



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 24, 2026

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

RE: License #: AM740087394  
Stone Creek Home  
740 Johnstone St  
Port Huron, MI 48060

Dear Renae-Marie Kiehler:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification is renewed. It is valid only at your present address and is nontransferable.

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,

A handwritten signature in cursive script that reads "Sabrina McGowan".

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 #:** AM740087394

**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:** Stone Creek Home

**Facility Address:** 740 Johnstone St  
Port Huron, MI 48060

**Facility Telephone #:** (810) 987-3995

**Original Issuance Date:** 11/09/1999

**Capacity:** 8

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/23/2026

Date of Bureau of Fire Services Inspection if applicable: 10/09/2025

Date of Health Authority Inspection if applicable: 04/23/2026

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 1

No. of others interviewed 1 Role: Administrator

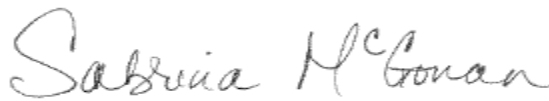
- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.  
No meal being served during visit.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  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  No  If no, explain.  
No IR's to review.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
05/3/2024-R301(4), R315(6), R402(1). N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult medium group home (capacity 7-12).



April 24, 2026

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Sabrina McGowan  
Licensing Consultant

Date