



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 28, 2025

Denise Smith  
Fresh Start Transitional Homes  
PO Box 503  
New Baltimore, MI 48047

RE: License #: AS820292911  
**Fresh Start Transitional Homes-Bibbins**  
**35413 Bibbins**  
**Romulus, MI 48174**

Dear Denise 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 license is renewed. It 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 (313) 456-0380.

Sincerely,

Denasha Walker, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 300-9922

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820292911
<b>Licensee Name:</b>	Fresh Start Transitional Homes
<b>Licensee Address:</b>	P.O. Box 503 New Baltimore, MI 48047
<b>Licensee Telephone #:</b>	(313) 850-9220
<b>Licensee/Licensee Designee:</b>	Denise Smith
<b>Administrator:</b>	Denise Smith
<b>Name of Facility:</b>	Fresh Start Transitional Homes-Bibbins
<b>Facility Address:</b>	35413 Bibbins Romulus, MI 48174
<b>Facility Telephone #:</b>	(313) 850-9220
<b>Original Issuance Date:</b>	03/03/2008
<b>Capacity:</b>	5
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/28/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed

No. of residents interviewed and/or observed

No. of others interviewed 1 Role: area manager

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
A full worksheet inspection was completed.
- 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.
- 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 found to be in non-compliance with the following rules:

**R 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**


At the time of inspection, Resident A's resident file did not contain a health care appraisal completed at the time of admission.

was admitted 2/8/2024, as an emergency admission. Resident A's his health care appraisal was dated 7/9/2024, his health care appraisal was not completed no later than 30 days after admission.

A corrective action plan was requested and approved on 01/28/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



01/28/2025

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Denasha Walker  
Licensing Consultant

Date