



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 15, 2025

Teresa Wendt  
HGA Non Profit Homes Inc.  
917 West Norton  
Muskegon, MI 49441

RE: License #: AS620012265  
**Rex Street Home**  
**1034 Rex Street**  
**Fremont, MI 49412**

Dear Ms. Wendt:

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 (616) 356-0183.

Sincerely,



Rebecca Piccard, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 446-5764

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS620012265
<b>Licensee Name:</b>	HGA Non Profit Homes Inc.
<b>Licensee Address:</b>	917 West Norton Muskegon, MI 49441
<b>Licensee Telephone #:</b>	(231) 728-3501
<b>Licensee/Licensee Designee:</b>	Teresa Wendt
<b>Administrator:</b>	Melanie Billings
<b>Name of Facility:</b>	Rex Street Home
<b>Facility Address:</b>	1034 Rex Street Fremont, MI 49412
<b>Facility Telephone #:</b>	(231) 924-5268
<b>Original Issuance Date:</b>	03/29/1990
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/14/2025

Date of Bureau of Fire Services Inspection if applicable: 01/14/2025

Date of Environmental/Health Inspection if applicable: 01/14/2025

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 3

No. of others interviewed Role:

- 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.
- 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.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:  
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 400.14315**

**Handling of resident funds and valuables.**

**(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

On January 14, 2025, while conducting a renewal inspection, it was discovered that the Funds II form was not being kept accurately. The money count was off from what was shown on the Funds II form.

Home Manager, Sherlyn Garbrecht, stated the error was due to CMH case managers reviewing the Funds II form and additional transaction logs being added which were not accurate.

Ms. Wendt stated the errors will be addressed and the resident funds will be corrected on this date. A corrective action was requested. Ms. Wendt understood and agreed to send one.

**IV. RECOMMENDATION**

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



January 15, 2025

\_\_\_\_\_  
Date

Licensing Consultant