



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 13, 2024

Margarito Martinez, Jr.  
5565 E. Peck Rd.  
Crosswell, MI 48422

RE: License #:	AL760287996
Investigation #:	2024A0123034
	Martinez Manor

Dear Margarito Martinez, Jr.:

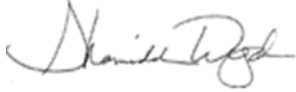
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (989) 643-7960.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shamidah Wyden".

Shamidah Wyden, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48607  
989-395-6853

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL760287996
<b>Investigation #:</b>	2024A0123034
<b>Complaint Receipt Date:</b>	05/08/2024
<b>Investigation Initiation Date:</b>	05/10/2024
<b>Report Due Date:</b>	07/07/2024
<b>Licensee Name:</b>	Margarito Martinez, Jr.
<b>Licensee Address:</b>	5565 E. Peck Rd. Croswell, MI 48422
<b>Licensee Telephone #:</b>	(810) 679-0226
<b>Administrator:</b>	Margarito Martinez, Jr.
<b>Licensee Designee:</b>	Margarito Martinez, Jr.
<b>Name of Facility:</b>	Martinez Manor
<b>Facility Address:</b>	5565 E. Peck Rd Croswell, MI 48422
<b>Facility Telephone #:</b>	(810) 679-0226
<b>Original Issuance Date:</b>	04/30/2008
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	12/03/2022
<b>Expiration Date:</b>	12/02/2024
<b>Capacity:</b>	15
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. ALLEGATION(S)

	Violation Established?
The facility received a fire safety disapproval rating on 04/22/2024.	Yes

## III. METHODOLOGY

05/08/2024	Special Investigation Intake 2024A0123034
05/09/2024	Contact - Document Sent I sent an email to Thomas Ford of Bureau of Fire Services.
05/10/2024	Special Investigation Initiated - On Site I conducted an unannounced on-site at the facility.
05/10/2024	Contact - Document Received I received an email response from Thomas Ford.
05/31/2024	Contact- Document Received I received an email from Thomas Ford.
06/11/2024	Exit Conference I spoke with licensee designee Margarito Martinez.

**ALLEGATION:** The facility received a fire safety disapproval rating on 04/22/2024.

**INVESTIGATION:** On 04/22/2024, a Bureau of Fire Services (BFS) Re-Check Annual inspection was completed at the facility. Inspecting official Thomas Ford completed the inspection and noted the following:

- *“At the time of inspection, it was noted that a switch plate cover was missing in the common area.”*
- *“At time of inspection, it was noted that a smoke detector was chirping, indicating a low battery. Batteries will be changed and required intervals, and the battery-operated smoke detectors will be checked on a monthly basis and logged accordingly.”*
- *“At time of inspection, it was noted that the fire drill times were being held around the same times throughout the qtr.”*
- *“At time of inspection, emergency light in men’s hallway did not illuminate with test button activation.”*
- *“At time of inspection, it was noted that the exit door was obstructed by rolls of carpet.”*

On 05/09/2024, I sent an email to the Bureau of Fire Services inspecting official Thomas Ford inquiring whether the facility submitted a corrective action plan regarding the deficiencies noted in the BFS report, and if any of the deficiencies were corrected.

On 05/10/2023, I received an email response from Thomas Ford. He stated that licensee designee Margarito Martinez forwarded him photos of the corrections and a copy of a missing inspection. He stated that the re-inspection on-site is scheduled for 05/28/2024.

On 05/10/2024, I conducted an unannounced on-site at the facility. I spoke with licensee designee Margarito Martinez. He stated that he completed the corrections but did not write a corrective action plan. He stated that he sent BFS documents this week and updated all of the smoke detectors as well. I did a walk-thru of the facility. I noted that the switch plate covers were put in place in the common area. The smoke detector was not chirping. Margarito Martinez stated that he removed the smoke detector that was chirping, and that the facility is now using the hard-wired smoke detectors which he had updated so they can be tested for sensitivity. The emergency light in the hallway was observed to be working, and none of the exit doors were obstructed by any rolls of carpet.

Documentation was observed during this on-site. An Inspection and Testing Form dated 05/06/2024 from MDK Alarm Systems LLC reflects that an annual service was conducted. Margarito Martinez also produced a document that shows the same company completed a *Smoke Detector Sensitivity Test Report* as well. Fire drills between January 2023 and March 2024 were reviewed. There were three sleeping drills that were conducted at 12:00 am, and two-day time drills were conducted at 10:00 am. However, there was a daytime, evening, and sleeping drill conducted in each quarter.

On 05/31/2024, I received an email from BFS inspector Thomas Ford. The email contained a copy of a Bureau of Fire Services report dated 05/28/2024. It notes that “A *fire safety inspection was completed on this date. Deficiencies noted in our last inspection have been satisfactorily corrected.*”

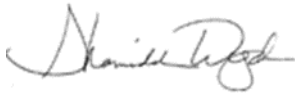
<b>APPLICABLE RULE</b>	
<b>R 400.15403</b>	<b>Maintenance of premises.</b>
	<b>(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b>
<b>ANALYSIS:</b>	On 04/22/2024, a Bureau of Fire Services (BFS) Re-Check Annual inspection was completed at the facility. The facility was found to have deficiency’s and a D-rating was obtained.  I conducted an on-site on 05/10/2024. The licensee designee showed at that time that the physical plant deficiencies were corrected.

	<p>A report dated for 05/28/2024 was received with an A-rating approval.</p> <p>There is a preponderance of evidence to substantiate a rule violation due to the deficiencies noted in the Bureau of Fire Safety D-rating report.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On 06/11/2024, I conducted an exit conference with licensee designee Margarito Martinez. I informed him of the findings and conclusion.

**IV. RECOMMENDATION**

Contingent upon the receipt of an acceptable corrective action plan, I recommend continuation of the AFC large group home license (capacity 1-15).



06/13/2024

Shamidah Wyden  
Licensing Consultant

Date

Approved By:



06/13/2024

Mary E. Holton  
Area Manager

Date