



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 21, 2023

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

RE: License #: AS500380733
Sula
53080 Sula
Shelby Township, MI 48315

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

License #:	AS500380733
Licensee Name:	Integrated Living, Inc.
Licensee Address:	43133 Schoenherr Road Sterling Heights, MI 48313
Licensee Telephone #:	(586) 731-9800
Licensee/Licensee Designee:	Karen Harris
Administrator:	Edwina Patterson
Name of Facility:	Sula
Facility Address:	53080 Sula Shelby Township, MI 48315
Facility Telephone #:	(586) 786-5524
Original Issuance Date:	12/09/2016
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/19/2023

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

Date of Environmental/Health Inspection if applicable: 08/07/2023

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
Reviewed medication passing procedures with staff.
- 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:
CAP date 01/04/2022- AS103(5), AS312(4), AS318(5) 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:

<p>R 400.14301</p>	<p>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</p>
	<p>(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.</p>
<p>Resident A was admitted to the home on 11/21/2022. Resident A did not have a health care appraisal form completed at the time of admission. Resident A's health care appraisal was dated 11/21/2023.</p>	
<p>R 400.14301</p>	<p>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</p>
	<p>(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:</p> <ul style="list-style-type: none"> (a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal. (b) A description of services to be provided and the fee for the service. (c) A description of additional costs in addition to the basic fee that is charged.

	<p>(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.</p> <p>(e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.</p> <p>(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.</p> <p>(g) An agreement by the resident to follow the house rules that are provided to him or her.</p> <p>(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.</p> <p>(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.</p> <p>(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.</p> <p>(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.</p> <p>(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.</p>
	<p>Resident A was admitted to the home on 11/21/2022. Resident A's resident care agreement was not signed by his guardian until 12/13/2022. The resident care agreement was not signed by the licensee designee until 03/15/2023.</p>
<p>R 400.14301</p>	<p>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</p>
	<p>(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.</p>

Resident B had resident care agreements in file signed on 12/17/2021 and 02/16/2023. Resident B did not have an updated resident care agreement completed in 2022.	
R 400.14312	Resident medications.
	<p>(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:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <ul style="list-style-type: none"> (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.

Resident A's December 2023 medication log was missing staff initials for the following medications:

- Oxcarbazepine 150 MG (8AM) - 12/14
- Sertraline 50 MG- 12/14
- Sucralfate 1000 MG (8AM)- 12/14
- Pantoprazole 40 MG (8AM)- 12/02-12/04, 12/06, 12/14,12/18
- Pantoprazole 40 MG (8PM)- 12/04, 12/05, 12/11, 12/12, 12/17, 12/18
- Furosemide 20 MG- 12/04, 12/06, 12/14, 12/18
- Metformin HCL 500 MG (8AM)- 12/04, 12/06, 12/14, 12/18
- Metformin HCL 500 MG (8PM)- 12/04, 12/05, 12/11, 12/17, 12/18
- Mononitrate 30 MG XR- 12/04, 12/06, 12/14, 12/18
- Atenolol 20 MG- 12/14, 12/18
- Tamsulosin HCL 0.4 MG- 12/14, 12/18
- Ferrous Sulfate 325 MG (8AM)- 12/14, 12/18
- Ferrous Sulfate 325 MG (8PM)- 12/04, 12/05, 12/10, 12/11, 12/17, 12/18

On 12/19/2023 during the onsite inspection, I observed that Resident B's 8:00 am medications including Ceravite tablet, Levothyroxine 88 MCG and Vitamin C tab had not been initiated as given by staff.

REPEAT VIOLATION ESTABLISHED Reference LSR dated 12/28/2021, CAP dated 01/04/2022

R 400.14313	Resident nutrition.
	(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.
During the onsite inspection, I observed that there were no substitutions noted on menus.	
R 400.14313	Resident nutrition.
	(6) Records of menus, including special diets, shall be kept by the licensee for 1 calendar year.
During the onsite inspection, the home did not have records of menus available for one calendar year.	
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.

<p>During the onsite inspection, I observed the following items need maintenance:</p> <ul style="list-style-type: none"> • Broken faucet handle in Bathroom #1 • Rusted vent in Bathroom #2 • Wood damage to closet doors in Bedroom #2 	
R 400.14403	Maintenance of premises.
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.
<p>During the onsite inspection, I observed drywall damage in the kitchen and living room. I also observed that the floors and walls in Bedroom #2 were covered with debris and stains and in need of cleaning.</p>	
R 400.14403	Maintenance of premises.
	(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.
<p>During the onsite inspection, I observed that the bathroom sink in Bathroom #3 was not draining properly.</p>	

IV. RECOMMENDATION

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

Kristine Cilluffo

12/21/2023

Kristine Cilluffo
Licensing Consultant

Date