



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 8, 2022

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

RE: License #: AS820289647  
**The Journey Home**  
**14651 Horger**  
**Allen Park, MI 48101**

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 six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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,

A handwritten signature in cursive script, appearing to read 'Denasha Walker'.

Denasha Walker, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 300-9922

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820289647

**Licensee Name:** The Reach Foundation

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

**Licensee Telephone #:**

**Licensee/Licensee Designee:** Edward Lark

**Administrator:** Edward Lark

**Name of Facility:** The Journey Home

**Facility Address:** 14651 Horger  
Allen Park, MI 48101

**Facility Telephone #:** (313) 383-6638

**Original Issuance Date:** 08/03/2007

**Capacity:** 6

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

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/30/2022

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 1

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- 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:  
CAP Dated 12/29/2020 R 400.14203 (1) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A   
The facility stairway that forms a part of a required means of egress does not change direction at a landing. Edward Lark submitted a variance requesting to continue operating as he has for the past 7 1/2 years. He agreed to ensure all current and newly admitted residents will be able to safely and promptly evacuate the facility routinely. The variance was approved on 03/25/2015.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

**MCL 400.734b      Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.**

(4) Upon receipt of the written consent to conduct a criminal history check and identification required under subsection (3), the adult foster care facility or staffing agency that has made a good faith offer of employment or independent contract to the individual shall make a request to the department of state police to conduct a criminal history check on the individual and input the individual's fingerprints into the automated fingerprint identification system database, and shall make a request to the relevant licensing or regulatory department to perform a check of all relevant registries established according to federal and state law and regulations for any substantiated findings of abuse, neglect, or misappropriation of property. The request shall be made in a manner prescribed by the department of state police and the relevant licensing or regulatory department or agency. The adult foster care facility or staffing agency shall make the written consent and identification available to the department of state police and the relevant licensing or regulatory department or agency. If the department of state police or the federal bureau of investigation charges a fee for conducting the criminal history check, the charge shall be paid by or reimbursed by the department. The adult foster care facility or staffing agency shall not seek reimbursement for a charge imposed by the department of state police or the federal bureau of investigation from the individual who is the subject of the criminal history check. The department of state police shall conduct a criminal history check on the individual named in the request. The department of state police shall provide the department with a written report of the criminal history check

conducted under this subsection. The report shall contain any criminal history record information on the individual maintained by the department of state police.

At the time of inspection, direct care staff Heavin Pelliter and Bryon Nowak employee files did not contain fingerprinting documentation.

Heavin Pelliter date of hire was 11/3/2021 and Bryon Nowak date of hire was 8/29/2022.

On 12/06/2022, I contacted LARA workforce background check unit to see if they have a record of fingerprints. I was informed that neither applicant has been fingerprinted to work at that license number. There are also no applications in the system at all for either application as well.

**R 330.1803 Facility environment; fire safety.**

(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multi-station smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.

At the time of inspection:

- The multi-station smoke detection system was not interconnected and audible in all areas of the home.
- The basement was not equipped with a smoke detector.

**R 330.1803 Facility environment; fire safety.**

(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and

retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 month from the date of the finding to either of the following:

(a) Improve the score to at least the "slow" category.

(b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.

At the time of inspection, an evacuation assessment was not conducted within 30 days of Resident A's admission into the home; Resident A was admitted 03/1/2021.

**R 400.14203      Licensee and administrator training requirements.**

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

At the time of inspection, the licensee/administrator failed to successfully complete, 16 hours of training or 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

**\*REPEAT VIOLATION\* LSR DATED 12/18/2020 CAP DATED 12/29/2020.**

**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.**

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

At the time of inspection, direct care staff Heavin Pelliter and Bryon Nowak's employee files did not contain a statement signed by a licensed physician attesting to the knowledge of her physical health within 30 days of employment or assumption of duties.

Heavin Pelliter's date of hire was 11/3/2021 and Bryon Nowak's date of hire was 8/29/2022; both are currently on the schedule and performing assigned tasks in the home.

**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.



At the time of inspection, direct care staff Heavin Pelliter and Bryon Nowak employee files did not contain written evidence, that each direct care staff had been tested for communicable tuberculosis and the results.

Heavin Pelliter date of hire was 11/3/2021 and Bryon Nowak date of hire was 8/29/2022; both are currently on the schedule and performing assigned tasks in the home.

**R 400.14208            Direct care staff and employee records.**

- (1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:  
(e)Verification of experience, education, and training.

At the time of inspection, direct care staff Heavin Pelliter and Bryon Nowak's employee files did not contain verification of education.

**R 400.14208            Direct care staff and employee records.**

- (1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:  
(f)Verification of reference checks.

At the time of inspection, direct care staff Heavin Pelliter and Bryon Nowak's employee files did not contain verification of reference checks.

**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.

At the time of inspection, Residents B and C's resident files did not contain health care appraisals at the time of admission. Resident B was admitted 06/24/2021 and Resident C was admitted 08/05/2022. Their records were missing the following:

Resident B

- File did not contain a 2021 health care appraisal.

Resident C

- File did not contain a 2022 health care appraisal.

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

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:

(a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.

(b) A description of services to be provided and the fee for the service.

(c) A description of additional costs in addition to the basic fee that is charged.

(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.

(e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.

(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.

(g) An agreement by the resident to follow the house rules that are provided to him or her.

(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.

(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.

(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.

(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.

(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.

At the time of inspection, Residents B's resident file did not contain a resident care agreement at the time of admission; Resident B was admitted 06/24/2021.

**R 400.14315      Handling of resident funds and valuables.**

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

At the time of inspection, Residents B and C's resident files did not contain a completed funds and valuable part I form.

**R 400.14316      Resident records.**

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(d) Health care information, including all of the following:

(i) Health care appraisals.

(ii) Medication logs.

(iii) Statements and instructions for supervising prescribed medication, including dietary supplements and individual special medical procedures.

(iv) A record of physician contacts.

(v) Instructions for emergency care and advanced medical directives.

At the time of inspection, Resident B's medication logs were not maintained and available for review.

**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.

At the time of inspection, the hot water temperature for residents use did not range between 105 to 120 degrees Fahrenheit at the faucet.

- Bathroom #1 (main floor), 146 degrees Fahrenheit
- Bathroom #2 (second floor), 137 degrees Fahrenheit

**R 400.14403 Maintenance of premises.**

(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

At the time of inspection, the resident's bathroom located on the second floor was not equipped with a handrail in the shower area.

**R 400.14403 Maintenance of premises.**

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

At the time of inspection, the blinds in all resident bedrooms were warped, damaged and not in good repair.

**R 400.14407 Bathrooms.**

(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.

At the time of inspection, the mechanical vent in the resident's bathroom located on the second floor was not working.

**R 400.14408 Bedrooms generally.**

(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.

At the time of inspection, Resident B's bedroom door was equipped with positive-latching.

**R 400.14410            Bedroom furnishings.**

(2) A resident bedroom shall be equipped with a mirror that is appropriate for grooming.

At the time of inspection, Resident D's bedroom was not equipped with a mirror appropriate for grooming.

**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.

At the time of inspection, the smoke detection system was beeping and not maintained as recommended by the manufacturer.

**R 400.14511            Flame-producing equipment; enclosures.**

(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.

At the time of inspection, the fire door was not equipped with an automatic self-closing device.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



12/06/2022

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Date

Denasha Walker  
Licensing Consultant

Approved by:



12/08/2022

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Date

Ardra Hunter  
Area Manager