress notes, or admitting History & Physical.
- 20 year old client had been admitted to Best Drug Rehab on 1/2/15. While in the detox center in Battle Creek on 12/25/14, the client had self-inflicted cuts/wounds and had been transferred to a local hospital emergency department in Battle Creek. The client was not seen by Dr. Simon until 1/6/15. A team review was also not done until 1/6/15. Nurse's notes after 1/2/15 indicate that the client came to the nursing office on 1/3/15 for body aches and received Ibuprofen, and then on 1/5/15 for insomnia receiving a sleep pack and calm pack. No documentation of any type of safety checks or nursing rounds were documented in the client's record. On 1/6/15 the client went to the nurse's office with a 4 inch long laceration to the left forearm covered with bloody paper towels. The client was sent to the hospital emergency department for laceration repair. On 1/6/15, Dr. Simon ordered a psychiatric (psych) review. Nurse's notes say that the client was sent to Battle Creek for the psych review on 1/7/15 (No psych report found in the chart). On 1/8/15 at 10:10 a.m., the client was found in their room with 3 lacerations that were 1 ½ inches. The nurse dressed the lacerations and instructed the client when to contact a nurse. No documentation of any staff monitoring of the client. At 11:50 a.m., the client went to nurse's office and nurse noted moderate bleeding to one cut. The client was transferred to the hospital at 12:10 a.m. for suturing. On 1/8/15 the client went to the nursing office after getting dressing wet. No charting documented of any staff/nursing monitoring client. On 1/10/15, notes indicate that administration is looking to move the client to a higher level of care because the client broke their safety contract and cut themselves. The client is now on every 1-hour security checks. Only 1 physician progress note was documented on 1/6/15, and 1 order for psych evaluation on 1/6/15. It appears that the client was transferred on 1/12/15.

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- 22 year old client arrives to Best Drug Rehab on 1/15/15. Nursing note on 1/19/15 states the client had left hip pain. Nurse charts "upon physical inspection a large abscess noted-abscess expressed". Note says the client was placed on doctor's list and will be seen tomorrow. (Dr. Simon had not seen the client yet.) Doctor saw the client on 1/20/15 and wrote History & Physical admitting note and one doctor's order for Keflex. No other doctor's notes found. Team review didn't happen until 1/27/15. Client was transferred to the local emergency department on 2/4/15 with a left facial abscess. There were nursing notes through 2/9/15, but no other notes by Dr. Simon.
- 20 year old client arrived at Best Drug Rehab on 12/3/14. Team review was on 12/9/14 and the client was seen by Dr. Simon. On 12/4/14 the client was transferred to local hospital emergency department for RLQ pain. On 12/16/14 the client was put on Levaquin to treat pneumonia. On 12/17/14 the client fell and hit head and mouth on sink in bathroom. The nurse charts that the client's lip is swollen – doesn't contact doctor. Nurse gives the client Ibuprofen. On 1/16/15 the client was sent to local hospital emergency department for possible broken hand. The client claimed the injury was from hitting a punching bag. On 2/13/15 the client has a laparoscopy done at the local hospital. On 2/14/15 the client was transferred to emergency department because the surgical wound split open in the shower. Nursing notes throughout show client receives care only when the client comes to see the nurse in the office. No documentation for investigating any of the above suspicious injuries was found in chart.

R325.14906 Client activities. …Activities shall include all clients and shall take place days, evenings, and weekends if clients are present during these times.

The program had a role call performed each morning. Review of morning role call for the two weeks preceding March 16 showed that 30 to 40 clients, out of approximately 130, typically did not show up on any given day. Per the programs security manual, security is required to clear all common areas and client rooms to assure clients make their classes and counseling sessions. During a facility tour on March 16, several clients were observed sleeping in the lounge as well as approximately 20 clients sleeping in their rooms when the clients were to be in class or counseling session (not all client rooms were checked).

Review of reports (knowledge reports) revealed that some security staff were writing up clients for sleeping and not attending class. While being written up by security, no documented evidence could be found that the program was taking any action to address the clients who did not participate in their scheduled classes or counseling sessions.

R325.14207 (1)(d) Deviation by the program from the plan of operation originally licensed which, in the judgment of the administrator, adversely affects the character, quality, or scope of services being provided to recipients.

During interviews with staff and clients, numerous complaints about client fights were mentioned. It was stated by both staff and clients that most were in the evenings and believed to be a result of overcrowding of clients and a lack of staff during the evenings. Some sleeping rooms accommodate up to 8 clients. Review of the program's initial application in 2011 to the State revealed that the program applied for only 10 beds. The licensure file with the State shows that the program did not notify the department of any

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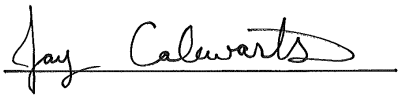
increase in bed capacity. The COO during an interview on March 16 could not confirm or find documentation of any subsequent application to the State to increase the program's bed capacity for the original approval of 10 beds.

Summary

A follow-up survey at Best Drug Rehabilitation Services shall occur in approximately 60 days to verify compliance with state licensure requirements and that the above deficiencies have been corrected, including review of any new policies and procedures that have been implemented and adhered to. Licensing enforcement action (if any) as a result of these findings will come under a separate letter.

If you have any questions, feel free to contact me.



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