GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 8, 2026

Debra Cullen and Mitchell Cullen
P.O. Box 72
Lake Ann, MI 49650

RE: License #: AF100399243
**Cullen's Care**
**6357 Harris Point Trail**
**Lake Ann, MI 49650**

Dear Mr. and Mrs. Cullen:

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: You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification 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 (616) 356-0100.

Sincerely,

Adam Robarge, Licensing Consultant
Bureau of Community and Health Systems
701 S. Elmwood, Suite 11
Traverse City, MI 49684
(231) 350-0939

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

## I. IDENTIFYING INFORMATION

| | |
|---|---|
| **License #:** | AF100399243 |
| **Licensee Name:** | Debra Cullen and Mitchell Cullen |
| **Licensee Address:** | 6357 Harris Point Trail<br>Lake Ann, MI 49650 |
| **Licensee Telephone #:** | (231) 275-3226 |
| **Licensee:** | Debra Cullen and Mitchell Cullen |
| **Administrator:** | N/A |
| **Name of Facility:** | Cullen's Care |
| **Facility Address:** | 6357 Harris Point Trail<br>Lake Ann, MI 49650 |
| **Facility Telephone #:** | (231) 640-2249 |
| **Original Issuance Date:** | 01/10/2020 |
| **Capacity:** | 4 |
| **Program Type:** | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL |
| **Certified Programs:** | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/06/2026

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

Date of Health Authority Inspection if applicable: 03/11/2026

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 1
No. of others interviewed 2 Role: Licensees

- 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: 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 400.723** **Fire extinguishers.**

(1) A minimum of one 5-pound multi-purpose fire extinguisher or equivalent must be provided for use on each occupied floor and in the basement.

The fire extinguishers in the home were not 5-pounds or more.

**R 400.725** **Means of egress.**

(3) Doors that form a part of a required means of egress must be equipped with positive-latching, non-locking-against-egress hardware and have a width to allow for residents requiring wheelchairs or other devices to easily navigate through doorways.

One of two of the emergency exits from the main floor was not equipped with positive-latching, non-locking-against-egress hardware.

A corrective action plan was requested and approved on 07/06/2026. 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 and special certification.

## IV. RECOMMENDATION

I recommend issuance of a two-year regular adult foster care license.

Adam Robarge 7/8/2026

Adam Robarge Date
Licensing Consultant