



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 27, 2018

Jenel Stoinski
Lifehouse Prestige Commons Operations LLC
P.O. Box 120143
Grand Rapids, MI 49528-0143

RE: License #: AL500302889
Investigation #: 2018A0986027
Prestige Commons I

Dear Ms. Stoinski:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames for each violation as to when the correction will be completed or implemented.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days.

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". The signature is written in black ink and is positioned above the typed name and address.

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
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AL500302889
Investigation #:	2018A0986027
Complaint Receipt Date:	09/24/2018
Investigation Initiation Date:	09/24/2018
Report Due Date:	11/23/2018
Licensee Name:	Lifehouse Prestige Commons Operations LLC
Licensee Address:	P.O. Box 120143 Grand Rapids, MI 49528-0143
Licensee Telephone #:	(248) 735-1020
Administrator:	Trina Anderson
Licensee Designee:	Jenel Stoinski
Name of Facility:	Prestige Commons I
Facility Address:	33503 23 Mile Road Chesterfield Twp., MI 48047
Facility Telephone #:	(586) 725-9300
Original Issuance Date:	05/26/2011
License Status:	REGULAR
Effective Date:	11/26/2017
Expiration Date:	11/25/2019
Capacity:	18
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
<ul style="list-style-type: none"> On 9/19/18, a fire occurred on the second floor of the facility, which is unlicensed. This caused the AFC residents on the first floor to be temporarily relocated to other facilities. During the Bureau of Fire Safety (BFS) investigation of the cause of the fire, it was discovered that AFC residents receive medical and therapeutic services on the second floor. 	Yes

III. METHODOLOGY

09/20/2018	Contact - Telephone call received Licensee designee Jenel Stoinski and Bureau of Fire Safety (BFS) Inspector William Yost
09/24/2018	Special Investigation Intake 2018A0986027
09/24/2018	APS Referral Adult Protective Services (APS) Centralized Intake
09/24/2018	Special Investigation Initiated - Telephone APS Macomb County worker assigned Michael Rider
09/25/2018	Contact - Telephone call made APS worker Michael Rider
09/27/2018	Inspection Completed On-site Observed residents and facility; received documents from administrator Trina Anderson
10/02/2018	Contact - Document Received BFS inspection report
10/02/2018	Contact - Document Sent BFS inspection report to APS worker Michael Rider
10/10/2018	Inspection Completed On-site Interviewed Residents A and B
11/26/2018	Contact - Document Sent Email to BFS inspectors William Yost and Brian Batten

11/26/2018	Contact - Document Sent Email to APS worker Michael Rider and Carl Simcox, Homestead Management Company
11/27/2018	Contact - Document Received Updated BFS inspection report
11/27/2018	Exit - Conference Licensee designee Jenel Stoinski

ALLEGATION:

- **On 9/19/18, a fire occurred on the second floor of the facility, which is unlicensed. This caused the AFC residents on the first floor to be temporarily relocated to other facilities.**
- **During the Bureau of Fire Safety (BFS) investigation of the cause of the fire, it was discovered that AFC residents receive medical and therapeutic services on the second floor.**

INVESTIGATION:

On 9/20/18, I received a telephone call from licensee designee Jenel Stoinski. Ms. Stoinski stated the second floor of the facility which is unlicensed had a fire. No specific information was received as to the cause of the fire but wanted to notify the department right away. Ms. Stoinski stated she would follow-up with an incident report by 9/21/18. Further, Ms. Stoinski stated all residents had been evacuated timely and no residents were injured.

On 9/20/18, I received a phone call from Bureau of Fire Safety (BFS) inspector William Yost. Mr. Yost stated the fire which occurred at the facility was still under investigation, but there were concerns as to why the residents were receiving services on the second floor. Mr. Yost interviewed several direct care workers and maintenance workers who stated residents receive medical and therapeutic services on the second floor in a therapy room. Additionally, 19 of the 23 residents evacuated on the second floor required assistance either with a wheelchair or walker. It is unclear at this time which residents reside on the second floor and which residents reside on the first floor. Mr. Yost stated a copy of his investigation and findings would be sent to the department as soon as possible.

On 9/27/18, I conducted an unannounced inspection at the facility. The dining area was completely barricaded off with plastic covering. All residents observed were either sleeping or could not provide information regarding the fire.

