



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 15, 2019

Fatima Mayo  
813 S. Bond St  
Saginaw, MI 48601

RE: License #: AS730396181  
**A Place Called Home**  
**440 S. 10th Street**  
**Saginaw, MI 48601**

Dear Ms. Mayo:

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:

- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is 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 (810) 787-7031.

Sincerely,

*Crecendra Brown*

Crecendra Brown, Licensing Consultant  
Bureau of Community and Health Systems  
4809 Clio Road  
Flint, MI 48504  
(810) 931-0965

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

**I. IDENTIFYING INFORMATION**

**License #:** AS730396181

**Licensee Name:** Fatima Mayo

**Licensee Address:** 813 S. Bond St  
Saginaw, MI 48601

**Licensee Telephone #:** (989) 482-8989

**Licensee/Licensee Designee:** N/A

**Administrator:**

**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

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/14/2019

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Licensee

- 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.
- 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? 0 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 400.14301**      **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**
- Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**
- (4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.**
- (8) A copy of the signed resident care agreement shall be provided to the resident or the resident's designated representative. A copy of the resident care agreement shall be maintained in the resident's record.**

Resident TD and Resident CJ assessment plans were not signed and dated by Licensee Fatima Mayo.

Resident TD and Resident CJ resident care agreements were not signed by the Licensee Fatima Mayo.

- R 400.14312**      **Resident medications.**
- 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 {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.**

**(2) Medication shall be given, taken, or applied pursuant to label instructions.**

**(3) Unless a resident's physician specifically states otherwise in writing, the giving, taking, or applying of prescription medications shall be supervised by the licensee, administrator, or direct care staff.**

Resident TD had 3 medication errors on his medication log. Licensee Fatima Mayo initialed 3 8pm medications before 11am.

**R 400.14315            Handling of resident funds and valuables.**

Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

(4) A listing of all valuables that are accepted by the licensee for safekeeping shall be maintained. The listing of valuables shall include a written description of the items, the date received by the licensee, and the date returned to the resident or his or her designated representative. The listing of valuables shall be signed at the time of receipt by the licensee and the resident or his or her designated representative. Upon return of the valuables to the resident or his or her designated representative, the listing shall be signed by the resident or his or her designated representative and the licensee.

(8) All resident fund transactions shall require the signature of the resident or the resident's designated representative and the licensee or prior written approval from the resident or the resident's designated representative.

Resident TD and Resident CJ did not have Part I and Part II forms completed on file in the home.

**R 400.14316            Resident records.**

Resident records.

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(a) Identifying information, including, at a minimum, all of the following:

- (i) Name.
- (ii) Social security number, date of birth, case number, and marital status.
- (iii) Former address.
- (iv) Name, address, and telephone number of the next of kin or the designated representative.
- (v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.
- (vi) Name, address, and telephone number of the preferred physician and hospital.
- (vii) Medical insurance.
- (viii) Funeral provisions and preferences.
- (ix) Resident's religious preference information.
- (b) Date of admission.
- (c) Date of discharge and the place to which the resident was discharged.
- (2) Resident records shall be kept on file in the home for 2 years after the date of a resident's discharge from a home.

Resident TD and Resident CJ did not have a resident record information sheet on file in the home.

**R 400.14407 Bathrooms.**

(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.

Upstairs bathroom ventilation fan was not working and the bathroom does not have any windows.

**R 400.14503 Interior finishes and materials generally.**

Interior finishes and materials generally.

(1) Interior finish materials shall be at least class C materials throughout the adult foster care small group home.

(4) Class A, B, and C materials are interior finish materials that have the following minimum characteristics:

Class	Flame Spread	Smoke Developed
A	0-25	0-450
B	26-75	0-450
C	76-200	0-450

Paneling in the basement near the ceiling needs to be removed or covered with drywall.

**R 400.14511      Flame-producing equipment; enclosures.**

Flame-producing equipment; enclosures.

(1) If the heating plant is located in the basement of a small group home, standard building material may be used for the floor separation. Floor separation shall also include at least 1 3/4-inch solid core wood door or equivalent to create a floor separation between the basement and the first floor.

(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.

Fire door with automatic self-closing device needs to be installed to the basement, where the furnace is located.

**IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Renewal of the license is recommended.

*Crecendra Brown*

November 15, 2019

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Crecendra Brown  
Licensing Consultant

Date