



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 4, 2026

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

RE: License #:	AM740255580
Investigation #:	2026A0123014
	Abbottsford

Dear Renae Kiehler:

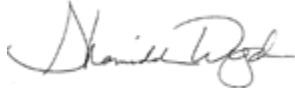
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 643-7960.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shamidah Wyden".

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48607
989-395-6853

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AM740255580
Investigation #:	2026A0123014
Complaint Receipt Date:	01/13/2026
Investigation Initiation Date:	01/15/2026
Report Due Date:	03/14/2026
Licensee Name:	Innovative Housing Dev Corp
Licensee Address:	3051 Commerce Drive Suite 5 Fort Gratiot, MI 48059
Licensee Telephone #:	(810) 385-4463
Administrator:	Melinda Campbell
Licensee Designee:	Renae Kiehler
Name of Facility:	Abbottsford
Facility Address:	830 Johnstone Street Port Huron, MI 48060
Facility Telephone #:	(810) 966-9159
Original Issuance Date:	09/04/2003
License Status:	REGULAR
Effective Date:	06/09/2024
Expiration Date:	06/08/2026
Capacity:	8
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Resident A has been observed to have concerning issues with personal hygiene on multiple occasions.	Yes

III. METHODOLOGY

01/13/2026	Special Investigation Intake 2026A0123014
01/13/2026	APS Referral Information received regarding APS referral.
01/15/2026	Special Investigation Initiated - Telephone I spoke with APS investigator Joseph Linert.
01/22/2026	Inspection Completed On-site I conducted an unannounced on-site at the facility.
01/22/2026	Contact- Document Received Received requested documentation via email.
01/23/2026	Contact- Document Received Received requested documentation via email.
02/06/2026	Contact - Telephone call made I left a voicemail requesting a return call from Guardian 1.
02/06/2026	Contact - Telephone call made I left a voicemail requesting a return call from staff Robin Krug.
02/06/2026	Contact - Telephone call made Attempted call made to staff Angie Liechty. There was no answer. Voicemailbox was full.
02/06/2026	Contact - Telephone call made I left a voicemail requesting a return call from staff Brianna McDermott.
02/06/2026	Contact - Telephone call received I received a voicemail from Staff McDermott.

02/06/2026	Contact - Telephone call made I interviewed staff Briana McDermott.
02/12/2026	Contact - Telephone call made I attempted to call Guardian 1. There was no answer.
02/12/2026	Contact - Telephone call made I left a voicemail requesting a return call from case manager Trisha Gapshes.
02/12/2026	Contact - Telephone call made Follow up call with home manager Sammie Setera.
02/12/2026	Contact - Telephone call received I interviewed staff Angie Liechty.
02/12/2026	Contact - Telephone call received I interviewed staff Robin Krug.
02/23/2026	Contact- Telephone call made I made a call to the facility. Spoke with home manager Sammie Setera.
02/23/2026	Contact- Document Received Received requested information from the facility.
02/23/2026	Contact- Telephone call made Conducted Microsoft Teams and FaceTime calls with facility.
02/23/2026	Contact- Telephone call received I spoke with case manager Trisha Gapshes.
02/27/2026	Contact- Face to Face I conducted a face to face with Resident A.
03/03/2026	Exit Conference I spoke with licensee designee Renae Kiehler.

ALLEGATION: Resident A has been observed to have concerning issues with personal hygiene on multiple occasions.

INVESTIGATION: On 01/09/2026, the Bureau of Community Health Services received a complaint regarding the allegations noted above. The complaint stated that Resident A is severely cognitively impaired and does not use verbal speech. Resident A is fully dependent on teachers and caregivers to perform all daily living tasks. Resident A is unable to advocate in regard to hygiene. Resident A has been going to school with fecal matter on his body, thighs, butt cheeks, and genital area. Sometimes Resident A comes in with a brief that has not been changed and still has fecal matter in it or urine, obviously from several hours before. Resident A also has a strong body odor. It does not appear Resident A is bathed properly.

On 01/15/2026, I spoke with adult protective services investigator Joseph Linert via phone. Joseph Linert stated that he has obtained copies of monitoring charts from the school Resident A attends. Resident A comes to school with skid marks in the seams of Resident A's brief, dried feces on feet, and embedded in fingernails. The charts go back to November 2025. The school has contacted the AFC facility and Resident A's Guardian 1. The AFC home manager has stated that Resident A is difficult and non-compliant. Joseph Linert stated that Resident A's bed and linens are clean. Resident A does not get a bath in the morning because Resident A would be late for school. The home manager reported to Joseph Linert that staff are doing their best. He stated that Resident A's hygiene was fine for about a week, after the first complaint about it from the school.

