



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 7, 2023

Holly Heath
Community Opportunity Center NPHC
14147 Farmington Rd
Livonia, MI 48154

RE: License #: AL820007574
Investigation #: 2023A0575036
Plymouth Opportunity House

Dear Ms. Heath:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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,

A handwritten signature in blue ink that reads "Jeffrey J. Bozsik".

Jeffrey J. Bozsik, Licensing Consultant
Bureau of Community and Health Systems
(734) 417-4277

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

I. IDENTIFYING INFORMATION

License #:	AL820007574
Investigation #:	2023A0575036
Complaint Receipt Date:	07/31/2023
Investigation Initiation Date:	07/31/2023
Report Due Date:	08/30/2023
Licensee Name:	Community Opportunity Center NPHC
Licensee Address:	14147 Farmington Road Livonia, MI 48154
Licensee Telephone #:	(734) 422-1020
Administrator:	Holly Heath, Designee
Licensee Designee:	Holly Heath, Designee
Name of Facility:	Plymouth Opportunity House
Facility Address:	593 Deer Plymouth, MI 48170
Facility Telephone #:	(734) 455-2669
Original Issuance Date:	01/22/1987
License Status:	REGULAR
Effective Date:	05/14/2022
Expiration Date:	05/13/2024
Capacity:	16
Program Type:	DD; MI

II. ALLEGATION(S)

	Violation Established?
Resident A received the wrong medication.	Yes

III. METHODOLOGY

07/31/2023	Special Investigation Intake-2023A0575036
07/31/2023	Special Investigation Initiated - Telephone
07/31/2023	APS Referral
07/31/2023	Referral - Recipient Rights
08/01/2023	Contact - Telephone call made-(a) staff Mary Bernardi; licensee designee, Holly Heath
08/01/2023	Inspection Completed-BCAL Sub. Compliance
08/01/2023	Exit Conference with licensee designee, Holly Heath

ALLEGATION:

Resident A received the wrong medication.

INVESTIGATION:

ORR and APS referrals made/received.

Resident A was not interviewed because he is cognitively impaired and non-verbal.

On 8/1/2023, I interviewed staff Mary Bernardi. She stated that on 6/27/2023 when administering Resident A his seizure medication, she gave him the wrong seizure medication. He was supposed to take Lamictal for seizures, but she gave him Keppra, which is also a seizure medication. She stated she called Poison Control, and the staff instructed her how to proceed for Resident A's safety.

On 8/1/2023, I interviewed and conducted an exit conference with Holly Heath, licensee designee. She stated staff Mary Bernardi has already been retrained on medication administration since the medication error took place over a month ago.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	Since staff Mary Bernardi admitted she gave Resident A the wrong seizure medication, then Resident A's medication was not given pursuant to label instructions.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable plan of correction; I recommend no changes in the status of the license.

Jeffrey J. Bozsik
Licensing Consultant

Date: 8/1/2023

Approved By:

Ardra Hunter
Area Manager

Date: 8/7/2023