GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

Andrew Belsky
Fresh Air Society dba Tamarack Camps
6735 Telegraph Road, Suite 380
Bloomfield Hills, MI 48301

November 17, 2023

RE: License #: CR630200554
Investigation #: 2023C0434022
Tamarack Camps

Dear Mr. Belsky:

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 Grand Rapids licensing unit at (616) 356-0100.

Sincerely,

James VandenHeuvel

James P. VandenHeuvel, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-3730

enclosure

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

I. IDENTIFYING INFORMATION

License #:	CR630200554
Investigation #:	2023C0434022
Complaint Receipt Date:	07/19/2023
Investigation Initiation Date:	07/19/2023
Report Due Date:	09/17/2023
Licensee Name:	Fresh Air Society dba Tamarack Camps
Licensee Address:	Suite 380 6735 Telegraph Road Bloomfield Hills, MI 48301
Licensee Designee:	Andrew Belsky
Name of Facility:	Tamarack Camps
Facility Address:	4361 Perryville Rd Ortonville, MI 48462
Facility Telephone #:	(248) 647-1100
Original Issuance Date:	06/01/1951
License Status:	REGULAR
Effective Date:	09/14/2022
Expiration Date:	09/13/2024
Capacity:	750
Program Type:	CHILD CAMP - RESIDENTIAL

II. ALLEGATION(S)

	Violation Established?
The camp did not have a qualified health officer on the Alaska 2 trip.	NO
Additional Findings	YES

III. METHODOLOGY

07/19/2023	Special Investigation Intake 2023C0434022
07/19/2023	Special Investigation Initiated - Telephone
07/19/2023	Contact - Document Received
07/20/2023	Contact - Telephone call made
07/23/2023	Contact - Document Sent
07/23/2023	Contact - Telephone call received
07/31/2023	Inspection Completed On-site
10/18/2023	Contact- Document Sent
11/09/2023	Contact-Telephone call made.
11/16/2023	Inspection Completed-Sub Compliance
11/17/2023	Corrective Action Plan Requested and due by 12/2/2023
11/17/2023	Exit Conference completed with Mr. Belsky and Ms. Weinstock by telephone.

ALLEGATION:

The camp did not have a qualified health officer on the Alaska 2 trip.

INVESTIGATION:

On 7/19/23, the department was notified by of an incident involving a death of a camper on a backpacking trip in Alaska. I contacted camp director Carly Weinstock by telephone. Ms. Weinstock stated a camper had collapsed during a backpacking trip to the state of Alaska. She stated EMS responded to the scene but could not revive the camper. She stated the parents have been notified and administrative support staff were now in Alaska supporting the campers.

On 7/19/23, I reviewed the email and incident report (BCAL 4605) form provided by the camp chief medical officer, Stefanie Aronow, MD. Her email also included the written statement "we have experienced a tragic loss of one of our campers with a sudden unprovoked death. No medical history, no illness, no complaints, no injury/trauma and a strong camper. We are all devasted by this loss. We are caring for the family, the campers, and staff involved, and our entire tamarack family." The incident date was 7/17/2023 at 5:00pm EST at Exit Glacier Trail-Kenai Fjords National Park Alaska The incident report narrative description read "*Campers were hiking Exit Glacier trail about 3-4 miles in from the trail head-Camper A suddenly collapsed. He was put in a recovery position, ABC's started and when no breathing or pulse found, CPR was started immediately. BLS measures continued until EMS arrived, ALS was initiated but resuscitation was not achieved-EMS in consultation with the local emergency room called time of death 7:11EST (3:11pmGMT-8*)." The incident report identified persons and agencies contacted.

On 7/20/23, I contacted Michigan Department of Health and Human Services, Centralized Intake. I completed a mandated report and received the log #102479101. I received a centralized intake response with no assignment reading transferred to licensing.

On 7/23/23, I sent an email to request a meeting with camp administration for 7/24. I received a telephone response from licensee designee Andrew Belsky requesting the meeting be postponed because of religious reasons. The onsite investigation was delayed to 7/31/23.

