

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

August 26, 2022

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

RE: License #:	AS740402341
	Liberty
	1110 Lincoln
	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 and special certification 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 (517) 643-7960.

Sincerely,

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Shamidah Wyden, Licensing Consultant Bureau of Community and Health Systems 411 Genesee P.O. Box 5070 Saginaw, MI 48607 989-395-6853

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

I. IDENTIFYING INFORMATION

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PMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	08/18/2022			
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 🗌 Full Fire Safety			
No. of staff interviewed and/or observed3No. of residents interviewed and/or observed4No. of others interviewed1Role:Administrator				
• Medication pass / simulated pass observed? Yes \boxtimes No \square 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 X No I If no, explain. Meal preparation / service observed? Yes X No I 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 I If no, explain. 				
 Incident report follow-up? Yes No If no, explain. There were no recent incident reports requiring follow-up. Corrective action plan compliance verified? Yes CAP date/s and rule/s: N/A 				
 Number of excluded employees followed Variances? Yes (please explain) No 				

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
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.
At the time of ins	pection, the water temperature readings were above 120 degrees
Fahrenheit.	

IV. RECOMMENDATION

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

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08/26/2022

Shamidah Wyden Licensing Consultant

Date