GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 29, 2026

Teresa Wendt
HGA Non-Profit Homes Inc.
917 West Norton
Muskegon, MI 49441

RE: License #:	AS610012194 Lilac Street Home 1901 Lilac Street Muskegon, MI 49442-6542

Dear Ms. Wendt:

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 will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT

I. IDENTIFYING INFORMATION

License #:	AS610012194
Licensee Name:	HGA Non-Profit Homes Inc.
Licensee Address:	917 West Norton Muskegon, MI 49441
Licensee Telephone #:	(231) 728-3501
Licensee/Licensee Designee:	Teresa Wendt, Designee
Administrator:	Teresa Wendt, Administrator
Name of Facility:	Lilac Street Home
Facility Address:	1901 Lilac Street Muskegon, MI 49442-6542
Facility Telephone #:	(231) 788-3750
Original Issuance Date:	09/26/1980
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/18/2026

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: 03/26/2026

No. of staff interviewed and/or observed 0
No. of residents interviewed and/or observed 0
No. of others interviewed 1 Role: T. Wendt, LD/Admin.

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
  At the time of this inspection, there are no residents in care at this facility. However, there have been residents in care in the last 6 months and residents have been observed in the facility during that time.
- Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain.
  There are no residents in care currently.
- 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.

- Fire drills reviewed? Yes ☐ No ☒ If no, explain.

- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
  Fire inspection reports reviewed.
- 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.

- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:
  N/A ☒
- Number of excluded employees followed-up? N/A ☒

- Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:	
R 400.647	**Safety and maintenance of premises.**
	(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants. (4) Roofs, exterior walls, doors, skylights, and windows must be weathertight and watertight and maintained in good repair. (5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.

Finding:

- Living room carpet is in serious disrepair. Cleaning does not appear as though it will remedy the condition of the carpet and the removal and replacement of the carpet in that room is recommended.
- The roof has a shingle that is displaced and sticking up. The condition of the roof is questionable
- Kitchen flooring is in disrepair.
- The base of the island in the kitchen is in disrepair.
- The lazy Susan cupboard in the kitchen is broken.
- The trim along the floor throughout the kitchen and dining room is in disrepair.
- The sink countertop in the laundry room bathroom is in disrepair.
- The light bulb above the sink in the laundry room bathroom does not have a cover and is exposed.
- The light in the shower room/bathroom does not work.
- Resident Room #2-flooring in disrepair, shelving in the closet is not secure to the wall.
- Resident Room #3-linoleum flooring is coming up at the closet entrance.
- The flooring in the office room is in disrepair.
- Exit door on the North side of the facility did not open or close without force.
- The ceiling in the living room has a crack and the ceiling has some discoloration around it indicating a possible leak.

Response: Ms. Wendt contacted the maintenance person to come out and inspect the ceiling in the living room immediately. As I left the facility, the maintenance person was arriving. Ms. Wendt stated she will begin to work on getting the other maintenance issues addressed.

R 400.731	**Flame-producing equipment; enclosures.**
	(2) Heating plants and other flame-producing equipment located on the same level as the residents must be enclosed in a room that is constructed of material that has a 1-hour-fire-resistance rating and has a door made of 1-3/4-inch solid core wood. The door must be hung in a fully stopped wood or steel frame and must be equipped with an automatic self-closing device and positive-latching hardware.

Finding: The furnace and Hot water heater room, located at the back of the facility, has a door that does not automatically close, nor does it latch once closed. The door is not working properly.

Response: Ms. Wendt stated she will contact maintenance and begin the process to have this fixed. Ms. Wendt will submit an acceptable corrective action plan.

An exit conference was conducted with Ms. Wendt on 06/18/2026. The residents are temporarily out of the facility, and the plan is to have residents back in this facility once repairs have been made.

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend issuance of a 2-year regular adult foster care license.

Elizabeth Elliott

06/29/2026

Elizabeth Elliott Date
Licensing Consultant