GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 28, 2026

Renae-Marie Kiehler
Innovative Housing Dev Corp
Suite 5
3051 Commerce Drive
Fort Gratiot, MI 48059

RE: License #: AS740013023
Progression House
1721 10th Avenue
Port Huron, MI 48060

Dear Renae-Marie Kiehler:

Attached is the Renewal Licensing Study Report for the facility referenced above. Your Adult Foster Care small group home license and special certification are renewed. 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:

- An on-site inspection will be conducted.

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,

Sabrina McGowan

Sabrina McGowan, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 835-1019

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

I. IDENTIFYING INFORMATION

License #:	AS740013023
Licensee Name:	Innovative Housing Dev Corp
Licensee Address:	Suite 5 3051 Commerce Drive Fort Gratiot, MI 48059
Licensee Telephone #:	(810) 385-4463
Licensee/Licensee Designee:	Renae-Marie Kiehler
Administrator:	Melinda Campbel
Name of Facility:	Progression House
Facility Address:	1721 10th Avenue Port Huron, MI 48060
Facility Telephone #:	(810) 982-3042
Original Issuance Date:	03/10/1986
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/25/2026

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

Date of Health Authority Inspection if applicable: 08/25/2026

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 5
No. of others interviewed 1 Role: Administrator

- 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. No IR's to review.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s: 08/28/2024-R401(7) 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 400.685 **Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.

No written assessment completed at the time of admission for the last 2 residents that entered the home in 2026.

R 400.685 **Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

(6) A licensee shall complete a written resident care agreement at the time of a resident's admission that includes all of the following:
(a) A statement that the facility is licensed to provide foster care to adults.
(b) The services to be provided and the fee for those services.
(c) Any additional costs in addition to the basic fee that is charged.
(d) A resident's rights policy.
(e) A discharge policy.
(f) Transportation services provided for a basic fee and services that are provided at an extra cost.
(g) A refund policy.
(h) A resident's funds and valuables policy.
(i) An agreement by the licensee to provide care, supervision, and protection to the resident and to ensure

transportation services as indicated in the resident's assessment plan and resident care agreement.

(j) An agreement by the licensee to respect and safeguard the resident's rights.

(k) An agreement by the licensee and resident or the resident's designated representative to follow the facility's discharge policy.

(l) An agreement by the resident, resident's designated representative, or responsible agency to provide necessary intake information, including health-related information, at the time of admission.

(m) An agreement by the resident or the resident's designated representative to provide a current health care appraisal.

(n) An agreement by the resident to follow written house rules if any.

No written resident care agreement was completed at the time of admission for the last 2 residents that entered the home in 2026.

A corrective action plan was requested and approved on 08/25/2026. 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 reevaluate the status of your license and special certification.

IV. RECOMMENDATION

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

Sabrina McGowan August 28, 2026

_____

Sabrina McGowan Date
Licensing Consultant