



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 19, 2021

Edward Lark  
The Reach Foundation  
1793 Charter  
Lincoln Park, MI 48146

RE: License #: AS820284331  
**The Charter Home**  
**1793 Charter**  
**Lincoln Park, MI 48146**

Dear Mr. Lark:

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,



Kara Robinson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820284331

**Licensee Name:** The Reach Foundation

**Licensee Address:** 1793 Charter  
Lincoln Park, MI 48146

**Licensee Telephone #:**

**Licensee/Licensee Designee:** Edward Lark, Designee

**Administrator:**

**Name of Facility:** The Charter Home

**Facility Address:** 1793 Charter  
Lincoln Park, MI 48146

**Facility Telephone #:** (313) 381-5072

**Original Issuance Date:** 07/28/2006

**Capacity:** 6

**Program Type:** MENTALLY ILL  
TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/18/2021

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 01  
No. of residents interviewed and/or observed 01  
No. of others interviewed 01 Role: Home Manager, C. Dowling

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Due to the Covid-19 pandemic, this inspection was completed virtually to mitigate risk of infection.
- 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 330.1803 Facility environment; fire safety.**

**(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3 month period.**

- No daytime drill completed during the 1<sup>st</sup> quarter of 2020.
- No evening drill completed during the 2<sup>nd</sup> quarter of 2020.

This is a **REPEAT VIOLATION**; See 2017 Renewal LSR.

**R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

No written health care appraisal completed for Resident D.D. within 30 days of admission.

**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 licensee designee has not signed Resident Care Agreements at admission or annually. Only the home manager's signature is contained on the reports.

**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.

No weight record for Resident S.C. in the month of 9/21; only month and year provided for SC's weights 12/20 and 1/21.

**R 400.14505 Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.**

(4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.

The smoke detector in the downstairs hallway chirped repeatedly throughout the duration of the inspection.

This is a **REPEAT VIOLATION**; See 2019 Renewal LSR.

#### IV. RECOMMENDATION

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



10/19/21

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Kara Robinson  
Licensing Consultant

Date