



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 20, 2024

Mary Marshall  
1119 Holyrood Street  
Midland, MI 48640

RE: License #: AF560277877  
**Marshall Manor Assisted Living**  
**1119 Holyrood Street**  
**Midland, MI 48640**

Dear Mary Marshall:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violation cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

The office provides technical assistance to meet the licensing requirements and consultation to improve services. 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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Rodney Gill". The signature is written in a cursive style with a clear, legible font.

Rodney Gill, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

**License #:** AF560277877

**Licensee Name:** Mary Marshall

**Licensee Address:** 1119 Holyrood Street  
Midland, MI 48640

**Licensee Telephone #:** (989) 631-1266

**Licensee:** Mary Marshall

**Administrator:** N/A

**Name of Facility:** Marshall Manor Assisted Living

**Facility Address:** 1119 Holyrood Street  
Midland, MI 48640

**Facility Telephone #:** (989) 631-1266

**Original Issuance Date:** 10/24/2005

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
ALZHEIMERS  
AGED  
TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/19/2024

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 4

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.
- 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:  
03/31/2022 - MCL400.734b(6)(b), R 400.1405(2); 10/04/2023 / 6 month  
Provisional License - 10/04/2023 - MCL400.734b (6)(b), R 400.1418 (4)(b), R  
400.1418(2), R 400.1416(1), R 400.1409(1)(o), R 400.407(5). 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:

**MCL 400.734b**      **Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.**

**(6) If an adult foster care facility determines it necessary to employ or independently contract with an individual before receiving the results of the individual's criminal history check or criminal history record information required under this section, the adult foster care facility may conditionally employ the individual if all of the following apply:**

**(b) The individual signs a written statement indicating all of the following:**

**(i) That he or she has not been convicted of 1 or more of the crimes that are described in subsection (1)(a) to (g) within the applicable time-period prescribed by subsection (1)(a) to (g).**

**(ii) That he or she is not the subject of an order or disposition described in subsection (1)(h).**

**(iii) That he or she has not been the subject of a substantiated finding as described in subsection (1)(i).**

**(iv) The individual agrees that, if the information in the criminal history check conducted under this section does not confirm the individual's statement under subparagraphs (i) to (iii), his or her employment will be terminated by the adult foster care facility as required under subsection (1) unless and until the individual can prove that the information is incorrect.**

**(v) That he or she understands the conditions described in subparagraphs (i) to (iv) that result in the termination of his or her employment and that those conditions are good cause for termination.**

Responsible person Jill St. John (DOB 06/30/1973) has not had a background check completed through Michigan Workforce Background Check. Repeat Violation Established (See SIR 2023A1033056 dated 09/14/2023 and RNWL dated 04/07/2022).

A corrective action plan was requested and approved on 03/19/2024. 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 license is recommended.



03/20/2024

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Rodney Gill  
Licensing Consultant

Date