



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 15, 2025

Diana Hiller
823 Evanston Drive
Jackson, MI 49202

RE: License #: AF380002732
Hiller Adult Foster Home
823 Evanston Drive
Jackson, MI 49202

Dear Diana Hiller:

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 documentation of compliance (Proof of updated TB test results by August 22, 2025).

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) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa
P.O. Box 30664
Lansing, MI 48909
(517) 262-8604

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

I. IDENTIFYING INFORMATION

License#:	AF380002732
Licensee Name:	Diana Hiller
Licensee Address:	823 Evanston Drive Jackson, MI 49202
Licensee Telephone #:	(517) 784-7734
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Hiller Adult Foster Home
Facility Address:	823 Evanston Drive Jackson, MI 49202
Facility Telephone #:	(517) 784-7734
Original Issuance Date:	05/22/1975
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/15/2025

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed 0 Role:

- 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.
The on-site inspection was not concurrent with the mealtimes.
- 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.
Incident reports are no longer required to be submitted to LARA.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:
R 400. 1407 (2), R 400.1416 (3), R 400.1421 (3), R 400. 1426 (1) and
R 400.1437 (5) 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 400.1405

Health of a licensee, responsible person, and member of the household.

(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.

- The TB test results were outdated for the licensee and the responsible person.

IV. RECOMMENDATION

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



07/15/2025

Mahtina Rubritius
Licensing Consultant

Date