



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

July 11, 2024

Rick Lowe, Chief Internal Auditor
State Budget Office
Office of Internal Audit Services
111 S. Capitol Avenue
7th Floor, Romney Building
Lansing, Michigan 48933

Dear Mr. Lowe:

In accordance with the State of Michigan, [Financial Management Guide, Part VII](#), enclosed is our final corrective action plan to address recommendations contained within the OAG report of the MDHHS Kalamazoo Psychiatric Hospital.

All legislative inquiries should be directed to Chardae Burton, MDHHS Director of Legislative Affairs, at burtonc5@michigan.gov. All other questions regarding the corrective action plan should be directed to me at havenss2@michigan.gov.

Sincerely,

A handwritten signature in cursive script that reads "Shannah M. Havens".

Shannah Havens, CPA, MBA
Director, Bureau of Audit

Enclosure (1)

c: Executive Office
Office of the Auditor General
House Fiscal Agency
Senate Fiscal Agency
House Appropriations Subcommittee on MDHHS
Senate Appropriations Subcommittee on MDHHS
House Ethics and Oversight Committee
Senate Oversight Committee
House Health Policy Committee
House Subcommittee on Behavioral Health
Senate Health Policy Committee

MDHHS, Chardae Burton
MDHHS, David Knezek
MDHHS, Amy Epkey
MDHHS, Laura Blodgett
MDHHS, Dr. George Mellos

Michigan Department of Health and Human Services
Kalamazoo Psychiatric Hospital Follow-up 391-0220-19F
Issued By OAG
3/28/2024

Department Final Corrective Action Plan

Summary Response Matrix

	Complied	Will Comply	Partially Complied	Will Not Comply
Agrees		Finding 4		
Partially Agrees				
Disagrees				

Final Corrective Action Plan (CAP)

Finding Number 4

Finding Title: Completion of Patient Incident Forms Needs Improvement

Related IT system, if applicable: Not applicable

Department Response

Management Views: MDHHS Agrees.

Planned Corrective Action and Milestones (Management Response):

Kalamazoo Psychiatric Hospital (KPH) will modify Standard Operating Procedures (SOP) pertaining to incident reporting to require at least one KPH staff witness to complete an incident information form in the patient's Electronic Medical Record.

KPH will continue to implement auditing, education, and corrective action for individuals identified as not meeting the standards set forth by the SOP.

Anticipated Compliance Date: 7/15/2024

Responsible Individual: Conor Moore, Director of Quality & Compliance