On 01/15/2026, I received photos of documentation from APS investigator Joseph Linert. I received a photograph of what appears to be Resident A's left hand. Resident A's nailbeds appear dirty (i.e. dried fecal matter). A check list dated 11/04/2025 through 01/09/2026 has columns for "*BM in Brief*", "*Skid marks on brief with no BM*", "*BM reminisce left on body parts*", "*Clean*", and "*Notes.*" In this established timeframe, Resident A was observed to have skid marks on brief with no bowel movement 12 times. On 11/06/2026, Resident A was observed to have bowel movement reminisce left on body parts. In the notes for that day, it states that a call was made to the group home, and something was said about hygiene. Only 17 days in that time period Resident A was observed and noted to be clean. Resident A presented with "*very bad bo* (i.e., body odor)" on 11/14/2025, 11/17/2025, and 01/09/2025. On 11/18/2025, Resident A was observed and was noted to have "*came in w/very overfilled brief with odor.*" A call was placed to Guardian 1. On 12/03/2025, 12/09/2025, and 12/18/2025 it is noted that Resident A was soaked with urine. On 01/05/2026, Guardian 1 was notified that Resident A presented with bowel movement/fecal matter in and around fingernails.

On 01/22/2026, I conducted an unannounced on-site at the facility. I interviewed home manager Sammie Setera. Staff Setera stated that she has been working in the facility for a year. Staff Setera stated that Resident A was receiving three to four baths per day. There are times Resident A does not want to get out of the bath. Staff

have switched Resident A's bathing time to the morning. Resident A is heavy set and has odorous creases. Resident A receives more baths than the other residents. She stated that the school complained Resident A's hair was greasy, but staff use gel in Resident A's hair. Resident A is a digger and will dig and scratch. Staff Setera stated that the school told Relative 1 that Resident A arrived at school dirty and asked for staff to double check Resident A. Things got quiet, then adult protective services showed up with a list of observations. Resident A is compliant and will listen, but if Resident A does not want to do something, Resident A will refuse. Resident A drinks a lot of fluids. Staff Setera stated that staff would not let Resident A leave the facility if Resident A had feces embedded in Resident A's fingernails. Resident A is non-verbal. She stated that Resident A does not smear feces around the home but will pull off a brief while lying in bed.

During this on-site, Resident A was not home from school yet. I observed Resident A's bedroom and the facility in general. There were no odors, and the facility appeared clean and well kept. I observed Resident A's bedroom. It appeared clean. There were no odors present, and Resident A's bedding appeared clean. No issues were noted. During this on-site, I observed the residents present. They appeared clean and appropriately dressed.

On 01/22/2026, and 01/23/2026, I received requested documentation via email from the facility. Resident A's *Health Care Appraisal* dated 02/26/2025 states Resident A is diagnosed with *Autism* and *Obesity 3*. At the time of the medical appointment with Julie Boutt, M.D., the only abnormal issue noted was wax impaction. *Home Daily Logs* dated 11/04/2025 through 12/03/2025 were obtained. Between 11/04/2025 and 11/19/2025, Resident A received a bath daily, most days (all but three), Resident A received at least two baths/showers each day. Between 11/20/2025, and 12/03/2025 Resident A received baths each day, except 12/02/2025. 11/26/2025 through 11/29/2025, Resident A received baths that lasted longer than one hour. On 11/28/2025, it notes that Resident A was covered in bowel movement. Resident A received a four hour bath from 5:00 am to 9:00 am, another bath at 5:30 pm, and a third one at 7:00 pm.

A copy of Resident A's *Assessment Plan for AFC Residents* dated 01/27/2025 notes Resident A requires assistance with hygiene after toileting, verbal prompts and hand on hand assistance for bathing, hair care, trimming nails, shaving, brushing teeth, supervision and prompting for dressing.

