



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 10, 2021

Antuan Davis
2312 Phoenix St
Saginaw, MI 48601

RE: License #:	AF730404253 House of Care 2312 Phoenix St Saginaw, MI 48601
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Dear Mr. Davis:

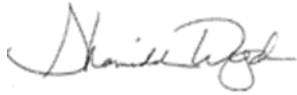
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 action plan, a six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan in 15 days.

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,

A handwritten signature in dark ink, appearing to read "Shamidah Wyden". The signature is fluid and cursive, with the first name being more prominent.

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
989-395-6853

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

I. IDENTIFYING INFORMATION

License #:	AF730404253
Licensee Name:	Antuan Davis
Licensee Address:	2312 Phoenix St Saginaw, MI 48601
Licensee Telephone #:	989-890-1086
Licensee:	Antuan Davis
Administrator:	N/A
Name of Facility:	House of Care
Facility Address:	2312 Phoenix St Saginaw, MI 48601
Facility Telephone #:	(989) 890-1086
Original Issuance Date:	11/12/2020
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/06/2021

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 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Licensee

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
There were no residents in care at the time of this inspection.
- Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain.
There were no residents in care at the time of this inspection.
- 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.
There were no residents in care at the time of this inspection.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
There were no residents in care at the time of this inspection.
- 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.
There were no residents in care at the time of this inspection.
- 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

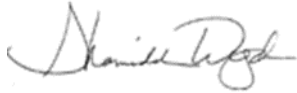
This facility was found to be in non-compliance with the following rules:	
MCL 400.713	<p>License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.</p> <p>(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following:</p> <p>(b) The applicant's compliance with this act and rules promulgated under this act.</p>
At the time of this on-site inspection, there were no residents in care, or residents who have been in care during the temporary license period. I was unable to determine compliance with the quality of care requirements.	

R 400.1426	Maintenance of premises.
	(1) The premises shall be maintained in a clean and safe condition.
At the time of inspection, the water temperature at the kitchen sink and bathroom sink were above 120 degrees Fahrenheit. The water temperature is required to be adjusted to fall within a safe range of 105 to 120 degrees Fahrenheit.	

It is expected that a corrective action plan will be implemented within 6 months. A follow-up evaluation will be done to verify compliance. Should the corrections not be implemented in 6 months, it may be necessary to re-evaluate the status of your license.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



05/10/2021

Shamidah Wyden
Licensing Consultant

Date

Reviewed by:



05/10/2021

Jerry Hendrick
Area Manager

Date