



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 14, 2024

Sara Fredricks
3806 Studor Rd.
Saginaw, MI 48601

RE: License #: AS730379879
Investigation #: 2024A0576032
Sara M. Fredricks

Dear Sara Fredricks:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS730379879
Investigation #:	2024A0576032
Complaint Receipt Date:	04/17/2024
Investigation Initiation Date:	04/18/2024
Report Due Date:	06/16/2024
Licensee Name:	Sara Fredricks
Licensee Address:	3806 Studor Rd., Saginaw, MI 48601
Licensee Telephone #:	(989) 332-2291
Administrator:	Sara Fredricks
Licensee Designee:	N/A
Name of Facility:	Sara M. Fredricks
Facility Address:	3806 Studor Rd., Saginaw, MI 48601
Facility Telephone #:	(989) 332-2291
Original Issuance Date:	07/08/2016
License Status:	REGULAR
Effective Date:	01/08/2023
Expiration Date:	01/07/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED, MENTALLY ILL, DEVELOPMENTALLY DISABLED, AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Staff have no training.	No
Additional Findings	Yes

III. METHODOLOGY

04/17/2024	Special Investigation Intake 2024A0576032
04/18/2024	Special Investigation Initiated - Telephone Left message with Complainant to return call
05/03/2024	Inspection Completed On-site Interviewed Licensee Designee, Sara Fredricks, Resident A, Resident B, Resident C, Resident D, Resident E, and Resident F
06/13/2024	Contact - Document Sent Sent email to Katelyn Haskin, AFC Licensing Division Department Analyst
06/13/2024	Contact - Document Received Received email from Katelyn Haskin
06/14/2024	APS Referral
06/14/2024	Exit Conference

ALLEGATION:

Staff have no training.

INVESTIGATION:

On May 3, 2024, I completed an unannounced on-site inspection at Sara Fredricks and interviewed Licensee, Sara Fredricks regarding the allegations. Licensee Designee Fredricks reported the allegations are false and someone is trying to cause her trouble. The person has been reported to the police and Licensee Designee Fredricks has a Personal Protection Order (PPO) against the person.

Licensee Fredricks reported there are 3 other staff people who work at the home besides herself. All staff persons are trained according to Licensee Designee Fredricks.

While at the home I reviewed staff files. All staff have documentation of being properly trained including first aid and CPR.

On May 3, 2024, I interviewed Resident A who reported she has lived at the home for 8 years. Resident A is not sure of all the staff people who live at the home other than Sara Fredricks. Staff take good care of Resident A and Resident A has no concerns.

On May 3, 2024, I interviewed Resident B who has lived at the home for 1 year. Resident B loves his home, and it is “the best AFC”. According to Resident B, everyone is friendly, he is fed well, and he gets along well with everyone. Resident B reported there are 4 staff who work at the home including Sara Fredricks, Tamra McDaniel, Lavell Williams, and Sara Fredrick’s son, LaMarcus Coleman. Resident B denied any concerns about his home or the staff.

On May 3, 2024, I interviewed Resident C. Resident C likes her home and confirmed she feels safe at her home. Staff are nice and they treat her well. Resident C denied any concerns.

On May 3, I visually viewed Resident D at this home. Resident D is nonverbal and was not interviewed. Resident D was in the living room watching television. Resident D looked comfortable, dressed well and in clean clothing. Resident D did not appear to be under any duress.

On May 3, 2024, I interviewed Resident E who reported she has lived at the home for over one year. Resident E reported the staff who work at the home are Sara Fredricks, LaMarcus Coleman, Lavell Williams, and Tammy McDaniels. Resident E reported staff treat her “perfect” and she is treated like a “Queen B”. Resident E denied any concerns.

On May 3, 2024, I interviewed Resident F. Resident F has lived at his home for 7 years. Resident F likes his home, and the staff are nice. Staff know what they are doing, and they take good care of the residents. Resident F provided the staff who work at his home including Sara Fredricks, her son Mark, Tammy, and Lovell.

APPLICABLE RULE	
R 400.14204	Direct care staff; qualifications and training.
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: (a) Reporting requirements.

	<p>(b) First aid. (c) Cardiopulmonary resuscitation. (d) Personal care, supervision, and protection. (e) Resident rights. (f) Safety and fire prevention. (g) Prevention and containment of communicable diseases.</p>
ANALYSIS:	<p>It was alleged that staff are not trained. Upon conclusion of an unannounced on-site inspection of the home, there is not a preponderance of evidence to conclude a rule violation.</p> <p>I conducted an unannounced on-site inspection at the facility on May 3, 2024, and reviewed staff files. All staff had all training requirements met including current first and CPR.</p> <p>There is not a preponderance of evidence to conclude staff are not trained.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On May 3, 2024, I conducted an unannounced on-site inspection at the facility and reviewed staff files. There was no verification that a criminal history check was completed for Staff, Lavel Williams or LaMarcus Coleman.

On June 13, 2024, I sent an email to Katelyn Haskins, AFC Licensing Division Departmental Analyst regarding criminal history checks for staff at Sara Fredricks. Analyst Haskins advised that she does not have record of criminal history checks being completed for Staff, Lavel Williams or LaMarcus Coleman.

APPLICABLE RULE	
MCL 400.734b	<p>Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.</p>
	<p>(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.</p>

ANALYSIS:	On May 3, 2024, I conducted an unannounced on-site inspection at the facility and reviewed staff files. There was no verification that a criminal history check was completed for Staff Lavel Williams or LaMarcus Coleman. AFC Licensing Division, Katelyn Haskins confirmed that no criminal history checks have been completed for the 2 staff.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On May 3, 2024, I conducted an unannounced on-site inspection at the facility. I interviewed Licensee, Sara Fredricks and requested to see the staff schedule. Licensee Fredricks reported she does not have a daily staff schedule that includes staff names, job titles, or shifts worked.

APPLICABLE RULE	
R 400.14208	Direct care staff and employee records.
	(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information: (a) Names of all staff on duty and those volunteers who are under the direction of the licensee. (b) Job titles. (c) Hours or shifts worked. (d) Date of schedule. (e) Any scheduling changes.
ANALYSIS:	On May 3, 2024, I conducted an unannounced on-site inspection at the facility. I interviewed Licensee, Sara Fredricks and requested to see the staff schedule. Licensee Fredricks reported she does not have a daily staff schedule that includes staff names, job titles, or shifts worked.
CONCLUSION:	VIOLATION ESTABLISHED

On June 14, 2024, I conducted an Exit Conference with Licensee, Sara Fredricks. I advised Licensee Fredricks I would be requesting a corrective action plan for the cited rule violations.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change to the license status.

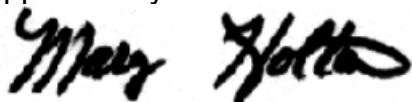


6/14/2024

Christina Garza
Licensing Consultant

Date

Approved By:



6/14/2024

Mary E. Holton
Area Manager

Date