



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 4, 2025

Sara Fredricks
Howell's Adult Foster Care, Inc.
506 S 29th
Saginaw, MI 48601

RE: License #: AM730419063
Investigation #: 2026A0572001
Howell's Group Home

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.
- The signature of the responsible party and a date.

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 black ink that reads "Anthony Humphrey". The signature is written in a cursive style with a large, looping flourish at the end.

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 280-7718

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM730419063
Investigation #:	2026A0572001
Complaint Receipt Date:	09/15/2025
Investigation Initiation Date:	09/18/2025
Report Due Date:	11/14/2025
Licensee Name:	Howell's Adult Foster Care, Inc.
Licensee Address:	506 S 29th Saginaw, MI 48601
Licensee Telephone #:	(989) 332-2291
Administrator:	Sara Fredricks
Licensee Designee:	Sara Fredricks
Name of Facility:	Howell's Group Home
Facility Address:	3106 Walters Dr. Saginaw, MI 48601
Facility Telephone #:	(989) 332-2291
Original Issuance Date:	01/17/2025
License Status:	REGULAR
Effective Date:	07/17/2025
Expiration Date:	07/16/2027
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
Resident A was observed swollen, with a bruised hand, which had been broken for over a week.	No
Resident A was soiled and had not bathed in a week.	No
Rooms do not have any working electricity.	No
Unauthorized people are working in the home.	Yes
Doors are deadbolted and facility Administrators cannot find the keys.	No
Resident A's socks have been stolen.	No

III. METHODOLOGY

09/15/2025	Special Investigation Intake 2026A0572001
09/15/2025	APS Referral APS referral was made.
09/18/2025	Special Investigation Initiated - On Site
09/18/2025	Contact - Face to Face Home Manager, Valerie Woods and Resident A.
09/19/2025	Contact - Telephone call made Nurse Practitioner, Kimberly Truckner.
09/19/2025	Contact - Telephone call made Resident A's Guardian.
10/30/2025	Contact - Telephone call made Resident A's Guardian.
10/30/2025	Contact - Telephone call made Licensee Designee, Sara Fredricks.
10/30/2025	Exit Conference Licensee Designee, Sara Fredricks.

ALLEGATION:

Resident A was observed swollen, with a bruised hand, which had been broken for over a week.

INVESTIGATION:

On 09/15/2025, the local licensing office received a complaint for investigation. Adult Protective Services (APS) made the referral to licensing.

On 09/18/2025, I made an unannounced onsite at Howell's Group Home, located in Saginaw County Michigan. Interviewed during my onsite were Home Manager, Valerie Woods and Resident A.

On 09/18/2025, I interviewed Resident A. Resident A couldn't explain what happened to his wrist but indicated that no one had hurt him. Resident A also indicated that staff are taking care of him. Due to Resident A's dementia, I was unable to conduct a full interview. I observed Resident A's hand and there appeared to be some swelling, and he was wearing a splint.

On 09/18/2025, I interviewed Home Manager, Valerie Woods regarding the allegation. Valerie Woods informed me that Resident A does not have a broken wrist. Resident A was diagnosed with Rheumatoid Arthritis which causes his joints to be swollen. Family Member #1 is making several false allegations against the home and the Public Guardian. Because of the disruption that Family Member #1 is causing in the home, the guardian went to court to stop Family Member #1's visitation.

On 09/18/2025, I observed other residents in the home sitting in the tv room and walking throughout the home. They all appeared to be receiving adequate care and supervision.

On 09/18/2025, I reviewed a medical report from hospital which indicates chest pain and swollen left wrist. The findings are as stated, "Arthritic changes in left wrist that could be inflammatory arthritis and show progression compared to last exam. No acute bony abnormality seen. Amorphous density seen posteriorly that could be a scaphoid prosthesis with dislocation."

On 09/19/2025, I contacted Nurse Practitioner, Kimberly Truckner regarding the allegation. Kimberly Truckner informed me that Resident A was sent to the Emergency Room per Family Member #1 due to swollen wrist and possible fracture. The x-rays did not show any fractures. The doctor did a follow-up and said it was not a fracture and does not need to see Resident A again. Kimberly Truckner informed me that surgery was performed on the wrist several years ago due to an old injury that always shows on the imaging. Due to Resident A's age and the old injury, Resident A will always have Arthritis as there is no cure. Resident A has said that he has Rheumatoid Arthritis, but he has dementia, so he may not know what type of

arthritis he has. Kimberly Truckner does not have any concerns for Resident A's safety, health and well-being in the AFC Home.

