



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 11, 2022

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. 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:

- An on-site inspection will be conducted.

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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, reading "Adam Robarge".

Adam Robarge, Licensing Consultant  
Bureau of Community and Health Systems  
701 S. Elmwood, Suite 11  
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**

<b>License #:</b>	AM160309297
<b>Licensee Name:</b>	Hancock Haven Retirement Village, LLC
<b>Licensee Address:</b>	3723 Long Lake Rd. Cheboygan, MI 49721
<b>Licensee Telephone #:</b>	(906) 440-5962
<b>Licensee/Licensee Designee:</b>	Ardis Kenwabikise, Designee
<b>Administrator:</b>	Bonnie Hancock
<b>Name of Facility:</b>	Hancock Haven Retirement Village
<b>Facility Address:</b>	3723 Long Lake Rd. Cheboygan, MI 49721
<b>Facility Telephone #:</b>	(231) 625-8132
<b>Original Issuance Date:</b>	01/12/2012
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/08/2022

Date of Bureau of Fire Services Inspection if applicable: 01/07/2022

Date of Health Authority Inspection if applicable: 04/11/2022

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 12  
No. of others interviewed 1 Role: Licensee

- 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 written medical emergency procedure was not posted at the time of the inspection.

**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 122 and 127 degrees Fahrenheit in two resident areas.

**R 400.14403      Maintenance of premises.**

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

Handrails on one of the ramps were loose at the time of the inspection.

A corrective action plan was requested and approved on 07/08/2022. 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 two-year regular adult foster care license.



7/11/2022

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Adam Robarge  
Licensing Consultant

Date