On 02/06/2026, I interviewed staff Brianna McDermott via phone. Staff McDermott stated that staff have changed to giving Resident A baths every morning. Resident A has a smell that lingers whether Resident A bathes or not. Resident A receives three to four baths a day, sometimes more. She stated that staff assist Resident A with bathing, toileting, and brief changes. Resident A's bedding is laundered daily. She stated that staff have to assist Resident A with bathing, and Resident A wears deodorant. Resident A will get up and use the bathroom independently, or staff will check Resident A every two hours. She stated that staff must wipe Resident A. Staff

McDermott stated that staff will scrub Resident A's fingernails if needed. Resident A has a fingernail scrub brush. Staff McDermott stated that Resident A leaves the facility in the morning clean and smelling okay prior to staff switching to showering in the morning. She stated that she does not think Resident A's deodorant was working long-term, as Resident A would have a body odor after returning from school (armpit odor). Resident A is heavier set. Resident A gets baths after returning from school and receiving a snack. Staff McDermott stated that they started showering Resident A in the morning time at the beginning of January 2026. She denied that Resident A has ever left the facility dirty. She stated that they have a new school bus driver and there is an aid on the bus. She denied having any knowledge of the bus driver or aid saying anything about Resident A's hygiene. Staff McDermott stated that Resident A has multiple bowel movements a day. Staff McDermott stated that other residents have not complained about Resident A.

On 02/06/2026 and 02/12/2026, I made attempts to contact Guardian 1 via phone. My phone calls were not returned.

On 02/12/2026, I interviewed staff Angie Liechty via phone. Staff Liechty stated that Resident A is bathed several times a day due to incontinence. Resident A will sit in it and not let staff know. Resident A will lay in bowel movement in the morning and has smeared it before. Staff have to do half hour bed checks with Resident A. Resident A is food aggressive, so it is difficult to do bed checks with Resident A. She stated that if Resident A is messy, staff bathes Resident A. Sometimes Resident A does wake up in the morning with a dry brief. Resident A used to get baths at night, but they were switched to mornings. Resident A has a 45 minute bus ride to school. She stated that Resident A has never had a dirty brief while awaiting the bus in the morning. She stated staff have been trying different deodorants that work for Resident A. Resident A is almost 300 lbs. She stated that Resident A is always clean and appropriately dressed when getting on the school bus, and there's been no complaints from the bus driver or the bus aide. Resident A may wake up two to three times a week with a dirty brief. Resident A also strips at night. Resident A's mattress has a plastic cover over it, and bed sheets are laundered daily. Staff Liechty stated that there have been no complaints from other residents, and Resident A does not smear feces in the common areas of the home, or on Resident A's roommate's belongings.

On 02/12/2026, I interviewed staff Robin Krug via phone. Staff Krug stated that she works third shift. Staff Krug stated that Resident A's morning routine consists of getting to the bathroom, undressing himself, and staff will either shower Resident A or wash him up with washcloths. Resident A would get dressed, deodorant, body spray, and hair gel. Resident A eats breakfast, waits on the couch for the bus. If Resident A messes himself, she will take him to the bathroom, clean him up, and change Resident A's brief again. Staff Krug stated that Resident A has soiled two briefs between getting dressed and eating breakfast in the morning once. Staff Krug stated that she had to clean Resident A up as well as the dining room floor and chair. Staff Krug stated that never to her knowledge has Resident A ever got on the bus

with soiled brief or soiled clothing. Staff Krug stated that she works four out of five days during the week. Staff Krug stated that she stopped putting hair gel in Resident A's hair because Resident A's teacher complained about it. She stated that there's been no complaints from other residents about Resident A's hygiene. Staff Krug stated the only time feces gets on Resident A's hands is if Resident A has a bowel movement in the middle of the night, and he strips out of his clothing. Staff Krug stated that Resident A sometimes has to take multiple showers and also be bathed head to toe. Staff Krug stated Resident A is about 300 lbs., so when Resident A does not want to get clean, it's difficult. Staff Krug stated that brief checks are done at night periodically, as Resident A's roommate is also behavioral. Staff Krug stated that sometimes staff have to clean Resident A up in his bedroom first, so Resident A does not leave a trail going to the bathroom. Staff Krug stated that Resident A receives very long showers and baths. If Resident A has a dirty brief, she'd get Resident A up and cleaned, but they also have other residents with issues at night as well. Staff Krug stated that Resident A has loose bowel movements, that are never firm. Resident A might have digestive issues. The case manager is aware, and staff have brought it to the team's attention. Staff Krug stated that doctor's appointments have been made.

On 02/23/2026, I made a follow-up call and spoke with home manager Sammie Setera. She stated that Resident A has been to a physician. Resident A is on GERD medication. She stated that Resident A has been this way for a while but has a hiatal hernia that won't be repaired due to Resident A's weight. Resident A is on a weekly weight loss injection. I scheduled a Microsoft Teams call with the facility.

