



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

February 20, 2024

Charity Miller  
Passionate Home LLC  
465 W Pleasant Street  
HUBBARDSTON, MI 48845

RE: License #: AS340408187  
**Passionate Home LLC**  
**465 W Pleasant Street**  
**Hubbardston, MI 48845**

Dear Ms. Miller:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan, please send the updated Escores and the fire alarm inspection by 3/15/2024.

I have also received an approved environmental health inspection and closed the special investigation.

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 cursive script that reads 'Jennifer Browning'.

Jennifer Browning, Licensing Consultant  
Bureau of Community and Health Systems  
Browningj1@michigan.gov - (989) 444-9614

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS340408187
<b>Licensee Name:</b>	Passionate Home LLC
<b>Licensee Address:</b>	465 W Pleasant Street HUBBARDSTON, MI 48845
<b>Licensee Telephone #:</b>	(989) 436-3424
<b>Licensee Designee:</b>	Charity Miller
<b>Administrator:</b>	Charity Miller
<b>Name of Facility:</b>	Passionate Home LLC
<b>Facility Address:</b>	465 W Pleasant Street Hubbardston, MI 48845
<b>Facility Telephone #:</b>	(989) 981-6375
<b>Original Issuance Date:</b>	07/21/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/18/2024

Date of Bureau of Fire Services Inspection if applicable: Not applicable

Date of Health Authority Inspection if applicable: 9/21/2023

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed Role:

- 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.  
The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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 found to be in non-compliance with the following rules:

**R 330.1803**

**Facility environment; fire safety.**

**(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multistation smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.**

Licensee designee, Charity Miller did not have an annual inspection done on her smoke detection system as required for her special certification on the AFC license.

**R 330.1803**

**Facility environment; fire safety.**

**(5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire protection association. Appendix f of the 1985 life safety code of the national fire protection association is adopted by reference as part of these rules. A copy of the adopted appendix f is available from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost. A copy of appendix f may also be obtained from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of appendix f. A price quote for copying of these pages may be obtained from the national fire protection association.**

Licensee designee, Charity Miller did not have an updated E-Score completed when Resident A moved into the facility or within 30 days of 8/29/23 as required for her special certification on the AFC license.

**R 400.14205      Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

Direct care staff member K. Langin's employee record did not include a statement signed by their physician attesting to their health within 30 days of their hire date.

**R 400.14205      Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

Direct care staff member K. Langin's employee record did not include verification she had a current testing showing she was free from communicable tuberculosis (TB).

**R 400.14205      Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

Direct care staff member R. Miller's employee record did not include an annual health review verification for 2022.

**R 400.14208                      Direct care staff and employee records.**

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(f) Verification of reference checks.

Direct care staff member K. Langin's employee record did not include verification there were two reference checks completed before she was hired.

**R 400.14401                      Environmental health.**

(3) All sewage shall be disposed of in a public sewer system or, in the absence thereof, in a manner that is approved by the health authority.

Licensee designee Ms. Miller stated she dropped off a water sample for the third time on 1/17/2024 because the previous samples were positive for bacteria. The Environmental Health Inspection (EHI) is still pending as a result.

A corrective action plan was requested and approved on 01/18/2024. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

**IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Renewal of the 2 year adult foster care license is recommended for this AFC small group home (capacity 6).



Jennifer Browning  
Licensing Consultant

02/20/2024 \_\_\_\_\_  
Date