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GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

February 4, 2025

Jennifer Lockhart Alternative Community Living, Inc. P. O. Box 190179 Burton, MI 48519

RE: License #: AM330080027

Loretta House 6040 Loretta Street Lansing, MI 48911

#### Dear Jennifer Lockhart:

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.

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 (517) 284-9730.

Sincerely,

Ondrea Johnson, Licensing Consultant Bureau of Community and Health Systems

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

#### I. IDENTIFYING INFORMATION

**License #:** AM330080027

**Licensee Name:** Alternative Community Living, Inc.

**Licensee Address:** P. O. Box 190179

Burton, MI 48519

**Licensee Telephone #:** (517) 256-2939

Licensee Designee: Jennifer Lockhart

Administrator: Renee Clemons

Name of Facility: Loretta House

**Facility Address:** 6040 Loretta Street

Lansing, MI 48911

**Facility Telephone #:** (517) 882-5661

Original Issuance Date: 03/31/1998

Capacity: 7

Program Type: MENTALLY ILL

### **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):		02/03/20	025
Date	e of Bureau of Fire Service	s Inspection if appli	cable: 4	/17/23
Date	e of Environmental/Health	Inspection if applica	able: N/A	
No.	of staff interviewed and/or of residents interviewed ar of others interviewed			3 4
•	Medication pass / simulate	ed pass observed?	Yes 🖂	No ☐ If no, explain.
•	Medication(s) and medica	tion record(s) revie	wed? Yo	es 🛭 No 🗌 If no, explain.
•	Resident funds and assoc Yes ⊠ No ☐ If no, expla Meal preparation / service	ain.		
•	Fire drills reviewed? Yes	⊠ No □ If no, ex	plain.	
•	Fire safety equipment and	practices observed	d? Yes[	⊠ No  If no, explain.
•	E-scores reviewed? (Specifino, explain. Water temperatures check			
•	Incident report follow-up?	Yes ⊠ No ☐ If r	no, expla	in.
•	Corrective action plan con N/A ⊠ Number of excluded empl			CAP date/s and rule/s: N/A ⊠
•	Variances? Yes ☐ (pleas	se explain) No 🗍	N/A 🖂	

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14312 Resident medications.

> (1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

FINDINGS: Robitussin 100mg prn medication for Resident A not stored in the facility.

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.

FINDINGS: Water temperature at kitchen faucet exceeds 120 degrees Fahrenheit.

#### IV. RECOMMENDATION

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

Ondrea Johnson

Licensing Consultant

Indrea Chohusa

2/4/2024 Date