



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 6, 2023

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 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,

A handwritten signature in cursive script, appearing to read 'D 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): 05/23/2023

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 1 Role: licensee designee

- Medication pass / simulated pass observed? Yes No If no, explain.
A full worksheet inspection was completed.
- 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.
Breakfast was prepared/served prior to the inspection.
- 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 01/11/2023 MCL400.734b, R 300.1803 (1), R330.1803 (6),
R400.14203 (1), R400.14205 (3), R400.14205 (5), R400.14208 (1)(e),
R 400.14208 (1)(f), R400.14301 (10), R 400.14301 (6), R400.14315 (3),
R400.14316 (1)(d), R400.14401 (2), R400.14403 (11), R 400.14403 (2),
R 400.14407 (1), R400.14408 (4), R400.14410 (2), R400.14505 (4),
R400.14511 (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:

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 A's, resident file did not contain an annual health care appraisal for 2021, 2022 or 2023.

Resident B's resident file did not contain an annual health care appraisal for 2023.

Resident C's resident file did not contain a 2022 health care appraisal at the time of admission.

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

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

At the time of inspection, Residents A's resident file did not contain an annual written assessment plan for 2022.

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.

At the time of inspection, Residents B's resident file did not contain an annual resident care agreement for 2022.

On 05/23/2023, I completed an exit conference with Edward Lark, Licensee Designee and Cynthia Dowling, home manager regarding the findings including quality-of-care violations. Based on the current provisional license status, I provided Mr. Lark the opportunity to explain the deficiencies. Mr. Lark stated historically he has never received as many violations. He said during this renewal period his staff experienced some difficulty obtaining documents due to the Covid-19 pandemic which impacted the operations of the facility. Ms. Dowling said during this renewal period it was difficult to maintain staff, schedule appointments and obtain documents due to the COVID-19 pandemic. In addition, Ms. Dowling said Resident A receives Veteran benefits/services and they will only provide copies of his medical forms/information including his health care appraisal to only him, which makes obtaining documents difficult. I explained to Mr. Lark that the department understands the difficulties licensees and staff experienced during Covid-19 and acknowledged the improvement and significant efforts they demonstrated to be in compliance. Due to the violations cited in the report, a written corrective action plan is required, in which he agreed to submit.

IV. RECOMMENDATION

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



06/06/2023

Denasha Walker
Licensing Consultant

Date

