



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

BRANDON I. BROWN, DPA
ACTING DIRECTOR

July 31, 2023

Michele Kolleth
FAITH Inc.
P.O. Box 432
Chesaning, MI 48616

RE: License #: AS760015617
Investigation #: 2023A0871049
Hickory Hollow

Dear Michele Kolleth:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please contact the local office at (517) 763-0198.

Sincerely,



Kathryn A. Huber, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-3234

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS760015617
Investigation #:	2023A0871049
Complaint Receipt Date:	06/12/2023
Investigation Initiation Date:	06/14/2023
Report Due Date:	08/11/2023
Licensee Name:	FAITH Inc.
Licensee Address:	PO Box 432 137 S. Saginaw Street Chesaning, MI 48616
Licensee Telephone #:	(989) 239-6566
Administrator:	Michele Kolleth
Licensee Designee:	Michele Kolleth
Name of Facility:	Hickory Hollow
Facility Address:	41 East Barbara Peck, MI 48466
Facility Telephone #:	(810) 378-5460
Original Issuance Date:	01/27/1994
License Status:	REGULAR
Effective Date:	09/16/2022
Expiration Date:	09/15/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
The facility was over capacity and had seven residents.	Yes

III. METHODOLOGY

06/12/2023	Special Investigation Intake 2023A0871049
06/14/2023	Special Investigation Initiated - Telephone Telephone call to Recipient Rights Officer Nancy Tezak
07/27/2023	Inspection Completed On-site Interviewed Staff Jeff Jones, Shyla Godsey, Home Manager Tonya Potter, and Resident A
07/28/2023	Inspection Completed-BCAL Sub. Compliance
07/28/2023	Exit Conference Telephone exit conference with Licensee Michelle Kolleth

ALLEGATION:

The facility was over capacity and had seven residents.

INVESTIGATION:

On June 9, 2023, I received an anonymous phone call, and reported that a visit was done to the facility and there were seven residents there.

On June 14, 2023, I telephoned Recipient Rights Officer Nancy Tezak and she reported that she was at the facility on June 9, 2023, and the seventh resident had moved out. Officer Tezak indicated when she was there, she asked why there had been seven residents and was told that the seventh resident moved in from a SIP home while the home was remodeled.

On July 27, 2023, I conducted an unannounced onsite investigation and interviewed Staff Jones. Staff Jones indicated that he was unaware of having seven residents in the facility and is only working part-time.

On July 27, 2023, I then interviewed Staff Godsey. Staff Godsey indicated she was also unaware of having seven residents in the facility and just came back to work last month.

Resident A spoke up and reported “Oh, that was when [Resident G] was here for a week.”

On July 27, 2023, I interviewed Home Manager Potter. Manager Potter reported that Resident G’s apartment was getting renovated. Manager Potter said Resident G’s guardian was okay with the move. Manager Potter was contacted by the manager of the apartment building and indicated a place was needed for Resident G to stay while the apartment was renovated. Manager Potter “thought it would be okay.” Manager Potter said Resident G was kept safe and was at the facility from June 3rd through the 7th.

On July 28, 2023, I conducted a telephone exit conference with Licensee Kolleth. Licensee Kolleth was advised the facility was over capacity and this is a rule violation.

APPLICABLE RULE	
R 400.14105	Licensed capacity.
	(1) The number of residents cared for in a home and the number of resident beds shall not be more than the capacity that is authorized by the license.
ANALYSIS:	From June 3 rd through June 7 th , there were seven residents in the facility that is licensed for six. Manager Potter thought it would be okay for Resident G to stay in the facility. I confirm violation of this rule.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend the status of this adult foster care small group home remain unchanged (capacity 1-6).

Kathryn Huber

07/31/2023

Kathryn A. Huber
Licensing Consultant

Date

Approved By:

Mary Holton

07/31/2023

Mary E. Holton
Area Manager

Date