

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

June 12, 2024

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

RE: License #: AS740013001

Oak Street House 1716 Oak St

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 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 #: AS740013001

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 Campbell

Name of Facility: Oak Street House

Facility Address: 1716 Oak St

Port Huron, MI 48060

Facility Telephone #: (810) 984-1218

Original Issuance Date: 10/24/1983

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	06/05/2024
Date of Bureau of Fire Services Inspection if app	licable: N/A
Date of Health Authority Inspection if applicable:	06/05/2024
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 1 Role: Adminis	2 0 trator
Medication pass / simulated pass observed?	Yes ⊠ No □ If no, explain.
Medication(s) and medication record(s) reviews	ewed? 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. All residents were out of the home. Fire drills reviewed? Yes ⋈ No ☐ If no, explain. 	
Fire safety equipment and practices observe	ed? Yes ⊠ No □ If no, explain.
 E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes ⊠ No [
 Incident report follow-up? Yes ☐ No ☒ If No IR's to review. Corrective action plan compliance verified? N/A ☒ Number of excluded employees followed-up 	Yes CAP date/s and rule/s:
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 400.14208 Direct care staff and employee records.

(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information:

(b) Job titles.

Staff schedule does not contain job titles.

IV. RECOMMENDATION

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

Sabria McGonan June 12, 2024

Sabrina McGowan Date Licensing Consultant