

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

April 5, 2024

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

> RE: License #: AS740291904 Roehl House 599 Range Rd Marysville, MI 48040

Dear Renae Kiehler:

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,

Sabria McGonan \langle

Sabrina McGowan, Licensing Consultant Bureau of Community and Health Systems 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 #:	AS740291904
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-Marie Kiehler
Administrator:	Melinda Campbell
Name of Facility:	Roehl House
Facility Address:	599 Range Rd Marysville, MI 48040
Facility Telephone #:	(810) 364-2325
Original Issuance Date:	11/01/2007
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	03/27/2024	
Date of Bureau of Fire Services Inspection if a	pplicable: N/A	
Date of Health Authority Inspection if applicable	e: 03/27/2024	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 1 Role: Admir	3 2 nistrator	
• Medication pass / simulated pass observed? Yes \boxtimes No \square If no, explain.		
• 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. 		
• 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 I If no, explain. 		
 Incident report follow-up? Yes No If no, explain. No IR's to review. 		
 Corrective action plan compliance verified N/A X 	? Yes 🗌 CAP date/s and rule/s:	
Number of excluded employees followed-u	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 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

Touch up paint needed in hallway and resident rooms.

Kitchen counter worn and in need of repair or replacing.

IV. RECOMMENDATION

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

Sabria McGonan April 5, 2024

Sabrina McGowan Licensing Consultant Date