



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 16, 2024

Vonda Willey  
Blue Water Developmental Housing, Inc.  
Bldg. 1  
1362 River Rd.  
St. Clair, MI 48079

RE: License #:	AS740013018 Eunice Hayes Home 4291 Peck Road Port Huron, MI 48060
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Dear Vonda Willey:

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 and special certification 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, appearing to read "Shamidah Wyden".

Shamidah Wyden, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48607  
989-395-6853

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS740013018
<b>Licensee Name:</b>	Blue Water Developmental Housing, Inc.
<b>Licensee Address:</b>	Bldg. 1 1362 River Rd. St. Clair, MI 48079
<b>Licensee Telephone #:</b>	(810) 388-1200
<b>Licensee Designee:</b>	Vonda Willey
<b>Administrator:</b>	Vonda Willey
<b>Name of Facility:</b>	Eunice Hayes Home
<b>Facility Address:</b>	4291 Peck Road Port Huron, MI 48060
<b>Facility Telephone #:</b>	(810) 984-4083
<b>Original Issuance Date:</b>	11/07/1985
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/11/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed [redacted] Role: [redacted]

- 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.  
This inspection was not conducted during a mealtime.
- 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 date: 01/19/2024 R305(3), R301(4); CAP date: 04/12/2023 R308(1); CAP  
date: 4/12/2023 R311(1)(c); CAP Date: 11/09/2022, R302(5)(b); CAP date:  
09/14/2022 R401(7), R403(5), R403(1), R316(1)(a), R301(4), R402(4), R318(5)  
N/A
- Number of excluded employees followed-up? 1 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:	
<b>R 400.14208</b>	<b>Direct care staff and employee records.</b>
	<b>(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: (f) Verification of reference checks.</b>
At the time of inspection, there was only one reference check on file for staff Jaelyn Stein.	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</b>
At the time of inspection, there were staff initials missing for Resident D's 08/31/2024 6:00 am medication, and Resident E's 6:00 am medication on 08/30/2024 and 08/31/2024.	
<b>R 400.14316</b>	<b>Resident records.</b>
	<b>(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information: (a) Identifying information, including, at a minimum, all of the following: (viii) Funeral provisions and preferences.</b>

At the time of inspection, there were no burial provisions noted in Resident E's file.	
<b>REPEAT VIOLATION ESTABLISHED, LSR DATE: 08/26/2022 CAP DATE: 09/14/2022</b>	
<b>R 400.14318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	<b>(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.</b>
At the time of inspection, there was no documentation for a 2 <sup>nd</sup> quarter daytime hour drill in 2023, 3 <sup>rd</sup> quarter sleeping hour drill in 2023, and a 1 <sup>st</sup> quarter sleeping hour drill in 2024.	
<b>REPEAT VIOLATION ESTABLISHED, LSR DATE: 08/26/2022 CAP DATE: 9/14/2022</b>	
<b>R 400.14401</b>	<b>Environmental health.</b>
	<b>(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.</b>
At the time of inspection, the bathroom in the hallway of the resident's bedrooms did not have running hot water at the faucet.	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<b>(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b>
At the time of inspection, there was an overgrowth of weeds and a bush on the side of the home that needs to be trimmed back/maintained. The home's siding was also observed to be in need of power washing. The back yard deck was observed to be in disrepair with loose wood boards, and chipped paint. There was non-metal duct work affixed to the dryer.	

#### IV. RECOMMENDATION

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



09/16/2024

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Shamidah Wyden  
Licensing Consultant

Date