



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 29, 2024

Ebony Howard-Smith
1258 Scofield Dr
Saginaw, MI 48601

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

Dear Ebony Howard-Smith:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care family home license is renewed. The regular license 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,

A handwritten signature in cursive script that reads "Cynthia Badour".

Cynthia Badour, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(517) 648-8877

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

I. IDENTIFYING INFORMATION

| | |
|--------------------------------|---------------------------------------|
| License #: | AF730418146 |
| Licensee Name: | Ebony Howard-Smith |
| Licensee Address: | 1258 Scofield Dr SAGINAW, MI 48601 |
| Licensee Telephone #: | (989) 245-1285 |
| Licensee Designee: | N/A |
| Administrator: | N/A |
| Name of Facility: | In Ebony's Care |
| Facility Address: | 1258 Scofield Dr Saginaw, MI 48601 |
| Facility Telephone #: | (989) 401-0758 |
| Original Issuance Date: | 03/25/2024 |
| Capacity: | 3 |
| Program Type: | DEVELOPMENTALLY DISABLED AGED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 8/6/2024

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 1

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.
The resident had already been served lunch.
- 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

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license to this adult foster care family home (capacity 1-6).



8/29/2024

Cynthia Badour
Licensing Consultant

Date