



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

August 2, 2023

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

RE: License #: AS630074810
Kurtz Home
1499 Kurtz Road
Holly, MI 48442

Dear Pamela 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,

A handwritten signature in cursive script that reads "Kristen 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 #:	AS630074810
Licensee Name:	Innovative Lifestyles, Inc.
Licensee Address:	5490 Dixie Hwy Suite 1 Waterford, MI 48329
Licensee Telephone #:	(248) 623-8898
Licensee Designee:	Pamela Hurley
Name of Facility:	Kurtz Home
Facility Address:	1499 Kurtz Road Holly, MI 48442
Facility Telephone #:	(810) 373-6123
Original Issuance Date:	01/15/1997
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/31/2023

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

Date of Environmental/Health Inspection if applicable: 06/26/23

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 2 Role: Licensee Desig. & Area Sup.

- 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:
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 330.1803	Facility environment; fire safety.
	(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multi-station smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.

During the onsite inspection, there was no documentation on file that an inspection of the fire safety system was conducted annually in 2022.

R 400.14204	Direct care staff; qualifications and training.
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: (b) First aid. (c) Cardiopulmonary resuscitation.

During the onsite inspection, the employee file for direct care worker, Calleigh Osborn, did not contain verification of first aid or CPR training.

R 400.14306	Use of assistive devices.
	(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

During the onsite inspection, there was no physician authorization on file for Resident P's bed alarm.

R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

Resident L's 8:00am medications were not passed on 07/15/23.

REPEAT VIOLATION ESTABLISHED

Reference Special Investigation Report #: 2023A0612025 dated 06/22/23; CAP dated 07/07/23.

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: (i) The medication. (ii) The dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given. (vi) A resident's refusal to accept prescribed medication or procedures.

During the onsite inspection, I reviewed Resident P and Resident L's medication administration records (MAR) and noted the following:

- Staff did not initial Resident P's July 2023 MAR for the PRN milk of magnesia on 07/17/23.
- Staff initialed Resident P's July 2023 MAR indicating they passed Resident P's 8:00am medications on 07/28/23, but Resident P was in the hospital.
- Staff did not initial Resident P's July 2023 MAR for any administration of Urea Cream 20%- apply three times weekly.
- The label instructions for Resident P's Muro eye drops state to put one drop in the left eye every morning, but the MAR states three times daily.
- Resident L's July 2023 MAR was not initialed for Polyethylene Glycol on 07/25/23 and 07/26/23.
- Resident L's July 2023 MAR was initialed from 7/2/23-7/5/23 for Vitamin D2 but he only receives the medication twice monthly on the 1st and 15th.

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: (c) Record the reason for each administration of medication that is prescribed on an as needed basis.

Staff did not record the reason for each administration of Resident P's PRN for Alprazolam 0.5mg on 04/04/23, Resident L's PRN for Milk of Magnesia on 02/15/23 & 02/20/23, or Resident L's PRN for IPRAT Albut. Inhaler on 02/05/23, 02/07/23, 02/08/23-02/13/23, and 02/19/23.

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: (f) Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given.

There was no documentation on file that staff contacted the appropriate health care professional following the medication error that occurred when Resident L did not receive his 8:00am medications on 07/15/23.

R 400.14315	Handling of resident funds and valuables.
	(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

During the onsite inspection, the Funds Part II forms showing cash transactions and copies of receipts were not on file in the home.

A corrective action plan was requested and approved on 07/31/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

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



08/02/2023

Kristen Donnay
Licensing Consultant

Date