

GRETCHEN WHITMER GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

August 10, 2021

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

RE: License #: AS630074810

Kurtz Home 1499 Kurtz Road Holly, MI 48442

Dear Ms. Hurley:

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 designee 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 (248) 975-5053.

Sincerely,

Kristen Donnay, Licensing Consultant Bureau of Community and Health Systems 4th Floor, Suite 4B

Kisten Donnay

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

License #:	AS630074810
License #.	A0000074010
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 Eacility:	Kurtz Home
Name of Facility:	Ruitz Home
Facility Address:	1499 Kurtz Road
	Holly, MI 48442
Facility Telephone #:	(810) 373-6123
Original Issuance Date:	01/15/1997
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED

#### **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(	s): 08/10/2021	
Date	e of Bureau of Fire Serv	vices Inspection if applicable:	N/A
Date	e of Environmental/Hea	Ith Inspection if applicable: 04	4/27/2021
Insp	ection Type:	☐ Interview and Observation	on ⊠ Worksheet □ Full Fire Safety
No.	of staff interviewed and of residents interviewed of others interviewed		2 6
•	Medication pass / simu	ılated pass observed?Yes 🏾	☑ No ☐ If no, explain.
•	Medication(s) and med	lication record(s) reviewed?	Yes ⊠ No ⊡ If no, explain.
•	Yes No I If no, e Meal preparation / servinspection did not occur	vice observed? Yes 🗌 No 🛭	
•	Fire safety equipment	and practices observed? Yes	s ⊠ No □ If no, explain.
•	If no, explain.	pecial Certification Only) Ye necked? Yes ⊠ No □ If no	
•	Incident report follow-u	ıp? Yes ⊠ No □ If no, exp	olain.
•	N/A 🗌	compliance verified? Yes ⊠ mployees followed-up?	CAP date/s and rule/s:
•			_
•	Variances? Yes ☐ (pl	lease explain) No 🗌 N/A 🔀	

#### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

Direct care worker, Brittany Rogers, was not tested for communicable tuberculosis (TB) every 3 years. The TB results on file were dated 2016 and 2021.

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.

During the onsite inspection, the resident care agreements on file for Resident A and Resident B were not updated to reflect the increase in the cost of care rate for 2021 to \$907.50.

R 400.14310	Resident health care.
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

During the period under review, weights were not obtained from March 2020-August 2021 due to the facility not having access to a wheelchair scale during the COVID-19 pandemic.

### **REPEAT VIOLATION ESTABLISHED:** Renewal Licensing Study Report Dated: 09/16/2019; Corrective Action Plan Dated: 09/30/2019

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:

- The walls throughout the facility were scuffed and had been patched in numerous areas but had not been repainted.
- The Tyvek covering on the bottom of the walls was bubbling due to a heat treatment.
- The finish on the doors was scratched and worn off near the door handles on the bathroom and bedroom doors.

#### IV. RECOMMENDATION

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

Kristen Donnay Date
Licensing Consultant