



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 9, 2022

Jennifer Lockhart
Alternative Community Living, Inc.
P. O. Box 190179
Burton, MI 48519

RE: License #: AM730290713
Saginaw Meadows
3353 Hospital Road
Saginaw, MI 48603

Dear Ms. Lockhart:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care medium group home license and special certification are renewed. The regular license and special certification 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,

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

License #: AM730290713

Licensee Name: Alternative Community Living, Inc.

Licensee Address: P. O. Box 190179
Burton, MI 48519

Licensee Telephone #: (248) 505-1987

Licensee/Licensee Designee: Jennifer Lockhart

Administrator: Ashley Thornton

Name of Facility: Saginaw Meadows

Facility Address: 3353 Hospital Road
Saginaw, MI 48603

Facility Telephone #: (989) 746-9633

Original Issuance Date: 10/25/2007

Capacity: 8

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/05/2022

Date of Bureau of Fire Services Inspection if applicable: 04/12/2022

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 3
No. of others interviewed 1 Role: Administrator

- 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:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A
08/02/2020 Rule AS 410(2)

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult medium group home (capacity 7-12).



08/09/2022

Christina Garza
Licensing Consultant

Date