On 02/23/2026, I conducted a Microsoft Teams call with the facility. I observed Resident B. Resident B appeared to be clean and appropriately dressed. An attempt was made to interview Resident B, but Resident B appeared to have limited verbal skills. I observed Resident C as well. Resident C appeared clean and appropriately dressed. Resident C also appeared to have limited verbal skills.

Resident D was interviewed. Resident D stated that they receive three meals a day, and a lot of snacks. Resident D stated that (Resident D) takes showers in the morning and at night independently. Resident D goes to program. When asked how Resident D gets along with Resident A, Resident D said, "*I don't know.*" Resident D then stated that another resident gives fist bumps, but Resident A does not. Resident D stated that the bathrooms are clean and denied ever smelling anything smelly.

During this Microsoft Teams call, I switched to FaceTime on staff Hannah Bugajski's phone to observe Resident A. Resident A was observed sitting on the couch with a tablet. Staff Bugajski stated that Resident A came home from school today with little feces in this brief, but she got Resident A cleaned up. I observed Resident A's clothing, which appeared to be clean, as well as Resident A's face and hands.

On 02/23/2026, I spoke with Resident A's case manager (CM) Trisha Gapshes. CM Gapshes stated that she has spoken with staff at the school Resident A attends. CM

Gapshes stated that Resident A wears briefs and takes his time in the bathtub. There's not enough time in the morning for Resident A to take baths, so the facility moved Resident A's showers to the morning time. CM Gapshes stated that there is not much staff can do when Resident A is on the bus. She stated that staff take good care of Resident A, and she denied having any concerns about Resident A's well-being. Resident A attends school Monday through Friday each week. Resident A is 300 lbs. and perspires when active. Resident A is clean during her home visits. Resident A showers or bathes daily. CM Gapshes stated there's never been an issue with Resident A's room being unclean. CM Gapshes stated that she does not think Resident A will dig in their brief but will sometimes have a bowel movement while in the bathtub. CM Gapshes stated that Resident A's bowel movements may be because of medication. Resident A has had a gastrointestinal related appointment. She stated that there's been no complaints from other residents about Resident A since Resident A first moved in the facility in 2023. Resident A's roommate has limited verbal skills and just repeats what you say. CM Gapshes stated that in the past three years, Resident A's medication has caused Resident A to gain weight. Resident A has a hiatal hernia and heart burn. Resident A will stiffen up, and stand straight up after a bowel movement, so it takes staff longer to clean Resident A up. CM Gapshes stated that they have discussed getting a male staff to assist Resident A with personal care.

On 02/27/2026, I conducted an on-site at Woodlands Developmental Center to make a face to face with Resident A. During this on-site, I observed Resident A to be clean and appropriately dressed. Resident A did not appear to have an odor. No issues were noted. During this visit, I spoke with Individual 1 and Individual 2. They reported that there were no issues in January 2026, and no issues in February 2026, except yellowing in brief, possibly from sweating. Resident A has not been coming in lately with a brief full of urine, skid marks, or pungent body odor. Individual 1 stated the tracking of Resident A's hygiene issues started on 11/04/2025, when the body odor was noticed. A call was made to the facility on 11/06/2025, and things got better. Calls were made to the facility and Guardian 1. Individual 2 stated that the feces were observed to be dried to buttocks hairs, and it was clearly old feces. Individual 1 stated there were concerns Resident A was just sitting in the bath water, and not being bathed/scrubbed. They stated that they think Resident A itched themselves on the bus. It looked as though Resident A was not cleaned properly, and a new brief was just put on Resident A without washing Resident A up. They stated you could tell the difference between gel and dandruff build up, and Resident A had dandruff build up. They stated that it does take about 30 minutes to clean Resident A up after a bowel movement, because the school cannot do showers. Resident A is visibly happier coming in now and is more awake in the morning, attending to tasks. Resident A's brief used to be pungent, and you could tell it was an overnight brief. Individual 1 stated that it was not "*I sweat through the night body odor. It's I haven't been scrubbed/cleaned.*" Individual 1 and Individual 2 stated that immediate changes were noticed after adult protective services got involved.

During this on-site, I obtained charting notes dated from 01/12/2026 through 02/27/2026. Resident A's hygiene was noted to be clean for 19 out of 23 days. The four days not marked clean had notes that said, "yellowing in brief." Skid marks were noted on 01/29/2026 and 02/24/2026.

