



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 10, 2025

Catherine Hawthorne and Michael Hawthorne.
4935 Billie Lynn
Caseville, MI 48725

RE: Application #: AM320419129
Hoover's Haven AFC
7221 Pt Austin Rd
Caseville, MI 48725

Dear Catherine Hawthorne and Michael Hawthorne.:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 11 is issued.

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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Cynthia Badour".

Cynthia Badour, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(517) 648-8877

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM320419129

Licensee Name: Catherine Hawthorne and Michael Hawthorne.

Licensee Address: 4935 Billie Lynn
Caseville, MI 48725

Licensee Telephone #: (989) 963-0030

Administrator: Catherine Hawthorne

Name of Facility: Hoover's Haven AFC

Facility Address: 7221 Pt Austin Rd
Caseville, MI 48725

Facility Telephone #: (989) 856-4173

Application Date: 01/10/2025

Capacity: 11

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODOLOGY

01/10/2025	On-Line Enrollment
01/13/2025	Inspection Report Requested - Health Invoice#: 1034852
01/13/2025	PSOR on Address Completed
01/13/2025	Inspection Report Requested - Fire
01/13/2025	Contact - Document Sent Forms and letters sent.
01/16/2025	Inspection Completed-Env. Health: A
01/21/2025	Contact - Document Sent Reached out to Licensee to verify Well and Sewer.
01/23/2025	Comment Licensee confirmed they have city water and a private septic.
03/10/2025	Contact - Document Sent Application incomplete letter and forms pdf emailed to chawthorne1@comcast.net.
03/10/2025	Application Incomplete Letter Sent
04/01/2025	Contact - Document Received 1326/RI030 x2 and AFC100.
04/01/2025	File Transferred to Field Office
05/14/2025	Inspection Completed On-site
05/28/2025	Application Incomplete Letter Sent
05/30/2025	Contact - Telephone call made I contacted Sanilac County Environmental Health Sanitarian Robert Kubacki.
10/28/2025	Inspection Completed – Fire Safety: A
11/17/2025	Application Complete/On-site Needed

11/17/2025	Inspection Completed On-site Documentation/virtual
12/02/2025	Inspection Completed-BCAL Full Compliance
12/02/2025	PSOR on Address Completed No hits
12/08/2025	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Hoovers Haven Adult Foster Care home is located just outside the rural community of Caseville along Saginaw Bay in Northeastern Huron County. Residents of the home will have access to shopping and recreational opportunities a short distance away. Scenic beachfronts are located within walking distance of the home. Medical care, social services and a variety of religious opportunities are available within the community.

Betty Hoover owns the property at 7221 Port Austin Road Caseville, Michigan 48725 free and clear. This property was originally licensed by Betty Hoover as of December 1, 2009, and was licensed as Hoovers Haven (AF320303564). The property is currently licensed by Betty Hoover and Catherine Hawthorne as Hoovers Haven AFC (AF320394546), since September 18, 2018.

The facility is a two-story building with the resident living space all located on the second floor. Property owner Betty Hoover will occupy the downstairs apartment which is not licensed. All residents must have full mobility because access to the living space can only be gained by means of a stairway. There are two unobstructed means of egress for resident use. The first egress door is located off to the south side of the facility and exits into the side yard. The second egress door is in the northeast area of the 2nd floor between bedroom #1 and bedroom #3 and exits into the backyard.

There are 6 resident bedrooms, 2 full bathrooms, a large dining room with attached living room and sitting area. One of the full bathrooms has a walk-in shower while the other full bathroom has a shower/tub enclosure. Both bathrooms are equipped with safety shower bars and an exhaust fan.

Bartels Fire Protection has installed an NFPA 13D type fire sprinkler system to meet requirements for licensure. Bartels Fire Protection completed their installation and submitted the building plans to the Bureau of Fire Services for review. On 10/28/2025, the Bureau of Fire Services granted final approval with an A rating.

The furnace is located on the lower level of the structure with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected, hardwire smoke detection system, with battery backup. The furnace and hot water heater were inspected by J.& B. Plumbing & Heating, Inc. on 05/30/2025 and determined to be in safe operating condition.

The Environmental Health Inspection was completed on 01/16/2025. The facility has been determined to be in substantial compliance with applicable rules. The facility has municipal water and an onsite septic system. According to Johnson’s Septic Service, LLC, the septic tank was cleaned on 11/20/2023.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1 (NE)	7’8” x 10’11”	83.69 sq. feet	1
#2 (NE)	11’ x 13’	143 sq. feet	2
#3 (NW)	15” x 11’	165 sq. feet	2
#4 (SE)	13’8”x 11’5”	156 sq. feet	2
#5 (SE) middle	11’7”x 12’6”	144.79 sq. feet	2
#6 (SW)	15’2”x 12’6”	189.58 sq. feet	2

The living, dining, and sitting room areas measure a total of 422.21 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate eleven (11) residents. It is the licensee’s responsibility not to exceed the facility’s licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **eleven** (11) male or female ambulatory adults, ages 18 and above, whose diagnosis is physically handicapped, aged, developmentally disabled and/or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident’s social and behavioral developmental needs. The applicant intends to accept residents from the public guardian’s office, adult protective services, community mental health or private pay as a referral source.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide in-county transportation for program and medical needs. The licensee will also assist in arranging public transportation if available. The licensee will charge for out-county transportation. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicants Catherine Hawthorne and Michael Hawthorne have sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant Catherine Hawthorne also has cash in savings and income from currently operating at this location as a Licensed Family Adult Foster Care Home.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee/administrator and licensee. The licensee/administrator and licensee submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 11-bed facility is adequate and includes a minimum of 2-staff-to-11 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility's staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident’s admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident’s file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident to document the date and amount of the adult foster care service fee paid each month and all the residents’ personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those

rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend the issuance of a six-month temporary license to this AFC adult medium group home (capacity 7-11)



12/10/2025

Cynthia Badour
Licensing Consultant

Date

Approved By:



12/10/2025

Mary E. Holton
Area Manager

Date