



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 8, 2024

Laura Hatfield-Smith  
ResCare Premier, Inc.  
Suite 1A  
6185 Tittabawassee  
Saginaw, MI 48603

RE: License #: AS250411497  
**Res-Care Premier Lake Rd.**  
**1220 W. Lake Rd.**  
**Clio, MI 48420**

Dear Laura Hatfield-Smith:

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: *(choose one or more)*

- You are to submit documentation of compliance.
- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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 "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 899-5659

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250411497
<b>Licensee Name:</b>	ResCare Premier, Inc.
<b>Licensee Address:</b>	9901 Linn Station Road Louisville, KY 40223
<b>Licensee Telephone #:</b>	(989) 791-7174
<b>Licensee/Licensee Designee:</b>	Laura Hatfield-Smith
<b>Administrator:</b>	Laura Hatfield-Smith
<b>Name of Facility:</b>	Res-Care Premier Lake Rd.
<b>Facility Address:</b>	1220 W. Lake Rd. Clio, MI 48420
<b>Facility Telephone #:</b>	(810) 686-1403
<b>Original Issuance Date:</b>	04/29/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Special Certification:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 10/07/2024

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

Date of Health Authority Inspection if applicable: 07/01/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 6

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.
- 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:  
10/11/22, 312 (2) and 312 (4)(b)(v)
- 10/26/22, 206 (2), 312 (4)(e) and 312 (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 400.14401 Environmental health.**

**(7) Each habitable room shall have direct outside ventilation by means of windows, louvers, air-conditioning, or mechanical ventilation. During fly season, from April to November, each door, openable window, or other opening to the outside that is used for ventilation purposes shall be supplied with a standard screen of not less than 16 mesh.**

Home had multiple window screens in poor condition and in need of repair/replacement.

**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.**

Portions of the wood deck was in poor condition, with worn wood, some splintering, and in need of paint/stain. There was a piece of siding and sections of the soffit falling down. One corner edge of siding was cracked/broken. Portions of the home's asphalt driveway was in poor condition with multiple potholes present and in need of repair.

**R 400.14403 Maintenance of premises.**

**(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.**

One bedroom window had glass replaced with Plexi-glass that was loose and in need of replacement. The front door/main entrance to the home was in poor condition, with the inside wood of the door being split and being held together by multiple screws.

A corrective action plan was requested and approved on 10/07/2024. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



**10/8/2024**

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Christopher Holvey  
Licensing Consultant

Date