On 10/30/2025, I interviewed Resident A's Guardian regarding the allegation. Resident A's Guardian informed that Family Member #1 has been making false complaints and every time they visit, they call the police or MMR. Each time Family Member #1 sends Resident A to the hospital, they send him right back home. The disruption that Family Member #1 has caused, has other residents in the home believing that they will go to jail, so she petitioned the court to terminate his visitation rights. The other siblings still visit, but not Family Member #1. Resident A's Guardian denied that Resident A had were ever broken and said if the hand was broken, she would have found out about it from the doctor and/or nurse because they are mandated reporters. Resident A's hands are swelling in his joints due to arthritis and there's no cure for it.

On 10/30/2025, I interviewed Licensee Designee, Sara Fredricks regarding the allegation. She denied the allegation and informed me that it's Family Member #1 causing trouble because he lost guardianship due to not properly caring for Resident A.

APPLICABLE RULE	
R 400.14310	Resident health care.
	(4) In case of an accident or sudden adverse change in a resident's physical condition or adjustment, a group home shall obtain needed care immediately.
ANALYSIS:	Based on the interviews of staff, Licensee Designee, the nurse practioner, public guardian, observation of Resident A, the other residents and the medical report, there is not enough evidence to establish a rules violation. The Home Manager, Nurse Practioner and Resident A's Guardian informed that Resident A's hand is not broken. The swelling is due to arthritis from an old injury. The medical report also indicates that there are no fractures.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident A was soiled and had not bathed in a week.

INVESTIGATION:

On 09/18/2025, during my interview with Resident A, he appeared to be neat and clean and did not smell of urine. The bedroom was also clean and did not have any unpleasant smells. While looking through paperwork, staff took Resident A to the

bathroom to be toileted when he told her that he needed to “tutu”. That is what Resident A’s states when he wants to use the restroom.

On 09/18/2025, I interviewed Home Manager, Valerie Woods regarding the allegation. Valerie Woods denied the allegation and informed me that Resident A has never been left soiled and/or gone a week without being showered.

On 09/18/2025, I observed other residents in the home, and they all appeared to be neat and clean. The home was clean and free of any offensive smells.

On 10/30/2025, I interviewed Resident A’s Guardian regarding the allegation. Resident A’s Guardian denied that Resident A is soiled and has not bathed in a week. The home has a bathing routine that they follow. She pops up at the home quite often because she has other clients in the home that she has to see. She has never observed Resident A with soiled clothing and never presented with an odor.

On 10/30/2025, I interviewed Licensee Designee, Sara Fredricks regarding the allegation. Sara Fredricks stated there’s no way they would leave anyone soiled and not bathed.

APPLICABLE RULE	
R 400.14314	Resident hygiene.
	(1) A licensee shall afford a resident the opportunity, and instructions when necessary, for daily bathing and oral and personal hygiene. A licensee shall ensure that a resident bathes at least weekly and more often if necessary.
ANALYSIS:	Based on the interviews of staff, Resident A’s Guardian, Licensee Designee, observation of Resident A, the other residents, there is not enough evidence to establish a licensing rules violation. Staff denied ever leaving Resident A soiled or not bathing him. The public guardian also informed that Resident is always cleaned and the home has a bathing routine for the residents. Resident A and the other residents observed appeared to be neat and clean in appearance.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:
Rooms do not have any working electricity.

INVESTIGATION:

On 09/18/2025, I interviewed Home Manager, Valerie Woods regarding the allegation. Valerie Woods denied the allegation and informed that the electricity always worked in the home.

On 09/18/2025, I walked through the entire home and checked the lights in the bedrooms, kitchen, bathrooms and common areas. All the lights were in proper working condition. Several of the residents were watching television in the living room and food was being cooking in the kitchen, which all need electricity in order to work.

On 10/30/2025, I interviewed Resident A's Guardian regarding the allegation. She informed me that this is definitely not true as she's been to the home several times and the electricity is always in good working order.

On 10/30/2025, I interviewed Licensee Designee, Sara Fredricks regarding the allegation. Sara Fredricks informed me that this was not true and that I can come to the home anytime to see for myself.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	Based on the interviews of staff, public guardian, Licensee Designee, and my observation during my announced onsite, there is not enough evidence to establish a licensing rules violation. All of the lights, television and appliances were all in working order.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Unauthorized people are working in the home.

