



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 6, 2021

Karen Porter  
11228 Tipsico Lake R  
Fenton, MI 48430-8411

RE: License #: AF470015693  
**Porter House**  
**11228 Tipsico Lake Road**  
**Fenton, MI 48430-8411**

Dear Ms Porter:

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 by submitting an updated resident care agreement for Resident A by 01/06/2022.

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF470015693
<b>Licensee Name:</b>	Karen Porter
<b>Licensee Address:</b>	11228 Tipsico Lake R Fenton, MI 48430-8411
<b>Licensee Telephone #:</b>	(810) 629-2829
<b>Licensee Designee:</b>	Karen Porter
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Porter House
<b>Facility Address:</b>	11228 Tipsico Lake Road Fenton, MI 48430-8411
<b>Facility Telephone #:</b>	(810) 629-2829
<b>Original Issuance Date:</b>	12/12/1997
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

**II. METHODS OF INSPECTION**

Date of On-site Inspections: 12/03/2021

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

Date of Health Authority Inspection if applicable: 09/21/2021

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 1

No. of others interviewed 0 Role: [REDACTED]

- 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. inspection was not during meal time.
- 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: CAP 11/10/2019, 407 (6), 418 (5) and CAP 11/19/2019, 424 (2) 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 400.1407                      Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.**

**(6) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency at least annually or more often if necessary.**

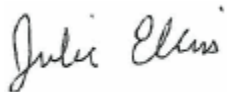
Resident A's record did not contain documentation that verified that the licensee annually reviewed the resident care agreement with the resident and/or the resident's designated representative annually.

**REPEAT VIOLATION ESTABLISHED [Reference LSR dated 10/18/2019, CAP dated 11/10/2019]**

A corrective action plan was requested and approved on 12/06/2021. 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

I recommend issuance of a 2-year regular adult foster care license.



12/06/2021

---

Julie Elkins  
Licensing Consultant

Date