

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

September 15, 2023

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

RE: License #: AS740012988

Lincoln House 1104 Lincoln

Port Huron, MI 48060

#### Dear Renae-Marie 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,

Sabrina McGowan, Licensing Consultant Bureau of Community and Health Systems

Salsvia McGonan

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 #:** AS740012988

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: Melinda Weigand

Name of Facility: Lincoln House

Facility Address: 1104 Lincoln

Port Huron, MI 48060

**Facility Telephone #:** (810) 984-2707

Original Issuance Date: 09/04/1980

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

### **II. METHODS OF INSPECTION**

Date of On-site Ir	nspection(s):	09/13/2	2023
Date of Bureau o	f Fire Services Inspection	if applicable:	N/A
Date of Health A	uthority Inspection if applic	cable:	09/13/2023
	iewed and/or observed nterviewed and/or observe rviewed 1 Role: Ac		3 4
Medication p	pass / simulated pass obse	erved? Yes 🗵	]No □ If no, explain.
Medication(s	s) and medication record(s	) reviewed? Y	∕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. No meal prep at the time of the visit.</li> <li>Fire drills reviewed? Yes ∑ No ☐ If no, explain.</li> </ul>			
Fire safety e	quipment and practices ob	served? Yes	⊠ No □ If no, explain.
If no, explain	riewed? (Special Certificat n. eratures checked? Yes ⊠	• ,	
No IR's to re Corrective ac 10/18/2021-I	ort follow-up? Yes  No view. ction plan compliance veri R403(2)(5) N/A  xcluded employees follow	fied? Yes ⊠	
• Variances?	Yes	No⊠ N/A □	

#### 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.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident file reviewed determined that the resident health care appraisal was not obtained within 30 days after admission.

#### IV. RECOMMENDATION

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

Sabrua McGonan September 15, 2023

Sabrina McGowan Date

**Licensing Consultant**