GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 8, 2026

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

RE: License #: AS280417032
Investigation #: 2026A0009034
Heart And Soul Living, LLC

Dear Ms. Garchow:

Attached is the Special Investigation Report for the above referenced facility. Due to the violation 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 the rule will be achieved.
- Who is directly responsible for implementing the corrective action for the violation.
- Specific time frame 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 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 (231) 922-5309.

Sincerely,



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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS280417032
Investigation #:	2026A0009034
Complaint Receipt Date:	08/17/2026
Investigation Initiation Date:	08/18/2026
Report Due Date:	09/16/2026
Licensee Name:	Heart and Soul Living, LLC
Licensee Address:	1855 Carlisle Road Traverse City, MI 49696
Licensee Telephone #:	(231) 342-4878
Administrator:	Shirley Garchow
Licensee Designee:	Marla Garchow
Name of Facility:	Heart And Soul Living, LLC
Facility Address:	1855 Carlisle Road Traverse City, MI 49696
Facility Telephone #:	(231) 342-4878
Original Issuance Date:	10/04/2023
License Status:	REGULAR
Effective Date:	09/12/2024
Expiration Date:	09/11/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Resident A's Community Mental Health Individual Plan of Service (IPOS) indicated that the facility provide outing opportunities each week for her. This did not happen.	Yes

III. METHODOLOGY

08/17/2026	Special Investigation Intake 2026A0009034
08/18/2026	Special Investigation Initiated - On Site Interview with licensee designee Marla Garchow
08/18/2026	Contact – Document (email with attachment) received from licensee designee Marla Garchow
09/01/2026	Contact – Document (email) received from licensee designee Marla Garchow
09/02/2026	Contact – Telephone call made to Tina Bruning, Community Mental Health (CMH) case manager, left message
09/03/2026	Contact – Telephone call made to Lisa Lashley, CMH recipient rights officer, left message
09/03/2026	Contact – Telephone call made to Tina Bruning, CMH case manager, left message
09/04/2026	Contact – Telephone call made to Lisa Lashley, CMH recipient rights officer
09/04/2026	Contact – Telephone call received from Tina Bruning, CMH case manager
09/04/2026	Contact – Telephone call made to licensee designee Marla Garchow
09/08/2026	Exit conference with licensee designee Marla Garchow

ALLEGATION: Resident A's Community Mental Health Individual Plan of Service (IPOS) indicated that the facility provide outing opportunities each week for her. This did not happen.

INVESTIGATION: I conducted an unannounced site visit at the Heart and Soul Living adult foster care home on August 18, 2026. Licensee Designee Marla Garchow was present and spoke with me about the complaint. I asked about the assertion that Resident A was not going on the outings as specified in her Community Mental Health (CMH) IPOS. She reported that Resident A was not there any longer and had moved on June 2, 2026. Ms. Garchow stated that Resident A did go to Grand Traverse Industries day program five days a week. In regards to other outings, Resident A did go on several, but missed several as well. Often, Resident A's guardian did not want her going on the outings that were offered. She would contact the home and tell them it was too hot out or too cold outside. Resident A was usually with her father on the weekends so they did not take her on the outings that the other residents were offered during those times. When her father was unable to take her on a weekend after his surgery, Ms. Garchow remembered that Resident A participated in an outing that weekend. Resident A would have been offered to go on outings whenever the other residents went. The only reason she would not have gone would have been if she was visiting with her father or if her guardian did not wish for her to go out on a particular outing. She stated that she believed that they had provided Resident A with the outings that they were able to. I asked if they kept records of when Resident A's guardian requested that Resident A not participate in a particular outing and the reason why. Ms. Garchow replied that they might not have documented it the first time but thinks they did after they determined it was a pattern for Resident A's guardian. Ms. Garchow stated she was not able to get me that documentation at that time but said she would provide it to me when she was able to find it. I also requested a copy of Resident A's most recent IPOS.

