

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

August 15, 2023

Kristine Curtis Impact Inc. 1001 Military St Port Huron, MI 48060

RE: License #: AS740014805

Michigan Rd Home 2962 Michigan Rd Port Huron, MI 48060

Dear Kristine Curtis:

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 (517) 643-7960.

Sincerely,

Sabrina McGowan, Licensing Consultant Bureau of Community and Health Systems

Salsvia McGonan

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

(810) 835-1019

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

I. IDENTIFYING INFORMATION

License #: AS740014805

Licensee Name: Impact Inc.

Licensee Address: 1001 Military St

Port Huron, MI 48060

Licensee Telephone #: (810) 985-5437

Licensee/Licensee Designee: Kristine Curtis

Administrator: Aaron Foote

Name of Facility: Michigan Rd Home

Facility Address: 2962 Michigan Rd

Port Huron, MI 48060

Facility Telephone #: (810) 984-3553

Original Issuance Date: 02/01/1993

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	08/03/20)23
Date	e of Bureau of Fire Services Inspection if appl	licable:	N/A
Date	e of Environmental/Health Inspection if applica	able:	08/03/2023
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Administration	trator	3 1
•	Medication pass / simulated pass observed?	Yes 🛚	No ☐ If no, explain.
•	$\label{eq:Medication} \mbox{Medication(s) and medication record(s) reviewed? Yes \square No \square If no, explain.}$		
•	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. No meal being prepared during visit. Fire drills reviewed? Yes No If no, explain.		
•	Fire safety equipment and practices observe	d? Yes [⊠ No lf no, explain.
•	E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes ⊠ No [
•	Incident report follow-up? Yes \(\subseteq \text{No } \subseteq \text{If } \text{No IR's to review.} \) Corrective action plan compliance verified? \(08/31/2021-310 \) (3), 403 (1)(5) N/A \(\subseteq \text{Number of excluded employees followed-up'} \)	Yes ⊠(
•	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 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

The last completed resident assessment plan was not found for the former resident whose file reviewed.

IV. RECOMMENDATION

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

Sabrua McGonan August 15, 2023

Sabrina McGowan Date

Licensing Consultant