



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

Garland, Michael
PO Box 423
Hubbell, MI 49934

August 12, 2025

RE: License #: AM310310003
Investigation #: 2025A0873017
Hubbell Haven AFC Home

Dear Mr. Garland:

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.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

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 (616) 356-0100.

Sincerely,

Garrett Peters, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(906) 250-9318
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM310310003
Investigation #:	2025A0873017
Complaint Receipt Date:	06/23/2025
Investigation Initiation Date:	06/23/2025
Report Due Date:	08/22/2025
Licensee Name:	Garland, Michael
Licensee Address:	27012 West 21st Street Hubbell, MI 49934
Licensee Telephone #:	(906) 296-0041
Administrator:	N/A
Licensee Designee:	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
License Status:	REGULAR
Effective Date:	08/24/2023
Expiration Date:	08/23/2025
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
The facility was not being maintained.	Yes
Additional Findings	No

III. METHODOLOGY

06/23/2025	Special Investigation Intake 2025A0873017
06/23/2025	APS Referral Referred by APS
06/23/2025	Special Investigation Initiated - Telephone Interview with APS Madison Butkonen
07/03/2025	Inspection Completed On-site
07/03/2025	Contact - Face to Face Interviews with Residents
07/03/2025	Contact - Face to Face Interview with employee Michelle Mace
08/12/2025	Exit Conference

ALLEGATIONS:

The facility was not being maintained.

INVESTIGATION:

On 6/23/25, I interviewed adult protective services worker Madison Butkonen. Resident A contacted her often and complained about the facility. The times she had been to the facility everything was fine.

On 7/3/25, I interviewed home manager Michelle Mace at the facility. Resident A's room was very cluttered and she gets frustrated by it. The facility was regularly cleaned and maintained.

On 7/3/25, I interviewed Resident B. Resident B was moving out and this was his last day at the facility. He was very happy living there. The food was good and plentiful, the facility was clean and safe, and staff there regularly maintained it. There was never a problem receiving his medications or attending appointments.

On 7/3/25, I interviewed Resident C. Aside from a personality conflict with another resident at the facility, Resident C was happy living there. The food was good and residents were regularly fed and the facility was clean and maintained.

During my inspection of the facility I noticed the upstairs bathroom light did not work. Other than that, the facility appeared cleaned and well maintained. All other lights and appliances worked and the bathrooms and kitchen were well-stocked.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(3) All living, sleeping, hallway, storage, bathroom, and kitchen areas shall be well lighted and ventilated.
ANALYSIS:	During my inspection of the facility, I noted the upstairs bathroom did not have a working light.
CONCLUSION:	VIOLATION ESTABLISHED

On 8/12/25, I explained the findings of this report to the licensee. The light bulb in the bathroom has already been replaced.

IV. RECOMMENDATION

Contingent upon an appropriate corrective action plan, I recommend no changes to the status of this license.

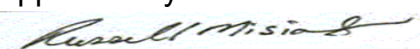


8/12/25

Garrett Peters
Licensing Consultant

Date

Approved By:



8/13/25

Russell B. Misiak
Area Manager

Date