



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 25, 2024  
Tina Graves  
16065 Fish Lake Road  
Holly, MI 48442

RE: License #: AF630391555  
**Graves CTH**  
**16065 Fish Lake Road**  
**Holly, MI 48442**

Dear Mrs Graves:

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.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads 'Sheena Worthy'.

Sheena Worthy, Licensing Consultant

Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd, Suite 9-100  
Detroit, MI 48202

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

**I. IDENTIFYING INFORMATION**

**License #:** AF630391555

**Licensee Name:** Tina Graves

**Licensee Address:** 16065 Fish Lake Road  
Holly, MI 48442

**Licensee Telephone #:** (248) 240-7566

**Licensee/Licensee Designee:** Tina Graves

**Administrator:**

**Name of Facility:** Graves CTH

**Facility Address:** 16065 Fish Lake Road  
Holly, MI 48442

**Facility Telephone #:** (248) 240-7566

**Original Issuance Date:** 04/18/2018

**Capacity:** 4

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/25/2024

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

Date of Health Authority Inspection if applicable: 06/25/2024

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 1  
No. of others interviewed [redacted] Role: [redacted]

- 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.  
It was not meal time during the onsite.
- 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.  
N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
LSR CAP Approved 09/02/22; 407(11)(a) N/A
- Number of excluded employees followed-up? N/A
- 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 330.1803                      Facility environment; fire safety.**

**(4) A facility that has a capacity of 3 or fewer clients shall conduct and document fire drills 4 times a year. Two of the 4 fire drills shall be conducted during sleeping hours.**

The fire drills for 2022 and 2023 only included one fire drill during sleeping hours instead of two.

**R 400.1438                      Emergency preparedness; evacuation plan; emergency transportation.**

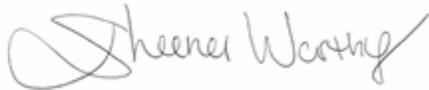
**(4) Fire drills shall be conducted 4 times a year. Two of the 4 required fire drills shall be conducted during sleeping hours. A record of the fire drills shall be incorporated with the evacuation plan.**

The fire drills for 2022 and 2023 only included one fire drill during sleeping hours instead of two.

A corrective action plan was requested and approved on 09/25/2024. 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.

#### IV. RECOMMENDATION

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



Sheena Worthy  
Licensing Consultant

09/25/24  
Date