GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 13, 2026

Shanell Hughes
Gull Arbor Senior Living, Inc.
7788 E. DE
Richland, MI 49083

RE: License #: AS390295180
Gull Arbor Senior Living, Inc.
7788 East "DE" Ave.
Richland, MI 49083

Dear Shanell Hughes:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 335-5985.

Sincerely,



Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

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

I. IDENTIFYING INFORMATION

License #:	AS390295180
Licensee Name:	Gull Arbor Senior Living, Inc.
Licensee Address:	7788 E. DE Richland, MI 49083
Licensee Telephone #:	(269) 629-3178
Licensee Designee:	Shanell Hughes
Administrator:	Shanell Hughes
Name of Facility:	Gull Arbor Senior Living, Inc.
Facility Address:	7788 East "DE" Ave. Richland, MI 49083
Facility Telephone #:	(269) 629-3178
Original Issuance Date:	05/07/2008
Capacity:	6
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection: 10/12/2026

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

Date of Health Authority Inspection if applicable: 07/22/2026

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 6
No. of others interviewed N/A 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.
- 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 400.619 Emergency preparedness plan.

(2) An emergency preparedness plan must include all of the following:
(c) Locations of alarm signals and fire extinguishers.
(d) Evacuation routes and designated point of safety.
(e) Procedures and special staff response for evacuating residents of limited mobility or special needs and visitors.
(f) Any special assistance needed by a resident.

FINDING: A review of the licensee's emergency preparedness plan determined the plan did not identify the locations of the alarm signals and fire extinguishers, the specific evacuation routes and the designated point of safety, or procedures and special staff responses for evacuating residents with limited mobility or special needs and visitors. Additionally, the plan did not identify any special assistance needed by individual residents during an emergency.

R 400.619 Emergency preparedness plan.

(3) A licensee must have a written fire safety plan that includes all of the following:
(a) Use of and response to alarms.
(b) Notification of an alarm to the fire department.
(c) Isolation of fire.
(d) Evacuation of the facility.
(e) Closure of bedroom doors and corridor access doors on exiting.
(f) Use of fire extinguishers.

FINDING: A review of the licensee's written fire safety plan determined the plan did not address the use of and response to fire alarms, notification of an activated alarm to the fire department, procedures for isolating a fire, or the use fire extinguishers. Additionally, the plan did not specifically address the closure of bedroom doors and corridor access doors when exiting the facility.

R 400.619 Emergency preparedness plan.

(7) A licensee shall ensure that all staff are instructed and retrained quarterly per calendar year, and new staff on hire, with respect to their duties and responsibilities under the emergency preparedness plan, on the operation of the fire

alarm and other fire protection equipment. A record of the instruction must be maintained for 2 years.

FINDING: There was no documentation verifying that staff received instruction upon hire and quarterly thereafter regarding their duties and responsibilities under the emergency preparedness plan, including the operation of the fire alarm and other fire protection equipment.

R 400.619 Emergency preparedness plan.

(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.

FINDING: A review of the facility's emergency practice records determined that the licensee had not practiced the facility's emergency preparedness plan, including the fire safety plan, at least once per quarter during each shift, as required.

R 400.639 Staff records.

(1) A licensee shall maintain a record for each staff that contains all of the following:
(e) Verification of experience, highest level of education completed, and training.

FINDING: A review of staff records determined that the licensee did not maintain documentation verifying the highest level of education completed for staff, as required.

R 400.701 Required personnel policies.

(1) A licensee shall have all the following written policies and procedures:
(c) Confidentiality requirements in accordance with section 12(3) of the act, MCL 400.712.
(d) Training requirements, including understanding the act and these rules.
(e) Resident rights in accordance with R 400.681.
(f) The process for reviewing the licensing statute and administrative rules with adult foster care staff.

FINDING: The licensee did not have written personnel policies and procedures available for review addressing confidentiality requirements, staff training requirements, including understanding the AFC Act and administrative rules, resident rights, and process for reviewing the AFC licensing Act and administrative rules with staff.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



10/13/2026

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Cathy Cushman Date
Licensing Consultant