



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 14, 2025

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) 972-9136.

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): 11/13/2025

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

Date of Environmental/Health Inspection if applicable: 09/18/2025

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Administrator

- Medication pass / simulated pass observed? Yes No If no, explain.
Reviewed medications 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 01/05/2024- AS301(10), AS301(6), AS301(9), AS312(4), AS313(4),
AS403(1), AS403(5), AS403(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:

R 400.647	Safety and maintenance of premises.
	(1) A facility must 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"> • Rusted vent in Bathroom #2 • Cracked toilet seat in Bathroom #3 	
R 400.663	Nutrition; adoption by reference.
	(5) A resident who has a prescribed diet by an appropriately licensed health care professional shall be provided that diet.
<p>Resident A's health care appraisal indicated that she is prescribed a diabetic, low salt and low cholesterol diet. Resident A is following a regular diet menu.</p>	
R 400.685	Resident admission; resident assessment plan; resident care agreement; health care appraisal.
	<p>(6) A licensee shall complete a written resident care agreement at the time of a resident's admission that includes all of the following:</p> <ul style="list-style-type: none"> (a) A statement that the facility is licensed to provide foster care to adults. (b) The services to be provided and the fee for those services. (c) Any additional costs in addition to the basic fee that is charged. (d) A resident's rights policy. (e) A discharge policy. (f) Transportation services provided for a basic fee and services that are provided at an extra cost. (g) A refund policy. (h) A resident's funds and valuables policy. (i) An agreement by the licensee to provide care, supervision, and protection to the resident and to ensure transportation services as indicated in the resident's assessment plan and resident care agreement.

	<p>(j) An agreement by the licensee to respect and safeguard the resident's rights.</p> <p>(k) An agreement by the licensee and resident or the resident's designated representative to follow the facility's discharge policy.</p> <p>(l) An agreement by the resident, resident's designated representative, or responsible agency to provide necessary intake information, including health-related information, at the time of admission.</p> <p>(m) An agreement by the resident or the resident's designated representative to provide a current health care appraisal.</p> <p>(n) An agreement by the resident to follow written house rules if any.</p>
<p>Resident A did not have a resident care agreement available at time of inspection.</p>	

IV. RECOMMENDATION

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

Kristine Cilluffo

11/14/2025

 Kristine Cilluffo
 Licensing Consultant

 Date