



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 24, 2019

Deana Fisher
St. Louis Center for Exceptional Children & Adults
16195 Old US-12
Chelsea, MI 48118

RE: License #: AL810007467
Investigation #: 2019A0122034
Fr Guanella Hall

Dear Ms. Fisher:

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) 284-9720.

Sincerely,



Vanita C. Bouldin, Licensing Consultant
Bureau of Community and Health Systems
22 Center Street
Ypsilanti, MI 48198
(734) 395-4037

Enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---------------------------------------|--|
| License #: | AL810007467 |
| Investigation #: | 2019A0122034 |
| Complaint Receipt Date: | 09/17/2019 |
| Investigation Initiation Date: | 09/18/2019 |
| Report Due Date: | 11/16/2019 |
| Licensee Name: | St. Louis Center for Exceptional Children & Adults |
| Licensee Address: | 16195 Old US-12 Chelsea, MI 48118 |
| Licensee Telephone #: | (734) 475-8430 |
| Administrator: | Deana Fisher |
| Licensee Designee: | Deana Fisher |
| Name of Facility: | Fr Guanella Hall |
| Facility Address: | 16195 Old US-12 Chelsea, MI 48118 |
| Facility Telephone #: | (734) 475-8430 |
| Original Issuance Date: | 02/01/1991 |
| License Status: | REGULAR |
| Effective Date: | 10/21/2018 |
| Expiration Date: | 10/20/2020 |
| Capacity: | 20 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED |

II. ALLEGATION(S)

| | Violation Established? |
|---|-----------------------------------|
| On 09/14/2019, Resident A was given the wrong medication. | Yes |

III. METHODOLOGY

| | |
|------------|--|
| 09/17/2019 | Special Investigation Intake 2019A0122034 Adult Protective Services denied referral on 09/16/2019 |
| 09/18/2019 | Special Investigation Initiated - Telephone Sheryl Mohr, social worker. Unavailable, left message requesting return phone call. |
| 09/23/2019 | Contact - Document Sent Received incident report from Saman Darsha, Quality Control. |
| 10/02/2019 | Exit Conference Discussed findings with Deana Fisher, Licensee Designee |

ALLEGATION: On 09/14/2019, Resident A was given the wrong medication.

INVESTIGATION: On 09/16/2019, a referral was received from Adult Protective Services stating that Resident A was given the wrong medication on 09/14/2019 by staff member Skyler Handshoe.

On 09/23/2019, I requested and received an incident report dated 09/16/2019 stating the following: "med error [sic] were a resident ingests a different resident's medication."

A written statement was also included outlining actions taken after information was received from Ms. Handshoe, the statement documents that after Resident A received the wrong medication Poison Control was contacted and they gave direction to hold Resident A's scheduled medications for the day and to monitor her. Staff members monitored Resident A and she had no further complications from the medication error.

On 10/02/2019, I completed an exit conference with Deana Fisher, Licensee Designee. Ms. Fisher stated she understood the rule violation and she would submit a corrective action plan to address the issue.

| 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 {333.1101 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>On 09/14/2019, Resident A received the wrong medication.</p> <p>On 09/23/2019, I received an incident report and written statement documenting that Resident A received the wrong medication on 09/14/2019.</p> <p>Based upon my investigation there is evidence to support the allegation that on 09/14/2019 Resident A did not receive her medication as prescribed, she received another resident's medication in error.</p> |
| CONCLUSION: | VIOLATION ESTABLISHED |

IV. RECOMMENDATION

Contingent upon receipt an approval of a corrective action plan I recommend no change to the status of the license.



Vanita C. Bouldin
Licensing Consultant

Date: 10/15/2019

Approved By:



Ardra Hunter
Area Manager

Date: 10/24/2019