

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

ORLENE HAWKS DIRECTOR

March 14, 2023

Heather Nadeau Our Haus, Inc. PO Box 10 Bangor, MI 49013

> RE: License #: AS800384551 Mills Haus 303 Cemetery Road Bangor, MI 49013

Dear Ms. Nadeau:

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:

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.

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 (517) 284-9730.

Sincerely,

VDuda

Kristy Duda, Licensing Consultant Bureau of Community and Health Systems Unit 13, 7th Floor 350 Ottawa, N.W. Grand Rapids, MI 49503 611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909

www.michigan.gov/lara • 517-335-1980

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

I. IDENTIFYING INFORMATION

License #:	AS800384551
Licensee Name:	Our Haus, Inc.
Licensee Address:	30637 White Oak Drive Bangor, MI 49013
Licensee Telephone #:	(269) 214-8350
Licensee/Licensee Designee:	Heather Nadeau
Administrator:	Heather Nadeau
Name of Facility:	Mills Haus
Facility Address:	303 Cemetery Road Bangor, MI 49013
Facility Telephone #:	(269) 427-1084
Original Issuance Date:	10/19/2016
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	03/08/2023	
Date of Bureau of Fire Services Inspection if a	oplicable: N/A	
Date of Health Authority Inspection if applicable	e: N/A	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 1 Role: Licens	1 2 See	
Medication pass / simulated pass observe	d? 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 I If no, explain. Meal preparation / service observed? Yes No X If no, explain. Inspection occurred between mealtimes. Fire drills reviewed? Yes No I If no, explain. 		
• Fire safety equipment and practices obser	ved? 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. The water temperature was measured to be 109 degrees Fahrenheit. Incident report follow-up? Yes No If no, explain. There were not any incident reports submitted requiring follow-up. 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.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

The home did not practice fire drills during sleeping hours since the last renewal period.

A corrective action plan was requested and approved on 03/14/2023. 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.

Duda

3/14/2023

Kristy Duda Licensing Consultant

Date