



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 5, 2021

Jeffrey Perczyk
Life Skills Residential, LLC
25900 Greenfield Road SUITE #103
Oak Park, MI 48237

RE: License #: AS630394457
Life Skills Residential-The Loop
25640 Lincoln Terrace Drive
Oak Park, MI 48237

Dear Mr. Perczyk:

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.
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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,

A handwritten signature in blue ink, appearing to read "K. Lewis".

Kenyatta Lewis, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 296-2078

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

I. IDENTIFYING INFORMATION

License #: AS630394457

Licensee Name: Life Skills Residential, LLC

Licensee Address: 25900 Greenfield Road SUITE #103
Oak Park, MI 48237

Licensee Telephone #: (248) 245-7705

Licensee/Licensee Designee: Jeffrey Perczyk

Administrator: Jeffrey Perczyk

Name of Facility: Life Skills Residential-The Loop

Facility Address: 25640 Lincoln Terrace Drive
Oak Park, MI 48237

Facility Telephone #: (248) 536-5080

Original Issuance Date: 02/14/2019

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/02/2021

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 1
No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: Special Investigation Report (SIR) # 2020A0988014 01/23/2020 R305(1)
- Licensing Study Renewal (LSR) 07/18/2019 R313(4) N/A
- Number of excluded employees followed-up? N/A
- Variances? 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 400.14208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(f) Verification of reference checks.

On 08/02/2021, during the onsite inspection, I observed direct care worker (DCW) Brittany Kirkland's employee record. I noted that there was one reference check on file. There should have been at least two reference checks on file.

Technical assistance was provided to the licensee designee regarding the employee record.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:

(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.

During the onsite inspection, I observed Resident E's record. I noted that the personal funds box was left blank on the resident care agreement and there was no description of how the funds and valuables would be managed.

Technical assistance was provided to the licensee designee regarding the completion of the resident care agreement specifically regarding the management of the resident's funds.

R 400.14312 Resident medications.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

I observed Resident E's medication administration record. (MAR). I noted that on 07/31/2021, the PM dose of Duloxetine Cap 60 mg was still in the pill pack. There were 10 pills in the pill pack. Based on the refill date, there should have been 9 pills in the pill pack.

Technical assistance was provided to the licensee designee regarding medication administration and documenting the MAR.

R 400.14316 Resident records.

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:
(a) Identifying information, including, at a minimum, all of the following:
(vi) Name, address, and telephone number of the preferred physician and hospital.

I observed Resident E's identification record and noted that the preferred hospital information was not documented.

Technical assistance was provided to the licensee designee regarding the completion of the resident identification record.

IV. RECOMMENDATION

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



08/05/2021

Kenyatta Lewis
Licensing Consultant

Date