

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

May 6, 2025

Kristine Curtis Impact Inc. 1001 Military St Port Huron, MI 48060

RE: License #: AL740092230

River Bend #2 1572 Meisner Rd East China, MI 48054

Dear Kristine Curtis:

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:

An on-site inspection will be conducted.

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

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 #: AL740092230

Licensee Name: Impact Inc.

Licensee Address: 1001 Military St

Port Huron, MI 48060

Licensee Telephone #: (810) 985-5437

Licensee/Licensee Designee: Kristine Curtis

Administrator: Aaron Foote

Name of Facility: River Bend #2

Facility Address: 1572 Meisner Rd

East China, MI 48054

Facility Telephone #: (810) 765-1002

Original Issuance Date: 11/16/2000

Capacity: 20

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	04/30/2	2025
Date	e of Bureau of Fire Services Inspection if appl	icable: ′	12/26/2024
Date	e of Health Authority Inspection if applicable:		04/30/2025
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Administration	trator	3 15
•	Medication pass / simulated pass observed?	Yes ⊠	〗No □ If no, explain.
•	Medication(s) and medication record(s) review	wed? \	∕es ⊠ No □ If no, explain.
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.		
•	Fire drills reviewed? Yes ⊠ No ☐ If no, ex	kplain.	
•	Fire safety equipment and practices observe	d? 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, expl	ain.
•	Corrective action plan compliance verified? 01/24/2023-R401(2), 5/17/2023-R205(5), R3 Number of excluded employees followed-up?	01(4), F	
•	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 400.15301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

The current assessment plan being implemented by the facility does not address how the residents will be supervised.

A corrective action plan was requested and approved on 04/30/2025. 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.

Sabria McGonan May 6, 2025

Sabrina McGowan Licensing Consultant Date