



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 9, 2023

Aba Hayford  
Leticia King  
Trinity Blessings LLC  
PO Box 3605  
Saginaw, MI 48605

RE: License #: AS730393671  
Trinity Blessings LLC  
3084 Janes St.  
Saginaw, MI 48601

Dear Ms. Hayford and Ms. King:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days. If you fail to submit an acceptable corrective action plan, disciplinary action will result. Additionally, you must submit a licensing renewal application and fee.

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) 643-7960.

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 #:** AS730393671

**Licensee Name:** Trinity Blessings LLC

**Licensee Address:** 3084 Janes St  
Saginaw, MI 48601

**Licensee Telephone #:** (989) 270-1250

**Licensee/Licensee Designee:** Aba Hayford and Leticia King

**Administrator:** Aba Hayford

**Name of Facility:** Trinity Blessings LLC

**Facility Address:** 3084 Janes St.  
Saginaw, MI 48601

**Facility Telephone #:** (989) 482-4333

**Original Issuance Date:** 11/09/2018

**Capacity:** 4

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/05/2023

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: Licensee Designee

- 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.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
5/7/2021 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, at least one staff, Angle Thomas did not have a statement from a licensed physician attesting to the knowledge of the staff's physical health 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, licensee did not have verification of annual health reviews for staff, Angle Thomas and Nathan Yrlas.

**R 400.14210**      **Resident register.**

A licensee shall maintain a chronological register of residents who are admitted to the home. The register shall include all of the following information for each resident:

- (a) Date of admission.
- (b) Date of discharge.
- (c) Place and address to which the resident moved, if known.

At time of inspection, resident register was not maintained and did not include the dates residents were admitted and discharged from the home.

Renewal Licensing Study Report (LSR) dated May 20, 2023, found violation to R400.14210 due to the facility not maintaining a resident register. The corrective action plan (CAP) signed by Licensee Designee, Aba Hayford and dated May 30, 2021, indicated resident register will be maintained at the facility.

**REPEAT VIOLATION ESTABLISHED: Reference Licensing Study Report dated May 20, 2021, and CAP dated May 30, 2021.**

**R 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

At time of inspection, written health care appraisal was not completed annually for Resident A.

**R 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:

(a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident

as indicated in the resident's written assessment plan and health care appraisal.

(b) A description of services to be provided and the fee for the service.

(c) A description of additional costs in addition to the basic fee that is charged.

(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.

(e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.

(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.

(g) An agreement by the resident to follow the house rules that are provided to him or her.

(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.

(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.

(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.

(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.

(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.

At time of inspection, the resident care agreement was not signed by resident or resident's designated representative, the responsible agency, and the licensee for Resident A.

#### **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.

At time of inspection, resident medication (inhalers) was not kept in the original pharmacy-supplied container and labeled for the specific resident. Additionally, these medications were not locked.

**R 400.14312 Resident medications.**

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(b) Complete an individual medication log that contains all of the following information:

- (i) The medication.
- (ii) The dosage.
- (iii) Label instructions for use.
- (iv) Time to be administered.
- (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.
- (vi) A resident's refusal to accept prescribed medication or procedures.

At time of inspection, resident medication log did not have the initials of the person who administered resident medication to Resident A.

**R 400.14315 Handling of resident funds and valuables.**

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

At time of inspection, resident's funds and valuables transaction form was not completed/updated for Resident A and Resident B.

Renewal LSR dated May 20, 2021, found violation to R 400.14315(3) due to resident funds and valuables transaction form not being completed. Corrective action plan signed by Licensee Designee, Aba Hayford and dated May 30, 2021, indicated resident funds and valuables transaction form will be updated and completed at time of transaction.

**REPEAT VIOLATION ESTABLISHED: Reference Licensing Study Report dated May 20, 2021, and CAP dated May 30, 2021.**

**R 400.14318      Emergency preparedness; evacuation plan; emergency transportation.**

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

At time of inspection, evacuation procedures were not complete during daytime, evening, and sleeping hours.

Renewal LSR dated May 20, 2021, found violation to R 400.14308(5) due to evacuation procedures not being completed during daytime, evening, and sleeping hours at least once per quarter. Corrective Action Plan signed by Licensee Designee, Aba Hayford and dated for May 30, 2021, indicated drills will be completed during daytime, evening, and sleeping hours.

**REPEAT VIOLATION ESTABLISHED: Reference Licensing Study Report dated May 20, 2021, and CAP dated May 30, 2021.**

**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, hot water temperature was measured to be more than 120 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.

At time of inspection, dryer vent hose was not rigid metal.

**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, area of home that contains flame or heat producing equipment (kitchen) did not have at least 1 single-station, battery-operated smoke detector installed.

Renewal LSR dated May 20, 2021, found violation to R 400.14505 due to area of home that contains flame or heat producing equipment (kitchen area) not having a single-station, battery-operated smoke detector installed. The corrective action plan signed by Licensee Designee, Aba Hayford and dated May 30, 2021, indicated smoke detector will be installed in all required areas.

**REPEAT VIOLATION ESTABLISHED: Reference Licensing Study Report dated May 20, 2021, and CAP dated May 30, 2021.**

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, and submission of a licensing renewal application and fee, issuance of a provisional license is recommended.



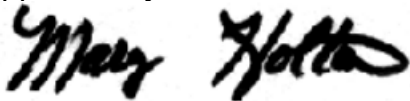
5/9/2023

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Date

Licensing Consultant

Approved by:



5/9/2023

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Date

Mary E. Holton  
Area Manager