



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 13, 2025

Our Haus, Inc.
PO Box 10
Bangor, MI 49013

RE: License #: AS800419102
Investigation #: 2026A1031002
Haus on Main

Dear Ms. Nadeau:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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,

A handwritten signature in blue ink that reads 'KDuda'.

Kristy Duda, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W. Unit 13, 7th Floor
Grand Rapids, MI 49503

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS800419102
Investigation #:	2026A1031002
Complaint Receipt Date:	09/15/2025
Investigation Initiation Date:	09/15/2025
Report Due Date:	11/14/2025
Licensee Name:	Our Haus, Inc.
Licensee Address:	30637 White Oak Drive Bangor, MI 49013
Licensee Telephone #:	(269) 214-8350
Licensee Designee:	Heather Nadeau
Name of Facility:	Haus on Main
Facility Address:	118 Main St Bangor, MI 49013
Facility Telephone #:	(269) 214-8350
Original Issuance Date:	04/08/2025
License Status:	REGULAR
Effective Date:	04/08/2025
Expiration Date:	10/07/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Resident A was given the wrong medication.	Yes

III. METHODOLOGY

09/15/2025	Special Investigation Intake 2026A1031002
09/15/2025	Special Investigation Initiated – Telephone Interview with Candice Kinzler.
09/15/2025	Inspection Completed On-site
09/15/2025	Contact - Face to Face Interview with Resident A and Gayle Rathun.
10/02/2025	Inspection Completed-BCAL Sub. Compliance
10/02/2025	Contact - Face to Face Interview with Heather Nadeau and Phillip Solanas.
10/02/2025	Exit Conference held with Heather Nadeau.

ALLEGATION:

Resident A was given the wrong medication.

INVESTIGATION:

On 9/15/25, I received a telephone call from Van Buren County recipient rights director Candice Kinzler. Ms. Kinzler reported she received a complaint that Resident A was given the wrong medication and was taken to the hospital.

On 9/15/25, I conducted an unannounced visit to the facility and interviewed Resident A and direct care worker (DCW) Gayle Rathun.

Resident A reported he was in the community volunteering and went to take his medication when he noticed the pills were a different color. Resident A reported he thought his medications were changed so he took them. Resident A reported he later felt dizzy and tired. Resident A reported his symptoms to staff and they contacted the licensee and called emergency services and poison control.

Ms. Rathum reported the did not have any information regarding the allegations.

On 10/2/25, I conducted fact to face interviews with licensee designee Heather Nadeau and the facility manager Phillip Solanos.

Ms. Nadeau reported Mr. Solanos packed the wrong medication for Resident A when he left the facility to volunteer. Ms. Nadeau reported Mr. Solanos was immediately retrained on medication administration. Ms. Nadeau reported poison control was contacted immediately and Resident A was taken to the hospital.

Ms. Solanos admitted that he was distracted by another resident in the facility when he was preparing Resident A's medications and gave him the wrong medications.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	Staff admitted to providing Resident A with the wrong medications. The facility followed appropriate precautions by contacting poison control and taking Resident A to the hospital for monitoring.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, it is recommended that there be no change in the status of the license.

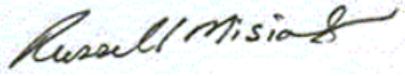


10/8/25

Kristy Duda
Licensing Consultant

Date

Approved By:



10/8/25

Russell B. Misiak
Area Manager

Date