

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 20, 2023

Garland, Michael PO Box 423 Hubbell, MI 49934

RE: License #: AM310310003

Hubbell Haven AFC Home 27012 West 21st Street Hubbell, MI 49934

Dear Garland, Michael:

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 or home for the aged authorized representative 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) 643-7960.

Sincerely,

Garrett Peters, Licensing Consultant Bureau of Community and Health Systems 234 W. Baraga Ave. Marquette, MI 49855 (906) 250-9318

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

I. IDENTIFYING INFORMATION

License #: AM310310003

Licensee Name: Garland, Michael

Licensee Address: 27012 West 21st Street

Hubbell, MI 49934

Licensee Telephone #: (906) 296-0041

Licensee Designee: N/A

Administrator: N/A

Name of Facility: Hubbell Haven AFC Home

Facility Address: 27012 West 21st Street

Hubbell, MI 49934

Facility Telephone #: (906) 296-0041

Original Issuance Date: 02/24/2011

Capacity: 12

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	07/19/20)23
Date	e of Bureau of Fire Services Inspection if appl	icable:	N/A
Date	e of Health Authority Inspection if applicable:		N/A
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:		1 5
•	Medication pass / simulated pass observed?	Yes 🖂	No ☐ If no, explain.
•	Medication(s) and medication record(s) revie	wed? Ye	es 🗵 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. Was not there during meal time Fire drills reviewed? Yes No If no, explain.		
•	Fire safety equipment and practices observe	d? Yes [⊠ No lf no, explain.
•	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No □	-	
•	Incident report follow-up? Yes ⊠ No ☐ If i	no, expla	in.
•	Corrective action plan compliance verified? N/A ⊠ Number of excluded employees followed-up?		CAP date/s and rule/s: 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 400.14401 Environmental health.

(4) All garbage and rubbish that contains food wastes shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.

R 400.14410 Bedroom furnishings.

- (1) The bedroom furnishings in each bedroom shall include all of the following:
 - (d) At least 1 chair.

R 400.14410 Bedroom furnishings.

(2) A resident bedroom shall be equipped with a mirror that is appropriate for grooming.

IV. RECOMMENDATION

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

07/20/2023

Garrett Peters

Licensing Consultant

Date