

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

October 10, 2023

Rhonda Duncan and Jack Duncan 3604 W. 13th St Cadillac, MI 49601

RE: License #: AF830414976

**Love Matters** 

3604 W. 13th Street Cadillac, MI 49601

#### Dear Rhonda Duncan and Jack Duncan:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license 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) 356-0183.

Sincerely,

Bruce A. Messer, Licensing Consultant

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Bureau of Community and Health Systems

Suite 11

701 S. Elmwood

Traverse City, MI 49684

(231) 342-4939

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

#### I. IDENTIFYING INFORMATION

**License #:** AF830414976

Licensee Name: Rhonda Duncan and Jack Duncan

Licensee Address: 3604 W. 13th St

Cadillac, MI 49601

**Licensee Telephone #:** (231) 920-4699

Name of Facility: Love Matters

Facility Address: 3604 W. 13th Street

Cadillac, MI 49601

**Facility Telephone #:** (231) 920-4699

Original Issuance Date: 05/09/2023

Capacity: 4

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

## **II. METHODS OF INSPECTION**

Date	of On-site Inspection(s):	10/05/2	2023
Date	of Bureau of Fire Services Inspection if appl	icable:	N/A
Date	of Health Authority Inspection if applicable:		10/21/2022
No. c	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role:		1 3
•	Medication pass / simulated pass observed?	Yes 🗵	]No □ If no, explain.
•	Medication(s) and medication record(s) revie	wed? Y	′es ⊠ No □ If no, explain.
•	Resident funds and associated documents re Yes $oxtimes$ No $oxtimes$ If no, explain. Meal preparation / service observed? Yes $oxtimes$		
•	Fire drills reviewed? Yes 🗵 No 🗌 If no, ex	plain.	
•	Fire safety equipment and practices observed	d? Yes	⊠ No □ If no, explain.
ļ	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No [	•	
•	Incident report follow-up? Yes ⊠ No □ If r	no, expl	ain.
	Corrective action plan compliance verified? ` N/A   Number of excluded employees followed-up?		CAP date/s and rule/s:
• '	Variances? Yes ☐ (please explain) No ☐	N/A 🖂	

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

The facility is in compliance with all applicable rules and statutes.

On October 5, 2023, I conducted an exit conference with Licensee Jack Duncan. I explained my finding as noted above. Mr. Duncan noted that he understood and that he had no further information to provide or questions pertaining to this renewal inspection.

#### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.

Brenz Of Hasser October 10, 2023

Bruce A. Messer Date

**Licensing Consultant**