



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 14, 2026

Laketa Brodnex
D.E.B. AFC Inc.
P.O Box 136
Bridgeport, MI 48722

RE: License #: AS730383437
D.E.B. AFC Inc. #5
821 S. Fayette Street
Saginaw, MI 48602

Dear Laketa Brodnex:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license will be renewed upon submission of the licensing renewal application and fee. The license will be 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 "C. Garza".

Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 240-2478

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

I. IDENTIFYING INFORMATION

License #: AS730383437

Licensee Name: D.E.B. AFC Inc.

Licensee Address: P.O Box 136
Bridgeport, MI 48722

Licensee Telephone #: (989) 475-4034

Licensee Designee: Laketa Brodnex

Administrator: Laketa Brodnex

Name of Facility: D.E.B. AFC Inc. #5

Facility Address: 821 S. Fayette Street
Saginaw, MI 48602

Facility Telephone #: (989) 475-4034

Original Issuance Date: 10/27/2017

Capacity: 5

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/24/2026

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 0

No. of residents interviewed and/or observed 0

No. of others interviewed 0 Role: N/A

- 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.
Inspection did not occur during meal time.
- 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:
7/5/23 AS210, AS315(3) 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 400.639

Staff records.

(1) A licensee shall maintain a record for each staff that contains all of the following:

(a) Name, address, telephone number, and Social Security number.

(b) Copy or number of a professional or vocational license, certification, or registration if staff provides professional or vocational services.

(c) Copy of a driver's license if staff provide transportation services.

(d) Verification of age.

(e) Verification of experience, highest level of education completed, and training.

(f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.

(g) Beginning and ending dates of employment on separation.

(h) Health information as required by these rules.

(i) Verification of the receipt by the staff of personnel policies and job descriptions.

At time of inspection, licensee did not have staff files available for review.

R 400.727

Smoke detection equipment for family home and small group home with 6 or less residents after March 27, 1980.

(6) For new construction, conversions to an adult foster care facility, and changes of adult foster care licensing type, approved smoke alarms must be installed in accordance with the requirements contained in the national fire protection association entitled NFPA 101, Life Safety Code, 2021 edition, powered from the building's electrical system, and, when activated, initiate an alarm that is audible in all sleeping rooms with the doors closed. Smoke alarms must be installed on all levels, including basements, but excluding crawl spaces and unfinished attics. Additional smoke alarms must be installed in living rooms,

dens, dayrooms, and similar spaces. NFPA 101, Life Safety Code, 2021 edition, is adopted by reference in R 400.715(4)(b).

At time of inspection, AFC home did not have smoke alarms installed that are powered from the building's electrical system and, when activated, initiate an alarm that is audible in all sleeping rooms with the doors closed.

A corrective action plan was requested and approved on 05/11/2026. 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

An acceptable corrective action plan has been received. Renewal of the license is recommended upon receipt of the licensing renewal application and fee.



5/14/2026

Christina Garza
Licensing Consultant

Date