



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 25, 2024

Ebony Howard-Smith  
1258 Scofield Dr  
SAGINAW, MI 48601

RE: Application #: AF730418146  
In Ebony's Care  
1258 Scofield Dr  
Saginaw, MI 48601

Dear Ms. Howard-Smith:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 3 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please contact the local office at 517) 643-7960.

Sincerely,

A handwritten signature in blue ink that reads "Kathryn A. Huber".

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

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF730418146
<b>Licensee Name:</b>	Ebony Howard-Smith
<b>Licensee Address:</b>	1258 Scofield Dr SAGINAW, MI 48601
<b>Licensee Telephone #:</b>	(989) 245-1285
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	In Ebony's Care
<b>Facility Address:</b>	1258 Scofield Dr Saginaw, MI 48601
<b>Facility Telephone #:</b>	(989) 401-0758
<b>Application Date:</b>	01/07/2024
<b>Capacity:</b>	3
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED

## II. METHODOLOGY

01/07/2024	On-Line Enrollment
01/10/2024	PSOR on Address Completed
01/10/2024	Contact - Document Sent forms sent
01/22/2024	Contact - Document Received AFC100 & 1326
02/02/2024	File Transferred to Field Office
02/02/2024	Application Incomplete Letter Sent
02/26/2024	Inspection Completed On-site
02/26/2024	Inspection Completed-BCAL Sub. Compliance
03/05/2024	Contact - Document Received Received pictures of violations repaired
03/20/2024	Inspection Completed-BCAL Full Compliance
03/20/2024	Application Complete/On-site Needed
03/25/2024	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

In Ebony's care is located at 1258 Scofield, Saginaw, MI 48601. The property is being rented by Ebony Howard-Smith from Rodarte Builders, Inc. and have agreed that an

adult foster care facility can utilize the home. The facility is located in the south end of the City of Saginaw. It is a ranch style home built on a basement. The facility has a fenced in backyard and is situated on approximately one acre of land. The facility has public water and sewer that is provided by the City of Saginaw. The facility contains three bedrooms, two of which will be licensed, a full bathroom, living room and kitchen area. The facility will provide two residents a semi-private room, and one resident with a private room. The third bedroom will be occupied by the licensee.

The furnace and hot water heater are located in the basement with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs. The furnace was inspected and determined to be fully operational on January 4, 2024. The facility is equipped with battery operated smoke detectors. Fire extinguishers are located on each floor of the facility.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	12' X 12'	144 sq. feet	2
#2	10' X 9'	90 sq. feet	1

The living, dining, and sitting room areas measure a total of 201 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate three (3) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection, and personal care to three (3) ambulatory residents, whose diagnosis is aged or developmentally disabled, aged 25-100. Wheelchair users will not be accepted. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from community mental health, hospitals, nursing homes, or private pay individuals as a referral source.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

### **C. Applicant and Responsible Person Qualifications**

A licensing record clearance request was completed and approved for the applicant, Ebony Howard-Smith, and the responsible person. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

Licensee Ebony Howard-Smith acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for three (3) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant has indicated that for the original license of this three-bed family home, there is adequate supervision with responsible person, Maxine Howard on-site-for-three-residents. The applicant acknowledges that the number of responsible persons on-site –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to establish the good moral character and suitability and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all

required training documentation will be obtained prior to the responsible person or volunteers working directly with residents.

The applicant acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee, responsible person, and volunteers.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

Licensee Ebony Howard-Smith acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. Licensee Ebony Howard-Smith has indicated her intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Licensee Ebony Howard-Smith acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rule or Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. Compliance with the physical plant rules has been determined. Compliance with Quality-of-Care rules will be assessed during the period of temporary licensing via an on-site inspection.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult family home (capacity 1-3).

*Kathryn A. Huber*

03/25/2024

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Kathryn A. Huber  
Licensing Consultant

Date

Approved By:

*Mary E. Holton*

03/25/2024

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Mary E. Holton  
Area Manager

Date