On 03/02/2026, I made a call to adult protective services (APS) investigator Joseph Linert. Joseph Linert stated that he substantiated his investigation against third shift staff and the home manager. Joseph Linert stated that staff were using wipes to clean Resident A up before school, and now Resident A is getting bathed in the morning before school every day.

On 03/03/2026, I conducted an exit conference with licensee designee Renae Kiehler. Administrator Mindy Campbell was on the call as well. LD Kiehler stated that she will address the matter with the facility and complete a corrective action plan.

APPLICABLE RULE	
R 400.671	Resident care.
	(4) A licensee shall provide supervision, protection, and personal care as specified in a resident's assessment plan. A hospice service plan, do-not resuscitate order, or any other advance directive must be included as an addendum to the resident assessment and maintained with the assessment plan in the resident's record.
ANALYSIS:	<p>On 01/15/2026, I obtained documentation from APS investigator Joseph Linert. There was a photo of Resident A's fingers that appeared to have dried fecal matter in and around the fingernails. A chart documenting multiple occurrences of hygiene issues between 11/04/2025 and 01/09/2026 was obtained as well.</p> <p>On 01/22/2026, I conducted an unannounced on-site at the facility. I interviewed home manager Sammie Setera. Staff Setera stated that staff would not let Resident A leave the facility if Resident A had feces embedded in Resident A's fingernails. Staff Setera stated staff have switched Resident A's bathing time to the morning.</p> <p>A copy of Resident A's <i>Assessment Plan for AFC Residents</i> dated 01/27/2025 notes Resident A requires assistance with hygiene after toileting, verbal prompts and hand on hand assistance for bathing.</p> <p>On 02/06/2026, Staff McDermott stated that they started showering Resident A in the morning time at the beginning of</p>

January 2026. She denied that Resident A has ever left the facility dirty.

On 02/12/2026, I interviewed staff Angie Liechty via phone. She stated Resident A used to get baths at night, but they were switched to mornings. Resident A has a 45 minute bus ride to school. She stated that Resident A has never had a dirty brief while awaiting the bus in the morning.

On 02/12/2026, I interviewed staff Robin Krug. She stated that to her knowledge Resident A has never gotten on the bus with soiled brief or soiled clothing. She stated that she stopped putting hair gel in Resident A's hair because Resident A's teacher complained about it.

On 02/23/2026, I spoke with Resident A's case manager Trisha Gapshe. She stated that Resident A wears briefs and takes time in the bathtub. There's not enough time in the morning for Resident A to take baths, so the facility moved Resident A's showers to the morning time. She stated that there is not much staff can do when Resident A is on the bus. She stated that staff take good care of Resident A, and she denied having any concerns about Resident A's well-being.

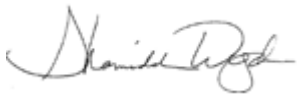
On 02/27/2026, I conducted an on-site at Woodlands Developmental Center to make a face to face with Resident A. During this on-site, I observed Resident A to be clean and appropriately dressed. Resident A did not appear to have an odor. No issues were noted.

I spoke with Individual 1 and Individual 2 during this on-site. They reported that there were no issues in January 2026, and no issues in February 2026, except yellowing in brief, possibly from sweating. Individual 1 and Individual 2 stated that immediate changes were noticed after adult protective services got involved. The tracking of Resident A's hygiene issues began on 11/04/2025, when body odor was noticed. A call was made to the facility on 11/06/2025, and things got better. Calls were made to both the facility and Guardian 1 regarding concerns. Individual 1 stated there were concerns Resident A was just sitting in the bath water, and not being bathed/scrubbed. During this on-site, I obtained charting notes dated from 01/12/2026 through 02/27/2026. Resident A's hygiene was noted to be clean for 19 out of 23 days.

	There is a preponderance of evidence to substantiate a rule violation. During the course of this investigation, no staff admitted to sending Resident A to school with dirty brief/poor hygiene. However, Resident A's hygiene per documentation appeared to improve after adult protective services got involved, and staff began bathing Resident A in the mornings before school.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon the receipt of an acceptable corrective action plan, I recommend continuation of the AFC small group home license (capacity 3-8).

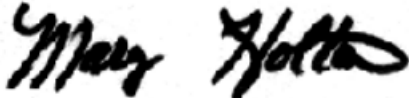


03/04/2026

Shamidah Wyden
Licensing Consultant

Date

Approved By:



03/04/2026

Mary E. Holton
Area Manager

Date