



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 10, 2023

Karen Harris  
Integrated Living, Inc.  
43133 Schoenherr Road  
Sterling Heights, MI 48313

RE: License #: AS500012024  
**Greenfield Home**  
**18225 Greenfield**  
**Clinton Township, MI 48038**

Dear Mrs. Harris:

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 and a date.

Upon receipt of an acceptable corrective plan, a regular license and special certification 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,

A handwritten signature in cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(586) 676-2877

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500012024
<b>Licensee Name:</b>	Integrated Living, Inc.
<b>Licensee Address:</b>	43133 Schoenherr Road Sterling Heights, MI 48313
<b>Licensee Telephone #:</b>	(586) 731-9800
<b>Licensee/Licensee Designee:</b>	Karen Harris
<b>Administrator:</b>	Shanequa Lackey
<b>Name of Facility:</b>	Greenfield Home
<b>Facility Address:</b>	18225 Greenfield Clinton Township, MI 48038
<b>Facility Telephone #:</b>	(586) 228-3696
<b>Original Issuance Date:</b>	07/08/1992
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/09/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Home Manager

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
I observed medications.
- 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.  
I observed adequate food supply.
- 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:  
R 400.14313 (5); R 400.14315 (6);R 400.14401(2);R 400.14401(4);R 400.14403  
(1);R 400.14403(12);R 400.14403(2);R 400.14403(5);R 400.14410(1)(d);R  
400.14410(2). 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:

**MCL 400.734b      Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.**

(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006, but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

Direct care staff, Bianca Garrett did not have evidence of a completed Workforce Background Check in the employee record.

**R 400.14307      Resident behavior interventions generally.**

(3) A licensee and direct care staff who are responsible for implementing the resident's written assessment plan shall be trained in the applicable behavior intervention techniques.

Direct care staff, Shary Watson did not have verification of training for behavior intervention techniques.

**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.

Administrator Shanequa Lackey did not have verification of 16 hours of training for years 2021 and 2022 relevant to the licensee's program statement.

**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.

I observed that Resident A weights were not recorded for June and July of 2021.

**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.

I observed that Resident A did not have verification of a *Health Care Appraisal* completed for 2021 in the resident record.

**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 kitchen faucet digital thermometer registered at 140 degrees Fahrenheit.  
REPEAT VIOLATION ESTABLISHED. LSR 01/15/2021, CAP 01/25/2021.

**R 400.14403            Maintenance of premises.**

(12) Sidewalks, fire escape routes, and entrances shall be kept reasonably free of hazards, such as ice, snow, and debris.

During the onsite inspection, I observed broken and cracked concrete on the back patio and driveway.  
REPEAT VIOLATION ESTABLISHED. LSR 01/15/2021, CAP 01/25/2021.

**IV. RECOMMENDATION**

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



01/10/2023

---

LaShonda Reed  
Licensing Consultant

---

Date