

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

November 29, 2023

Christopher Wadley 1629 North Carolina St Saginaw, MI 48602

RE: License #:	AF730398732
	Promise Land
	1629 North Carolina St
	Saginaw, MI 48602

Dear Christopher Wadley:

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 have submitted a Statement of Correction.

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) 643-7960.

Sincerely,

Martin Gonzales, Licensing Consultant Bureau of Community and Health Systems

611 W. Ottawa Street P.O. Box 30664

Lansing, MI 48909

Mark Coops

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MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS RENEWAL INSPECTION REPORT

I. IDENTIFYING INFORMATION

License #:	AF730398732
Licensee Name:	Christopher Wadley
Licensee Address:	1629 North Carolina St
	Saginaw, MI 48602
	(222) 122 255
Licensee Telephone #:	(989) 482-6575
Licenced icences Decigned	N/A
Licensee/Licensee Designee:	IN/A
Administrator:	N/A
Administrator:	14/7
Name of Facility:	Promise Land
•	
Facility Address:	1629 North Carolina St
-	Saginaw, MI 48602
Facility Telephone #:	(989) 482-6575
	07/00/0040
Original Issuance Date:	07/09/2019
Canacity	6
Capacity:	0
Program Type:	DEVELOPMENTALLY DISABLED
	MENTALLY ILL
	AGED

II. METHODS OF INSPECTION

Date of (On-site Inspection(s):	11/28/2	023		
Date of E	Bureau of Fire Services Inspection if appl	icable:	n/a		
Date of I	Health Authority Inspection if applicable:		n/a		
No. of re	taff interviewed and/or observed esidents interviewed and/or observed thers interviewed 0 Role: n/a		2 6		
• Med	dication pass / simulated pass observed?	Yes 🖂	No 🗌 If no, explain.		
• Med	dication(s) and medication record(s) revie	wed? Y	es ⊠ No □ If no, explain.		
Yes	Yes ⊠ No ☐ If no, explain.				
• Fire	e drills reviewed? Yes 🗵 No 🗌 If no, ex	plain.			
• Fire	safety equipment and practices observed	d? Yes	⊠ No □ If no, explain.		
If no	cores reviewed? (Special Certification On o, explain. ter temperatures checked? Yes ⊠ No [
• Incid	dent report follow-up? Yes ⊠ No ☐ If r	no, expla	ain.		
12/1 • 12/1	rective action plan compliance verified? \\ 16/2021 asec 734b (2) 16/2021 af421 (6) N/A mber of excluded employees followed-up?		CAP date/s and rule/s: N/A ⊠		
Vari	iances? 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 400.1407	Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.
	(5) At the time of a resident's admission, a licensee shall complete a written resident care agreement which shall be established between the resident or the resident's designated representative, the responsible agency, and the licensee. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department. A resident shall be provided the care and services as stated in the written resident care agreement.

A corrective action plan was requested and approved on 11/28/2023. 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

corrective action plan has been received. Renewal of the license is recommended.

Much Coops

11/292023

Martin Gonzales	Date
Licensing Consultant	