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GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

August 14, 2025

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

RE: License #: AS740253774

Mayfield

3055 Mayfield

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 #:** AS740253774

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: Mayfield

Facility Address: 3055 Mayfield

Port Huron, MI 48060

**Facility Telephone #:** (810) 982-8968

Original Issuance Date: 03/18/2003

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED

MENTALLY ILL

### II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	08/07/2	025	
Date 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: Adminis	trator	3 1	
•	Medication pass / simulated pass observed?	Yes ⊠	No ☐ If no, explain.	
•	Medication(s) and medication record(s) reviewed? Yes $\boxtimes$ No $\square$ 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, explain.			
•	Fire safety equipment and practices observed? Yes $\boxtimes$ No $\square$ 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 $\boxtimes$ No $\square$ If	no, expl	ain.	
•	Corrective action plan compliance verified? Yes  CAP date/s and rule/s: 09/15/2023-R301(4), R301(10), R315(6), and R316(1). N/A  Number of excluded employees followed-up? 1-02/20/2025-S. Marsack 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 400.14313 Resident nutrition.

(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.

Meal substation was not noted on the menu.

#### IV. RECOMMENDATION

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

Sabrua McGonan August 14, 2025

Sabrina McGowan Licensing Consultant Date