



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 2, 2024

Kathey Burns  
PO Box 472  
Saginaw, MI 48606

RE: License #: AF730366616  
K & K Adult Foster Care Services  
2202 Burt Street  
Saginaw, MI 48601

Dear Kathey Burns:

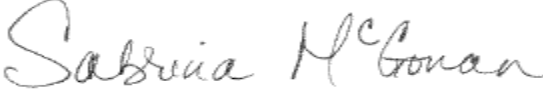
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan". The signature is written in black ink and is positioned below the word "Sincerely,".

Sabrina McGowan, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 835-1019

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

**I. IDENTIFYING INFORMATION**

**License #:** AF730366616

**Licensee Name:** Kathey Burns

**Licensee Address:** 2202 Burt Street  
Saginaw, MI 48601

**Licensee Telephone #:** (989) 860-2334

**Licensee/Licensee Designee:** Kathey Burns

**Administrator:** N/A

**Name of Facility:** K & K Adult Foster Care Services

**Facility Address:** 2202 Burt Street  
Saginaw, MI 48601

**Facility Telephone #:** (989) 401-6897

**Original Issuance Date:** 11/06/2015

**Capacity:** 4

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/24/2024

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

Date of Health Authority Inspection if applicable: 04/24/2024

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Licensee

- 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.  
No meal prep at the time of the visit.
- 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.  
No IR's to review.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
4/28/2022-R407(2), R416(3), R421(3), R438(4). 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 400.1405**            **Health of a licensee, responsible person, and member of the household.**

**(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.**

Licensee and responsible person did not obtain TB test within the 3-year time frame.

**R 400.1407**            **Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.**

**(6) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency at least annually or more often if necessary.**

Resident care agreements were not updated annually.

**R 400.1416**            **Resident healthcare.**

**(3) A licensee shall record the weight of a resident on admission and then monthly after that. Weight records must be maintained for 2 years.**

Resident weight is being monitored bi-monthly.

**R 400.1424**            **Environmental health.**

**(3) All garbage and rubbish containing food wastes shall be kept in leakproof, nonabsorbent containers which shall be kept covered with tight-fitting lids and removed from the premises at least weekly.**

Trash observed was not covered with a tight-fitting lid.

**R 400.1426**

**Maintenance of premises.**

**(1) The premises shall be maintained in a clean and safe condition.**

Hot water tested above 120 degrees.  
Railing on wheelchair ramp is broken.  
Bathroom/bedroom walls need repainting in chipped paint areas.

**R 400.1438**

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

**(4) Fire drills shall be conducted 4 times a year. Two of the 4 required fire drills shall be conducted during sleeping hours. A record of the fire drills shall be incorporated with the evacuation plan.**

Licensee did not complete drills during sleeping hours.

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



May 2, 2024

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Sabrina McGowan  
Licensing Consultant

Date