



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

September 10, 2018

Edward Schultz  
Innovative Housing Dev Corp  
3051 Commerce Drive, Suite 5  
Fort Gratiot, MI 48059

RE: License #: AM740255580  
**Abbotsford**  
**830 Johnstone Street**  
**Port Huron, MI 48060**

Dear Mr. Schultz:

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 a Statement of Correction.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 285-1703

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM740255580
<b>Licensee Name:</b>	Innovative Housing Dev Corp
<b>Licensee Address:</b>	Suite 5 3051 Commerce Drive Fort Gratiot, MI 48059
<b>Licensee Telephone #:</b>	(810) 385-4463
<b>Licensee/Licensee Designee:</b>	Edward Schultz
<b>Administrator:</b>	Melinda Wiegand
<b>Name of Facility:</b>	Abbottsford
<b>Facility Address:</b>	830 Johnstone Street Port Huron, MI 48060
<b>Facility Telephone #:</b>	(810) 966-9159
<b>Original Issuance Date:</b>	09/04/2003
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 06/07/2018

Date of Bureau of Fire Services Inspection if applicable: 09/07/2018

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 0  
No. of others interviewed 1 Role: Administrator

- Medication pass / simulated pass observed? Yes  No  If no, explain. Completed worksheet renewal inspection.
- 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. Completed worksheet renewal inspection.
- 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 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	<b>(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.</b>
Resident A, Resident B and Resident C did not have current resident care agreements signed by guardians.	
<b>R 400.14306</b>	<b>Use of assistive devices.</b>
	<b>(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.</b>
Resident D did not have physician authorization in file for use of half bedrail.	

A corrective action plan was requested and approved on 06/07/2018. 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.

*Kristine Cilluffo*

09/10/2018

Kristine Cilluffo  
Licensing Consultant

Date