



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 1, 2022

DamBriell McClendon
Howells Adult Foster Care Inc
P.O. Box 14622
Saginaw, MI 48601

RE: License #: AM730014896
Howell's Group Home
3106 Walters Dr.
Saginaw, MI 48601

Dear Mr McClendon:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

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 that reads "Anthony Humphrey".

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 280-7718

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

I. IDENTIFYING INFORMATION

License #: AM730014896

Licensee Name: Howells Adult Foster Care Inc

Licensee Address: 506 S 29th Street
Saginaw, MI 48601

Licensee Telephone #: (989) 270-1852

Licensee/Licensee Designee: DamBriell McClendon

Administrator: Valerie Hill

Name of Facility: Howell's Group Home

Facility Address: 3106 Walters Dr.
Saginaw, MI 48601

Facility Telephone #: (989) 270-1852

Original Issuance Date: 04/01/1993

Capacity: 11

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/25/2022

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: 10/25/2022

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 11
No. of others interviewed [redacted] 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.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
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 determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license pending the receipt of your application fee and a successful fire safety inspection.



11/01/2022

Anthony Humphrey
Licensing Consultant

Date