



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 25, 2025

Bethany Mays
Resident Advancement, Inc.
PO Box 555
Fenton, MI 48430

RE: License #: AS440284123
Investigation #: 2025A0576016
Hampshire

Dear Bethany Mays:

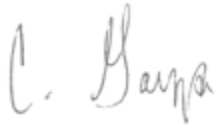
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.
- Be signed and dated.

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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script, appearing to read "C. Garza".

Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 240-2478

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS440284123
Investigation #:	2025A0576016
Complaint Receipt Date:	01/02/2025
Investigation Initiation Date:	01/25/2025
Report Due Date:	03/03/2025
Licensee Name:	Resident Advancement, Inc.
Licensee Address:	411 S. Leroy, PO Box 555 Fenton, MI 48430
Licensee Telephone #:	(810) 750-0382
Administrator:	Lisa Savage
Licensee Designee:	Bethany Mays
Name of Facility:	Hampshire
Facility Address:	3200 Hampshire Road, Lapeer, MI 48446
Facility Telephone #:	(810) 245-6037
Original Issuance Date:	09/01/2006
License Status:	REGULAR
Effective Date:	04/03/2023
Expiration Date:	04/02/2025
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Two untrained staff were left in the home with the residents on December 22, 2024.	Yes

III. METHODOLOGY

01/02/2025	Special Investigation Intake 2025A0576016
01/25/2025	Special Investigation Initiated - On Site Interviewed Staff Jeri Fellwock and Resident A
02/11/2025	Contact - Telephone call made Interviewed Program Manager, Lisa Savage
02/21/2025	Contact - Document Received Reviewed staff schedule and staff training records
02/25/2025	Contact - Telephone call made Interviewed Staff Amanda Severn
02/25/2025	Contact - Telephone call made Interviewed Staff Gerard Wells
02/25/2025	Contact - Telephone call made Interviewed Lisa Savage
02/25/2025	APS Referral
02/25/2025	Exit Conference

ALLEGATION:

Two untrained staff were left in the home with the residents on December 22, 2024.

INVESTIGATION:

On January 24, 2025, I conducted an unannounced on-site inspection at Hampshire and interviewed Staff, Jeri Fellwock regarding the allegations. Staff Fellwock stated that the allegations are true. Staff Amanda Severn and Staff Gerard Wells were new

employees and assigned to work 3rd shift on December 22, 2024. It was Staff Severn's 2nd day and Staff, Denaysia Shackelford called in. Staff Shackelford is fully trained and when she called in it is the responsibility of the home manager, Heidi Haas to come in if they cannot find other coverage. Manager Haas did not come in leaving untrained staff on duty. Staff Fellwock confirmed staff are required to administer resident medication.

On January 24, 2025, I interviewed Resident A. Resident A reported he has lived at his home a long time and it is alright. Resident A likes his home, and he feels safe. Staff are nice to Resident A, and they treat him well. There is always staff on duty, and he has never known there to be a time where staff was not working at his home. Resident A takes medications and staff provide him his medications. Resident A denied any concerns.

On February 11, 2025, I interviewed Program Manager, Lisa Savage regarding the allegations. Manager Savage reported that Denaysia Shackelford and Amanda Severn were scheduled to work on December 22, 2024, on the midnight shift. Staff Shackelford called in leaving Staff Severn alone and she was not completely trained. Staff Severn may have had some toolbox training and was not fully trained in administering medications.

On February 21, 2025, I reviewed the staff schedule for Hampshire. On December 22, 2025, Staff Denaysia Shackelford and Staff Amanda Severn were scheduled to work from 10pm-6am. I reviewed the training record for Staff Severn who completed first aid and CPR training in November 2024. Staff Severn completed toolbox training except for medications. The staff training records notes that Staff Severn "missed medication class". I also reviewed the training record for Staff Gerard Wells. Staff Wells completed first aid and CPR training in November 2024. I reviewed a *Medication Pass Check Sheet* that documents when "the employee has successfully completed 10 medication checks". The training record documents that Staff Wells completed 2 medication administration observations on December 16, 2024, December 29, 2024, January 28, 2025, and February 1, 2025. The record notes Staff Wells made 2 mistakes when dispensing medications.

On February 25, 2025, I interviewed Staff Amanda Severn regarding the allegations. Staff Severn reported that she began working at the facility on November 22, 2024. Staff Severn worked on December 22, 2024, and Staff Denaysia Shackelford was also scheduled to work with her however she did not come to work. Staff Gerard Wells "pulled a double" as he worked on December 22, 2024, from 2pm-10pm and he covered the midnight shift with Staff Severn. The following morning first shift staff were mad because there were two staff on duty who were not fully trained with respect to medications.

On February 25, 2025, I interviewed Gerard Wells who reported he began working at Hampshire in mid-November 2024. Regarding the allegations, Staff Wells reported he was not scheduled to work on 3rd shift on December 22, 2024, however he stayed to work that shift due to Staff, Denaysia Shackelford calling in. Staff Wells and Staff

Amanda Severn worked 10pm-6am on December 22, 2024, and at that time he was not fully trained to pass medications. Staff Wells did complete the medication training class however he had not completed medication passes with the medication coordinator or program manager supervising. Staff Wells explained that he is supposed to have 10 successful medication observations completed and on December 22, 2024, he had 2 completed. Staff Wells explained that at this time he requires additional medication administration observations and is not considered fully trained to administer resident medication.

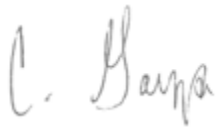
On February 25, 2025, I interviewed Program Manager, Lisa Savage. Program Manager Savage reported newly hired staff of Resident Advancement, Inc. must complete a medication training class and have 10 successful medication administration observations by herself or the medication coordinator to be considered fully trained in medication administration.

APPLICABLE RULE	
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: (a) Be trained in the proper handling and administration of medication.
ANALYSIS:	It was alleged that 2 untrained staff were on duty with residents on December 22, 2024. Upon conclusion of investigative interviews and a review of documentation, there is a preponderance of evidence to conclude a rule violation. On December 22, 2024, Staff Denaysia Shackelford and Amanda Severn were scheduled to work from 10pm-6am. Staff Shackelford did not come to work and another staff person, Jerard Wells stayed over from 2 nd shift to cover Staff Shackelford's absence. Staff Severn and Staff Wells were new employees and, after a review of their training records, neither staff had fully completed medication administration training.
CONCLUSION:	VIOLATION ESTABLISHED

On February 25, 2025, I conducted an exit conference with Licensee Designee, Bethany Mays. I advised Licensee Designee Mays I would be requesting a corrective action plan for the cited rule violation.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, no change in the license status is recommended.



2/25/2025

Christina Garza
Licensing Consultant

Date

Approved By:



2/25/2025

Mary E. Holton
Area Manager

Date