



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 28, 2022

Alton Yarbrough  
Elsona Foster Care Inc  
1402 W Jackson Ave  
Flint, MI 48504

RE: License #: AS250010759  
Elsona Foster Care Inc  
1402 W Jackson Avenue  
Flint, MI 48504

Dear Mr. Yarbrough:

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, refusal to renew the license is recommended. You will be notified in writing of the Department's intention and your options for resolution of this matter.

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 (517) 284-9700.

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**

<b>License #:</b>	AS250010759
<b>Licensee Name:</b>	Elsona Foster Care Inc
<b>Licensee Address:</b>	1402 W Jackson Ave Flint, MI 48504
<b>Licensee Telephone #:</b>	(810) 239-4371
<b>Licensee/Licensee Designee:</b>	Alton Yarbrough, Designee
<b>Administrator:</b>	Alton Yarbrough
<b>Name of Facility:</b>	Elsona Foster Care Inc
<b>Facility Address:</b>	1402 W Jackson Avenue Flint, MI 48504
<b>Facility Telephone #:</b>	(810) 239-4371
<b>Original Issuance Date:</b>	01/29/1986
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/19/2022

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 4

No. of others interviewed 0 Role: [REDACTED]

- 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.  
Home was viewed to have an adequate food supply.
- 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:  
1/28/2022, 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 400.734b**      **Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; 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.**

A review of the home's direct care staff files was conducted. The home has files for two (2) separate direct care staff that did not include documentation regarding proof that either staff had been fingerprinted and/or that a criminal history check had been conducted on those staff. On 7/19/22, licensee designee, Alton Yarbrough, stated that both the staff in question have been employed and actively working at this home for approximately the last 8-9 months. He confirmed that criminal history checks and fingerprinting were not completed for those staff.

**R 400.14103      Licenses; required information; fee; effect of failure to cooperate with inspection or investigation; posting of license; reporting of changes in information.**

**(5) An applicant or licensee shall give written notice to the department of any changes in information that was previously submitted in or with an application for a license, including any changes in the household and in personnel-related information, within 5 business days after the change occurs.**

On 6/13/22, a phone conversation took place with the previous licensee designee, L'Tanya Green, who stated that she had not been actively involved and/or performing her duties as licensee designee since the current provisional license was issued back in Jan. 2022. She stated that in May 2022, she had informed the home manager/board member, Alton Yarbrough, that she was no longer interested in being the licensee designee. Ms. Green stated that she officially resigned from that position on June 10, 2022.

On 6/13/22, a business entity search was completed on the LARA website and it was found that the licensee/corporation for this home had been dissolved since Dec. 2019.

The licensee of this home failed to provide written notice to the licensing department within 5 business days after the above-mentioned changes occurred.

**R 400.14204      Direct care staff; qualifications and training.**

**(3) 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 competent before performing assigned tasks, which shall include being competent in all of the following areas:**

**(a) Reporting requirements.**

- (d) Personal care, supervision, and protection.
- (e) Resident rights.
- (f) Safety and fire prevention.
- (g) Prevention and containment of communicable diseases.

The licensee could not provide any documentation proving that any in-service and/or training was provided to two (2) separate currently employed direct care staff, regarding any of the areas mentioned above.

**R 400.14205      Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

The licensee could not make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of two (2) separate direct care staff.

**R 400.14205      Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

The licensee could not make available for department review, documentation indicating that two (2) separate direct care staff have been tested for communicable tuberculosis.

**R 400.14208                      Direct care staff and employee records.**

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(a) Name, address, telephone number, and social security number.

(b) The professional or vocational license, certification, or registration number, if applicable.

(c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.

(d) Verification of the age requirement.

(e) Verification of experience, education, and training.

(f) Verification of reference checks.

(g) Beginning and ending dates of employment.

(h) Medical information, as required.

(i) Required verification of the receipt of personnel policies and job descriptions.

A review was conducted on two (2) separate direct care staff files and the only documents found in those files were copy of the staff driver's license and proof of first aid/CPR certification. None of the other material required by this rule was made available for department review.

**R 400.14318                      Emergency preparedness; evacuation plan; emergency transportation.**

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

Although, a total of twelve (12) fire drills were conducted/practiced, the documentation provided by the licensee indicated that only two (2) of the required four (4) drills were conducted during sleeping hours.

**R 400.14401                      Environmental health.**

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature

for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The hot water in this home was tested and found to be above the 120-degree limit.

#### IV. RECOMMENDATION

Due to this home currently being on a 1<sup>st</sup> provisional license and the multiple quality of care violations cited during this renewal inspection, refusal to renew the license is recommended.



7/26/2022

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Christopher Holvey  
Licensing Consultant

Date

Approved by:



7/26/2022

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Mary E. Holton

Date