



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 21, 2026

Martha Guardado
5689 Gentian Ct. S.E.
Kentwood, MI 49508

RE: License #: AF410381126
M. G. Home
5689 Gentian Ct. S.E
Kentwood, MI 49508

Dear Ms. Guardado:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

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

I. IDENTIFYING INFORMATION

License #:	AF410381126
Licensee Name:	Martha Guardado
Licensee Address:	5689 Gentian Ct. S.E. Kentwood, MI 49508
Licensee Telephone #:	(616) 325-0222
Licensee/Licensee Designee:	Martha Guardado
Administrator:	N/A
Name of Facility:	M. G. Home
Facility Address:	5689 Gentian Ct. S.E Kentwood, MI 49508
Facility Telephone #:	(616) 325-0222
Original Issuance Date:	04/27/2016
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/16/2026

Date of Bureau of Fire Services Inspection if applicable: 09/16/2026

Date of Health Authority Inspection if applicable: 09/16/2026

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 2

No. of others interviewed N/A Role:

- 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.
Meal prepared prior to inspection.
- 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 determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

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.

Finding: On 09/16/2026 I completed a scheduled renewal inspection at the facility. Licensee Martha Guardado was present and stated that her son, Edwin Colomo both resides at the facility and independently provides care and supervision to residents. Ms. Guardado confirmed that she had not completed a background check for Mr. Colomo. Additionally, I confirmed via the Workforce Background Check portal that a background check had not been completed.

Exit Conference: Ms. Guardado did not dispute the findings and agreed to submit a corrective action plan.

R 400.629

Direct care staff; qualifications and training.

(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:

- (a) Reporting requirements.**
- (b) First aid.**
- (c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.**
- (d) Personal care, supervision, and protection.**
- (e) Resident rights.**
- (f) Safety and fire prevention.**
- (g) Prevention and containment of communicable diseases including recognizing signs of illness.**
- (h) Food safety, which includes food storage, preparation, distribution, and serving in a safe manner.**
- (i) Nutrition and special diets.**

Finding: On 09/16/2026 I completed a scheduled renewal inspection at the facility. Licensee Martha Guardado was present and stated that her son, Edwin Colomo both resides at the facility and independently provides care and supervision to residents. Ms. Guardado confirmed that she has no training records for Mr. Colomo. Although she believes he completed some of the required training, she has no documentation to prove it.

Exit Conference: Ms. Guardado did not dispute the findings and agreed to submit a corrective action plan.

R 400.631

Health screenings.

(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.

Finding: On 09/16/2026 I completed a scheduled renewal inspection at the facility. Licensee Martha Guardado was present and stated that her son, Edwin Colomo both resides at the facility and independently provides care and supervision to residents. Ms. Guardado confirmed that she has not secured a health screening for Mr. Colomo.

Exit Conference: Ms. Guardado did not dispute the findings and agreed to submit a corrective action plan.

R 400.631

Health screenings.

(4) A licensee shall annually review and maintain in the facility the health status of the staff and members of the household. Verification of annual reviews must be maintained for 2 years.

Finding: On 09/16/2026 I completed a scheduled renewal inspection at the facility. Licensee Martha Guardado was present and stated that she had not secured an annual medical review for herself or staff.

Exit Conference: Ms. Guardado did not dispute the findings and agreed to submit a corrective action plan.

R 400.631

Health screenings.

(5) A licensee shall maintain documentation of a baseline screening for communicable diseases and records of illness on hiring. Staff who have direct physical contact with residents or resident food may perform those duties only when they are noninfectious or when proper

precautions are taken to prevent the spread of a communicable disease. A licensee shall follow a staff's health care professional or local health department guidance on controlling the spread of a communicable disease when identified.

Finding: On 09/16/2026 I completed a scheduled renewal inspection at the facility. Licensee Martha Guardado was present and stated that her son, Edwin Colomo both resides at the facility and independently provides care and supervision to residents. Ms. Guardado confirmed that she has not secured a communicable disease screening for Mr. Colomo.

Exit Conference: Ms. Guardado did not dispute the findings and agreed to submit a corrective action plan.

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.

Finding: On 09/16/2026 I completed a scheduled renewal inspection at the facility. Licensee Martha Guardado was present and stated that her son, Edwin Colomo both resides at the facility and independently provides care and supervision to residents. Ms. Guardado confirmed that she has not maintained a record for Mr. Colomo that contains the items required in R

400.936 (1). She confirmed that she has not secured any of the items contained in the rule.

Exit Conference: Ms. Guardado did not dispute the findings and agreed to submit a corrective action plan.

R 400.675

Resident medications.

(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.

Finding: On 09/16/2026 I completed a scheduled renewal inspection at the facility. I reviewed Resident A's Medication Administration Record indicates that on the morning of 09/16/2026, Ms. Guardado administered Resident A's Polyethylene glycol 3350. Ms. Guardado could not produce the physical medication and confirmed that she had recently run out the medication and did not actually administer the medication this morning.

Exit Conference: Ms. Guardado did not dispute the findings and agreed to submit a corrective action plan.

R 400.675

Resident medications.

(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:

(e) Not adjust or modify a resident's prescription medication without instructions from a physician, physician assistant, advanced practice nurse, or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record in writing any instructions regarding a resident's prescription medication.

Finding: On 09/16/2026 I completed a scheduled renewal inspection at the facility. I reviewed Resident A's Medication Administration Record indicates that Resident A is prescribed Aspirin Tab 81 MG once daily however Ms. Guardado confirmed that she has been administering Aspirin 325 MG once daily. She stated that Resident A's "family" supplies the medication

and provided Ms. Guardado with an incorrect dosage. While onsite I observed an over the count bottle of Aspirin 325 MG.

Exit Conference: Ms. Guardado did not dispute the findings and agreed to submit a corrective action plan.

R 400.691

Resident records.

(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:

(g) Admission and monthly weight record.

Finding: On 09/16/2026 I completed a scheduled renewal inspection at the facility. I observed Resident A's monthly weight records indicate that he was not weighed 06/2026 and 07/2026. Ms. Guardado stated that she could not locate the missing weight records.

Exit Conference: Ms. Guardado did not dispute the findings and agreed to submit a corrective action plan.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended



09/21/2026

Toya Zylstra
Licensing Consultant

Date