



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 16, 2024

Gina Martinez
2222 Loree Rd
Applegate, MI 48401

RE: License #: AF760251333
M.G. Martinez AFC
2222 Loree Road
Applegate, MI 48401

Dear Ms. Martinez:

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.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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,



Kathryn A. Huber, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-3234

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

I. IDENTIFYING INFORMATION

| | |
|--------------------------------|--|
| License #: | AF760251333 |
| Licensee Name: | Gina Martinez |
| Licensee Address: | 2222 Loree Rd Applegate, MI 48401 |
| Licensee Telephone #: | (810) 404-0937 |
| Licensee: | Gina Martinez |
| Administrator: | |
| Name of Facility: | M.G. Martinez AFC |
| Facility Address: | 2222 Loree Road Applegate, MI 48401 |
| Facility Telephone #: | (810) 633-9227 |
| Original Issuance Date: | 09/24/2003 |
| Capacity: | 6 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL |
| | |
| | |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/09/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: 11/16/2023

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 4

No. of others interviewed 0 Role: [REDACTED]

- 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.
Lunch was served after the inspection was complete.
- 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

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements. *(remove if this does not apply)*

| | |
|---|--|
| This facility was found to be in non-compliance with the following rules: | |
| R 400.1426 | Maintenance of premises. |
| | (1) The premises shall be maintained in a clean and safe condition. |
| The water temperature was at 123 degrees Fahrenheit. | |

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of this adult foster care family home license is recommended.

Kathryn Huber

02/16/2024

Kathryn A. Huber
Licensing Consultant

Date