



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 8, 2026

Denise Hobbs  
Specialized Care Facilities, Inc.  
3873 Hi Crest Drive  
Lake Orion, MI 48360

RE: License #: AS630419542  
**Hillside Haven**  
**8616 Hidden Acre Court**  
**Independence Twp., MI 48348**

Dear Denise Hobbs:

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.
- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification 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 (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant  
Bureau of Community and Health Systems  
3026 W. Grand Blvd., Ste 9-100  
Cadillac Place  
Detroit, MI 48202  
(248) 303-6348

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630419542
<b>Licensee Name:</b>	Specialized Care Facilities, Inc.
<b>Licensee Address:</b>	3873 Hi Crest Drive Lake Orion, MI 48360
<b>Licensee Telephone #:</b>	(810) 533-0392
<b>Administrator/Licensee Designee:</b>	Denise Hobbs
<b>Name of Facility:</b>	Hillside Haven
<b>Facility Address:</b>	8616 Hidden Acre Court Independence Twp., MI 48348
<b>Facility Telephone #:</b>	(810) 533-0392
<b>Original Issuance Date:</b>	10/30/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/08/2026

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 1

No. of residents interviewed and/or observed 1

No. of others interviewed 1 Role: Licensee Designee

- 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: 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:

<b>R 400.629</b>	<b>Direct care staff; qualifications and training.</b>
	(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently: (d) Personal care, supervision, and protection.

During the on-site inspection on 04/08/2026, direct care staff Seth Reed did not have his personal care, supervision, and protection training completed at the time of hire on 03/10/2026.

<b>R 400.665</b>	<b>Food service.</b>
	(6) Food service equipment and utensils must be constructed of materials that are nontoxic, easily cleaned, and maintained in good repair. Food service equipment and eating and drinking utensils must be thoroughly cleaned and air dried after each use.

During the on-site inspection on 04/08/2026, the dishwasher was not working properly. There was water sitting inside on the bottom of the dishwasher with a strong foul odor.

<b>R 400.675</b>	<b>Resident medications.</b>
	(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident: (b) Complete an individual medication log that contains all of the following: (v) Initials of the individual who administered the medication at the time given.

During the on-site inspection on 04/08/2026, I reviewed Resident A's medications and found the following medication errors:

- **Docusate Sodium Colace 100MG Capsule:** take one capsule by mouth three times daily was given at 8PM on 03/17/2026, but staff did not initial the medication log.
- **Armour Thyroid 15MG Tab:** take one tablet by mouth every day was given at 8PM on 03/18/2026, but staff did not initial the medication log.
- **Lorazepam 1MG Tab:** take one tablet four times daily was given at 8PM on 03/18/2026, but staff did not initial the medication log.
- **Divalproex/Depakote Sod Dr. 500MG:** take one tablet by mouth twice daily was given at 8PM on 03/18/2026, but staff did not initial the medication log.
- **Melatonin 3MG Tab:** take three tablets at bedtime was given at 8PM on 03/18/2026, but staff did not initial the medication log.
- **Chlorpromazine/Thorazine 200MG:** take one tablet by mouth at noon in addition to 100MG in the morning and at bedtime was given at 8PM on 03/18/2026 and on 04/05/2026, but staff did not initial the medication log.
- **Chlorpromazine/Thorazine 100MG:** take one tablet by mouth in the morning and at bedtime in addition to 200MG at noon was given at 8PM on 03/18/2026, but staff did not initial the medication log.

<b>R 400.675</b>	<b>Resident medications.</b>
	(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident: (c) Record the reason for each administration of medication that is prescribed on an as needed basis.

During the on-site inspection on 04/08/2026, I reviewed Resident A's medications and found the following errors:

- **Benadryl 50MG:** take twice a day as needed for anxiety was given on 03/14/2026, 03/15/2026, 03/20/2026, 03/22/2026, 03/25/2026, 04/05/2026, and 04/07/2026, but staff did not record the reason for this as needed medication.

A corrective action plan was requested and approved on 04/08/2026. 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 re-evaluate the status of your license and special certification.

#### IV. RECOMMENDATION

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



04/08/2026

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Frodet Dawisha  
Licensing Consultant

Date