



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 13, 2024

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

RE: License #: AM740087394  
Stone Creek Home  
740 Johnstone St  
Port Huron, MI 48060

Dear Renae-Marie Kiehler:

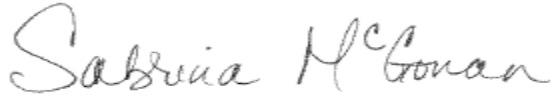
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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,

A handwritten signature in cursive script that reads "Sabrina McGowan". The signature is written in a dark ink and is positioned above the printed contact information.

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**

<b>License #:</b>	AM740087394
<b>Licensee Name:</b>	Innovative Housing Dev Corp
<b>Licensee Address:</b>	Suite 5 3051 Commerce Drive Fort Gratiot, MI 48059
<b>Licensee Telephone #:</b>	(810) 385-4463
<b>Licensee/Licensee Designee:</b>	Renae-Marie Kiehler
<b>Administrator:</b>	Melinda Campbell
<b>Name of Facility:</b>	Stone Creek Home
<b>Facility Address:</b>	740 Johnstone St Port Huron, MI 48060
<b>Facility Telephone #:</b>	(810) 987-3995
<b>Original Issuance Date:</b>	11/09/1999
<b>Capacity:</b>	8
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/07/2024

Date of Bureau of Fire Services Inspection if applicable: 09/22/2023

Date of Health Authority Inspection if applicable: 05/04/2024

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 1

No. of others interviewed 1 Role: Administrator

- 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.  
Resident goint out for lunch.
- 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.  
No IR's to review.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:  
N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

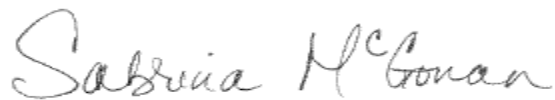
### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was found to be in non-compliance with the following rules:

- R 400.14301      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.**
- 2 resident files reviewed had not received annual updated assessment plans.
- R 400.14315      Handling of resident funds and valuables.**
- (6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.**
- 2 resident files reviewed exceeded 200.00 in resident funds within the licensing year.
- R 400.14402      Food service.**
- (1) All food shall be from sources that are approved or considered satisfactory by the department and shall be safe for human consumption, clean, wholesome and free from spoilage, adulteration, and misbranding.**
- Outdated meat found in deep freezer.

#### IV. RECOMMENDATION

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



May 13, 2024

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Sabrina McGowan  
Licensing Consultant

Date