GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 11, 2026

Marla Garchow
Heart and Soul Living, LLC
1855 Carlisle Road
Traverse City, MI 49696

RE: License #: AS280417032
**Heart And Soul Living, LLC**
**1855 Carlisle Road**
**Traverse City, MI 49696**

Dear Ms. Garchow:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification is renewed. It is valid only at your present address and is nontransferable. 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 (616) 356-0100.

Sincerely,

Adam Robarge, Licensing Consultant
Bureau of Community and Health Systems
701 S. Elmwood, Suite 11
Traverse City, MI 49684
(231) 350-0939

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

## I. IDENTIFYING INFORMATION

| | |
|---|---|
| **License #:** | AS280417032 |
| **Licensee Name:** | Heart and Soul Living, LLC |
| **Licensee Address:** | 1855 Carlisle Road<br>Traverse City, MI 49696 |
| **Licensee Telephone #:** | (231) 342-4878 |
| **Licensee Designee:** | Marla Garchow, Designee |
| **Administrator:** | Shirley Garchow |
| **Name of Facility:** | Heart And Soul Living, LLC |
| **Facility Address:** | 1855 Carlisle Road<br>Traverse City, MI 49696 |
| **Facility Telephone #:** | (231) 342-4878 |
| **Original Issuance Date:** | 10/04/2023 |
| **Capacity:** | 6 |
| **Program Type:** | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL |
| **Certified Programs:** | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/10/2026

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

Date of Health Authority Inspection if applicable: 05/18/2026

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 3
No. of others interviewed 1 Role: Licensee

- 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.
- 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: 09/09/2026 R 400.707(1)(b) 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:

**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.

There was no documentation of fire drills having been practiced after May of 2025.

**R 400.631** **Health screenings.**

(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.

There was no statement on file for one new employee from a licensed physician attesting to their health within 30 days of the employment start date.

**R 400.631** **Health screenings.**

(5) A licensee shall maintain documentation of a baseline screening for communicable diseases and records of illness on hiring. Staff who have direct physical contact with residents or resident food may perform those duties only when they are noninfectious or when proper precautions are taken to prevent the spread of a communicable disease. A licensee shall follow a staff's health care professional or local health department guidance on controlling the spread of a communicable disease when identified.

There was no documentation for one employee that a baseline screening for communicable diseases had been completed

before them having direct physical contact with residents and/or resident food.

**R 400.639 Staff records.**

(1) A licensee shall maintain a record for each staff that contains all of the following:
(f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.

One staff person did not have documentation that a verification of at least two reference checks had been made before hire.

**R 400.665 Food service.**

(2) Food must be from sources that are safe for human consumption and free from spoilage, adulteration, and misbranding.

Some dry food items in pantry had expiration dates two or three months prior to the date of the inspection.

A corrective action plan was requested and approved on 09/10/2026. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license and special certification.

## IV. RECOMMENDATION

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

Adam Robarge 9/11/2026

Adam Robarge Date
Licensing Consultant