GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 25, 2026

Andre Marable
Marable Specialized Care Inc
13335 15 Mile Road, #265
Sterling Heights, MI 48312-4271

RE: License #: AS820014379
Marable Specialized Care
1565 Schuman
Westland, MI 48185

Dear Andre Marable:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (313) 456-0380.

Sincerely,

Regina Buchanan, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
Detroit, MI 48202
(313) 949-3029

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

I. IDENTIFYING INFORMATION

License #:	AS820014379
Licensee Name:	Marable Specialized Care Inc
Licensee Address:	#265 13962 Renfrew Court Sterling Heights, MI 48312
Licensee Telephone #:	(313) 289-9730
Licensee/Licensee Designee:	Andre Marable
Administrator:	Andre Marable
Name of Facility:	Marable Specialized Care
Facility Address:	1565 Schuman Westland, MI 48185
Facility Telephone #:	(734) 326-7642
Original Issuance Date:	08/13/1990
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/24/2026

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 5
No. of others interviewed 0 Role: N/A

- 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.
  The residents had eaten.
- 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.
  None
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:
  Rules: 803(3), 301(10), 310(3), 312(4),(b), 315(3), 401(2) 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 found to be in non-compliance with the following rules:

MCL 400.734b **Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.**

(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

Staff, Imani Marable, did not have on file verification that a criminal clearance was completed in the Michigan Workforce Background Check system for her employment at the above facility. The verification provided was for another facility owned by the licensee.

R 400.619 Emergency preparedness plan.

(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.

Three of the fire drills completed during the year 2025 did not have time documented on them. Therefore, I was unable to determine if the drills were completed as required and during the required timeframes.

REPEAT VIOLATION {RENEWAL INSPECTION 08/27/2024}

R 400.675 Resident medications.

(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:
(b) Complete an individual medication log that contains all of the following:
(i) Medication name.
(ii) Dosage.
(iii) Label instructions for use.
(iv) Time to be administered.
(v) Initials of the individual who administered the medication at the time given.
(vi) Resident's refusal to accept prescribed medication or procedures at time of refusal.

Resident A's Revia was not documented on her medication log sheet. It was being administered as of 08/09/2026 but was not being initialed as administered due to not being documented.

REPEAT VIOLATION {RENEWAL INSPECTION 08/27/2024 AND 08/23/2022}

R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(8) A resident care agreement must be signed by all applicable parties. A copy of the signed resident care

agreement along with copies of the policies listed in subrule (6) of this rule must be provided to the resident or the resident's designated representative and maintained in the resident's record.

Resident A's 2026 care agreement was not signed by the guardian and there was no care agreement on file for the year 2025.

R 400.691 Resident records.

(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:
(a) Personal information including all of the following:
(i) Resident's full name.
(ii) Social Security number.
(iii) Date of birth.
(iv) Marital status.
(v) Veteran's status.
(vi) Gender identity.
(vii) Former address.
(viii) Name, address, and contact information of identified contact or designated representative.
(ix) Name, address, and contact information of the person and agency responsible for the resident's placement in the facility.
(x) Funeral provisions, preferences, and contact information.
(xi) Resident's religious preference.
(b) Date of admission.
(c) Date of discharge and address to where the resident moved.
(d) Health care information including all of the following:
(i) Health care appraisals.
(ii) Medication administration record.
(iii) Name, address, and contact information of the preferred health care professional and hospital.
(iv) Medical insurance.
(v) Statements and instructions for supervising prescribed medication including dietary supplements and medical procedures.
(vi) Instructions for emergency care and advanced medical directives.
(e) Resident care agreement.
(f) Assessment plan.
(g) Admission and monthly weight record.
(h) Incident reports.

(i) Resident funds and valuables record and resident refund agreement.
(j) Resident grievances.
(k) Resident discharge notice.

Resident A did not have an identification record on file.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

_____08/25/2026
Regina Buchanan Date
Licensing Consultant