



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 29, 2022

Kathey Burns  
PO Box 472  
Saginaw, MI 48606

RE: License #: AF730366616  
K & K Adult Foster Care Services  
2202 Burt Street  
Saginaw, MI 48601

Dear Ms. Burns:

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.

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 "Sabrina McGowan".

Sabrina McGowan, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 835-1019

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

**I. IDENTIFYING INFORMATION**

**License #:** AF730366616

**Licensee Name:** Kathey Burns

**Licensee Address:** 2202 Burt Street  
Saginaw, MI 48601

**Licensee Telephone #:** (989) 401-6897

**Licensee/Licensee Designee:** Kathey Burns

**Administrator:** N/A

**Name of Facility:** K & K Adult Foster Care Services

**Facility Address:** 2202 Burt Street  
Saginaw, MI 48601

**Facility Telephone #:** (989) 401-6897

**Original Issuance Date:** 11/06/2015

**Capacity:** 4

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

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/28/2022

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 0

No. of residents interviewed and/or observed 2

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.  
No meal being prepared at the time of the visit.
- Fire drills reviewed? Yes  No  If no, explain.  
Licensee had not conducted fire drills.
- 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.  
No IR's to review.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
04/28/2022-R400.431(1), 04/28/2022, MCL 400.713(5) 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:

**R 400.1407**            **Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians' instructions; health care appraisal.**

**(2) A licensee shall not accept or retain a resident for care unless and until a resident assessment plan is made and it is determined that the resident is suitable pursuant to the following provisions:**

**(a) The amount of personal care, supervision, and protection required by the resident is available in the home.**

**(b) The kinds of services and skills required of the home to meet the resident's needs are available in the home.**

**(c) The resident appears to be compatible with other residents and members of the household.**

Licensee did not complete a resident assessment plan for resident who entered the home in February 2022.

**R 400.1416**            **Resident health care.**

**(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.**

Licensee has not obtained the weight for resident who entered the home in February 2022.

**R 400.1421**            **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.**

Licensee did not complete a resident funds and valuables transaction form for resident who entered the home in February 2022.

**R 400.1438**

**Emergency preparedness; evacuation plan; emergency transportation**

**(4) Fire drills shall be conducted 4 times a year. Two of the 4 required drills shall be conducted during sleeping hours. A record of the fire drills shall be incorporated with the evacuation plan.**

Licensee had not conducted any fire drills.

A corrective action plan was requested and approved on 04/28/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### **IV. RECOMMENDATION**

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



April 29, 2022

\_\_\_\_\_  
Date

Licensing Consultant