



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 25, 2023

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

RE: License #: **AS630015466**
Cuthbert AIS/MR
6720 Cuthbert
White Lake, MI 48386

Dear Pamela Hurley:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance or
- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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 "Kristen Donnay".

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
(248) 296-2783

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

I. IDENTIFYING INFORMATION

License #:	AS630015466
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 Facility:	Cuthbert AIS/MR
Facility Address:	6720 Cuthbert White Lake, MI 48386
Facility Telephone #:	(248) 922-7119
Original Issuance Date:	10/25/1994
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/19/2023

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

Date of Environmental/Health Inspection if applicable: 04/25/2023

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 0

No. of others interviewed 2 Role: Licensee designee/area sup

- 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.
Inspection did not occur during meal time
- 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.
	<p>(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:</p> <p>(a) Improve the score to at least the "slow" category.</p> <p>(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.</p>

During the onsite inspection, there were no e-scores on file that were completed annually in 2022.

R 400.14315	Handling of resident funds and valuables.
	<p>(6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.</p>

During the onsite inspection, a review of the Funds Part II forms showed Resident J had more than \$200 in cash on hand for several months (January 2023- \$1593.28, February- \$574.32, May \$1505.98, June \$636.02).

R 400.14315	Handling of resident funds and valuables.
	(8) All resident fund transactions shall require the signature of the resident or the resident's designated representative and the licensee or prior written approval from the resident or the resident's designated representative.

During the onsite inspection, there was no prior written approval on file from Resident J's designated representative for expenses of more than \$200. There were no receipts on file for purchases made with resident funds.

R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

During the onsite inspection:

- The toilet tank lid was broken.
- The closet doorframe was broken in bedroom #2 and there were nails sticking out (nails removed during onsite inspection).
- There was no railing installed on the steep slope/retaining wall in the backyard.

REPEAT VIOLATION ESTABLISHED

Reference Renewal Licensing Study Report Dated: 08/02/21; CAP Dated: 08/02/21

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, the walls were scuffed, and the paint was worn throughout the facility. There was a crack in the drywall seam on the ceiling.

REPEAT VIOLATION ESTABLISHED

Reference Renewal Licensing Study Report Dated: 08/02/21; CAP Dated: 08/02/21

R 400.14503	Interior finishes and materials generally.
	(3) The attaching of interior finish materials, other than dry wall, plaster, or natural solid wood that is, not less than 3/4 of an inch thick, directly to wall studs or to floor or ceiling joists is prohibited. Suspended ceilings constructed of a class A

	material that is 1/4 inch or greater in thickness and installed in accordance to manufacturers specifications shall be permitted.
--	---

During the onsite inspection, there was a felt board covering the wall in bedroom #3.

A corrective action plan was requested and approved on 07/19/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



07/25/2023

Kristen Donnay
Licensing Consultant

Date