



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 19, 2025

Fatima Mayo
813 S. Bond St.
Saginaw, MI 48601

RE: License #:	AS730396181
Investigation #:	2025A0123019
	A Place Called Home

Dear Fatima Mayo:

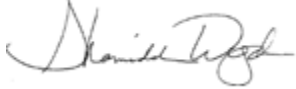
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.
- Indicate 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, appearing to read "Shamidah Wyden".

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48607
989-395-6853

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS730396181
Investigation #:	2025A0123019
Complaint Receipt Date:	01/30/2025
Investigation Initiation Date:	01/31/2025
Report Due Date:	03/31/2025
Licensee Name:	Fatima Mayo
Licensee Address:	813 S. Bond St. Saginaw, MI 48601
Licensee Telephone #:	(989) 482-8989
Administrator:	Fatima Mayo
Licensee:	Fatimo Mayo
Name of Facility:	A Place Called Home
Facility Address:	440 S. 10th Street Saginaw, MI 48601
Facility Telephone #:	(989) 482-8989
Original Issuance Date:	07/09/2019
License Status:	REGULAR
Effective Date:	01/09/2024
Expiration Date:	01/08/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
Resident A is not taking all of their prescribed medications.	Yes
Resident A is vulnerable and unable to manage finances. There are concerns regarding the documentation and receipts of Resident A's funds and bank account.	Yes

III. METHODOLOGY

01/30/2025	Special Investigation Intake 2025A0123019
01/31/2025	Special Investigation Initiated - Telephone I spoke with Complainant 1 via phone.
02/07/2025	Inspection Completed On-site I conducted an unannounced on-site at the facility.
02/28/2025	APS Referral- APS referral completed.
03/11/2025	Contact- Telephone call made I spoke with licensee Fatima Mayo.
03/19/2025	Exit Conference I spoke with licensee Fatima Mayo via phone.

ALLEGATION: Resident A is not taking all of their prescribed medications.

INVESTIGATION: On 01/31/2025, I spoke with Complainant 1 via phone. Complainant 1 stated that the facility uses electronic medication administration records. The only medication missing was Resident A's Zoloft. It is unknown why the Zoloft was not in the home. There is one medication that Resident A is not getting because the insurance is not covering it.

On 02/07/2025, I conducted an unannounced on-site visit at the facility. I spoke with licensee Fatima Mayo. Licensee Mayo stated that Resident A receives the medications that are prescribed. Medicare is covering Resident A's medications. Medicaid coverage was dropped in September 2024. Resident A finally got a case manager that took care of it, and the Medicaid was recently processed two days ago, and will hopefully cover medication co-pays. Resident A's social security payments were recently straightened out. Resident A has no guardian. Resident A's mental health medication is through community mental health. Other medications are prescribed through Great Lakes Bay on Janes St. in Saginaw, MI. Licensee

Mayo stated that there was one medication that was not covered by insurance that is being held at the pharmacy until it can be figured out how to be paid for. This medication was Resident A's Eliquis.

On 02/07/2025, I interviewed Resident A at the facility. Resident A stated that they have lived in the home for a little over a year. Resident A stated that they receive their medications but does not know what medications are prescribed. Resident A stated they are their own person.

On 02/07/2025, during the on-site at the facility, I obtained documentation for Resident A. A copy of Resident A's *Assessment Plan for AFC Residents* dated 01/18/2024 notes that Resident A needs staff assistance for medication administration. I observed Resident A's medications during this on-site. Resident A has daily pill packets. The following medications were in the packets:

Sertraline HCL (Zoloft), Fenofibrate, Levothyroxine Sodium (.175 mg), and Rosuvastatin Calcium (20 mg). Each were for 8:00 am medication passes. Milligrams weren't noted for the first two medications on the med packs.

Photos were taken of Resident A's January 2025 and February 2025 medication administration records (MAR) that were reviewed on the facility's computer during the on-site on 02/07/2025. Fenofibrate Tab 54 MG (8:00 am), Rosuvastatin Tab 20 mg (Crestor, 8:00 am), and Sertraline HCL-100 MG-Tabs (Zoloft, 8:00 am), were all noted as medications for Resident A, but there are no staff initials noted for any of the dates in January 2025 to show that the medication was passed. There also were no explanations written in the *Exceptions* section of the MAR.

On the February 2025 MAR, there are no noted medication passes for Eliquis Tab 5mg (8:00 am and 8:00 pm), Fenofibrate Tab 54 MG (8:00 am), Rosuvastatin Tab 20 MG (8:00 am), Sertraline HCL-100 MG-Tabs (8:00 am), and Trelegy 100 Ellipta (8:00 am). There were no explanations noted in the *Exceptions* section of the MAR as to why the medications were not passed.

On 03/11/2025, I made a follow-up phone call to discuss Resident A's documentation with licensee Fatima Mayo. Licensee Mayo stated that Resident A does not miss any medication passes. She stated that there were no other medications that Resident A was not receiving other than the one she noted during the on-site on 02/07/2025 (Eliquis) that the pharmacy was holding due to figuring out how to pay for it. During this call, I requested medication administration records for October, November, and December 2024.

