



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 20, 2022

Kathey Burns  
PO Box 472  
Saginaw, MI 48606

RE: License #: AF730366616  
Investigation #: 2022A0580051  
K & K Adult Foster Care Services

Dear Ms. Burns:

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.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan". The signature is written in black ink on a white background.

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

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF730366616
<b>Investigation #:</b>	2022A0580051
<b>Complaint Receipt Date:</b>	08/03/2022
<b>Investigation Initiation Date:</b>	08/09/2022
<b>Report Due Date:</b>	10/02/2022
<b>Licensee Name:</b>	Kathey Burns
<b>Licensee Address:</b>	2202 Burt Street Saginaw, MI 48601
<b>Licensee Telephone #:</b>	(989) 860-2334
<b>Administrator:</b>	N/A
<b>Licensee Designee:</b>	Kathey Burns
<b>Name of Facility:</b>	K & K Adult Foster Care Services
<b>Facility Address:</b>	2202 Burt Street Saginaw, MI 48601
<b>Facility Telephone #:</b>	(989) 401-6897
<b>Original Issuance Date:</b>	11/06/2015
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	05/06/2022
<b>Expiration Date:</b>	05/05/2024
<b>Capacity:</b>	4
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

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## II. ALLEGATION(S)

	<b>Violation Established?</b>
Residents are not being bathed or changed.	No
Staff buy residents alcohol.	No
Residents are left alone with no staff supervision.	Yes
Food served is thick and greasy.	No

## III. METHODOLOGY

08/03/2022	Special Investigation Intake 2022A0580051
08/09/2022	Special Investigation Initiated - Letter An email was sent to Ms. Katrice Humphrey, of Saginaw Co APS.
08/11/2022	APS Referral A response was received from APS in Saginaw County.
08/16/2022	Contact - Telephone call made A call was made to the complainant.
08/23/2022	Inspection Completed On-site An unannounced onsite inspection was conducted at the AFC. Contact was made with the licensee, Ms. Kathey Burns.
08/23/2022	Contact - Face to Face An interview was conducted with Resident B.
08/23/2022	Contact - Face to Face An interview was conducted with Resident C.
09/06/2022	Contact - Telephone call made A call was made to the licensee requesting documents to be faxed.
09/14/2022	Contact - Document Received A faxed copy of the documents requested was received.

09/15/2022	Contact - Telephone call made A call was made to Relative Guardian C.
09/16/2022	Contact - Telephone call made A call was made to Resident A.
09/19/2022	Exit Conference An exit conference was held with the licensee, Ms. Kathey Burns.

**ALLEGATION:**

Residents are not being bathed or changed.

**INVESTIGATION:**

On 08/03/2022, I received a complaint via BCAL Online complaints.

On 08/09/2022, an email was sent to Adult Protective Services (APS) worker in Saginaw County, Ms. Katrice Humphrey, inquiring if the case had been received for investigation.

On 08/11/2022, a response was received from Ms. Katrice Humphrey of APS in Saginaw County indicating that their office had no knowledge of an open APS complaint on that home.

On 08/16/2022, I made a call to Mr. Juwan Chapman, Recipient Rights in Saginaw County. He stated that the home does not have a contract, therefore Recipient Rights will not be investigating. He shared that Resident A has a long-standing history with Community Mental Health (CMH). He identified Ms. Jessica Strdebaker as her assigned case manager.

On 08/17/2022, I spoke with Ms. Strdebaker. She shared that Resident A is her own guardian, however, she does have a payee. She is diagnosed as being Schizoaffective. She stated that Resident A does not require assistance with bathing, dressing or toileting.

On 08/23/2022, I conducted an unannounced onsite inspection at K & K AFC. Contact was made with the licensee, Ms. Kathey Burns. Ms. Burns shared that there are currently 3 residents, Residents B, C and D that require assistance with bathing and dressing. She denied the allegations that the residents are not being assisted with bathing, dressing and toileting.

On 08/23/2022, I spoke with Resident B while onsite at K & K AFC. He indicated that he requires assistance with bathing and toileting. He shared that he gets help right

away when requested. Resident B was observed sitting in his wheelchair while in his room. He was appropriately dressed, appeared neat and clean during the visit, and appeared to be receiving adequate care.

On 08/23/2022, I spoke with Resident C while onsite at K & K AFC. She stated that she receives assistance from the licensee as needed. She does not wait long periods of time. Resident C was observed sitting in the living room playing with her computer. She was appropriately dressed, appeared neat and clean during the visit, and appeared to be receiving adequate care.

On 09/14/2022, I received a copy of the AFC Assessment Plans for Residents B, and C. The plan for Resident B indicates that he requires assistance from staff with toileting, bathing, dressing, grooming and personal hygiene. The plan for Resident C indicates that she requires assistance from staff with toileting, bathing, dressing, grooming and personal hygiene.

On 09/15/2022, I spoke with Relative Guardian C. She stated that she visits with Resident C on a biweekly basis. Resident C has not complained that she does not receive assistance from the licensee.

On 09/16/2022, I spoke with Resident A. Resident A stated that she does not require assistance with either bathing, dressing or grooming. She denied the allegations.

