

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

February 18, 2025

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

> RE: License #: AS820067388 Investigation #: 2025A0778012

Cherryhill Manor

Dear Ms 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,

LaKeitha Stevens, Licensing Consultant Bureau of Community and Health Systems Cadillac Pl. Ste 9-100 3026 W. Grand Blvd

of Stevens

Detroit, MI 48202 (313) 949-3055

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820067388
Investigation #:	2025A0778012
Complaint Receipt Date:	01/17/2025
Investigation Initiation Date:	01/23/2025
investigation initiation bate.	01/20/2020
Report Due Date:	03/18/2025
Licensee Name:	Sainta Incorporated
Licensee Name.	Saints Incorporated
Licensee Address:	2945 S. Wayne Road
	Wayne, MI 48184
Licensee Telephone #:	(734) 722-2221
	(101)122221
Administrator:	Stephanie Kinney
Licensee Designee:	Stephanie Kinney
Licensee Designee.	Otephanic Miniey
Name of Facility:	Cherryhill Manor
Facility Address:	26343 Simone
racinty Address.	Dearborn Heights, MI 48127
Facility Telephone #:	(313) 563-4340
Original Issuance Date:	10/25/1995
License Status:	REGULAR
Effective Date:	08/23/2024
Expiration Date:	08/22/2026
Capacity:	5
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Program Type:	DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

Violation Established?

Staff medication passing error.	Yes

III. METHODOLOGY

01/17/2025	Special Investigation Intake 2025A0778012
01/17/2025	Referral - Recipient Rights Referral received
01/17/2025	APS Referral Generated by ORR
01/23/2025	Special Investigation Initiated - On Site Unannounced onsite inspection. Interview with home manager, Dewanda Bailey
01/30/2025	Contact - Telephone call made Telephone interview with Guardian A
01/30/2025	Contact - Telephone call made Telephone interview with direct care worker, Nicko Jones
02/11/2025	Exit Conference Telephone exit conference with licensee designee, Stephanie Kinney
02/11/2025	Inspection Completed-BCAL Sub. Compliance

ALLEGATION: Staff medication passing error.

INVESTIGATION: On 01/23/2025, I completed an unannounced onsite inspection. I interviewed home manager, Dewanda Bailey. Mrs. Bailey stated the allegations are correct. According to Mrs. Bailey, direct care worker, Nicko Jones was passing medication when she quickly turned her head and Resident A took medication prescribed for Resident B. Resident A was immediately taken to Garden City Hospital where she was observed for two hours and discharged.

On 01/30/2025, I completed a telephone interview with direct care worker, Nicko Jones. Ms. Jones stated she sat the table with snacks before she began the preparation to administer medication. According to Ms. Jones after she finished setting up snacks, she began calling residents one by one to give medication. She stated she called Resident B. However, Resident A saw the snacks and quickly barged into the area taking the medication and began opening the snacks. Ms. Jones stated everything happened so fast she didn't have an opportunity to stop Resident A. According to Ms. Jones this has never happened before. She stated she immediately called the home manager, Mrs. Bailey and had Resident A transported to Garden City Hospital.

On 01/30/2025, I completed a telephone interview with Guardian A. Guardian A stated she was immediately informed of Resident A taking another residents medication. She stated Resident A was taken to the hospital and no harm was caused. According to Guardian A, Resident A can be impulsive. However, the facility has always been good with keeping her safe. She stated this is the first time something like this has occurred.

On 02/11/2025, I completed a telephone exit conference with licensee designee, Stephanie Kinney. Mrs. Kinney stated she was made aware of the situation regarding the allegations. I informed her this complaint would be substantiated. She stated she understood, and she has acted against the staff that consisted of time off the schedule and additional training.

APPLICABLE R	PPLICABLE RULE	
R 400.14312	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 upon interviews conducted prescription medication was taken by a resident whom the medication as not prescribed for. Home manager, DeWanda Bailey staff, Nicko Jones, Guardian A and licensee designee, Stephanie Kinney each indicated Resident A took medication prescribed to Resident B. Resident A was immediately taken to Garden City Hospital where she was observed and discharged. No additional action was required.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend this complaint is closed and the status of the license remain unchanged.

of Stevens	
J ,	02/18/2025
LaKeitha Stevens	Date
Licensing Consultant	
Approved By:	
attunder	
	02/18/2025
Ardra Hunter	Date
Area Manager	