



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 4, 2026

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

RE: License #:	AM730419063
Investigation #:	2026A1039013
	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 cursive script, appearing to read "Martin Gonzales".

Martin Gonzales, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM730419063
Investigation #:	2026A1039013
Complaint Receipt Date:	12/17/2025
Investigation Initiation Date:	12/17/2025
Report Due Date:	02/15/2026
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?
On 12/08/2025, Bureau of Fire Services (BFS) Re-Check Annual Inspection Report was completed at the facility indicating disapproval with a D rating.	Yes

III. METHODOLOGY

12/17/2025	Special Investigation Intake 2026A1039013
12/17/2025	Special Investigation Initiated - Letter Emailed LD to interview him concerning failed BFS report.
12/17/2025	APS Referral Filed online referral.
01/20/2026	Contact - Document Received BFS inspector emailed me regarding failed report.
01/21/2026	Contact - Document Received Email from LD concerning complaint.
01/21/2026	Exit Conference Completed with LD Sara Fredricks.
01/21/2026	Inspection Completed On-site I interviewed DCW Mary Tillman.
01/21/2026	Inspection Completed-BCAL Sub. Compliance
01/30/2026	Contact – Telephone call received Home Manager Valerie Woods called concerning the complaint.
01/30/2026	Contact – Telephone call received LD Sara Fredricks called concerning corrective actions needed at the home concerning the BFS Report.

ALLEGATION:

On 12/08/2025, Bureau of Fire Services (BFS) Re-Check Annual inspection Report was completed at the facility indicating disapproval with a D rating.

INVESTIGATION:

On 12/17/2026, the Bureau of Community and Health Systems (BCSH) received the above allegation, via the BCHS online complaint system. On 12/08/2025, a Bureau of Fire Services (BFS) Re-Check Annual inspection Report was completed at the facility indicating disapproval with a D rating. Inspecting official Cory Irwin completed the inspection report and noted the following:

- At the time of inspection, it was noted there were missing fire drills.
- At the time of inspection, It was noted that the front door has locking against egress door handle.
- At the time of inspection, it was noted that a resident room had a locking against egress door handle.
- At the time of inspection, it was noted that the kitchen door has a deadbolt that does not release with handle and requires two motions. The door is required to be equipped with a self-closing device, which should be positive-latching upon closure.
- At the time of inspection, it was noted that the stairwell door did not self-close and positively latch.
- At the time of inspection, it was noted that the boiler certificate expired in February 2025.
- At the time of inspection, it was noted that they were unable to verify the last date of sensitivity testing of smoke detectors. They are required every two years.
- At the time of inspection, it was noted that per annual report from Ace Alarm in January 2025, the 2nd floor storage room heat detector failed and should be replaced.

On 01/21/2025, BFS Inspecting Official (IO) Cory Irwin emailed me and informed me that he had not yet received a corrective action plan from Licensee Designee (LD) Sara Fredricks.

On 01/21/2026, I completed an unannounced investigation at Howell's AFC Home. I interviewed Direct Care Worker (DCW) Mary Tillman concerning the allegations. DCW Tillman stated that she was not aware of the failed BFS report and gave me the contact information for the Home Manager Valarie Woods. At the time of my investigation it did not appear that any items listed on the BFS report had been corrected.

On 01/21/2025, I completed an interview with Licensee Designee (LD) Sara Fredricks. LD Fredricks stated that she was aware of the failed report and was working on submitting a corrective action plan to IO Irwin and would keep me updated with her corrective action plan.

On 01/30/2026, Home Manager (HM) Valarie Woods called concerning the BFS report and stated that they are working on corrections that were identified in the report and they should be done soon and the Licensee Designee will be contacting me with more information.

On 01/30/2026, Licensee Designee (LD) Sara Fredricks called concerning the BFS report and she had some miscommunication with BFS IO Irwin concerning what was needed for the failed report. LD Fredricks stated that she will contact him and complete necessary corrective action plan that is required.

APPLICABLE RULE	
R 400.647	Safety and maintenance of premises.
	(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	<p>It was alleged that a Bureau of Fire Services (BFS) Re-Check Annual inspection was completed at the facility.</p> <p>I reviewed a Bureau of Fire Services (BFS) Re-Check Annual inspection dated 12/08/2025. The report noted the Fire Safety Certification was disapproved.</p> <p>I completed an unannounced onsite investigation on 01/21/2026. The home did not appear to have made corrections to the violations noted in the BFS report.</p> <p>Licensee Designee Sara Fredricks stated that she was aware of the failed report and was in contact with BFS inspector Cory Irwin to address the violations.</p> <p>Upon completion of my investigation, it has been determined that a preponderance of evidence had been found to conclude that a rule had been violated.</p>
CONCLUSION:	VIOLATION ESTABLISHED

On 01/21/2026, I completed an exit conference with Licensee Designee (LD) Sara Fredricks. I informed LD Fredricks of the results of my investigation.

IV. RECOMMENDATION

Upon receipt of approved corrective action plan, I recommend no change in status of this AFC medium group home license.

Martin Gonzales

02/04/2026

Martin Gonzales Licensing Consultant	Date
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Approved By:

Mary Holton

02/04/2026

Mary E. Holton
Area Manager

Date