



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

December 9, 2016

Karen Harris  
Integrated Living, Inc.  
43133 Schoenherr Road  
Sterling Heights, MI 48313

RE: Application #: AS500380733  
Sula  
53080 Sula  
Shelby Township, MI 48315

Dear Mrs. Harris:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 5 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Roeiah Epps".

Roeiah Epps, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(586) 256-1776

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500380733
<b>Licensee Name:</b>	Integrated Living, Inc.
<b>Licensee Address:</b>	43133 Schoenherr Road Sterling Heights, MI 48313
<b>Licensee Telephone #:</b>	(586) 731-9800
<b>Licensee Designee:</b>	Karen Harris
<b>Name of Facility:</b>	Sula
<b>Facility Address:</b>	53080 Sula Shelby Township, MI 48315
<b>Facility Telephone #:</b>	(586) 786-5524
<b>Application Date:</b>	12/16/2015
<b>Capacity:</b>	5
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

12/16/2015	On-Line Enrollment
12/23/2015	Application Incomplete Letter Sent Rec cl's for Karen (LD) & Admin
01/05/2016	Contact - Document Received Rec cl's for Karen (LD), & Latanya (Admin)
01/05/2016	Inspection Report Requested - Health Inv. #1025245
01/09/2016	Contact - Document Received Licensing file received from Central office
01/14/2016	Contact - Document Received Licensing file received in office today through ID mail
01/14/2016	Application Incomplete Letter Sent
01/20/2016	Inspection Completed-Env. Health : A
10/25/2016	Contact - Face to Face met with LD and business manager regarding missing items needed to move forward with onsite inspection and enrollment process
11/16/2016	Inspection Completed On-site
11/30/2016	Inspection Completed On-site
11/30/2016	Application Complete/On-site Needed
11/30/2016	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The home is located in a suburban community of Shelby Township, east of M-53. The facility is a large brick home with an attached garage, with a paved driveway. The living and dining space in the home contains 444 sq. ft. of activity space. This is adequate for the proposed number of occupants. The home is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The home is not wheelchair accessible, and the bedroom space is as follows:

<b>Location</b>	<b>Dimensions</b>	<b>Square Footage</b>	<b>Capacity</b>
Bedroom#1	10' x 13'6"	136 sq. ft.	2
Bedroom #2	12' x 10'2"	122 sq. ft.	1
Bedroom#3	15 x 13'4"	201 sq. ft.	2

Total capacity: 5

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to five residents whose diagnoses are physically handicapped or developmentally disabled. The program will include social interaction, personal hygiene care and transportation.

## **C. Applicant and Administrator Qualifications**

The applicant is Integrated Living, Inc., which is a "Domestic Nonprofit Corporation" established in Michigan on 12/3/1991. The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with a projected budget.

The Board of Directors of Integrated Living, Inc. has submitted documentation appointing Karen Harris as the licensee designee and administrator of the facility.

A licensing record clearance was completed and the licensee designee and administrator is of good moral character. The licensee designee and administrator submitted a physician statement documenting her good health and current TB test with negative results.

Karen Harris provided verification of her education and years of experience working with the physically handicapped and developmentally disabled. The licensee designee and administrator also supplied verification of the necessary hours for training. Ms. Harris has approximately 24 years of training and experience of providing direct care services with the physically handicapped and developmentally disabled population. Ms. Harris is also the licensee designee of several licensed adult foster care homes.

The licensee designee and administrator acknowledged it is her responsibility to assess the good moral character of employees and those who will have ongoing, regular and direct contact with the residents. The licensee designee and administrator was also instructed about background check requirements. The licensee designee and administrator was provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)), L-1 Identity Solutions (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee designee acknowledged and understands the administrative rules regarding medication procedures. In addition, she indicated that resident's medications will be stored in a locked cabinet. A daily medication log will also be maintained.

The licensee designee understands the administrative rules regarding informing each resident of their rights and providing a copy of those rights to them. The licensee designee acknowledged awareness of the administrative rules regarding discharge and procedural requirements for issuing written discharge notices.

The licensee designee also understands the administrative rules regarding discharge and procedural requirements for issuing written discharge notices.

The licensee designee understands the administrative rules regarding written and verbal reporting of accidents and incidents and the responsibility to conduct timely investigations of the cause. The licensee designee has indicated that it is her intention to maintain compliance with this requirement.

The licensee designee and administrator acknowledged it is her responsibility to maintain required resident records.

The licensee designee was in compliance with the licensing act and applicable administrative rules at the time of licensure.

#### IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-5).



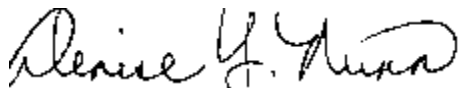
12/5/16

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Roeiah Epps  
Licensing Consultant

Date

Approved By:



12/09/2016

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Denise Y. Nunn  
Area Manager

Date