



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

August 18, 2023

Thomas Hart  
Independent Living Solutions, LLC  
2786 Cecelia Street  
Saginaw, MI 48602

RE: License #: AS730285023  
Saginaw Valley AFC  
2786 Cecelia  
Saginaw, MI 48602

Dear Thomas Hart:

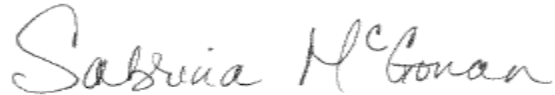
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 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 #:** AS730285023

**Licensee Name:** Independent Living Solutions, LLC

**Licensee Address:** 2786 Cecelia Street  
Saginaw, MI 48602

**Licensee Telephone #:** (989) 752-6142

**Licensee/Licensee Designee:** Thomas Hart

**Administrator:** Thomas Hart

**Name of Facility:** Saginaw Valley AFC

**Facility Address:** 2786 Cecelia  
Saginaw, MI 48602

**Facility Telephone #:** (989) 752-6143

**Original Issuance Date:** 01/31/2007

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/17/2023

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

Date of Health Authority Inspection if applicable: 08/17/2023

No. of staff interviewed and/or observed 4

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.
- 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.  
No current IR's to review.
- 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 found to be in non-compliance with the following rules:

**R 400.14312 Resident medications.**

**(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:**

**(b) Complete an individual medication log that contains all of the following information:**

**(i) The medication.**

**(ii) The dosage.**

**(iii) Label instructions for use.**

**(iv) Time to be administered.**

**(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.**

**(vi) A resident's refusal to accept prescribed medication or procedures.**

Residents current prescribed medication was not written, or being recorded on his medication log

**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.**

Water in both the kitchen and the bathroom tested above 120 degrees.

**R 400.14403 Maintenance of premises.**

**(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.**

Window coverings in the kitchen and at least one bedroom was observed with rust-colored stains.

**R 400.14403**

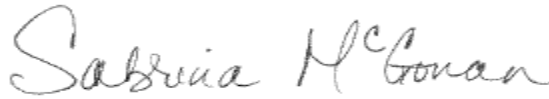
**Maintenance of premises.**

**(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.**

Floor tile observed peeling and discolored in both bathrooms.

**IV. RECOMMENDATION**

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



August 18, 2023

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Sabrina McGowan  
Licensing Consultant

Date