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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

August 29, 2022

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

RE: License #: AS740013023

Progression House 1721 10th Avenue Port Huron, MI 48060

Dear Ms. Kiehler:

Attached is the Renewal Licensing Study Report for the facility referenced above. Your Adult Foster Care small group home license and special certification are renewed. You have submitted an acceptable written corrective action plan addressing the violations cited in the report.

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) 643-7960.

Sincerely,

Sabrina McGowan, Licensing Consultant Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664 Lansing, MI 48909 (810) 835-1019

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

#### I. IDENTIFYING INFORMATION

**License #:** AS740013023

Licensee Name: Innovative Housing Dev Corp

Licensee Address: Suite 5

3051 Commerce Drive Fort Gratiot, MI 48059

**Licensee Telephone #:** (810) 385-4463

Licensee/Licensee Designee: Renae-Marie Kiehler

Administrator: Mindy Wiegand

Name of Facility: Progression House

Facility Address: 1721 10th Avenue

Port Huron, MI 48060

**Facility Telephone #:** (810) 982-3042

Original Issuance Date: 03/10/1986

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED

MENTALLY ILL

# **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):		08/24/2022	
Date of Bureau of Fire Ser	vices Inspection if applic	cable:	N/A
Date of Health Authority In	spection if applicable:	(	08/24/2022
Inspection Type:	☐ Interview and Obse	ervation	
No. of staff interviewed and No. of residents interviewe No. of others interviewed		ator	3 5
Medication pass / sime	ulated pass observed?	Yes 🖂	No ☐ If no, explain.
Medication(s) and med	dication record(s) review	ved? Ye	es 🗵 No 🗌 If no, explain.
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes ∑ No ☐ If no, explain.</li> <li>Meal preparation / service observed? Yes ☐ No ∑ If no, explain. Residents prepare own lunch when ready.</li> <li>Fire drills reviewed? Yes ∑ No ☐ If no, explain.</li> </ul>			
Fire safety equipment	and practices observed	? Yes	⊠ No ☐ If no, explain.
<ul> <li>E-scores reviewed? (Special Certification Only) Yes ⋈ No ⋈ N/A ⋈ If no, explain.</li> <li>Water temperatures checked? Yes ⋈ No ⋈ If no, explain.</li> </ul>			
No IR's to review.  • Corrective action plan 09/22/2020-R403(5) N	up? Yes  No  If no compliance verified? Yel/A   when the complement of the complemen	es⊠ (	
Variances? Yes ☐ (p	olease explain) No 🗌 N	N/A 🖂	

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was found to be in non-compliance with the following rules:

R 400.14402 Food service.

(1) All food shall be from sources that are approved or considered satisfactory by the department and shall be safe for human consumption, clean, wholesome and free from spoilage, adulteration, and misbranding.

At the inspection held on 08/24/2022, vegetables found in the Frigidaire had an expiration date of 08/09/2022.

A corrective action plan was requested and approved on 08/29/2022. 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 and special certification.

### IV. RECOMMENDATION

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

abruia McGonan August 29, 2022

Sabrina McGowan

Licensing Consultant

Date