On 7/31/23, I conducted an onsite investigation with licensing consultant Cheryl Mason. I interviewed executive director, Lee Trepeck and chief financial officer/licensee designee Andrew Belsky. Mr. Trepeck stated the traveling group called "Alaska 2" is a high adventure trip originating from Camp Tamarack tripping to Alaska for campers going into 11th grade. The campers travel by charter bus through the northern United States and Canada experiencing backpacking, kayaking, and other excursions for seven weeks. The group size was 25 campers

aged 15-16 years old with six adult staff members. He stated the group is supported by health care staff, administrators, and trip coordinator back at Camp Tamarack. Mr. Blesky stated that he has been identified as the point of contact for this incident and will provide any necessary materials. Mr. Blesky stated staff members involved in the incident have provided him with written statements. He also stated that he had requested the police report from the Alaska State Police. Mr. Blesky stated the health care staff at Camp Tamarack includes a registered nurse, Gail Chynoweth and a medical doctor, Stephanie Aronow. He stated Ms. Chynoweth is onsite and would be available for an interview.

Mr. Trepeck provided the names of the staff members. Mr. Trepeck stated the camp trip staff always include staff trained as wilderness medical first responders and certified lifeguards because the trip involves remote activities from EMS. Mr. Trepeck provided the staff's certification information in WFR and lifeguarding. The certified staff members included: Anthony Cohen (WFR), Eva Goldman (WFR/Lifeguarding), and Connor Michaelson (WFR/Lifeguarding). The certifications were all current.

I interviewed camp health nurse Gail Chynoweth. She stated she is the lead medical contact for all teen travel camps. Ms. Chynoweth stated she is a registered nurse. She stated her role is to review the health forms and physician health information before the trips. She stated she contacts the physician and parents before the trip for any questions or concerns. Ms. Chynoweth stated Eva was the primary medical staff on the Alaska Trip. She was responsible for medication administration. She stated the trip staff maintain health logs on the trip and turn them into Ms. Chynoweth when they were return. Ms. Chynoweth stated she received a call from teen program director Matt Russell around 5:00pm EST on 7/17/23 about the incident. She was given a number to call to talk with a bystander at the scene. The bystander had cell service while the counselors did not. Ms. Chynoweth stated she stayed on the phone with the onsite camp staff team and also coordinated with local EMS resources.

I reviewed the Alaska 2 trip itinerary. The trip itinerary lists several state, national and Canadian provincial park campgrounds, and activity areas such as: Banff Provincial Park; Whitehorse, Yukon; Denali National Park; and Jasper, AB. The itinerary involves multiple excursions into settings where emergency medical services (EMS) would be greater than 60 minutes response time.

I reviewed Camper A's health form. The health form was completed by the camper's parent. The health form includes questions requesting name, emergency contact information, allergies and dietary restrictions, medications, immunization status, special health considerations, health insurance, and health safety agreement including a statement which authorizes the camp to provide routine non-surgical medical care and emergency care.

On 10/18/23, I requested the police report from the State of Alaska Department of Public Safety (ADPS). I received a response on 10/19/23 from ADPS Information Officer, Tyler Watson. He wrote “we’ve received your request for the incident report AK23074452. Just wanted to let you know that we are currently waiting for other agencies to complete their reports before we can release anything. Because the incident happened on federal land there are multiple agencies involved.” I followed up for any report information on 11/16. I received an email by Mr. Watson to contact the Alaska Trooper Seth Kollman. Mr. Watson wrote the report is still “open”.

On 11/16 I left a phone message with Trooper Kollman. To the date of this report, I have not a report or phone call back.

On 11/09/23, I interviewed trip leader and lead medic Eva Goodman. She stated she was identified as the person on the trip to provide medications to the campers. Ms. Goodman stated she was certified as a lifeguard, CPR for the professional rescuer, and wilderness first responder. Ms. Goodman stated there were six adult staff on the trip ranging in age from 22-24 years old. She stated her role was to administer the medications. Ms. Goodman stated she was one of three staff providing CPR for the Camper A. She stated as time went on more and more qualified medical professionals arrived on scene to provide advanced life support. Ms. Goodman stated Camper A had no reported concerns throughout the trip. He was in good health, participated in the trip activities, and talked about his athletic history. Ms. Goodman stated the camp group was on a strenuous day hike and the group had recently taken a break with snack time. She stated she was in the back of the group hiking when ahead on the trail a couple of campers were yelling for counselor help because Camper A had collapsed. Ms. Goodman and other staff responded and provided CPR. Ms. Goodman stated after the incident the camp trip itinerary changed and the group worked to come back to Michigan. Ms. Goodman stated she documented a “soap” note on her phone during the incident to keep track of the response. Ms. Goodman stated she would provide a screenshot.

