



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 19, 2024

Krishelle Wiley
The Coach Stop Manor, LLC
23445 W River Road
Grosse Ile, MI 48138

RE: License #: AS820410244
Island House
8504 Macomb Street
Grosse Ile, MI 48138

Dear Ms. Wiley:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Pandrea Robinson". The signature is fluid and cursive, with the first name "Pandrea" and last name "Robinson" clearly legible.

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 319-9682

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**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS820410244
Licensee Name:	The Coach Stop Manor, LLC
Licensee Address:	23445 W River Road Grosse Ile, MI 48138
Licensee Telephone #:	(734) 692-9291
Licensee/Licensee Designee:	Krishelle Wiley
Administrator:	Krishelle Wiley
Name of Facility:	Island House
Facility Address:	8504 Macomb Street Grosse Ile, MI 48138
Facility Telephone #:	(734) 692-0564
Original Issuance Date:	03/29/2022
Capacity:	6
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/15/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

No. of others interviewed Role:

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☐ No ☐ If no, explain.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☒
If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☒ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:
N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.14312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

At the time of inspection, I reviewed Resident A's and B's medications and observed the following:

- Resident A's prescription PRN Tylenol order documented that staff should administer 500mg every eight hours as needed. The home did not have a pharmacy label for the medication with instructions from the doctor. The staff was administering it every six hours as needed based on the over-the-counter label instructions and not as prescribed by her doctor.
- Resident A's prescription for fish oil documented that staff should administer two 1000mg capsules daily. The staff was administering two 1200mg capsules.
- Resident B's prescription PRN Tylenol documented that staff should administer two 325mg tablets as needed. The staff was administering two 500mg tablets as needed and not administering as prescribed.
- Resident B's prescription PRN Lidocaine 0.5% gel documented staff to apply the patches three times per day as needed. The staff was applying patches that were 0.4%.
- Resident B's Humalog 100ml Kwikpen and Lantus 100ml injection pen was stored openly in the refrigerator and was not in a lock box/drawer within the refrigerator as required by these rules.

***REPEAT VIOLATION ESTABLISHED*; SIR#2023A0116037; CAP DATED 07/03/23.**

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

A handwritten signature in blue ink that reads "Pandrea Robinson". The signature is cursive and fluid.

Pandrea Robinson
Licensing Consultant

08/19/24
Date