



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 13, 2021

Magline Whitley
914 Lapeer Ave.
Saginaw, MI 48607

RE: License #: AM730347313
Investigation #: 2021A0576034
Whitley AFC I

Dear Ms. Whitley:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations 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 each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

If you desire technical assistance in addressing these issues, please feel free to 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "C. Garza".

Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 240-2478

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM730347313
Investigation #:	2021A0576034
Complaint Receipt Date:	06/23/2021
Investigation Initiation Date:	06/23/2021
Report Due Date:	08/22/2021
Licensee Name:	Magline Whitley
Licensee Address:	914 Lapeer Ave., Saginaw, MI 48607
Licensee Telephone #:	(989) 327-1464
Administrator:	Magline Whitley
Licensee Designee:	N/A
Name of Facility:	Whitley AFC I
Facility Address:	215 S. 3 rd , Saginaw, MI 48607
Facility Telephone #:	(989) 752-0056
Original Issuance Date:	03/24/2015
License Status:	REGULAR
Effective Date:	09/24/2019
Expiration Date:	09/23/2021
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Bureau of Fire Services gave the facility a disapproval rating on 6/8/2021.	Yes

III. METHODOLOGY

06/23/2021	Special Investigation Intake 2021A0576034
06/23/2021	Special Investigation Initiated - Letter Reviewed annual fire inspection report
08/09/2021	Inspection Completed On-site Spoke to Staff, Brenda Wilson
08/10/2021	Contact - Document Sent Sent email to Milan Stasa, Bureau of Fire Safety (BFS)
08/13/2021	Contact - Telephone call made Spoke to Milan Stasa
08/13/2021	Exit Conference Exit Conference held with Licensee Designee, Magline Whitley

ALLEGATION:

Bureau of Fire Services gave the facility a disapproval rating on 6/8/2021.

INVESTIGATION:

On June 23, 2021, I reviewed an inspection report from Milan Stasa, Fire Marshall Inspector from the Bureau of Fire Services. The report indicates Mr. Stasa completed a fire safety inspection on June 8, 2021. Mr. Stasa noted the following deficiencies at the home; means of egress obstructed, testing and maintenance of fire alarm system had not occurred annually, plan for protecting residents in the event of a fire not reviewed annually, emergency drills not completed once per quarter per scheduled shift, and smoking shall be permitted in designated smoking areas only. The report indicates cigarette smoke was smelled on the 2nd floor at time of inspection. Mr. Stasa noted “on

the 12-30-19 Annual Inspection Report, this shall lead to a DISAPPROVED Rating being issued.”

On August 9, 2021, I completed an unannounced on-site inspection at Whitley AFC I and spoke to Staff, Brenda Wilson. Ms. Wilson reported she has been employed at the facility for 2 months. Ms. Wilson reported the facility currently has 7 residents and 3 residents were noted to be watching television in the living room. There was no smell or smoke or obvious signs of smoking occurring inside the home.

Regarding the allegations, Ms. Wilson reported she is aware the fire inspector was at the facility, and he was concerned about bottles blocking an exit. The bottles have since been removed. Ms. Wilson showed me the fire panel and stated she also completes fire drills with the residents of the home.

On August 10, 2021, I sent an email to Milan Stasa regarding Whitley AFC I and any updates he can provide. On August 13, 2021, I spoke to Mr. Stasa via telephone, and he advised his biggest concern is there has been an ongoing issue with residents smoking inside the home. Mr. Stasa advised that during his last inspection in June 2021, it was clear to him someone had been smoking in the bathroom on the 2nd floor. Mr. Stasa advised residents are to be using the designated smoking areas to smoke.

On August 13, 2021, I spoke to Licensee, Magline Whitley regarding the allegations. Ms. Whitley advised there is one resident who has been caught smoking inside the home. Ms. Whitley advised there is a house rule barring smoking inside the home and there are 2 areas outside the home designated for smoking. Ms. Whitley advised she is aware of the seriousness of this safety issue.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	It was alleged that the facility received a disapproval rating from the bureau of fire services. Upon completion of a review of documentation, on-site inspection, and interview of the fire marshal inspector, there is a preponderance of evidence to conclude a rule violation.

	I reviewed a fire inspection report from Fire Marshall Inspector, Milan Stasa dated for June 8, 2021, which indicates a disapproval rating. The report cites lack of evacuation drills being completed, means of egress being obstructed, and fire system not being inspected annually. Additionally, the report notes Mr. Stasa's strong concern of on-going smoking inside the facility. Given the disapproval rating from fire safety, the home is not maintained adequately for the health and safety of the occupants.
CONCLUSION:	VIOLATION ESTABLISHED

On August 13, 2021, I completed an Exit Conference with Licensee, Magline Whitley. I advised Ms. Whitley I would be requesting a corrective action plan for the cited rule violation.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, no change in the license status is recommended.



8/13/2021

Christina Garza
Licensing Consultant

Date

Approved By:



8/13/2021

Mary E Holton
Area Manager

Date