



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 5, 2023

Sara Fredricks
721 S. 13th
Saginaw, MI 48601

RE: License #: AS730379879
Sara M. Fredricks
3806 Studor
Saginaw, MI 48601

Dear Ms. Fredricks:

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, licensing renewal application, and renewal fee, 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) 284-9730.

Sincerely,

A handwritten signature in grey ink that reads "C. Garza". The signature is written in a cursive style with a large initial "C" and a stylized "Garza".

Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 240-2478

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

I. IDENTIFYING INFORMATION

License #: AS730379879

Licensee Name: Sara Fredricks

Licensee Address: 721 S. 13th
Saginaw, MI 48601

Licensee Telephone #: (989) 332-2291

Licensee/Licensee Designee: Sara Fredricks

Administrator: Sara Fredricks

Name of Facility: Sara M. Fredricks

Facility Address: 3806 Studor
Saginaw, MI 48601

Facility Telephone #: (989) 332-2291

Original Issuance Date: 07/08/2016

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/03/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 4

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.
It was not meal time at time of inspection.
- 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:
1/5/21: AS505(1), AS301(4), AS205(5), AS205(3), AS205(4), AS311(1),
AS301(9), AS301(10), AS318(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 400.14205 **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

At time of inspection, the licensee did not have evidence of being tested for communicable tuberculosis within the past 3 years.

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.

At time of inspection, the licensee did not have evidence of staff being tested for communicable tuberculosis within the past 3 years.

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:
(f) Verification of reference checks.

At time of inspection, the licensee did not have verification of reference checks for staff.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

At time of inspection, resident assessment plan had not been signed by resident or the resident's designated representative.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

At time of inspection, resident care agreement had not been reviewed at least annually.

R 400.14306 Use of assistive devices.

(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.

At time of inspection, assistive device (bed rails) was not specified in resident's written assessment plan.

R 400.14306 Use of assistive devices.

(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.

At time of inspection, therapeutic supports (bed rails) were not authorized by a licensed physician.

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.

At time of inspection, the licensee did not practice evacuation procedures during daytime, evening, and sleeping hours at least once per quarter.

R 400.14402 Food service.

(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

At time of inspection, the refrigerator was not equipped with thermometer.

IV. RECOMMENDATION

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



1/5/2023

Christina Garza
Licensing Consultant

Date