



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 30, 2021

Lena Redmond
2517 Prospect St
Flint, MI 48504

RE: License #: AS250399329
A Host of Love
1382 E. Downey Ave.
Flint, MI 48505

Dear Lena Redmond:

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 within 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 (906) 226-4171.

Sincerely,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 899-5659

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

I. IDENTIFYING INFORMATION

License #:	AS250399329
Licensee Name:	Lena Redmond
Licensee Address:	1382 E. Downey Ave. Flint, MI 48505
Licensee Telephone #:	
Licensee/Licensee Designee:	N/A
Administrator:	Lena Redmond
Name of Facility:	A Host of Love
Facility Address:	1382 E. Downey Ave. Flint, MI 48505
Facility Telephone #:	(810) 785-8608
Original Issuance Date:	02/08/2021
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/30/2021

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 1
No. of residents interviewed and/or observed 0
No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
Home has not had any residents since opening.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
Home has not had any residents since opening.
- Resident funds and associated documents reviewed for at least one resident?
Yes No If no, explain. Home has not had any residents since opening.
- Meal preparation / service observed? Yes No If no, explain.
Home has not had any residents since opening.
- Fire drills reviewed? Yes No If no, explain.
Home has not had any residents since opening.
- 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.
Home has not had any residents since opening.
- 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 400.717 Provisional license.

(1) A provisional license may be issued to an adult foster care facility that has previously held a temporary or regular license under this act or an act repealed by this act. A provisional license may be issued for 6 months if an adult foster care facility is temporarily unable to conform to the requirements of this act for a regular license and may be renewed not more than 2 consecutive times as provided in subsections (2) and (4). The issuance of a provisional license shall be contingent upon the submission to the department of an acceptable plan of correction for the adult foster care facility within the time limitations of the provisional period.

Home was placed on a provisional license only due to it not having any residents in the home during this six-month temporary license. Due to this home not having any residents and/or resident records to review, quality of care was not able to be determined.

IV. RECOMMENDATION

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



7/30/2021

Christopher Holvey
Licensing Consultant

Date