



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 12, 2022

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

RE: License #: AS730383437
D.E.B. AFC Inc. #5
821 S. Fayette Street
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:

- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. 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,

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 #: AS730383437

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. #5

Facility Address: 821 S. Fayette Street
Saginaw, MI 48602

Facility Telephone #: (989) 475-4034

Original Issuance Date: 10/27/2017

Capacity: 5

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/29/2022

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 0

No. of residents interviewed and/or observed 1

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:
1/3/22 AS105(1); 3/23/21 AS305(3) 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 400.14205 **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

At time of inspection, direct care staff did not have a statement from a licensed physician attesting to the knowledge of the physical health of direct care staff within 30 days of employment.

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.**

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

At time of inspection, staff did not have annual verification of health status.

R 400.14208 **Direct care staff and employee records.**

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
(f) Verification of reference checks.

At time of inspection, staff did not have verification of reference checks.

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.

At time of inspection, water temperature was measured more than 120 degrees Fahrenheit.

R 400.14403 Maintenance of premises.

(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

At time of inspection, upstairs bathroom did not have handrail installed in shower area.

R 400.14403 Maintenance of premises.

(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.

At time of inspection, bedroom door on first floor was damaged and in need of repair.

R 400.14403 Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

At time of inspection, ceiling in upstairs bedroom was damaged and in need of repair.

R 400.14505 **Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.**

(1) At least 1 single-station, battery-operated smoke detector shall be installed at the following locations:

(a) Between the sleeping areas and the rest of the home. In homes that have more than 1 sleeping area, a smoke detector shall be installed to protect each separate sleeping area.

(b) On each occupied floor, in the basement, and in areas of the home that contain flame- or heat-producing equipment.

At time of inspection, there was no smoke detector installed in all sleeping areas of the home and in area that contains flame or heat producing equipment (kitchen).

R 400.14505 **Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.**

(6) For new construction, conversions, and changes of category, approved smoke detectors shall be installed in accordance with the requirements contained in the publication of the national fire protection association entitled "NFPA 101, Life Safety Code, 1988, shall be powered from the building's electrical system, and, when activated, shall initiate an alarm that is audible in all sleeping rooms with the door closed. Detectors shall be installed on all levels, including basements, but excluding crawl spaces and unfinished attics. Additional detectors shall be installed in living rooms, dens, dayrooms, and similar spaces.

At time of inspection, there were no smoke detectors powered from the electrical system installed on all levels including the basement and living room.

R 400.14506 Fire extinguishers; location, examination, and maintenance.

(1) A minimum of 1 underwriters laboratories approved 2A 10BC extinguisher or equivalent shall be provided for use in a small group home on each occupied floor and in the basement.

At time of inspection, there was no fire extinguisher in the basement.

A corrective action plan was requested and approved on 03/29/2022. 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.



4/12/2022

Christina Garza
Licensing Consultant

Date