

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 20, 2022

Pamela Hurley Innovative Lifestyles, Inc. PO Box 1258 Clarkston, MI 48347

> RE: License #: AS630067389 Foster 8531 Foster Road Clarkston, MI 48346

Dear Ms. Hurley:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance or
- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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,

Kisten Donnay

Kristen Donnay, Licensing Consultant Bureau of Community and Health Systems Cadillac Place 3026 W. Grand Blvd., Ste. 9-100 Detroit, MI 48202 (248) 296-2783

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

I. IDENTIFYING INFORMATION

| License #: | AS630067389 |
|---|-----------------------------|
| | |
| Licensee Name: | Innovative Lifestyles, Inc. |
| | |
| Licensee Address: | 5490 Dixie Hwy |
| | Suite 1 |
| | Waterford, MI 48329 |
| T . L . L . H | (0.40) 000 0000 |
| Licensee Telephone #: | (248) 623-8898 |
| Licensee Designee: | Pamela Hurley |
| Name of Facility: | Foster |
| Facility Address: | 8531 Foster Road |
| | Clarkston, MI 48346 |
| Facility Telephone #: | (248) 625-3253 |
| | |
| Original Issuance Date: | 10/01/1995 |
| Capacity: | 6 |
| Capacity: | |
| Program Type: | DEVELOPMENTALLY DISABLED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/19/2022

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

Date of Environmental/Health Inspection if applicable: 07/27/22

| Insp | pection Type: | Interview and Observatio Combination | n 🖂 Worksheet 🗌 Full Fire Safety | |
|---|---|---|-------------------------------------|--|
| No. of staff interviewed and/or observed2No. of residents interviewed and/or observed1No. of others interviewed3Role:Lic. Designee, area mgr. | | | | |
| • | Medication pass / simul | ated pass observed? Yes $ig >$ |] No 🗌 If no, explain. | |
| • | Medication(s) and medi | cation 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 X If no, explain. Inspection did not occur during meal time Fire drills reviewed? Yes No I If no, explain. | | | |
| • | Fire safety equipment a | nd practices observed? Yes | 🛛 No 🗌 If no, explain. | |
| • | If no, explain. | ecial Certification Only) Yes ecked? Yes 🛛 No 🗌 If no, | | |
| • | Incident report follow-up | o? Yes 🛛 No 🗌 If no, expl | ain. | |
| • | Corrective action plan c | ompliance verified? Yes 🖂 | CAP date/s and rule/s: | |
| • | Number of excluded em | ployees followed-up? | N/A 🖂 | |
| • | Variances? Yes 🗌 (ple | ease explain) No 🗌 N/A 🖂 | | |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

| R 400.14205 | Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household. |
|-------------|---|
| | (6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review. |

During the onsite inspection, the employee file for Susan Feltz did not contain an annual health review for 2021.

| 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: (h) Medical information, as required. |

During the onsite inspection, the employee file for Khalilisha Bouie did not contain verification of TB testing or a physical conducted at the time of hire. The licensee designee provided documentation showing they were completed on 10/18/21, but the results were not on file.

| R 400.14312 | Resident medications. |
|-------------|--|
| | (4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given. |

During the onsite inspection, I observed:

- Resident K's June 2022 and July 2022 medication administration records (MAR) were not initialed for Ketoconazole shampoo 2% for the entire month.
- Resident C's April 2022 MAR was not initialed for the 2:00pm dose of Oxybutynin Chl. 5mg for the entire month.

• Resident C's January 2022 MAR was not initialed for the 8:00am dose of Lorazepam on 01/10/22.

| 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. |

During the onsite inspection the water temperature was measured at 98°F in the bathroom and 101°F in the kitchen.

| R 400.14403 | Maintenance of premises. |
|-------------|--|
| | (1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants. |

During the onsite inspection:

- The outlet cover was missing in bedroom #4.
- The wood on the door was splintered in bedroom #4.
- The cabinets in the kitchen were dirty.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Kisten Donna

07/20/2022

Kristen Donnay Licensing Consultant Date