



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 2, 2021

Pamela Hurley
Innovative Lifestyles, Inc.
PO Box 1258
Clarkston, MI 48347

RE: License #: AS630015466
Cuthbert AIS/MR
6720 Cuthbert
White Lake, MI 48386

Dear Ms. Hurley:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance or
- You are to submit a Statement of Correction.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 296-2783

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

I. IDENTIFYING INFORMATION

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| License #: | AS630015466 |
| Licensee Name: | Innovative Lifestyles, Inc. |
| Licensee Address: | 5490 Dixie Hwy Suite 1 Waterford, MI 48329 |
| Licensee Telephone #: | (248) 623-8898 |
| Licensee Designee: | Pamela Hurley |
| Name of Facility: | Cuthbert AIS/MR |
| Facility Address: | 6720 Cuthbert White Lake, MI 48386 |
| Facility Telephone #: | (248) 620-1656 |
| Original Issuance Date: | 10/25/1994 |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

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| R 400.14301 | Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal. |
| | (9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary. |

The resident care agreements for Resident A and Resident B were not reviewed and updated annually in 2020.

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| 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 {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required. |

During the onsite inspection, the magnetic lock on the medication cabinet was broken and the cabinet would not lock.

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| 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: (c) Record the reason for each administration of medication that is prescribed on an as needed basis. |

A reason was not recorded for the administration of Resident B's PRN for Klonopin on 06/29/21.

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| R 400.14401 | Environmental health. |
| | (2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet. |

During the onsite inspection, the water temperature was measured at 125°F in the kitchen and 122°F in the bathroom.

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| R 400.14403 | Maintenance of premises. |
| | (1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants. |

During the onsite inspection, it was observed that:

- There was an excessive amount of mud covering the driveway.
- There was a steep drop-off in the backyard that is not covered by the railing of the deck.

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| R 400.14403 | Maintenance of premises. |
| | (5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair. |

During the onsite inspection, it was observed that:

- The carpet in the hallway was torn and frayed.
- The walls throughout the facility were scuffed and the Kydex covering on the walls was bubbling from a heat treatment in the home.
- There were drywall screws popping out in the ceiling.
- The bathroom threshold was cracked.
- The bathroom door was splintered and damaged.

A corrective action plan was requested and approved on 08/02/2021. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



08/02/2021

Kristen Donnay
Licensing Consultant

Date