



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 27, 2022

Fatima Mayo  
813 S. Bond St  
Saginaw, MI 48601

RE: License #: AS730396181  
Investigation #: 2022A0871031  
A Place Called Home

Dear Ms. Mayo:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please contact the local office at (989) 732-8062.

Sincerely,



Kathryn A. Huber, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(989) 293-3234

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS730396181
<b>Investigation #:</b>	2022A0871031
<b>Complaint Receipt Date:</b>	04/07/2022
<b>Investigation Initiation Date:</b>	04/12/2022
<b>Report Due Date:</b>	06/06/2022
<b>Licensee Name:</b>	Fatima Mayo
<b>Licensee Address:</b>	813 S. Bond St Saginaw, MI 48601
<b>Licensee Telephone #:</b>	(989) 482-8989
<b>Administrator:</b>	Fatima Mayo
<b>Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	A Place Called Home
<b>Facility Address:</b>	440 S. 10th Street Saginaw, MI 48601
<b>Facility Telephone #:</b>	(989) 482-8989
<b>Original Issuance Date:</b>	07/09/2019
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	01/09/2022
<b>Expiration Date:</b>	01/08/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

	AGED TRAUMATICALLY BRAIN INJURED
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**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Resident A was given a 30-day eviction notice on March 22, 2022. Family Member 1 moved Resident A out of the facility on April 1, 20022. When Family Member 1 went to the facility to get his wallet, all his money was gone.	No
Additional Findings	Yes

**III. METHODOLOGY**

04/07/2022	Special Investigation Intake 2022A0871031
04/12/2022	Special Investigation Initiated - On Site Left message with staff for licensee to contact me
04/13/2022	Contact - Telephone call received Received telephone call from Licensee Fatima Mayo
05/12/2022	Inspection Completed On-site Interviewed Staff Yolanda Anderson
05/13/2022	Inspection Completed On-site Interviewed Licensee Fatima Mayo
05/16/2022	Contact - Telephone call made Telephone call to Complainant1, voicemail is full and could not leave a message
05/16/2022	Exit Conference Telephone exit conference with Licensee Fatima Mayo
05/16/2022	Inspection Completed-BCAL Sub. Compliance

**ALLEGATION:**

Resident A was given a 30-day eviction notice on March 22, 2022. Family Member 1 moved Resident A out of the facility on April 1, 20022. When Family Member 1 went to the facility to get his wallet, all his money was gone.

**INVESTIGATION:**

On April 12, 2022, I conducted an unannounced onsite investigation and interviewed Staff Yolanda Anderson. Ms. Anderson could not provide any information about Resident A’s funds and said he moved out and she did not know where he is living.

On April 13, 2022, I received a telephone call from Licensee Fatima Mayo. Licensee Mayo stated when Resident A left her facility, he never came back. Licensee Mayo indicated that while Resident A was in her facility, he “tore up a new box spring and tore the boards off the wall of the bathroom.” Licensee Mayo said it was a new box spring that she had purchased. Licensee Mayo stated Resident A got \$44 a month and he managed all his money. Licensee Mayo stated she did not see or handle his money. Licensee Mayo indicated he hardly ever left the home but would give money to his friends to buy him things from the store. Licensee Mayo said his behaviors were getting worse and she gave him a 30-day notice.

On April 14, 2022, I telephoned Complainant 1, but the voicemail was full, and I could not leave a message.

On May 13, 2022, I conducted an onsite investigation and interviewed Licensee Mayo. Licensee Mayo provided me with a copy of Resident A’s *Resident Funds and Valuables Part II* which indicated that Resident A had paid for rent for all of 2022. Because she did not keep funds for Resident A, she did not have a *Resident Funds and Valuables Part II* for his personal funds.

<b>APPLICABLE RULE</b>	
<b>R 400.14315</b>	<b>Handling of resident funds and valuables.</b>
	<b>(9) A resident’s account shall be individual to the resident. A licensee shall be prohibited from having any ownership interest in a resident’s account and shall verify such in written statement to the resident or the resident’s designated representative.</b>
<b>ANALYSIS:</b>	Licensee Fatima Mayo does not keep money for Resident A. Licensee Mayo stated Resident A received \$44 a month and kept his own money. There is no evidence to confirm violation of this rule.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

On May 13, 2022, I asked Licensee Mayo for a copy of her refund policy. Licensee Mayo said she does not have a written policy and it is verbal only.

On May 13, 2022, I conducted a face-to-face exit conference with Licensee Fatima Mayo. I advised Licensee Mayo that she must have a written refund policy.

<b>APPLICABLE RULE</b>	
<b>R 400.14315</b>	<b>Handling of resident funds and valuables.</b>
	<b>(14) A licensee shall have a written refund agreement with the resident or his or her designated representative. The agreement shall state under what conditions a refund or the unused portion of the monthly charge that is paid to the home shall be returned to the resident or his or her designated representative. The refund agreement shall provide for, at a minimum, refunds under any of the following conditions: (c) When a resident has been determined to be at risk due to substantial noncompliance with these licensing rules which results in the department taking action to issue a provisional license or to revoke or summarily suspend, or refuse to renew, a license and the resident relocates. The amount of the monthly charge that is returned to the resident shall be based upon the written refund agreement and shall be prorated based on the number of days that the resident lived in the home during that month.</b>
<b>ANALYSIS:</b>	On May 13, 2022, I asked Licensee Fatima Mayo for a copy of her refund policy. Licensee Mayo stated she does not have a refund policy and that it is verbal only. I confirm violation of this rule.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Upon receipt of an acceptable corrective action plan, I recommend the status of this adult foster care small group home license remain unchanged (capacity1-6).

*Kathryn Huber*

05/27/2022

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Kathryn A. Huber  
Licensing Consultant

Date

Approved By:

*Mary Holton*

05/27/2022

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Mary E Holton  
Area Manager

Date