



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 28, 2021

Magline Whitley  
914 Lapeer Ave.  
Saginaw, MI 48607

RE: License #: AM730347313  
**Whitley AFC I**  
**215 S. 3rd.**  
**Saginaw, MI 48607**

Dear Ms. Whitley:

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:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license will be renewed upon approval from Bureau of Fire Services (BFS) and receipt of licensing renewal application. Your license will be valid at your present address only 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 (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

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM730347313
<b>Licensee Name:</b>	Magline Whitley
<b>Licensee Address:</b>	914 Lapeer Ave. Saginaw, MI 48607
<b>Licensee Telephone #:</b>	(989) 327-1464
<b>Licensee/Licensee Designee:</b>	Magline Whitley
<b>Administrator:</b>	Magline Whitley
<b>Name of Facility:</b>	Whitley AFC I
<b>Facility Address:</b>	215 S. 3rd. Saginaw, MI 48607
<b>Facility Telephone #:</b>	(989) 752-0056
<b>Original Issuance Date:</b>	03/24/2015
<b>Capacity:</b>	12
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 09/23/2021

Date of Bureau of Fire Services Inspection if applicable: 10/23/2020

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 5  
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.  
It was not meal time at time of inspection.
- 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:  
5/27/20; 2/17/21; 6/23/21 N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A   
AS403(1)

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.**

At time of inspection, licensee did not have verification staff had been tested for communicable tuberculosis.

A corrective action plan was requested and approved on 09/23/2021. 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.

### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended upon receipt of licensing renewal application and approval rating from BFS.



9/28/2021

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Christina Garza  
Licensing Consultant

Date

