

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

October 28, 2021

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

RE: License #: AS500380734 Investigation #: 2021A0986013

Biland

Dear Mrs. Harris:

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.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

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. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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, Truck Epp-Nard

Roeiah Epps-Ward, 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 #:	AS500380734
Investigation #:	2021A0986013
Complaint Receipt Date:	07/29/2021
Investigation Initiation Date:	07/29/2021
investigation initiation bate.	0172372321
Report Due Date:	09/27/2021
Licensee Name:	Integrated Living Inc
Licensee Name.	Integrated Living, Inc.
Licensee Address:	43133 Schoenherr Road
	Sterling Heights, MI 48313
Licensee Telephone #:	(586) 731-9800
Licensee Telephone #:	(666) 761 3666
Administrator:	Karen Harris
Licensee Designee:	Karen Harris
Licensee Designee.	Kalennains
Name of Facility:	Biland
Cocility Address.	42820 Biland
Facility Address:	Clinton Township, MI 48038
Facility Telephone #:	(586) 840-7959
Original Issuance Date:	12/09/2016
Original issuance bate.	12/03/2010
License Status:	REGULAR
Effective Date:	06/09/2021
Lifective Date.	00/09/2021
Expiration Date:	06/08/2023
Compositive	C
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

Violation Established?

Γ	 A staff member has not completed her training and is working 	Yes
	alone.	
	 Multiple staff members have not completed training. 	

III. METHODOLOGY

07/29/2021	Special Investigation Intake 2021A0986013
07/29/2021	Special Investigation Initiated - Letter Email to Macomb County Office of Recipient Rights
07/29/2021	Contact - Document Sent Email to licensee designee and administrator Karen Harris and Complainant
08/02/2021	Contact - Document Sent Email to licensee designee and administrator Karen Harris and corporation assistant Sara Harris
08/03/2021	Contact - Document Received Email from licensee designee and administrator Karen Harris and corporation assistant Sara Harris
08/04/2021	Contact - Document Sent Email to licensee designee and administrator Karen Harris and corporation assistant Sara Harris
10/27/2021	Contact - Document Sent Email to licensee designee and administrator Karen Harris and corporation assistant Sara Harris; complainant
10/27/2021	Exit - Conference Emailed findings to licensee designee and administrator Karen Harris
10/28/2021	Contact Document Received Email from Macomb County Office of Recipient Rights Loren Klung and Sara Harris corporation assistant

ALLEGATION:

- A staff member has not completed her training and is working alone.
- Multiple staff members have not completed training.

INVESTIGATION:

No onsite inspection was conducted, due to COVID-19 quarantine restrictions.

On 7/29/2021, I emailed the licensee designee and administrator Karen Harris. Specifically, all staff training records were requested in addition to the staff list for the month of July.

On 8/2/2021, I emailed Ms. Harris and her assistant Sara Harris, to inform them of the allegations in the complaint, due to Ms. Harris inquiry on 7/30/2021. Ms. Harris assured me all documentation would be submitted to aid in completion of the special investigation. I also reminded Ms. Harris and her assistant that I still had not received the staff schedule, for a comparison of the staff training records I had received.

On 8/4/2021, Sara Harris submitted staff training records for all employees at the facility. According to the staff schedule for the month of July the following staff members were scheduled to work:

- Anne Pettiford
- Demarja Parker
- Judith Hartman
- Antonetta Phillips

However, no training records were submitted for staff member Antonetta Phillips.

On 10/27/2021, I conducted the exit conference with licensee designee and administrator Karen Harris. Ms. Harris was given the findings of the investigation and instructed to complete a corrective action plan upon receipt of the special investigation report.

On 10/28/2021, I received the training transcript from Macomb County Office of Recipient Rights (ORR) officer Loren Klung. According to Ms. Klung and her training records, Anne Pettiford did not have the required medication training completed.

On 10/28/2021, Sara Harris stated that due to Ms. Pettiford lack of medication training, she was transferred to the corporation's unlicensed facility.

APPLICABLE RULE				
R 330.1806	Staffing levels and qualifications.			
	(2) All staff who work independently and staff who function as lead workers with clients shall have successfully completed a course of training which imparts basic concepts required in providing specialized dependent care and which measures staff comprehension and competencies to deliver each client's individual plan of service as written. Basic training shall address all of the following areas: (a) An introduction to community residential services and the role of direct care staff. (b) An introduction to the special needs of clients who have developmental disabilities or have been diagnosed as having a mental illness. Training shall be specific to the needs of clients to be served by the home. (c) Basic interventions for maintaining and caring for a client's health, for example, personal hygiene, infection control, food preparation, nutrition and special diets, and recognizing signs of illness. (d) Basic first aid and cardiopulmonary resuscitation (e) Proper precautions and procedures for administering prescriptive and nonprescriptive medications. (f) Preventing, preparing for, and responding to environmental emergencies, for example, power failures, fires, and tornados. (g) Protecting and respecting the rights of clients, including providing client orientation with respect to the written policies and procedures of the licensed facility. (h) Non-aversive techniques for the prevention and treatment of challenging behavior of clients.			
ANALYSIS:	Staff member Anne Pettiford was transferred to the corporation's unlicensed facility, due to her not having required medication training. Additionally, no verification of training records for staff member Antonetta Phillips exists or was submitted.			
CONCLUSION:	VIOLATION ESTABLISHED			

IV. RECOMMENDATION

Area Manager

Contingent upon the licensee submitting an acceptable corrective action plan, I recommend that the special investigation be closed with no change to the license.

Freial Exp - Nord	
	10/28/2021
Roeiah Epps-Ward Licensing Consultant	Date
Approved By:	
Denice G. Hunn	10/28/2021
Denise Y Nunn	Date