



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

October 18, 2023

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.

**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,



K. Robinson, LMSW, 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**

<b>License #:</b>	AS820284331
<b>Licensee Name:</b>	The Reach Foundation
<b>Licensee Address:</b>	1793 Charter Lincoln Park, MI 48146
<b>Licensee Telephone #:</b>	(313) 608-1324
<b>Licensee/Licensee Designee:</b>	Edward Lark, Designee
<b>Administrator:</b>	Edward Lark
<b>Name of Facility:</b>	The Charter Home
<b>Facility Address:</b>	1793 Charter Lincoln Park, MI 48146
<b>Facility Telephone #:</b>	(313) 381-5072
<b>Original Issuance Date:</b>	07/28/2006
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/12/2023, 10/17/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable:

No. of staff interviewed and/or observed 01

No. of residents interviewed and/or observed 05

No. of others interviewed 01 Role: Home Manager

- 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: 11/21: 310(3), 803(3), 505(4), 301(10), 301(9) 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 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.**

Direct care worker, Anna Dumont was hired to work at the facility on 1/16/22; Anna was not fingerprinted until a year later on or around 2/16/23. Anna was present at the time of inspection. Anna acknowledged she did provide direct care to residents while covering shifts alone during this period.

On 10/13/23, I completed an exit conference with Mr. Lark who explained he was not aware that Staff records were in noncompliance with the Rule requirements.

**R 400.14204 Direct care staff; qualifications and training.**

**(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:**

**(a) Reporting requirements.**

Anna Dumont's Reporting Requirements training is dated 7/14/22 which is approximately 6 months after she assumed her job duties.

**R 400.14204 Direct care staff; qualifications and training.**

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:

(f) Safety and fire prevention.

Anna Dumont's Safety and Fire Prevention training is dated 9/17/22 which is approximately 9 months after she assumed her job duties.

Direct care worker, Stephanie Vanisacker was hired to work at the facility on 4/22/23; her Safety and Fire Prevention training is dated 10/4/23 which is approximately 6 months after she assumed her job duties.

**R 400.14204 Direct care staff; qualifications and training.**

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:

(g) Prevention and containment of communicable diseases.

Anna Dumont's Prevention and Containment of Communicable Diseases training is dated 9/21/23 which is approximately 9 months after she assumed her job duties. Home Manager, Cynthia Dowling confirmed Anna did not complete this training until last month.

Direct care worker, Stephanie Vanisacker had no verification of completion of Prevention and Containment of Communicable Diseases training in her employee record.

**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.

Although Anna's date of hire is recorded as 1/16/22; her physician statement is dated 5/8/23 which is well beyond the 30-day requirement.

Stephanie's employee record contained lab results only; there is no physician statement or signature on file that attests to her physical health. Home Manager, Cynthia Dowling argued the lab results were submitted as proof of Stephanie's at-hire physical. I explained to both Mr. Lark and Ms. Dowling that lab results do not satisfy the rule requirement.

**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.

Anna's TB test results are dated 5/11/23, meaning she was allowed to work at the facility for over a year without verification of current TB test results.

**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.**

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

Direct care worker, Anna Dumont did not complete an annual health review statement after her 1-year anniversary date in January 2023.

Home Manager, Cynthia Dowling stated Anna completed a physical exam on 5/8/23 to be used as her initial physical. Mr. Lark kept repeating he had no idea the Staff records were in noncompliance.

**R 400.14207            Required personnel policies.**

(2) The written policies and procedures identified in subrule (1) of this rule shall be given to employees and volunteers at the time of appointment. A verification of receipt of the policies and procedures shall be maintained in the personnel records.

Stephanie's employee record had no verification of receipt of personnel policies. Home Manager, Cynthia Dowling reported she reviewed the policies with Stephanie, but failed to obtain her signature for verification purposes.

**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.



Resident A's AFC Assessment Plan dated 9/9/22 is incomplete; page 3 has no medications listed. Additionally, Resident A's AFC Assessment Plan dated 9/12/23 is incomplete; page 3 says "see attached medication sheet" when there is no Medication record attached.

In addition, Ms. Dowling signed the forms in lieu of Mr. Lark.

**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 failed to sign Resident A's most recent Resident Care Agreements dated 9/12/22 and 1/19/23. The home manager signed these documents in lieu of Mr. Lark.

On 10/13/23, Mr. Lark's explanation is that Cynthia Dowling didn't give him the forms to sign, so he did not know his signature was needed.

This is a **REPEAT VIOLATION**; See 2021 Renewal LSR, Mr. Lark submitted a Corrective Action Plan on 11/2/21. The CAP was approved on 11/9/21. To date, Mr. Lark has failed to implement the approved plan.

**R 400.14312      Resident medications.**

(2) Medication shall be given, taken, or applied pursuant to label instructions.

