

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

August 11, 2025

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

RE: License #: AS740012988

Lincoln House 1104 Lincoln

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 and special certification 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 #: AS740012988

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: Lincoln House

Facility Address: 1104 Lincoln

Port Huron, MI 48060

Facility Telephone #: (810) 984-2707

Original Issuance Date: 09/04/1980

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	08/07/2025
Date	e of Bureau of Fire Services Inspection if applicable:	N/A
Date	e of Health Authority Inspection if applicable:	08/07/2025
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Administrator	3 5
•	Medication pass / simulated pass observed? Yes ⊠	〗No □ If no, explain.
•	Medication(s) and medication record(s) reviewed? Y	∕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 \square No \boxtimes If no, explain. No meal being served at the time of the visit. Fire drills reviewed? Yes \boxtimes No \square If no, explain.	
•	Fire safety equipment and practices observed? Yes	No □ If no, explain.
•	E-scores reviewed? (Special Certification Only) Yes If no, explain. Water temperatures checked? Yes ⊠ No ☐ If no,	
•	Incident report follow-up? Yes ⊠ No ☐ If no, expl	ain.
•	Corrective action plan compliance verified? Yes ⊠ 09/15/2023-R 400.14301(10). N/A ☐ Number of excluded employees followed-up? 1-Shar	
•	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 400.14301

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

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident admitted on 02/10/2025, did not obtain a physical until 05/06/2025.

REPEAT VIOLATION ESTABLISHED. LSR DATED 09/15/2023.

The corrective action plan, dated 09/15/2023, and signed by the License Administrator Melinda Campbell, stated that the home supervisor would ensure all physicals are completed in a timely manner, by physician or home nurse, effective 09/15/2023.

R 400.14402 Food service.

(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

No thermometers found in the refrigerators or freezer located in the kitchen.

IV. RECOMMENDATION

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

Sabria McGonan August 11, 2025

Sabrina McGowan

Date

Licensing Consultant