GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

August 17, 2023

Dawn Eitniear
1671 Holcomb Rd.
Hillsdale, MI 49242

RE: License #: AF300289715
Investigation #: 2023A1032051
Dawn's Country Care

Dear Dawn Eitniear:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan was required. On 8/9/23, you submitted an acceptable written corrective action plan.

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 (616) 356-0183.

Sincerely,

Dwight Forde, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF300289715
Investigation #:	2023A1032051
Complaint Receipt Date:	08/08/2023
Investigation Initiation Date:	08/09/2023
Report Due Date:	09/07/2023
Licensee Name:	Dawn Eitniear
Licensee Address:	1671 Holcomb Rd. Hillsdale, MI 49242
Licensee Telephone #:	(517) 523-2895
Name of Facility:	Dawn's Country Care
Facility Address:	1671 Holcomb Rd. Hillsdale, MI 48242
Facility Telephone #:	(517) 523-2895
Original Issuance Date:	10/31/2007
License Status:	REGULAR
Effective Date:	12/22/2021
Expiration Date:	12/21/2023
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
Resident A was given an incorrect dosage of medication.	Yes
Additional Findings	No

III. METHODOLOGY

08/08/2023	Special Investigation Intake 2023A1032051
08/09/2023	Special Investigation Initiated - Telephone Phone call to complainant
08/09/2023	Inspection Completed On-site
08/09/2023	Exit Conference With licensee Dawn Eitniear
08/09/2023	Corrective Action Plan Received

ALLEGATION:

Resident A was given an incorrect dosage of medication.

INVESTIGATION:

On 8/9/23, I interviewed licensee Dawn Eitniear in the home. Ms. Eitniear stated that she gave Resident A three Seroquel 25 mg pills one night to address agitation. She stated that Resident A had asked for more medication, because he howls at night, disturbing the other residents. She reported that she called Resident A's doctor's office, and she was told that only Resident A could request any changes to his medication regimen. She stated that since then, Resident A did call and request an increase in the Seroquel dosage, and that it was now at 100 mg.

I interviewed Resident A in the home. Resident A stated that he is his own guardian. He stated that he has been in the home for two years. He reported that at night, he takes Seroquel on an as needed basis, for agitation. He stated that he was not agitated at anything in particular but has difficulty managing his mood at night. He stated that he asked for more than one pill on the day in question, and that Ms. Eitniear had given him the medication per his request.

I observed the pill bottle; the instructions noted that Resident A was to receive one 25 mg pill at night for agitation.

On 8/17/23, I received conformation via email, that Resident A's new prescription was 100 mg Seroquel, as needed for agitation, at night.

APPLICABLE RULE	
R 400.1418	**Resident medications.**
	(2) Medication shall be given pursuant to label instructions.
ANALYSIS:	Dawn Eitinear acknowledged that she gave Resident A more medication than was allowed per the label instructions.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

On 8/9/23, you submitted an acceptable corrective action plan, I recommend no change to the status of this license.

8/17/23

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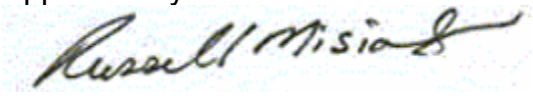
Dwight Forde Date
Licensing Consultant

Approved By:



8/21/23

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Russell B. Misiak Date
Area Manager