Observed the following medication errors for Resident A:

- Aspirin Low dose/Aspirin 81mg was not signed out on 11/23/22 – 11/30/22. There are X marks on these dates. No comments were written on the back of the form to explain why the medication was not administered. Cynthia Dowling suggested Resident A may have been hospitalized at that time, however, the resident's other medication is signed out as having been administered during this time period.
- 8:00 a.m. dose of Depakote was not signed out as having been administered on 2/19/23.

**R 400.14312 Resident medications.**

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(a) Be trained in the proper handling and administration of medication.

Direct care worker, Stephanie Vanisacker's Medication Administration training is dated 9/19/23; however, Stephanie administered resident medication prior to this date as evidenced by the June and July 2023 Medication Administration Records.

**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.

On 10/12/23, the hot water temperature tested at 142 degrees Fahrenheit.

On 10/17/23, the hot water temperature tested at 127 degrees Fahrenheit.

This is a **REPEAT VIOLATION**; See 2019 Renewal LSR. Mr. Lark submitted an approved corrective action plan to the department on 11/18/19.

Mr. Lark described the violation as situational. According to Mr. Lark, a new garbage disposal was installed at the home a few months ago, so he suspects the plumber "turned the hot water up" not being familiar with the licensing requirements.

**R 400.14401 Environmental health.**

(4) All garbage and rubbish that contains food wastes shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.

On 10/12/23 and 10/17/23, I observed the kitchen trash can without a lid.

Per Mr. Lark, the residents don't like the lid, so they "break it."

**R 400.14401 Environmental health.**

(5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner that continually protects the health of residents.

On 10/12/23 and 10/17/23, I observed flying gnats throughout the home to include, the first and second floors.

On 10/13/23, Mr. Lark said the gnats are caused by the residents leaving food in their respective bedrooms. He said he's tried to get rid of the gnats with home remedies.

**R 400.14402            Food service.**

(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

On 10/12/23 and 10/17/23, I observed the freezer in the basement has no thermometer. Anna completed the first walk-thru with me and she was not able to locate the thermometer.

**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.

On 10/12/23 and 10/17/23, I observed the solid metal duct dryer vent had been replaced with an accordion style vent. Mr. Lark said the maintenance man acted over-zealously by replacing the vent with an unapproved version. Mr. Lark stated he is aware that a solid metal duct is recommended by the department.

On 10/12/23 and 10/17/23, I observed the fire door no longer has an auto-closure. According to Mr. Lark, Resident B broke the closure during a fit of rage.

**R 400.14403            Maintenance of premises.**

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

On 10/12/23, I observed Resident C's bedroom chair is severely worn and cracked. I completed an exit conference with Mr. Lark on 10/13/23 and 10/16/23. On 10/16/23, Mr. Lark reported he replaced the bedroom chair. On 10/17/23, I completed an unannounced onsite inspection at the facility and observed the new chair was

equally worn and damaged. Mr. Lark arrived onsite and explained, he has plans to replace the new chair with a re-upholstered chair once fixed by the handyman.

**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.

On 10/12/23, I observed the smoke detector in Resident C's bedroom constantly chirped throughout the duration of the inspection that last for hours. I asked Resident C how long the detector had been chirping and he estimated the noise had been going for "months."

On 10/16/23, Mr. Lark stated he has the detectors inspected annually. Mr. Lark also stated that when there is a problem noted with the detectors, "we fix it." According to Mr. Lark, the residents will "rip out the batteries" causing the detectors to function improperly. Again, Mr. Lark described the violation as situational reasoning he corrects the problem, but they may reoccur. Mr. Lark stated he fixed the smoke detector since the inspection by replacing the battery.

On 10/17/23, I observed the smoke detector inside Resident C's bedroom is still chirping. While onsite, Mr. Lark could clearly hear the smoke detector; his response is the system may be malfunctioning rather than the battery.

This is a **TWICE REPEATED VIOLATION**: See 2019 and 2021 Renewal LSRs; Mr. Lark submitted approved corrective action plans, however, to date, he has failed to maintain the plans.

On 10/13/23 and 10/16/23, I completed extensive exit conferences with Mr. Lark. Mr. Lark stated he was not aware the resident records and employee records were in noncompliance, citing home manager, Cynthia Dowling as the person responsible for overseeing the paperwork and day-to-day operations of the home. Mr. Lark seemed to blame the residents for many of the physical plant violations. Mr. Lark stated he has started the necessary repairs to bring the home into compliance, like replacing the bedroom chair, fixing the smoke detector, purchasing an auto-closure for the fire door, and correcting the water temperature. Mr. Lark's common response was that he wasn't aware of the many deficiencies noted. However, Mr. Lark is a long-time licensee with the department.

**IV. RECOMMENDATION**

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



10/18/23

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Kara Robinson  
Licensing Consultant

Date

Approved By:



10/18/23

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Ardra Hunter  
Area Manager

Date: