



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 15, 2021

Kathleen Swantek
Blue Water Developmental Housing, Inc.
1600 Gratiot, Ste 1
Marysville, MI 48040

RE: License #: AS740012986
Stoneybrook Home
3087 Stoneybrook
Port Huron, MI 48060

Dear Mrs. Swantek:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee and a date.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 285-1703

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS740012986
Licensee Name:	Blue Water Developmental Housing, Inc.
Licensee Address:	Ste 1 1600 Gratiot Marysville, MI 48040
Licensee Telephone #:	(810) 388-1200
Licensee/Licensee Designee:	Kathleen Swantek
Administrator:	Kathleen Swantek
Name of Facility:	Stoneybrook Home
Facility Address:	3087 Stoneybrook Port Huron, MI 48060
Facility Telephone #:	(810) 982-6167
Original Issuance Date:	05/23/1980
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/30/2021

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 3

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
The inspection did not occur during a meal preparation.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.14204	Direct care staff; qualifications and training.
	(2) Direct care staff shall possess all of the following qualifications: (a) Be suitable to meet the physical, emotional, intellectual, and social needs of each resident.
Staff, Jeremy Nichols, did not have verification of a fingerprinting clearance.	

R 400.14208	Direct care staff and employee records.
	(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: (e)Verification of experience, education, and training.
Staff, Jeremy Nichols, did not have verification of experience and education. A copy of his job application could not be located.	

R 400.14208	Direct care staff and employee records.
	(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: (f)Verification of reference checks.
Staff, Jeremy Nichols, did not have verification of reference checks.	

R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if

	applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
Resident A and Resident B's assessment plans were missing the last page with signatures and dates.	
R 400.14310	Resident health care.
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.
Resident A's weights were not provided for January 2020- September 2020. Resident B's weights were not provided for January 2020- August 2020. Resident B was also missing weight for June 2021.	

R 400.14312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: (i) The medication. (ii) The dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.
During the onsite inspection, I observed that staff were using both paper medication logs and electronic medication logs. Staff were not consistently using the same log which was confusing, and the paper log was not accurate. The home manager stated that she has informed staff to start using the electronic medication log only. Resident A's Lorazepam 1 mg and Resident B's Lorazepam .5 mg PRN were not listed on the paper medication log that some staff were utilizing. However, these medications were listed on the electronic medication log.	
On 08/03/2021, I was informed by St. Clair County Community Mental Health (CMH) Recipient Rights Advisor, Marissa George that there are concerns regarding medication administration at the home. The nurse at CMH is currently reviewing medication records and the review is still pending at this time.	

On 08/27/2021, I spoke to Area Manager, Vonda Wiley. She stated that Staff, Sheridan Brown initialed resident medication logs on 08/27/2021 for both that day and 08/28/2021. Mr. Brown initiated medication logs prior to the medication being administered.

On 09/07/2021, CMH reported that Staff, Sheridan Brown, has continued to initial for medications that were not passed. On the morning of 09/02/2021, it was discovered that Sheridan initialed for medications on 9/2/2021 and 9/3/2021. A copy of the medication logs were received from CMH for verification.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

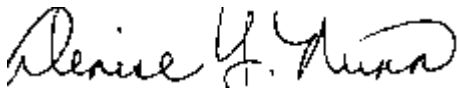


09/17/2021

Kristine Cilluffo
Licensing Consultant

Date

Approved by:



10/15/2021

Denise Y. Nunn
Area Manager

Date