On 03/18/2025, I received photos of medication administration records from Licensee Mayo. These were handwritten medication administration records. Licensee Mayo stated via text that she uses paper medication administration records as a backup.

The January 2025 handwritten MAR notes that Resident A received the following 8:00 am medications daily: Fenofibrate 1mg, Levothyroxine Sodium 25 mg, Rosuvastatin 20 mg, and Zolof 100 mg.

The February 2025 handwritten MAR notes that Resident A received the following 8:00 am medications daily: Fenofibrate 1 mg, Levothyroxine 25 mg, Rosuvastatin 20 mg, Zolof 1.5 tabs 150 mg, Eliquis 5mg. Trelegy 100 Ellipta started on 02/10/2025 and was passed daily. An albuterol as needed inhaler was also noted as well starting 02/10/2025. Eliquis 5mg was started on 02/10/2025. The order date on the electronic MAR was 02/05/2025.

October 2024 MAR was reviewed. Fenofibrate 1mg, Levothyroxine 25 mg, Rosuvastatin 20 mg, and Zolof 100 mg were noted as passed daily. November 2024 MAR has the same medication noted as passed daily. December 2024 medication passes are the same as October and November 2024, but Icosapent is noted as passed in December 2024, and was noted to be discontinued 12/18/2024. The electronic medication administration records confirm Icosapent was discontinued.

On 03/19/2025, I conducted an exit conference with licensee Fatima Mayo. She confirmed that the Eliquis was started days after the medication was prescribed. She stated that she will now obtain medication scripts once they are prescribed.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.
ANALYSIS:	<p>On 01/31/2025, I spoke with Complainant 1 via phone. Complainant 1 stated that the only medication missing was Resident A's Zolof. It is unknown why the Zolof was not in the home. There is one medication that Resident A is not getting because the insurance is not covering it.</p> <p>On 02/07/2025, licensee Fatima Mayo was interviewed and reported that Licensee Mayo stated that Resident A receives the medications that are prescribed.</p> <p>On 02/07/2025, I interviewed Resident A. Resident A stated</p>

	<p>that they receive their medications but does not know what medications are prescribed.</p> <p>Resident A's medication and medication administration records (MAR) was reviewed during the course of this investigation. On 03/18/2025, Licensee Mayo provided additional medication administration documentation that reflects Resident A was receiving their medication, including Sertraline HCL. However, the start date for Eliquis per the electronic MAR was 02/05/2025. The handwritten MAR notes Resident A started the medication on 02/10/2025.</p> <p>There is a preponderance of evidence to substantiate a rule violation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Resident A is vulnerable and unable to manage finances. There are concerns regarding the documentation and receipts of Resident A's funds and bank account.

INVESTIGATION: On 01/31/2025, I spoke with Complainant 1 via phone. Complainant 1 stated that there is a question if Resident A has a set payment that is paid to the home. Resident A is their own payee and guardian. Professional Consulting Services (PCS) contracts with Michigan Department of Corrections (MDOC) and the first three months of Resident A's cost of care payments were covered by PCS. PCS was paying the SSI (Social Security Insurance) rate (\$1,227.50), and the costs for Resident A should have remained the same after the first three months of payments. A request for a payee was not established after Resident A's case with PCS was closed. Resident A's money was direct deposited into a bank account. Licensee Fatima Mayo takes Resident A to the bank to pay the monthly cost of care payment. Resident A has no other bills other than the payment to the AFC home. There are multiple small withdrawals from Resident A's banking account, instead of one lump sum for the cost of care payment.

On 02/07/2025, I conducted an unannounced on-site visit at the facility. I spoke with licensee Fatima Mayo. Fatimo Mayo stated that Resident A's social security payments were recently straightened out. Resident A had three previous case managers that dropped the ball. Resident A has no guardian. Licensee Mayo stated that she has withdrawn money for Resident A at the ATM, but you can only withdraw up to \$500 at a time. Resident A could make about two trips per month for parole reporting, and they would go to the ATM, but Resident A would give Licensee Mayo the debit card to withdraw on a third trip. Licensee Mayo stated that since Resident A is off parole, they can make trips to the ATM. Resident A is \$1,776 in arrearage for AFC cost of care payments. Resident A is paying through a checking account. PCS

paid for the cost of care for the first three months, then Resident A started receiving Social Security. Resident A can only withdraw \$500 at a time at the ATM.

On 02/07/2025, I interviewed Resident A at the facility. Resident A stated that the only bill they have is the cost of care to live in the AFC home. Resident A denied knowing how much they pay monthly but denied having any issues. Resident A stated they like living in the facility, the staff treats Resident A fairly, and the respect is mutual.

On 02/07/2025, during the on-site at the facility, I obtained documentation for Resident A. Resident A's *Resident Funds Records Part I* notes that Resident A is responsible for their funds, and Licensee Mayo is responsible for the *Payment for AFC*.

