

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

August 6, 2025

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

RE: License #: AS740370242

Wells Street

1027 Wells Street Port Huron, MI 48060

Dear Kristine Curtis:

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 #: AS740370242

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: Wells Street

Facility Address: 1027 Wells Street

Port Huron, MI 48060

Facility Telephone #: (810) 216-6489

Original Issuance Date: 03/19/2015

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date	of On-site Inspection(s):	08/04/2	025	
Date	of Bureau of Fire Services Inspection if appl	icable:	N/A	
Date	of Health Authority Inspection if applicable:		08/04/2025	
No. c	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Administ	rator	3 3	
• 1	Medication pass / simulated pass observed?	Yes 🖂	No 🗌 If no, explain.	
• [Medication(s) and medication record(s) revie	wed? Y	es 🛭 No 🗌 If no, explain.	
1 •	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 served during the inspection. Fire drills reviewed? Yes \boxtimes No \square If no, explain.			
• [Fire safety equipment and practices observed	d? Yes	⊠ No If no, explain.	
I	E-scores reviewed? (Special Certification On f no, explain. Water temperatures checked? Yes ⊠ No [• ,		
• I	ncident report follow-up? Yes 🗵 No 🗌 If r	no, expla	ain.	
	Corrective action plan compliance verified? ` N/A ⊠ Number of excluded employees followed-up?		CAP date/s and rule/s: 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 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

The Frigidaire handle is loose. Facing on fridge is peeling.

IV. RECOMMENDATION

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

Sabria McGonan August 6, 2025

Sabrina McGowan Licensing Consultant Date