



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 24, 2024

Juliana Kiptarus
Hiltan Group Home LLC
6755 Keystone St.
Portage, MI 49024

RE: License #: AM130417481
Hiltan Group Home
20544 McAllister Rd.
Battle Creek, MI 49016

Dear Mrs. Kiptarus:

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 verification of completion of the required corrections below.

Upon receiving documentation of completed corrections, I recommend issuance of a regular license to this AFC adult medium group home, capacity of twelve. Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Kevin L. Sellers

Kevin Sellers, Licensing Consultant
Department of Licensing and Regulatory Affairs
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(517) 230-3704
SellersK1@michigan.gov

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

I. IDENTIFYING INFORMATION

License #:	AM130417481
Licensee Name:	Hiltten Group Home LLC
Licensee Address:	6755 Keystone St. Portage, MI 49024
Licensee Telephone #:	(517) 348-9493
Licensee Designee:	Juliana Kiptarus
Administrator:	Juliana Kiptarus
Name of Facility:	Hiltten Group Home
Facility Address:	20544 McAllister Rd. Battle Creek, MI 49016
Facility Telephone #:	(517) 348-9493
Original Issuance Date:	01/29/2024
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/23/2024

Date of Bureau of Fire Services Inspection if applicable: 10/02/2023

Date of Health Authority Inspection if applicable: 04/12/2023

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 11

No. of others interviewed 1 Role: Licensee

- Medication pass / simulated pass observed? Yes ☒ No ☐ 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.
No meals served during on-site inspection.
- 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 on 7/23/24 205(3) and 205(4) 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 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

At the time of the onsite inspection, reviewing direct care worker (DCW) Dee Gray's employee file. DCW Gray began her employment on 3/26/2021 and no medical health clearance form was found in her employee file following her employment. Direct care workers are required at the time of employment to complete a medical health clearance form and then annually throughout their employment.

R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

At the time of the onsite inspection, reviewing direct care worker (DCW) Dee Gray's employee file. DCW Gray began her employment on 3/26/2021 and completed communicable tuberculosis testing. DCW Gray never had another TB test done again since her hire date which is past the three-year requirement.

IV. RECOMMENDATION

An acceptable corrective action plan has been received on 7/23/24, verification of

completion must still occur by submitting documents of the above violations.
However, I recommend issuance of a 2 year medium group home adult foster care
license.

Kevin L. Sellers

7/24/24

Kevin Sellers
Licensing Consultant

Date