

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

April 11, 2024

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.

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,

K. Kobinson

Kara Robinson, 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

License #: AS820284331

Licensee Name: The Reach Foundation

Licensee Address: 1793 Charter

Lincoln Park, MI 48146

Licensee Telephone #: (313) 608-1324

Licensee/Licensee Designee: Edward Lark, Designee

Administrator: Edward Lark

Name of Facility: The Charter Home

Facility Address: 1793 Charter

Lincoln Park, MI 48146

Facility Telephone #: (313) 381-5072

Original Issuance Date: 07/28/2006

Capacity: 6

Program Type: MENTALLY ILL

TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date o	of On-site Inspection(s):	04/09/2024	
Date of Bureau of Fire Services Inspection if applicable:			
Date of Environmental/Health Inspection if applicable:			
No. of	f staff interviewed and/or observed f residents interviewed and/or observed f others interviewed 01 Role: License	02 04 see designee	
R	Medication pass / simulated pass observed? Residents easily agitated. Medication(s) and medication record(s) revie		
• M B	Yes ⊠ No ☐ If no, explain. Meal preparation / service observed? Yes ☐ No ☒ If no, explain. Breakfast served shortly before my arrival.		
• F	ire safety equipment and practices observe	ed? Yes ⊠ No □ If no, explain.	
lf	E-scores reviewed? (Special Certification Or no, explain. Vater temperatures checked? Yes 🗵 No [-, – – –	
• Ir	ncident report follow-up? Yes No If	no, explain.	
2	Corrective action plan compliance verified? 023: 301(10) and 3110(3) N/A lumber of excluded employees followed-up		
• V	/ariances? 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 400.14401 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.

Hot water temperature tested at 125 degrees Fahrenheit.

This is a **REPEAT VIOLATION**; See Renewal LSR dated 10/18/23. Mr. Lark submitted an approved plan of correction, but to date, the plan has not been fully implemented based on the repeat violation.

R 400.14401 Environmental health.

(8) Hand-washing facilities that are provided in both the kitchen and bathroom areas shall include hot and cold water, soap, and individual towels, preferably paper towels.

Observed resident bathrooms lacked paper towel for hand drying. The home manager acknowledged they ran out of paper towel. According to the home manager, they shop for paper towel every Wednesday, so they had run out on the day of inspection.

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.

Observed Resident R.L.'s smoke detector inside of his bedroom chirping. I asked the resident how long the smoke detector had been sounding and he replied, "for a long time."

This is a **REPEAT VIOLATION**; See Renewal LSR dated 10/18/23. Mr. Lark submitted an approved plan of correction, but to date, the plan has not been fully implemented based on the repeat violation. It should also be noted Mr. Lark was received the same violation in 2019 and 2021.

R 400.14507 Means of egress generally.

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

Observed locking against egress hardware on both required means of egress. The home manager reported she wasn't aware the lock had been changed on the front and side doors.

IV. RECOMMENDATION

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

4/11/24

Kara Robinson Date

Licensing Consultant