

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 29, 2022

Laketa Brodnex D.E.B. AFC Inc. P.O Box 136 Bridgeport, MI 48722

RE: License #: AS730315015

D.E.B. AFC Inc. #4 901 S. Fayette Saginaw, MI 48602

Dear Mrs. Brodnex:

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.
- You are to submit a Statement of Correction.
- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license will be renewed upon closure of any special investigations currently open. It is valid only at your present address 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,

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

License #: AS730315015

Licensee Name: D.E.B. AFC Inc.

Licensee Address: P.O Box 136

Bridgeport, MI 48722

Licensee Telephone #: (989) 714-0793

Licensee/Licensee Designee: Laketa Brodnex

Administrator: Laketa Brodnex

Name of Facility: D.E.B. AFC Inc. #4

Facility Address: 901 S. Fayette

Saginaw, MI 48602

Facility Telephone #: (989) 790-0882

Original Issuance Date: 02/01/2012

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL ALZHEIMERS

AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(07/14/2022	
Date of Bureau of Fire Services Inspection if applicable:			N/A
Date of Health Authority Inspection if applicable:			N/A
Insp	ection Type:	☐ Interview and Observation☐ Combination	ı ⊠ Worksheet □ 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 Designee			
•	Medication pass / simulated pass observed? Yes \boxtimes No \square If no, explain.		
•	Medication(s) and medication record(s) reviewed? Yes \boxtimes No \square If no, explain		
•	Resident funds and associated documents reviewed for at least one resident? Yes \(\subseteq \ No \subseteq \ If no, explain. \) Meal preparation / service observed? Yes \(\subseteq \ No \subseteq \ If no, explain. \) It was not meal time at time of inspection. Fire drills reviewed? Yes \(\subseteq \ No \subseteq \ If no, explain. \)		
•	Fire safety equipment and practices observed? Yes \boxtimes No \square If no, explain.		
•	E-scores reviewed? (Special Certification Only) Yes \(\subseteq \text{No} \subseteq \text{N/A} \text{ \index} \) If no, explain. Water temperatures checked? Yes \(\subseteq \text{ No} \subseteq \text{ If no, explain.} \)		
•	Incident report follow-up? Yes ⊠ No □ If no, explain.		
•	7/23/2020 N/A 🗌	compliance verified? Yes 🖂	CAP date/s and rule/s: N/A ⊠
•	Variances? Yes ☐ (p	lease explain) No □ N/A ☒	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14407 Bathrooms.

(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.

Forced ventilation (fan) in upstairs bathroom was not operable and in need of repair.

A corrective action plan was requested and approved on 07/14/2022. 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 closure of any open special investigations.

Christina Garza Date Licensing Consultant