



RICK SNYDER  
GOVERNOR

State of Michigan  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN  
DIRECTOR

February 17, 2011

Michael & Marcee Garland  
P.O. Box 423  
Hubbell, MI 49934

RE: Application #: AM310310003  
Hubbell Haven AFC Home  
27012 W. 21st St.  
Hubbell, MI 49934

Dear Michael & Marcee Garland:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 12 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (906) 226-4171.

Sincerely,

Theresa Norton, Licensing Consultant  
Bureau of Children and Adult Licensing  
305 Ludington St  
Escanaba, MI 49829  
(906) 789-4606

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM310310003
<b>Applicant Name:</b>	Michael & Marcee Garland
<b>Applicant Address:</b>	27018 W. 21st St. Hubbell, MI 49934
<b>Applicant Telephone #:</b>	(906) 296-0041
<b>Administrator/Licensee Designee:</b>	Michael Garland
<b>Name of Facility:</b>	Hubbell Haven AFC Home
<b>Facility Address:</b>	27012 W. 21st St. Hubbell, MI 49934
<b>Facility Telephone #:</b>	(906) 296-0041
<b>Application Date:</b>	08/20/2010
<b>Capacity:</b>	12
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED

## II. METHODOLOGY

08/20/2010	Enrollment
08/25/2010	Application Incomplete Letter Sent re: rec. cl. for both
09/07/2010	Contact - Document Received rec. cl. for Marcee & Michael
09/15/2010	Inspection Completed-Env. Health : A
09/21/2010	Application Complete/On-site Needed
01/27/2011	Inspection Completed-Fire Safety : A
02/09/2011	Inspection Completed On-site
02/09/2011	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

**NOTE:** This home is currently licensed by Dan and Connie Foote #AM310070847. There is a letter on file requesting withdrawal of the current license when licensure is granted to Michael and Marcee Garland.

### A. Physical Description of Facility

The home is a wood-framed, two story home, located between the towns of Hubbell and Lake Linden. The property is centrally located to schools, shopping, etc. Michael and Marcee Garland own the home. Proof of ownership was provided and a copy of the warranty deed is maintained in the file.

The double- story home has 8 resident bedrooms and 2 full bathrooms. The upper floor of the facility has 5 bedrooms (2 which are double occupancy) and a full bathroom. The lower level has 3 resident bedrooms (2 which are double occupancy), a full bath, the kitchen, dining room, a large living room, and the Licensees private living quarters. The heat plant is located in the basement area with a minimum 1-3/4 inch, self-closing fire door. There is an interconnected smoke detection system. A full fire safety approval was granted on 01/27/2001 by the Bureau of Fire Safety. Bedrooms have the following dimensions:

Bedroom #1	120 sq. ft.	Approved Capacity 1
Bedroom #2	204 sq. ft.	Approved Capacity 2
Bedroom #3	200 sq. ft.	Approved Capacity 2
Bedroom #4	196 sq. ft.	Approved Capacity 2

Bedroom #5	196 sq. ft.	Approved Capacity 2
Bedroom #6	120 sq. ft.	Approved Capacity 1
Bedroom #7	120 sq. ft.	Approved Capacity 1
Bedroom #8	120 sq. ft.	Approved Capacity 1

This facility has the square footage necessary to accommodate up to 12 ambulatory residents as requested on the application. The facility is fully equipped with required furnishings, linens and dishware. It is the licensee’s responsibility not to exceed their licensed resident capacity.

The facility is serviced with municipal water and sewage.

**B. Program Description**

The facility proposes to serve adults that are Developmentally Disabled and/or Aged. The admission policies, program statements, discharge policy, refund policy, personnel policies, and job descriptions were reviewed and accepted as written.

The program statements identify the care and services available in the home, designed to provide assistance to adults and to promote each individual in maintaining an active and enjoyable life. The facility will encourage family involvement and social activities. The licensees wish to incorporate involvement in local organizations such as Little Brothers – Friends of the Elderly.

The program will also promote and encourage cooperation, self-direction, independence and normalization.

Transportation to local medical appointments will be provided by the home as needed.

**Licensee and Administrator Qualifications**

A licensing record clearance request was completed with no LEIN convictions recorded for Michael and Marcee Garland, licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results.

The licensee designee/administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 12-bed facility is adequate and includes a minimum of 1 staff to 12 on all shifts.

The licensee acknowledged an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff – to – resident ratio.

The licensee acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensees expressed that FBI fingerprinting and the Michigan State Police LEIN system will be utilized as the process to identify criminal history when assessing good moral character.

The licensee acknowledged an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the licensee has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The licensee acknowledged responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the licensee acknowledged responsibility to maintain a current employee record on file in the home for the licensees, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

The licensee acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The licensee indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee acknowledged an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The licensee has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee acknowledged that written facility menus shall reflect three well-balanced and nutritious meals daily. The licensee is aware of and intends to comply with the provision of special diets that may be required for any resident. The licensee also wants to strive for a healthy menu for residents by cooking and using fresh, whole foods.

The licensee acknowledged responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each

resident on an annual basis. In addition, the licensee acknowledges his responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

**C. Rule/Statutory Violations**

None.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 12).



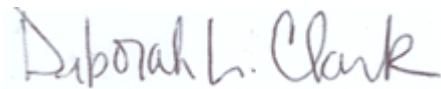
2/17/2011

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Theresa Norton  
Licensing Consultant

Date

Approved By:



02/23/11

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Deborah Clark  
Area Manager

Date