INVESTIGATION:

On 09/18/2025, I interviewed Home Manager, Valerie Woods regarding the allegation. Valerie Woods informed that they have had the same staff for years and they are all properly trained.

On 09/18/2025, I reviewed the employee files at the home and all of the staff are properly trained.

On 10/30/2025, I interviewed Resident A's Guardian regarding the allegation. She informed me that she doesn't believe that there are any unauthorized people working in the home as it's been the same people working there for years.

On 10/30/2025, I reviewed the Workforce Background Check and there are no employees listed for Howell's Group Home.

On 10/30/2025, I interviewed Licensee Designee, Sara Fredricks regarding the allegation. She informed that herself, Valerie Woods and son are the ones who normally work in the home. She was informed that she needs to get a background check completed for her staff. She indicated that she would do this immediately.

APPLICABLE RULE	
MCL 400.734b	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.
	(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.
ANALYSIS:	Based on my interview of the Public Guardian, Licensee Designee and review of the Workforce Background Check website, there is enough evidence to establish a licensing rules violation. There are no staff listed as working for Howell's Group Home. The previous owner, Valerie Woods, is now the Home Manager, and has not been fingerprinted as an employee since the change. The same employees from previous license are not listed as employees of current license.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Doors are deadbolted and facility Administrators cannot find the keys.

INVESTIGATION:

On 09/18/2025, I interviewed Home Manager, Valerie Woods regarding the allegation. Denied there ever being a deadbolt on the doors.

On 09/18/2025, I checked each exit of the home and there was no deadbolt on any of the doors.

On 10/30/2025, I interviewed Resident A's Guardian regarding the allegation. Resident A's Guardian does not believe that there are any deadbolts on any of the Exits as she has been through each exit in the home and never noticed a deadbolt.

On 10/30/2025, I interviewed Licensee Designee, Sara Fredricks regarding the allegation. Sara Fredricks denied this allegation as there have never been any deadbolts on the home.

APPLICABLE RULE	
R 400.14507	Means of egress generally.
	(1) A means of egress shall be considered the entire way and method of passage to free and safe ground outside a small group home.

ANALYSIS:	Based on the interviews of staff, public guardian, Licensee Designee, observation of Resident A, the other residents, there is not enough evidence to establish a licensing rules violation. Those that were interviewed all denied that there was a deadbolt on any of the doors. I checked each door of the home and there were no deadbolts.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident A's socks have been stolen.

INVESTIGATION:

On 09/18/2025, I interviewed Home Manager, Valerie Woods regarding the allegation. Staff Woods denied the allegation and said Resident A has plenty of socks.

On 09/18/2025, I observed Resident A wearing socks during my onsite. Resident A informed me that he has his socks.

On 10/30/2025, I interviewed Resident A's Guardian regarding the allegation. Denied the allegation and informed that the home purchased Resident A maybe 6 pairs of new diabetic socks because the other socks were leaving marks on him.

On 10/30/2025, I interviewed Licensee Designee, Sara Fredricks regarding the allegation. She informed that Resident A socks have not been stolen. Resident A has 12 pairs of Diabetic socks.

APPLICABLE RULE	
R 400.14315	Handling of resident funds and valuables.
	(10) A licensee, administrator, direct care staff, other employees, volunteers under the direction of the licensee, and members of their families shall not accept, take, or borrow money or valuables from a resident, even with the consent of the resident.

ANALYSIS:	Based on the interviews of staff, public guardian, Licensee Designee, observation of Resident A, there is not enough evidence to establish a licensing rules violation. I observed Resident A wearing socks during my unannounced onsite. According to the Licensee Designee, and Public Guardian, Resident A has several pairs of new diabetic socks.
CONCLUSION:	VIOLATION NOT ESTABLISHED

On 10/30/2025, I held an exit conference with Licensee Designee, Sara Fredricks regarding the findings of this investigation. Sara Fredricks informed me that she will update the Workforce Background check immediately.

IV. RECOMMENDATION

I recommend that no changes be made to the licensing status of this medium sized adult foster care group home pending the receipt of an acceptable corrective action plan (capacity 7-12).

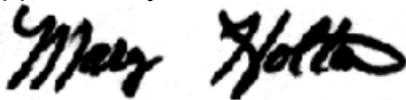


11/04/2025

Anthony Humphrey
Licensing Consultant

Date

Approved By:



11/04/2025

Mary E. Holton
Area Manager

Date