



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 15, 2023

Catherine Hawthorne and Betty Hoover
7221 Pt Austin Rd
Caseville, MI 48725

RE: License #: AF320394546
Hoovers Haven AFC
7221 Pt Austin Rd
Caseville, MI 48725

Dear Ms. Hawthorne and Ms. Hoover:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care family home license are renewed. The regular license 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 blue ink that reads 'Kathryn A. Huber'.

Kathryn A. Huber, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-3234

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

I. IDENTIFYING INFORMATION

License #:	AF320394546
Licensee Name:	Catherine Hawthorne and Betty Hoover
Licensee Address:	7221 Pt Austin Rd Caseville, MI 48725
Licensee Telephone #:	(989) 963-0030
Licensee/Licensee Designee:	N/A
Administrator:	
Name of Facility:	Hoovers Haven AFC
Facility Address:	7221 Pt Austin Rd Caseville, MI 48725
Facility Telephone #:	(989) 856-4173
Original Issuance Date:	09/05/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/15/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: 11/15/2022

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 1

No. of others interviewed 0 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.
Lunch was served after the inspection was complete.
- 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

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

IV. RECOMMENDATION

I recommend issuance of a 2-regular license to this AFC adult family home (capacity 1-6).

Kathryn A. Huber

03/15/2023

Kathryn A. Huber
Licensing Consultant

Date