



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 24, 2023

Vonda Willey  
Blue Water Developmental Housing, Inc.  
Ste 1  
1600 Gratiot  
Marysville, MI 48040

RE: License #: AS740012986  
Stoneybrook Home  
3087 Stoneybrook  
Port Huron, MI 48060

Dear Vonda. Willey:

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 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,

A handwritten signature in cursive script that reads "Sabrina McGowan". The signature is written in black ink and is positioned directly below the word "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 #:** AS740012986

**Licensee Name:** Blue Water Developmental Housing, Inc.

**Licensee Address:** Ste 1  
1600 Gratiot  
Marysville, MI 48040

**Licensee Telephone #:** (810) 388-1200

**Licensee/Licensee Designee:** Vonda Willey

**Administrator:** Vonda Willey

**Name of Facility:** Stoneybrook Home

**Facility Address:** 3087 Stoneybrook  
Port Huron, MI 48060

**Facility Telephone #:** (810) 982-6167

**Original Issuance Date:** 05/23/1980

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/13/2023

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

Date of Environmental/Health Inspection if applicable: 7/13/2023

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Residential Services Division

- 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.  
No IR's to review.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
10/29/2021-R204(2a), R208(1e), R208(1f), R301(4), R310(3), R312(4b). N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

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### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

**R 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.**

Resident A assessment plan was last signed and dated 09/2021.

Resident B's assessment plan was last signed and dated 04/2022.

**REPEAT VIOLATION-LSR Dated 10/15/2021. CAP dated 12/22/2021, signed by former licensee designee, Kathleen Swantek, stated that Blue Water Development Housing will annually and at the time of intake, complete an assessment plan for each resident and have appropriate parties' sign.**

**R 400.14315      Handling of resident funds and valuables.**

**(6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.**

Resident B had a cash account balance exceeding \$200 in January 2023.

**R 400.14316**

**Resident records.**

**(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:**

- (a) Identifying information, including, at a minimum, all of the following:**
  - (i) Name.**
  - (ii) Social security number, date of birth, case number, and marital status.**
  - (iii) Former address.**
  - (iv) Name, address, and telephone number of the next of kin or the designated representative.**
  - (v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.**
  - (vi) Name, address, and telephone number of the preferred physician and hospital.**
  - (vii) Medical insurance.**
  - (viii) Funeral provisions and preferences.**
  - (ix) Resident's religious preference information.**

Face sheets for both Resident A and Resident B did not contain any burial provisions.

**R400.14402**

**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.**

Expired canned good(s) in pantry.

#### IV. RECOMMENDATION

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

*Sabrina McGowan* July 24, 2023

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Sabrina McGowan  
Licensing Consultant

Date