

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

December 6, 2023

Kimberly Rocca-Riffle Creative Lifestyles, Inc. Suite 400 52188 Van Dyke Shelby Township, MI 48316

RE: License #: AL500369821

Cleave

36588 Union Lake Road

Harrison Twp., MI 48045-2317

Dear Ms. Rocca-Riffle:

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 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,

J. 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

License #: AL500369821

Licensee Name: Creative Lifestyles, Inc.

Licensee Address: Suite 400

52188 Van Dyke

Shelby Township, MI 48316

Licensee Telephone #: (586) 997-9401

Licensee/Licensee Designee: Kimberly Rocca-Riffle

Administrator: Mandie Blasky

Name of Facility: Cleave

Facility Address: 36588 Union Lake Road

Harrison Twp., MI 48045-2317

Facility Telephone #: (586) 792-4425

Original Issuance Date: 07/01/2015

Capacity: 16

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

Date of	On-site Inspection(s):	12/05/2023	
Date of	Bureau of Fire Services Inspection if applicable:	12/07/2022	
Date of	Health Authority Inspection if applicable:	N/A	
No. of re	staff interviewed and/or observed esidents interviewed and/or observed others interviewed 1 Role: Administrator	2 6	
l ok	edication pass / simulated pass observed? Yes coserved medications. edication(s) and medication record(s) reviewed?		
YesMeI ob	Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. Meal preparation / service observed? Yes No No If no, explain. I observed adequate food supply. Fire drills reviewed? Yes No If no, explain.		
• Fire	e safety equipment and practices observed? Yes	s ⊠ No □ If no, explain.	
lf n	scores reviewed? (Special Certification Only) Yes no, explain. nater temperatures checked? Yes 🖂 No 🗌 If no		
NoCorCA	ident report follow-up? Yes No If no, explincidents reported. rrective action plan compliance verified? Yes .P 12/08/2021; R 400.15403(2);R 400.15403 (5);F mber of excluded employees followed-up?	CAP date/s and rule/s:	
• Vai	riances? 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 400.15205

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 physician's 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.

Direct care staff Connie McAllister did not have a medical exam within 30 days of hire in the employee record.

R 400.15312 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:
- (b) Complete an individual medication log that contains all of the following information:
 - (i) The medication.
 - (ii) The dosage.
 - (iii) Label instructions for use.
 - (iv) Time to be administered.

Resident A's naproxen 500 mg PRN was not listed on the medication record.

R 400.15403 Maintenance of premises.

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

I observed that bedroom number five and bathroom number five was not clean. I observed that bedroom number six had a hole on the wall behind the entry door.

R 400.15403 Maintenance of premises.

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

I observed that bathroom number seven did not have nonskid strips installed in the bathtub.

R 400.15403 Maintenance of premises.

(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.

I observed that bathroom number six sink had standing water.

R 400.15407 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.

I observed that bathroom number one did not have forced ventilation.

IV. RECOMMENDATION

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

J. Reed	12/06/2023
LaShonda Reed	Date
Licensing Consultant	