



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 22, 2023

Hope Lovell
LoveJoy Special Needs Center Corporation
17101 Dolores St
Livonia, MI 48152

RE: License #: AS780413488
Investigation #: 2023A0584022
State Road Home

Dear Ms. Lovell:

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. If I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Candace Coburn". The signature is written in a dark ink and is positioned below the word "Sincerely,".

Candace Coburn, 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 #:	AS780413488
Investigation #:	2023A0584022
Complaint Receipt Date:	01/23/2023
Investigation Initiation Date:	01/23/2023
Report Due Date:	03/24/2023
Licensee Name:	LoveJoy Special Needs Center Corporation
Licensee Address:	17101 Dolores St Livonia, MI 48152
Licensee Telephone #:	(517) 574-4693
Administrator:	Hope Lovell
Licensee Designee:	Hope Lovell
Name of Facility:	State Road Home
Facility Address:	10860 State Road Morrice, MI 48857
Facility Telephone #:	(517) 574-4693
Original Issuance Date:	10/01/2022
License Status:	TEMPORARY
Effective Date:	10/01/2022
Expiration Date:	03/31/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
At 8:15pm on 1/20/2023, Matthew DeLong passed another resident's medication to Resident A.	Yes

III. METHODOLOGY

01/23/2023	Special Investigation Intake 2023A0584022.
01/23/2023	Special Investigation Initiated – Telephone call to program manager Amanda Hubert.
01/23/2023	APS Referral not made due to no allegations of harm.
02/09/2023	Inspection Completed On-site Face to face interview with Resident A.
03/16/2023	Contact - Telephone interview with direct care staff Matthew DeLong.
03/16/2023	Exit Conference-Telephone call with licensee designee Hope Lovell.

ALLEGATION:

At 8:15pm on 1/20/2023, Matthew DeLong passed another resident's medication to Resident A.

INVESTIGATION:

On 1/23/2023, the Bureau of Community and Health Systems (BCHS) received an *AFC Division Incident/Accident Report* (IR). According to documentation on the IR, at 8:15pm on 1/20/2023, direct care staff member Matthew DeLong administered Resident A another resident's medication.

I conducted a telephone interview with facility manager Amanda Hubert who confirmed the incorrect medication was given to Resident A and that she was not aware of the circumstances of why that error occurred.

On 2/9/2023, I conducted an unannounced investigation on site. I conducted a face-to-face interview with Resident A. However, Resident A was unable or unwilling to answer any questions. I observed Resident A and the facility to be well kempt.

On 3/16/2023, I conducted a telephone interview with Mr. DeLong, who confirmed he was assigned to pass resident medications during his evening shift on 1/20/2023. Mr. DeLong stated that while he was passing Resident A's evening medication, a medication bubble pack card for another resident was placed in Resident A's container in error. Subsequently, he gave the incorrect medication, phenobarbital, to Resident A. Mr. DeLong stated he contacted poison control and was advised to monitor Resident A for any changes, due to receiving the incorrect medication. Mr. DeLong stated after the error was discovered, he went through all the residents' medication containers to assure medication bubble cards were placed in the correct resident containers. Mr. DeLong stated that misplacement of medication bubble pack cards has occurred in the past, prior to this incident on 1/20/2023. However, he failed to look at the bubble pack card to assure it was the correct medication before administering it to Resident A.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(6) A licensee shall take reasonable precautions to ensure that prescription medication is not used by a person other than the resident for whom the medication was prescribed.
ANALYSIS:	Based upon my investigation, which consisted of a review of facility documentation, and interviews with direct care worker Matthew DeLong and facility manager Amanda Hubert, it has been established that on 1/20/2023, Mr. DeLong administered the wrong medication to Resident A
CONCLUSION:	VIOLATION ESTABLISHED

On 3/16/2023, I conducted an exit conference, via telephone with licensee designee Hope Lovell and informed her of the findings of this investigation.

IV. RECOMMENDATION

Upon receiving an acceptable corrective action plan, I recommend no change in the status of this license.



3/20/2023

Candace Coburn
Licensing Consultant

Date

Approved By:



03/22/2023

Michele Streeter
Area Manager

Date