I received Resident A's CMH IPOS Meeting and Treatment Plan dated October 15, 2025 on August 18, 2026. I reviewed the plan and noted that part of Resident A's Goal #1 was, "*Staff will provide outing opportunities each week for (Resident A) to participate in at least 1 per week. Objective will be met at 8/12 months*."

On September 1, 2026, I received an email from licensee designee Marla Garchow. She reported, "*I did not find where it was documented that (Resident A's Guardian) would not allow (Resident A) to go on certain outings. These are the reasons I remember: It's too hot! It's too cold! It's too far! I have family up that hasn't seen her in years! If I am able to pull up any written documentation, I will forward that to you. It may be in the employee communication log*."

I spoke with CMH recipient rights officer Lisa Lathley by telephone on September 4, 2026. She stated that her office had also investigated the matter and had found Ms. Garchow in non-compliance for not providing the required outings for Resident A. She said she believed it was actually two outings per week that the facility was supposed to provide Resident A. Ms. Lashley stated she would send me the report.

I received the Office of Recipient Rights Report of Investigative Findings regarding Resident A. The report summarized the findings on whether the Heart and Soul

Living adult foster care home had provided Resident A with the outings as indicated in the IPOS. The officer found that only three outings had been provided to Resident A in the timeframe between October of 2025 and May of 2026. Although there had been an addendum to the IPOS on April 21, 2026 which only required one outing per month for Resident A, the facility still fell short of that requirement by five outings.

I spoke with case manager Tina Bruning by telephone on September 4, 2026. She said that she knew it had been difficult for the facility to provide the required outings to Resident A because Resident A was with her father two nights a week and her mother one night. She said that she felt they had not made a good enough effort to try to provide the outings, though. Ms. Garchow and the staff would have needed to have proper documentation to show that they were offering the outings and that the guardian was refusing them each time. They did not have that. Ms. Bruning confirmed that it had actually been two times per week originally that Resident A, herself, had wanted to go on outings. Ms. Bruning confirmed that they did not consider participation in the day program as counting towards an “outing”.

I spoke with licensee designee Marla Garchow by telephone on September 4, 2026. I asked her if she had found any further documentation that she wanted me to see before making my determination. Ms. Garchow said there was no further documentation that she could find. She acknowledged that she and her staff did not make a good effort to document when the guardian told them Resident A could not go on specific outings. She and her staff could recall some specific instances of the guardian denying the outings but did not have any dates or any documentation of it. I spoke with Ms. Garchow about speaking up at the IPOS meeting if there is anything in the goals she thinks they will have trouble fulfilling. If later barriers arise in fulfilling any goals, she should bring it up with the case manager and document those specific instances.

APPLICABLE RULE	
R 400.707	**Staff training.**
	(1) Staff who work with residents shall have successfully completed training that provides basic concepts required in providing specialized dependent care before working independently. Staff shall show the ability to comprehend and be competent to deliver each resident's individual plan of service as written. Training must include the following before working independently: (b) Understanding and carrying out individual plans of service for residents.
ANALYSIS:	The IPOS dated October 15, 2026, indicated that Resident A be offered outings one time per week. Her case manager indicated that Resident A had requested having two outings per week. An addendum dated April 21, 2026, cut the requirement down to

	once a month. There were only three documented outings involving Resident A between October 2025 and May of 2026. It was confirmed through this investigation that staff did not carry out the individual plan of service for Resident A between October of 2025 and May of 2026 in regards to her being offered at least one outing per week.
CONCLUSION:	**VIOLATION ESTABLISHED**

An exit conference was conducted with licensee designee Marla Garchow by telephone on September 8, 2026. I discussed the findings of my investigation and gave her the opportunity to ask questions at that time.

IV. RECOMMENDATION

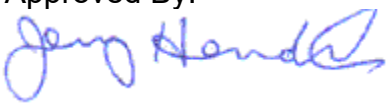
Upon receipt of an acceptable corrective action plan, I recommend no change in the license status.



09/08/2026

Adam Robarge Date
Licensing Consultant

Approved By:



09/08/2026

Jerry Hendrick Date
Area Manager