



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 2, 2021

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

RE: License #: AS740253774  
**Mayfield**  
**3055 Mayfield**  
**Port Huron, MI 48060**

Dear Ms. Kiehler:

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 (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>	AS740253774
<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>	Renaë-Marie Kiehler
<b>Administrator:</b>	Melinda Wiegand
<b>Name of Facility:</b>	Mayfield
<b>Facility Address:</b>	3055 Mayfield Port Huron, MI 48060
<b>Facility Telephone #:</b>	(810) 982-8968
<b>Original Issuance Date:</b>	03/18/2003
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 11/30/2021

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 5

No. of residents interviewed and/or observed 6

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 did not occur during a meal preparation.
- 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 date 09/16/2019- AS205(4), AS315(6), AS403(1), AS403(5), AS403(12) 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 400.14306</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 A did not have physician authorization for assistive devices including use of shower chair and bed rail.	
<b>R 400.14313</b>	<b>Resident nutrition.</b>
	<b>(5) Records of menus, including special diets, as served shall be provided upon request by the department.</b>
The home did not have record of menus for Resident A's low-fat diet.	
<b>R 400.14315</b>	<b>Handling of resident funds and valuables.</b>
	<b>(6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.</b>
Resident B had over \$200.00 in cash in November 2021. His Funds Part 2 form indicates he had \$312.02 on 11/01/2021.	
REPEAT VIOLATION ESTABLISHED. LSR dated 09/17/2019, CAP dated 09/16/2019	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<b>(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b>
During the onsite inspection, I observed the following items needed repair: <ul style="list-style-type: none"> <li>• Garage door is crushed at bottom due to being hit by a vehicle</li> <li>• Window lock in Bedroom #1 was loose and difficult to open</li> </ul>	
<b>R 400.14410</b>	<b>Bedroom furnishings.</b>
	<b>(2) A resident bedroom shall be equipped with a mirror that is appropriate for grooming.</b>

Resident B did not have a mirror in his bedroom.

**IV. RECOMMENDATION**

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



12/02/2021

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Kristine Cilluffo  
Licensing Consultant

Date