



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 1, 2026

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

RE: License #: AS820381006
Marable Specialized Care Inc. II
32823 Comanche Street
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.

Contingent 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,

A handwritten signature in cursive script, appearing to read "Kellie Garner".

Kellie Garner, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
Detroit, MI 48202

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

I. IDENTIFYING INFORMATION

License #:	AS820381006
Licensee Name:	Marable Specialized Care Inc
Licensee Address:	#265 13962 Renfrew Court Sterling Heights, MI 48312
Licensee Telephone #:	(313) 289-9730
Licensee Designee/ Administrator:	Andre Marable, Designee
Name of Facility:	Marable Specialized Care Inc. II
Facility Address:	32823 Comanche Street Westland, MI 48185
Facility Telephone #:	(734) 326-7642
Original Issuance Date:	04/06/2016
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/30/2026

Date of Bureau of Fire Services Inspection if applicable: n/a

Date of Health Authority Inspection if applicable: n/a

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: program director

- 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.
At the time of this inspection, there were no meals prepared or served.
- 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 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.
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I reviewed staff, Bianca Lopez's, file. Ms. Lopez was hired at Marable Specialized Care II on 06/01/2026. Ms. Lopez's Workforce eligibility letter is dated 09/17/2026. Ms. Lopez was hired and had direct access to residents before a criminal history check was conducted.

The licensee failed to conduct the criminal history check for Ms. Lopez before she was hired and had direct access to residents.

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.

I reviewed Fire drill records. There were no fire drills were conducted during the following periods in 2025:

- First quarter: 7 a.m.–3 p.m. and 11 p.m.–7 a.m. shifts
- Second quarter: 3 p.m.–11 p.m. shift
- Third quarter: 11 p.m.–7 a.m. shift
- Fourth quarter: 7 a.m.–3 p.m., 3 p.m.–11 p.m., and 11 p.m.–7 a.m. shifts

The licensee failed to 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.

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.

I reviewed staff, Bianca Lopez's, file. There was no statement on file from a licensed physician or physician's designee attesting to her physical health

The licensee failed to obtain a statement from a licensed physician or physician's designee attesting to Ms. Lopez's physical health within 30 days of her employment start date, assumption of duties, or occupancy in the facility.

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.

I reviewed staff, Bianca Lopez's file. There was no documentation of a baseline screening for communicable diseases and records of illness on hiring.

The licensee failed to obtain documentation of a baseline screening for Ms. Lopez for communicable diseases and records of illness on hiring.

R 400.639	Staff records.
	(1) A licensee shall maintain a record for each staff that contains all of the following: (e) Verification of experience, highest level of education completed, and training.

I reviewed Staff, Bianca Lopez's, file. There was no verification of experience, highest level of education completed, and training included in the file.

The licensee failed to maintain a record for Ms. Lopez that contained her verification of experience, highest level of education completed, and training.

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.
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I reviewed Staff, Bianca Lopez's, file. The file did not contain verification of reference checks. There is no documentation demonstrating attempts to obtain the reference checks.

The licensee failed to maintain a record for staff Bianca Lopez that contains 2 reference checks.

R 400.639	Staff records.
	(1) A licensee shall maintain a record for each staff that contains all of the following: (h) Health information as required by these rules.

I reviewed Staff, Bianca Lopez's, file. There was no record of health information contained in the file.

The licensee failed to maintain a record for Bianca Lopez that contains health information as required by these rules.

R 400.675	Resident medications.
	(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.

I reviewed the Medication Administration Records (MARs) and medications. Resident A is prescribed a PRN, hydroxyzine Pamoate 50mg Capsule take one capsule by mouth three times daily as needed.

Resident A was administered this medication on the following dates:

09/09/2026, 09/10/2026, 09/11/2026, 09/12/2026, 09/13/2026, 09/14/2026, 09/15/2026, 09/16/2026, 09/17/2026, 09/18/2026, 09/19/2026, 09/20/2026, 09/21/2026, 09/22/2026, 09/23/2026, 09/24/2026, 09/25/2026, 09/26/2026, 09/27/2026, 09/28/2026, and 09/29/2026.

There was no documentation on the MARs indicating the time, reason, or result for the medication administered.

R 400.691	Resident records.
	(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following: (f) Assessment plan.

Resident A was admitted to Marable Specialized Care II on 06/01/2026 and there was no assessment plan in Resident A's file.

The licensee did not complete and maintain a separate record for Resident A that included Resident A's assessment plan.

IV. RECOMMENDATION

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



10/1/2026

Kellie Garner
Licensing Consultant

Date