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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 15, 2021

Renae Kiehler Innovative Housing Dev Corp 3051 Commerce Drive, Suite 5 Fort Gratiot, MI 48059

RE: License #: AS740364562

Hancock

2115 Hancock

Port Huron, MI 48060

Dear Ms. Kiehler

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 (248) 975-5053.

Sincerely,

Kristine Cilluffo, Licensing Consultant

Bureau of Community and Health Systems

4th Floor, Suite 4B

51111 Woodward Avenue

Kristine allylo

Pontiac, MI 48342

(248) 285-1703

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

### I. IDENTIFYING INFORMATION

License #:	AS740364562		
Licensee Name:	Innovative Housing Dev Corp		
Licensee Address:	Suite 5		
	3051 Commerce Drive		
	Fort Gratiot, MI 48059		
Licensee Telephone #:	(810) 385-4463		
Licensee/Licensee Designee:	Renae Kiehler		
Administrator:	Melinda Wiegand		
Name of Facility:	Hancock		
Facility Additions	044511		
Facility Address:	2115 Hancock		
	Port Huron, MI 48060		
Facility Telephone #:	(810) 385-4463		
racinty relephone #.	(010) 303-4403		
Original Issuance Date:	01/20/2015		
Original Issuance Date.	01/20/2010		
Capacity:	6		
Program Type:	DEVELOPMENTALLY DISABLED		
	MENTALLY ILL		
Program Type:			

## **II. METHODS OF INSPECTION**

Date	of On-site Inspection(	s):	07/15/20	)21	
Date	of Bureau of Fire Serv	vices Inspection if appl	licable:	N/A	
Date	of Health Authority Ins	spection if applicable:		N/A	
Inspe	ection Type:	☐ Interview and Obs	servation		
No. o	of staff interviewed and of residents interviewed of others interviewed		trator	3 4	
•	Medication pass / simu	ılated pass observed?	Yes ⊠	No ☐ If no, explain.	
•	Medication(s) and medication record(s) reviewed? Yes $oximes$ No $oximes$ If no, explain.				
•	<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes ∑ No ☐ If no, explain.</li> <li>Meal preparation / service observed? Yes ☐ No ∑ If no, explain. Inspection did not occur during a meal preparation.</li> <li>Fire drills reviewed? Yes ∑ No ☐ If no, explain.</li> </ul>				
•	Fire safety equipment	and practices observe	d? Yes [	⊠ No  lf 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-u	ıp? Yes⊠ No 🗌 If	no, expla	in.	
(	Corrective action plan CAP date 07/10/2019- Number of excluded er	AS312(7) N/A		CAP date/s and rule/s: N/A ⊠	
• '	Variances? Yes ☐ (pl	lease 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.			
	(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.			
Resident A's Minerin cream was not on medication log. Staff stated that medication has been discontinued.				
REPEAT VIOLATION ESTABLISHED. LSR dated 07/10/2019, CAP dated 07/10/2019				

A corrective action plan was requested and approved on 07/15/2021. 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.

Kristine Cillufo	07/15/2021
Kristine Cilluffo	Date
Licensing Consultant	