

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

July 25, 2024

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

RE: License #: AS800378742

Haus on High 11 W. High Street 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.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification 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,

Kristy Duda, Licensing Consultant Bureau of Community and Health Systems

Unit 13, 7th Floor 350 Ottawa, N.W.

Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #: AS800378742

Licensee Name: Our Haus, Inc.

Licensee Address: 30637 White Oak Drive

Bangor, MI 49013

Licensee Telephone #: (269) 214-8350

Licensee/Licensee Designee: Heather Nadeau

Name of Facility: Haus on High

Facility Address: 11 W. High Street

Bangor, MI 49013

Facility Telephone #: (269) 427-5889

Original Issuance Date: 02/03/2016

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

| Date of On-site Inspection(s): | 07/2 | 4/2024 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Date of Bureau of Fire Services In: | spection if applicable | e: N/A |
| Date of Health Authority Inspection | n if applicable: | N/A |
| No. of staff interviewed and/or obs No. of residents interviewed and/o No. of others interviewed 1 | | 2 5 |
| Medication pass / simulated p | ass observed? Yes | No □ If no, explain. |
| Medication(s) and medication | record(s) reviewed? | Yes ⊠ No □ If no, explain. |
| Resident funds and associate Yes ⋈ No ☐ If no, explain. Meal preparation / service obstance inspection occurred between the Fire drills reviewed? Yes ⋈ | served? Yes No mealtimes. | ☑ If no, explain. |
| Fire safety equipment and pra | ctices observed? Y | es 🖂 No 🗌 If no, explain. |
| E-scores reviewed? (Special of If no, explain. Water temperatures checked? The water temperature was more incident report follow-up? Yes No incident reports required for Corrective action plan compliant N/A □ Number of excluded employed | P Yes ⊠ No ☐ If reasured to be 108 of s ☐ No ☑ If no, explosed. If no, explored is a continuous c | no, explain. degrees. xplain. |
| • Variances? Yes [(please e. | xplain) 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 complete fire drills from November 2023 through February 2024.

A corrective action plan was requested and approved on 07/25/2024. 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 and special certification.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Kristy Duda Date Licensing Consultant