



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 7, 2022

Christina Jenkins-Sloan  
1461 Sheldon St  
Alger, MI 48610

RE: License #:	AM060007747 Jenkins Foster Care Home 1461 Sheldon Street Alger, MI 48610
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Dear Ms. Jenkins-Sloan:

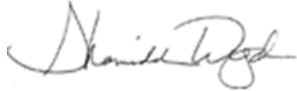
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 643-7960.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shamidah Wyden".

Shamidah Wyden, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48607  
989-395-6853

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

**I. IDENTIFYING INFORMATION**

<b>License#:</b>	AM060007747
<b>Licensee Name:</b>	Christina Jenkins-Sloan
<b>Licensee Address:</b>	1461 Sheldon St Alger, MI 48610
<b>Licensee Telephone #:</b>	(989) 836-2504
<b>Licensee Designee:</b>	Christina Jenkins-Sloan
<b>Administrator:</b>	Christina Jenkins-Sloan
<b>Name of Facility:</b>	Jenkins Foster Care Home
<b>Facility Address:</b>	1461 Sheldon Street Alger, MI 48610
<b>Facility Telephone #:</b>	(989) 836-2504
<b>Original Issuance Date:</b>	04/24/1992
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/02/2022

Date of Bureau of Fire Services Inspection if applicable: 03/14/2022

Date of Health Authority Inspection if applicable: 08/29/2022

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 9

No. of others interviewed N/A Role: [REDACTED]

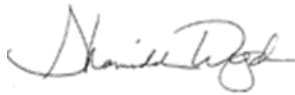
- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.
- 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.  
There were no recent incident reports requiring follow-up.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
12/10/2020 R401(2) 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:	
<b>R 400.14208</b>	<b>Direct care staff and employee records.</b>
	<b>(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: (e)Verification of experience, education, and training.</b>
At the time of inspection, verification of education was not on file for staff Dana Quigley.	
<b>R 400.14306</b>	<b>Use of assistive devices.</b>
	<b>(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.</b>
At the time of inspection, there was no physician authorization on file for Resident A's gait belt.	

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



12/07/2022

Shamidah Wyden  
Licensing Consultant

Date