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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 17, 2019

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

RE: License #: AS740012988
Lincoln House
1104 Lincoln
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 documentation of compliance.

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

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| License #: | AS740012988 |
| 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: | Edward Schultz |
| Administrator: | Melinda Wiegand |
| Name of Facility: | Lincoln House |
| Facility Address: | 1104 Lincoln Port Huron, MI 48060 |
| Facility Telephone #: | (810) 984-2707 |
| Original Issuance Date: | 09/04/1980 |
| Capacity: | 6 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/16/2019

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

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 6

No. of residents interviewed and/or observed 4

No. of others interviewed 2 Role: Administrator and Director

- 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:
AS208(1)(f), AS205(5), AS313(5), AS403(2), AS403(1), AS403(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:

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| <p>R 400.14301</p> | <p>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</p> |
| | <p>(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.</p> |
| <p>Resident B did not have a current health care appraisal. Resident B was admitted to the home on 08/15/2019 and had hospital discharge papers dated 12/06/2018.</p> | |
| <p>R 400.14301</p> | <p>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</p> |
| | <p>(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:</p> <ul style="list-style-type: none"> (a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal. (b) A description of services to be provided and the fee for the service. (c) A description of additional costs in addition to the basic fee that is charged. |

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| | <p>(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.</p> <p>(e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.</p> <p>(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.</p> <p>(g) An agreement by the resident to follow the house rules that are provided to him or her.</p> <p>(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.</p> <p>(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.</p> <p>(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.</p> <p>(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.</p> <p>(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.</p> |
| <p>Resident A did not have a current resident care agreement. Resident A had a resident care agreement dated 08/30/2018 from the Oak Street home.</p> | |
| <p>R 400.14403</p> | <p>Maintenance of premises.</p> |
| | <p>(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</p> |
| <p>During the onsite inspection, I observed the following items needed maintenance:</p> <ul style="list-style-type: none"> • Rusted vent in Bathroom #1 • Vents in Bathroom #1 and Bathroom #2 were filled with dust and need cleaning • Ceiling in bedroom hallway had bubbles and discolored spots. It appears to be possible water damage. • Porches are in need of repainting | |
| <p>R 400.14403</p> | <p>Maintenance of premises.</p> |
| | <p>(12) Sidewalks, fire escape routes, and entrances shall be kept reasonably free of hazards, such as ice, snow, and debris.</p> |

During the onsite inspection, I observed broken concrete on front steps of home.

A corrective action plan was requested and approved on 09/16/2019. 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.



09/17/2019

Kristine Cilluffo
Licensing Consultant

Date