A copy of Resident A's *AFC-Resident Care Agreement* dated 01/18/2024 notes that Resident A agreed to pay \$1,057.50/per month as the basic fee, which included, food, shelter, and transportation to doctor's appointments. The *Resident Care Agreement* notes that anything over \$25 requires Resident A's prior written approval. Resident A's signature is noted on each entry for the *Resident Funds Part II* form for January 2024 through December 2024.

A copy of Resident A's *Resident Funds Part II* dated from January 2024 through December 2024 details monthly payments for each month. January, February, and March 2024 the payments were recorded as \$1,227 for each month. The payment's dropped to \$809/month from April 2024 through October 2024. The payments increased to \$1039 for November and December 2024. A running negative balance each month began in April 2024. April 2024 through December 2024 running month balances are: \$248.50, \$497.00, \$745.50, \$994.00, \$1242.50, \$1491.00, \$1739.50, \$1758.00, and \$1,776.50. Each month from April through December 2024, the balanced owed increased by \$248.50. The balance owed (\$1776.50) does not account for the overpayment of \$508.50 that PCS paid in the first three months of 2024.

Bank statements for Resident A were obtained and reviewed as well for May 2024 through September 2024, and December 2024. For May and June 2024, \$800 was withdrawn from Resident A's savings account. In July 2024, \$500 was withdrawn from savings. In August \$1,100 was withdrawn, and in September \$800 was withdrawn from savings. In December 2024, \$1300 was withdrawn from checking and \$100 was withdrawn in total from savings. In total, between June and September 2024, the total that is reflected as paid by Resident A to the facility on the *Resident Funds Part II* was \$4,045. The total amount of money withdrawn from Resident A's account for that same time period is \$4,000. \$1,400 was withdrawn in December 2024 from Resident A's account, but only \$1,039 is noted to be paid towards his cost of care on the Resident Funds Part II form for December 2024.

On 03/11/2025, I made a follow-up call to licensee Fatima Mayo. Fatima Mayo stated that she takes Resident A to make personal purchases. When I inquired about receipts, she stated that she does not safekeep any spending money for Resident A. On 03/18/2024, Licensee Mayo provided a photo of Resident A's *Resident Funds Part II* that shows she made adjustments for Resident A's payments made for January through March 2024. Payments made by Resident A for January through March 2025 shows that Resident A paid \$1039 each month for that time period. Resident A signed for each transaction January 2024 through March 2025, including the adjustments Licensee Mayo noted.

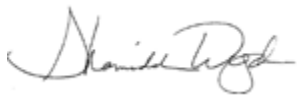
On 03/19/2025, I conducted an exit conference with licensee Fatima Mayo. I informed her of the findings and conclusion. Fatima Mayo stated that Resident A agreed to having a payee. The payee will start April 1, 2025.

APPLICABLE RULE	
R 400.14315	Handling of resident funds and valuables.
	(2) The care of any resident funds and valuables that have been accepted by a licensee for safekeeping shall be treated by the licensee as a trust obligation.
ANALYSIS:	<p>On 01/31/2025, I spoke with Complainant 1 via phone. Complainant 1 stated Resident A has no other bills other than the payment to the AFC home. There are multiple small withdrawals from Resident A's banking account, instead of one lump sum for the cost of care payment.</p> <p>On 02/07/2025, I conducted an unannounced on-site visit at the facility. Licensee Fatima Mayo stated that there were trips made to the ATM where Resident A would give Licensee Mayo the debit card to withdraw money.</p> <p>Resident A's <i>Resident Funds Records Part I</i> notes that Resident A is responsible for their funds, and Licensee Mayo is responsible for the <i>Payment for AFC</i>.</p> <p>During the course of this investigation, I reviewed Resident A's <i>Resident Funds Part II</i>, and bank statements.</p> <p>Between June and September 2024, the total that is reflected as paid by Resident A to the facility on the <i>Resident Funds Part II</i> was \$4,045. The total amount of money withdrawn from Resident A's account for that same time period is \$4,000. \$1,400 was withdrawn in December 2024 from Resident A's account, but only \$1,039 is noted to be paid towards his cost of care on the Resident Funds Part II form</p>

	<p>for December 2024. Also, the balanced reflected as owed by Resident A on the <i>Resident Funds Part II</i> did not account for an overpayment from PCS totaling \$508.50. It appears PCS overpaid because the <i>Resident Care Agreement</i> notes Resident A agreed to pay \$1,057.50/per month, but PCS paid \$1,227/month.</p> <p>There is a preponderance of evidence to substantiate a rule violation. The documentation for Resident A's finances and fund records do not appear to be accurate. Resident A's bank statement withdrawal totals do not match the records the facility has on file for monthly cost of care payments received, although Resident A is still in arrearage. Licensee Mayo reported that Resident A provided her with his debit card, which constitutes a trust obligation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon the receipt of an acceptable corrective action plan, I recommend continuation of the AFC small group home license (capacity 3-6).



03/19/2025

Shamidah Wyden
Licensing Consultant

Date

Approved By:



03/19/2025

Mary E. Holton
Area Manager

Date