



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 2, 2026

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

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

Dear Catherine Hawthorne and Michael Hawthorne.:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care medium group home license is renewed. The license is valid only at your present address and is non-transferable.

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,

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

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

Licensee/Licensee Designee: N/A

Administrator: Catherine Hawthorne

Name of Facility: Hoover's Haven AFC

Facility Address: 7221 Pt Austin Rd
Caseville, MI 48725

Facility Telephone #: (989) 856-4173

Original Issuance Date: 12/10/2025

Capacity: 11

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/27/2026

Date of Bureau of Fire Services Inspection if applicable: 04/13/2026

Date of Health Authority Inspection if applicable: 05/05/2026

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 4

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes 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. Inspection occurred prior to meal preparation/service.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

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

Cynthia Badour

06/02/2026

Cynthia Badour
Licensing Consultant

Date