



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

September 29, 2023

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

RE: License #: AS500270751  
**Kingsberry AFC Home**  
**28175 Kingsberry Drive**  
**Chesterfield, MI 48047**

Dear Ms. Harris:

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.

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 cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 West Grand Blvd Ste 9-100  
Detroit, MI 48202  
(248) 285-1703

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

**I. IDENTIFYING INFORMATION**

|                                    |   |
|------------------------------------|---|
| <b>License #:</b>                  | AS500270751   |
| <b>Licensee Name:</b>              | Integrated Living, Inc.                             |
| <b>Licensee Address:</b>           | 43133 Schoenherr Road<br>Sterling Heights, MI 48313 |
| <b>Licensee Telephone #:</b>       | (586) 731-9800                                      |
| <b>Licensee/Licensee Designee:</b> | Karen Harris  |
| <b>Administrator:</b>              | Shanequa Lackey                                     |
| <b>Name of Facility:</b>           | Kingsberry AFC Home                                 |
| <b>Facility Address:</b>           | 28175 Kingsberry Drive<br>Chesterfield, MI 48047    |
| <b>Facility Telephone #:</b>       | (586) 949-2817                                      |
| <b>Original Issuance Date:</b>     | 04/06/2005  |
| <b>Capacity:</b>                   | 6   |
| <b>Program Type:</b>               | DEVELOPMENTALLY DISABLED                            |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/28/2023

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

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 0

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Reviewed medication passing procedures with home manager.
- 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.  
Inspection did not occur during a meal preparation.
- 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:  
Renewal dated 10/16/2021- AS208, AS315(3), AS316(1)(a), AS203(1), AS205,  
AS312(6) 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:

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| <b>R 400.14306</b>   | <b>Use of assistive devices.</b>   |
|  | <b>(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.</b>  |
| Resident A's use of wheelchair, gait belt and bed rail were not listed in assessment plan.   |  |
| <b>R 400.14306</b>   | <b>Use of assistive devices.</b>   |
|  | <b>(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.</b>  |
| Resident A did not have physician authorization in file for use of wheelchair and gait belt.   |  |
| <b>R 400.14310</b>   | <b>Resident health care.</b>   |
|  | <b>(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.</b>   |
| Resident A's weight was not recorded for January 2023, February 2023, March 2023, April 2023, May 2023, and June 2023. Resident B's weight was not recorded for January 2023, February 2023, March 2023, April 2023, and May 2023. |  |
| <b>R 400.14312</b>   | <b>Resident medications.</b>   |
|  | <p><b>(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></p> <p style="padding-left: 40px;"><b>(a) Be trained in the proper handling and administration of medication.</b></p> <p style="padding-left: 40px;"><b>(b) Complete an individual medication log that contains all of the following information:</b></p> <p style="padding-left: 80px;"><b>(i) The medication.</b></p> <p style="padding-left: 80px;"><b>(ii) The dosage.</b></p> <p style="padding-left: 80px;"><b>(iii) Label instructions for use.</b></p> <p style="padding-left: 80px;"><b>(iv) Time to be administered.</b></p> |

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|  | <p>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p> <p>(c) Record the reason for each administration of medication that is prescribed on an as needed basis.</p> |
| <p>Resident A's Lidocaine Ointment 5%, Methocarbamol 500 mg PRN, and Tramadol HCL 50 mg PRN were not listed on medication log.</p> <p>Resident A's July 2023 medication log listed Ciprofloxacin 0.3% drops, instill 4 drops in the right ear twice a day for 14 days at 8AM and 8PM. Staff did not initial for 8AM drops on 07/14. Staff continued to initial that drops were administered after the 14-day period from 07/16-07/20.</p> <p>Resident A's August 2023 medication log listed Ciprofloxacin 0.3% drops, instill 4 drops in the right ear twice a day for 7 days at 8AM and 8PM. Staff did not initial medication log for 8AM drops on 08/26, 08/28 and 08/29. Staff did not initial medication log for 8PM drops on 08/26, 08/27, 08/28 and 08/30.</p> <p>Resident A's July 2023 medication log was missing staff initials for Melatonin 3mg Tab (8PM) and Seroquel 100 mg Tab (8PM) on 07/30 and 07/31.</p> <p>Resident B's Acetaminophen 325 mg tablet PRN was not listed on medication log.</p> <p>Resident B's medication log listed Clotrimazole 1% topical, however, the medication was not available in the home.</p> |  |
| <b>R 400.14403</b>   | <b>Maintenance of premises.</b>  |
|  | (2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.  |
| <p>During the onsite inspection, I observed the following items needed maintenance:</p> <ul style="list-style-type: none"> <li>- Bathroom #1 had rusted light switch cover.</li> <li>- Fixtures, tile, and cabinet in Bathroom #1 were dust covered and needed cleaning.</li> <li>- Light fixtures in laundry room and kitchen were missing.</li> </ul>  |  |
| <b>R 400.14403</b>   | <b>Maintenance of premises.</b>  |
|  | (7) All water closet compartments, bathrooms, and kitchen floor surfaces shall be constructed and maintained so as to be reasonably impervious to water and to permit the floor to be easily kept in a clean condition.                        |

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| During the onsite inspection, I observed that the shower in Bathroom #2 had black grout.   |  |
| <b>R 400.14505</b>   | <b>Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.</b> |
|  | (4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.  |
| During the onsite inspection, the smoke detectors did not sound during testing. The last inspection on file was completed in May 2022. |  |

#### IV. RECOMMENDATION

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

*Kristine Cilluffo*

09/29/2023

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 Kristine Cilluffo  
 Licensing Consultant

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 Date