



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 7, 2022

Tina Graves  
16065 Fish Lake Road  
Holly, MI 48442

RE: License #: AF630391555  
**Graves CTH**  
**16065 Fish Lake Road**  
**Holly, MI 48442**

Dear Mrs Graves:

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.

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 "Sheena Bowman".

Sheena Bowman, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342

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

**I. IDENTIFYING INFORMATION**

**License #:** AF630391555

**Licensee Name:** Tina Graves

**Licensee Address:** 16065 Fish Lake Road  
Holly, MI 48442

**Licensee Telephone #:** (248) 369-8612

**Licensee/Licensee Designee:** Tina Graves

**Administrator:**

**Name of Facility:** Graves CTH

**Facility Address:** 16065 Fish Lake Road  
Holly, MI 48442

**Facility Telephone #:** (248) 369-8612

**Original Issuance Date:** 04/18/2018

**Capacity:** 4

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/02/2022

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

Date of Health Authority Inspection if applicable: 06/29/22

Inspection Type:                 Interview and Observation     Worksheet  
    Combination                                 Full Fire Safety

No. of staff interviewed and/or observed    0

No. of residents interviewed and/or observed    0

No. of others interviewed                         Role:

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
There are no employees in the home.
- 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.  
It was not meal time during onsite.
- 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 400.1407            Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.**

**(11) A licensee shall provide a resident or his or her designated representative and responsible agency with a statement of the fee policy at the time of admission. A fee statement shall include all of the following:**

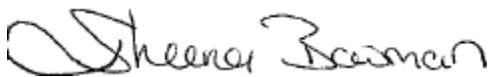
**(a) A description of services to be provided and the fee.**

The 2020 and 2021 resident care agreement for Resident A and Resident B did not include the fee amount for services rendered.

A corrective action plan was requested and approved on 09/02/2022. 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

An acceptable corrective action plan has been received. Renewal of the license is recommended.



Sheena Bowman  
Licensing Consultant

09/07/22  
Date