On 9/27/18, I briefly interviewed the administrator Trina Anderson, due to her assisting staff members providing care to the residents at the time of my inspection. Ms.

Anderson provided me with a copy of the most recent staff list with their contact information. Ms. Anderson also stated that BFS had approved the facility for residents' re-entry to the facility over the weekend on 9/22/18. Ms. Anderson also stated the facility and corporation was diligently working towards needed repairs due to the fire caused on the second floor. Ms. Anderson stated all direct care staff for both licensed facilities worked diligently to evacuate all residents out of the facility. Ms. Anderson stated although the investigation as to the cause of the fire was still being investigated, she was informed that the cause of the fire was due to a staff member cooking in the kitchen on the second floor. Ms. Anderson stated that all AFC residents do not go onto the second floor for therapeutic services. Ms. Anderson was informed by her corporation that residents could receive some therapeutic services only, but no other services could be provided by direct care staff employed on the second floor.

On 10/2/18, I received the BFS inspection report completed by William Yost dated 9/19/18, which stated 18 residents whose diagnoses were physically handicapped, Alzheimer's or aged were evacuated and temporarily housed outside of the facility. No smoke or water damaged was sustained inside the facility and a staff member on the second floor caused the fire in the kitchen. The inspection report also lists several concerns and violations regarding the entire facility. Consequently, a disapproval fire safety rating was issued for the following violations:

1. The second floor was found during investigation to be housing residents of the same type and mobility as under State licensing guidelines. (However unlicensed). Licensing shall sign off on this Occupancy as not requiring licensure.
2. During investigation it was observed a second-floor therapy room was utilized for the use of all building occupants. Egress for this use has not been authorized. Licensing shall sign off on this use.
3. All smoke detectors shall be sensitivity tested within the next 90 days to show compliance.
4. During investigation it was noted the building is not monitored as required in NFPA 13 for buildings with sprinkler protection.
5. Fire doors found wedged open during the investigation cannot be, unless tied to the fire alarm via magnetic hold-open devices in compliance with NFPA 72. Last annual inspection cited several fire doors though out wedged open.
6. Provide documentation of the training of principals and staff in contacting the Bureau of Fire Services within 24 hours of a Fire or loss of Life Safety systems.
7. Provide updated Fire Drill documentation to show compliance with Drill requirements under the Bureau of Fire Services requirements. For "Immediate", "Slow", or "Impractical" times.
8. During inspection it was observed the second-floor middle stairwell door from the corridor could not positively latch due to the strike being removed. This allows the door to swing freely. (This is on the non-licensed 2nd floor).

On 11/26/18, APS worker Michael Rider stated he substantiated allegations of neglect for the unlicensed portion of the facility due to the facility's negligence, which caused the fire.

On 11/26/18, BFS inspector William Yost stated he issued disapproval rating on 9/19/18 for the entire facility (both floors) until a re-inspection could be completed.

On 11/26/18, BFS inspector Brian Batten confirmed the facility still has a disapproval rating until all the above violations noted in Mr. Yost report issued on 10/2/18, were corrected. Mr. Batten confirmed the violations are against the licensed facility only and the issues regarding the second floor are a concern. Mr. Batten stated the facility has until 12/26/18, to correct all violations.

On 11/27/18, I conducted the exit conference with the licensee Jenel Stoinski. Ms. Stoinski stated she will ensure that no residents go to the second floor for any services. Ms. Stoinski stated she is aware of the violations and concerns and will complete a corrective action plan once the report is received.

APPLICABLE RULE	
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.
ANALYSIS:	On 9/19/18, BFS issued a disapproval fire safety rating due to a fire caused by a staff member cooking in the kitchen, which caused the residents to be displaced temporarily for needed fire safety repairs.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	The facility has not ensured the residents protection and safety, evidenced by the facility providing medical therapeutic services on the second level of the facility, which is not subject to regulation or oversight by the department to ensure the provisions afforded under the Public Act.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon the licensee submitting an acceptable corrective action plan, I recommend that the status of the license be changed to a six-month provisional.

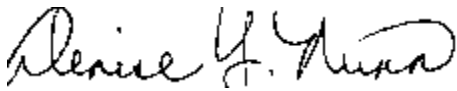


11/27/18

Roeiah Epps
Licensing Consultant

Date

Approved By:



11/27/2018

Denise Y. Nunn
Area Manager

Date