



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 1, 2020

Ardis Kenwabikise  
Hancock Haven Retirement Village, LLC  
3723 Long Lake Rd.  
Cheboygan, MI 49721

RE: License #: AM160309297  
**Hancock Haven Retirement Village**  
**3723 Long Lake Rd.**  
**Cheboygan, MI 49721**

Dear Ms. Kenwabikise:


Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Adam Robarge".

Adam Robarge, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 350-0939

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

**I. IDENTIFYING INFORMATION**

**License #:** AM160309297

**Licensee Name:** Hancock Haven Retirement Village, LLC

**Licensee Address:** 3723 Long Lake Rd.  
Cheboygan, MI 49721

**Licensee Telephone #:** (906) 440-5962

**Licensee Designee:** Ardis Kenwabikise, Designee

**Administrator:** Bonne Hancock

**Name of Facility:** Hancock Haven Retirement Village

**Facility Address:** 3723 Long Lake Rd.  
Cheboygan, MI 49721

**Facility Telephone #:** (231) 625-8132

**Original Issuance Date:** 01/12/2012

**Capacity:** 12

**Program Type:** PHYSICALLY HANDICAPPED  
ALZHEIMERS  
AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 07/01/2020

Date of Bureau of Fire Services Inspection if applicable: 04/23/2020

Date of Health Authority Inspection if applicable: 06/22/2020

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 10  
No. of others interviewed 2 Role: Licensee des. and 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.
- 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:

**R 400.14318                      Emergency preparedness; evacuation plan; emergency transportation.**

(1) A licensee shall have a written emergency procedure and evacuation plan to be followed in case of fire, medical, or severe weather emergencies. The evacuation plan shall be prominently posted in the home. Residents who require special assistance shall be identified in the written procedure.

The posted written emergency procedure included a fire evacuation plan but did not include a medical or severe weather emergency plan.

**R 400.14318                      Emergency preparedness; evacuation plan; emergency transportation.**

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

Only two fire drills were practiced and/or documented during the first quarter of 2020. There was no sleeping hours fire drill practiced during the second quarter of 2020.

**R 400.14401                      Environmental health.**

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The water temperature was measured at 125 degrees Fahrenheit in two resident bathrooms and at 124 degrees Fahrenheit in the kitchen at the time of the inspection.

Note: A virtual inspection was conducted at this facility due to ongoing Covid-19 restrictions.

#### IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



7/1/2020

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Adam Robarge  
Licensing Consultant

Date