



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 1, 2023

Barbara Hartman
3214 Lake Shore Dr
ESCANABA, MI 49829

RE: License #: AF210392110
Hartman's Adult Care
3214 Lake Shore Dr
Escanaba, MI 49829

Dear Ms. Hartman:

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 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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Maria DeBacker".

Maria DeBacker, Licensing Consultant
Bureau of Community and Health Systems
305 Ludington St
Escanaba, MI 49829
(906) 280-8531

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

I. IDENTIFYING INFORMATION

License #:	AF210392110
Licensee Name:	Barbara Hartman
Licensee Address:	3214 Lakeshore Dr ESCANABA, MI 49829
Licensee Telephone #:	(906) 233-7008
Licensee/Licensee Designee:	N/A
Administrator:	NA
Name of Facility:	Hartman's Adult Care
Facility Address:	3214 Lakeshore Dr Escanaba, MI 49829
Facility Telephone #:	(906) 233-7008
Original Issuance Date:	09/11/2018
Capacity:	3
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/20/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:12/5/22

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 2

No. of others interviewed [redacted] Role: [redacted]

- 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.
Time did not permit
- 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.
- 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

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

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license

Maria DeBacker

Maria DeBacker
Licensing Consultant

Date