



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 24, 2023

Stephanie Kinney
Saints Incorporated
2945 S. Wayne Road
Wayne, MI 48184

RE: License #: AS820304553
Investigation #: 2023A0901030
Kaufman II

Dear Stephanie Kinney:

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 (313) 456-0380.

Sincerely,

A handwritten signature in black ink that reads "Regina Buchanan". The signature is written in a cursive, flowing style.

Regina Buchanan, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 949-3029

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820304553
Investigation #:	2023A0901030
Complaint Receipt Date:	06/01/2023
Investigation Initiation Date:	06/01/2023
Report Due Date:	07/31/2023
Licensee Name:	Saints Incorporated
Licensee Address:	2945 S. Wayne Road Wayne, MI 48184
Licensee Telephone #:	(734) 722-2221
Administrator:	Victoria Kennedy
Licensee Designee:	Victoria Kennedy
Name of Facility:	Kaufman II
Facility Address:	5620 Kaufman Dearborn Heights, MI 48125
Facility Telephone #:	(313) 277-3200
Original Issuance Date:	12/03/2010
License Status:	REGULAR
Effective Date:	08/22/2021
Expiration Date:	08/21/2023
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
Staff passed wrong medication to Resident A.	Yes

III. METHODOLOGY

06/01/2023	Special Investigation Intake 2023A0901030
06/01/2023	Special Investigation Initiated - Telephone Home Manager, Lacreasha Johnson
06/01/2023	Referral - Recipient Rights
06/01/2023	APS Referral
06/12/2023	Contact - Telephone call made Staff, Tama Thompson
07/10/2023	Contact - Telephone call made Home Manager, Lacreasha Johnson
07/10/2023	Contact - Telephone call made Guardian, Patricia Habibi
07/10/2023	Inspection Completed-BCAL Sub. Compliance
07/18/2023	Exit Conference Licensee Designee, Stephanie Kinney

ALLEGATION:

Staff passed wrong medication to Resident A.

INVESTIGATION:

On 06/01/2023, I made a telephone call to the home manager, Lacrosha Johnson, who confirmed the allegations. Lacrosha stated staff, Tama Johnson, mistakenly gave Resident A Resident B's medications. Resident A was immediately taken to the hospital for evaluation and was released the same day. She did not have any side effects. The incident happened in the morning, so her psychiatrist was called as well for approval to withhold her evening medications. Lacrosha further stated that Tama was reprimanded, re-trained, and is no longer works with Resident A alone.

On 06/01/2023, I received a fax from Lacrosha. It was a copy of Resident A's discharge papers from Beaumont Hospital, incident report, medication logs, and verification of Tama being retrained on medication administration. Resident A was treated at Beaumont hospital on 05/31/2023 for accidental overdose. The incident report was dated for 05/31/2023 and was completed by Tama. It documented that Tama mistakenly gave Resident A Resident B's medications. The home manager was notified, and she was taken to the hospital. The medication that was mistakenly given was: Capra 500mg a seizure medication, Claritin an allergy medication, Aripiprazole 15mg Psychotropic, Sertraline 25mg Psychotropic Medication, and Naproxen 500mg Pain Medicine.

On 06/12/2023, I made a telephone call to Tama who confirmed the incident. While administering the morning medications on 05/31/2023, Resident B indicated that she did not receive hers. That is when Tama realized she had given Resident A Resident B's medications, in addition to her own. The home manager was immediately notified and instructed that Resident A be taken to the hospital.

On 07/10/2023, I made a telephone call to Resident A's guardian, Patricia Habibi, from Faith Connections. Patricia spoke highly of the home, indicating that this was a one-time occurrence and there has not been any other issues with medication errors.

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 on the information obtained during this investigation, the allegations are confirmed. Reasonable precautions were not taken to ensure that the medications were administered to the right person, resulting in Resident A receiving Resident B's medications. Tama admitted to making the medication error.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the license remains unchanged.



Regina Buchanan
Licensing Consultant

07/18/2023
Date

Approved By:



Ardra Hunter
Area Manager

07/24/2023

Date