I reviewed a screenshot of the soap note. The medical note included observations, treatment, and times. The treatment included epinephrine and compressions. Upon advanced life support other treatments included IV’s, epinephrine, and advanced medications like (calcium glutamate).

APPLICABLE RULE	
R 400.11145	**Traveling groups.**
	(1) A camp shall ensure that not less than 2 staff members accompany any traveling group. A camp shall ensure that 1 of the staff members is an adult.

For Reference:	**(3) A camp shall ensure that 1 of the staff members hold training and certification that is equivalent to the following requirements:** **(c) When access to an emergency medical system at the final destination of the planned travel is more than 60 minutes away, certification equivalent to the requirements in National Outdoor Leadership School manual number 16175, that is adopted by reference in R 400.11103.**
ANALYSIS:	The camp staff include adult staff trained and certified in wilderness first responder (WFR) on the trip. The camp staff were in compliance with this administrative rule.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDINGS

I reviewed Camper A's medication administration record (MAR). This document is an attestation of administration of medication to campers. Camper A's MAR lists personal identifiers on the top of the form, the medication list, and date check boxes. The printed MAR had been modified by having "bedtime" crossed out and "Breakfast" written in handwriting and highlighted to annotate the time of day for the administration. The form did not include any information about who administered the medication or who made the modification to the administration "time of day".

Ms. Goodman stated the camp trip leaders document on the medication form's any health needs for the campers while on the trip. If the camper complains of fatigue, injury, medical needs, and other concerns. She stated that when there is cell service, the camp trip staff would contact the health clinic advising them of any health concerns.

I reviewed the medication forms for the trip participants. The medication forms included prescribed medication names, days of the week, and compliance checks. The medication forms did not include any medical record of ailments, treatment provided, or treater.

I reviewed a spread sheet titled "*2023 Teen Programs Medical Calls*". The spread sheet included tabs titled "Concerns" and "Alaska 2". Within the "concerns" sheet, I found four camper names listed under "Alaska 2" with identified concerns of the campers but it did not note if these were concerns while on the trip or anticipated concerns noted prior to the trip. On the spread sheet titled "Alaska 2", I found the fields titled "campers names", "medical and mental notes", "notes", and parent contact information. The spread sheet had only a few short notes related to camper

treatment dated from the time on the trip (i.e. 7/14 Mild HA. Gave ibu and rested; 7/15 c/o R knee discomfort. No reported injury. Advised RICE 7/16 No change. Continue with plan. Will take to UC if no improvement).

I requested a permanent medical log including treatment provided on the trip to campers. The camp was not able to provide a copy of the permanent medical log from the trip including date of treatment, name of camper, ailment, treatment prescribed or medication dispensed, identification of the person providing the treatment.

R 400.11127(8)	**Camper health requirements.**
	(8) A camp shall maintain a permanent medical record that lists all of the following information: **(a) Date of treatment.** **(b) Name of camper.** **(c) Ailment.** **(d) Treatment prescribed or medication dispensed.** **(e) Identification of the person providing the treatment.**
ANALYSIS	A review of the records reveals the camp did not maintain a permanent medical record for the Alaska 2 trip that includes the required information.
CONCLUSION	**VIOLATION ESTABLISHED**

On 11/17/23, I conducted an exit conference with Mr. Belsky and Ms. Weinstock by telephone. I reviewed the findings of the report. Mr. Belsky stated they will review the report and issue a written corrective action plan within the timelines.

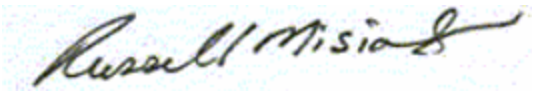
IV. RECOMMENDATION

Upon submission of an acceptable corrective action plan, I recommend no change in licensing status.

James VandenHeuvel 11/17/23

James P. VandenHeuvel Date
Licensing Consultant

Approved By:



11/17/23

Russell B. Misiak Date
Area Manager