



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 3, 2021

Shondral Jackson  
Daniel's Den Ministries  
2716 Wadsworth  
Saginaw, MI 48601

RE: License #: AS730371922  
Daniel's Den AFC & Services  
440 South 17th  
Saginaw, MI 48601

Dear Ms. Jackson:

Attached is the Renewal Licensing Study Report for the facility referenced above. Your license is renewed. It is valid only at your present address and is nontransferable. 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.
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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 (906) 226-4171.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan".

Sabrina McGowan, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 835-1019

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

**I. IDENTIFYING INFORMATION**

**License #:** AS730371922

**Licensee Name:** Daniel's Den Ministries

**Licensee Address:** 2716 Wadsworth  
Saginaw, MI 48601

**Licensee Telephone #:** (989) 395-4875

**Licensee/Licensee Designee:** Shondral Jackson

**Administrator:** Shondral Jackson

**Name of Facility:** Daniel's Den AFC & Services

**Facility Address:** 440 South 17th  
Saginaw, MI 48601

**Facility Telephone #:** (989) 395-4874

**Original Issuance Date:** 05/08/2015

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
ALZHEIMERS

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 10/28/2021

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

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 2

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.  
No IR's to review
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
04/08/2021-R302(5)(a), R311(1) 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 400.14312 Resident medications.**

**(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.**

Resident medications were not being kept in their original pharmacy supplied container.

**R 400.14401 Environmental health.**

**(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.**

Water in the home tested at 125 degrees Fahrenheit.

**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.**

Front entry cement stairwell needs repair.  
Wheelchair ramp is loose with missing rails.  
Hole in a resident's bedroom wall.  
Bathroom doorknob needs tightening or replacing.  
Cabinet under kitchen sink has mold/water damage. Needs replacing.  
Microwave is missing its door handle for opening.  
Screen torn in upstairs bedroom.

**R 400.14510 Heating equipment generally.**

**(2) A furnace, water heater, heating appliances, pipes, wood-burning stoves and furnaces, and other flame-or heat producing equipment shall be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and shall be maintained in a safe condition.**

The clothes dryer in the home did not have a metal dryer duct.

A corrective action plan was requested and approved on 10/28/2021. 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.



November 3, 2021

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Sabrina McGowan  
Licensing Consultant

Date