<b>APPLICABLE RULE</b>	
<b>R 400.1408</b>	<b>Resident care; licensee responsibilities.</b>
	<b>(1) A licensee shall provide basic self-care and habilitation training in accordance with the resident's written assessment plan.</b>
<b>ANALYSIS:</b>	Based on my investigation, which included interviews with licensee designee, Ms. Kathey Burns, Case Manager Ms. Jessica Strudebaker, Residents A, B, C, Relative Guardian C, and a review of the AFC Assessment Plans, other than what was indicated in the written complaint, there is no evidence to substantiate the allegation that residents are being bathed or changed.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

Staff buy residents alcohol.

**INVESTIGATION:**

On 08/23/2022, Ms. Burns indicated that Resident B is his own guardian and chooses to have a beer from time to time. No other residents drink alcohol.

On 08/23/2022, Resident B stated that he likes to drink a beer from time to time, which the licensee will purchase for him.

The AFC Assessment plan for Resident A observed on 09/14/2022, indicates that Resident B is able to appropriately use alcohol.

On 08/23/2022, Resident C indicated that she does not drink alcohol.

On 09/16/2022, Resident A indicated that she does not drink alcohol. She denied that staff buy her alcohol.

<b>APPLICABLE RULE</b>	
<b>R 400.1408</b>	<b>Resident care; licensee responsibilities.</b>
	<b>(1) A licensee shall provide basic self-care and habilitation training in accordance with the resident's written assessment plan.</b>
<b>ANALYSIS:</b>	Based on my investigation, which included interviews with licensee designee, Ms. Kathey Burns, Residents A, B, C, and a review of the AFC Assessment Plan for Resident B, other than what was indicated in the written complaint, there is no evidence to substantiate the allegation that staff buy alcohol for residents.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

Residents are left alone with no staff supervision.

**INVESTIGATION:**

On 08/17/2022, Ms. Jessica Strudebaker stated that Resident A has not indicated that she has been left alone. She is currently seeking a new placement for Resident A.

On 08/23/2022. Ms. Burns indicated that she does leave the residents home alone for short periods of time, never overnight. She indicated that typically only runs to the store or somewhere nearby. There are currently 4 residents in the home. Ms. Burns was informed that there should be a responsible person with the residents at all times. Ms. Burns agreed that she would no longer leave the residents unsupervised.

On 08/23/2022, Resident B stated that the licensee does leave them alone for short periods of time.

On 08/23/2022, Resident C stated that the licensee has left them alone for short periods of time. She did not recall the last time it occurred.

On 09/15/2022, Relative Guardian C indicated that Resident C has not shared with her that the residents have been left alone.

On 09/16/2022, Resident A indicated that there is sufficient staff and it is no longer happening, when asked if the residents are being left alone. She did not recall the last time it occurred.

<b>APPLICABLE RULE</b>	
<b>R 400.1410</b>	<b>Resident protection.</b>
	<b>A licensee or responsible person shall always be on the premises when a resident is in the home.</b>
<b>ANALYSIS:</b>	Based on my investigation, which included interviews with licensee designee, Ms. Kathey Burns, Residents A, B, C, there is evidence to substantiate the allegation that residents are being left alone.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

Food served is thick and greasy.

**INVESTIGATION:**

On 08/17/2022, Ms. Strdebaker stated that Resident A has complained to her about the food in the home. She adds that Resident A has made racist statements about the food, indicating that the licensee is serving “black people food that is making her fat.

On 08/23/2022, licensee, Ms. Kathey Burns, denied the allegations that the meals being served are thick and greasy. An observation of the food supply in the home yielded



ample amounts of can goods and other non-perishable foods in the cabinets as well as an ample supply of frozen and refrigerated foods, sufficient to meet the daily nutritional value.

Resident B indicated that he has no problems with the food and he get plenty of good food to eat.

Resident C stated that she has lived in the home for some time. She has no food concerns and gets enough food to eat.

On 09/15/2022, Relative Guardian C stated that Resident C has not complained about the food in the home.

On 09/16/2022, Resident A denied the allegations that the food is thick and greasy.

<b>APPLICABLE RULE</b>	
<b>R 400.1419</b>	<b>Resident nutrition.</b>
	<b>(1) A licensee shall provide a minimum of 3 regular nutritious meals daily. Not more than 14 hours shall elapse between the evening and morning meal.</b>
<b>ANALYSIS:</b>	Based on my investigation, which included interviews with licensee designee, Ms. Kathey Burns, Case Manager Ms. Jessica Strudebaker, Residents A, B, C, Relative Guardian C, other than what was indicated in the written complaint, there is no evidence to substantiate the allegation that food served is thick and greasy.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

On 09/19/2022, I conducted an exit conference with the licensee, Ms. Kathey Burns, sharing the findings of this investigation.

**IV. RECOMMENDATION**

Upon the receipt of an approved corrective action plan, no changes to the status of the license is recommended.



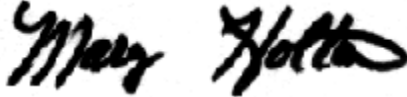
September 19, 2022

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Sabrina McGowan  
Licensing Consultant

Date

Approved By:



September 20, 2022

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Mary E. Holton  
Area Manager

Date