



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

September 19, 2023

Magline Whitley
914 Lapeer Ave.
Saginaw, MI 48607

RE: License #:	AM730347313 Whitley AFC I 215 S. 3rd. Saginaw, MI 48607
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Dear Ms. Whitley:

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 black ink that reads "Susan Hutchinson". The signature is written in a cursive style with a large initial "S".

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-5222

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

I. IDENTIFYING INFORMATION

License #:	AM730347313
Licensee Name:	Magline Whitley
Licensee Address:	914 Lapeer Ave. Saginaw, MI 48607
Licensee Telephone #:	(989) 327-1464
Licensee/Licensee Designee:	Magline Whitley
Administrator:	Magline Whitley
Name of Facility:	Whitley AFC I
Facility Address:	215 S. 3rd. Saginaw, MI 48607
Facility Telephone #:	(989) 752-0056
Original Issuance Date:	03/24/2015
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/19/2023

Date of Bureau of Fire Services Inspection if applicable: 01/24/2023

Date of Health Authority Inspection if applicable: 09/19/2023

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Licensee Designee

- 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.
My inspection did not take place during a mealtime.
- 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:
09/23/2021, R 400.14205(5) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A
AS 403(1), 03/23/15 rule variance/exemption granted

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
R 400.14203	Licensee and administrator training requirements.
	<p>(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:</p> <p>(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.</p> <p>(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.</p>
At the time of my inspection, the licensee, Magline Whitley stated that she did not complete the required 16 hours of annual training in 2021 and 2022. At least 16 hours of annual training must be completed each year.	
R 400.14208	Direct care staff and employee records.
	<p>(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information:</p> <p>(a) Names of all staff on duty and those volunteers who are under the direction of the licensee.</p> <p>(b) Job titles.</p> <p>(c) Hours or shifts worked.</p> <p>(d) Date of schedule.</p> <p>(e) Any scheduling changes.</p>

At the time of my inspection, I noted that the licensee has not been keeping a daily staff schedule. She must complete a daily staff schedule in advance which includes the name of staff, their job title, the hours or shifts that they work, the date of the schedule, and any scheduling changes. Staff schedules should be kept for at least 90 days.	
R 400.14313	Resident nutrition.
	(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.
At the time of my inspection, I noted that the licensee is not keeping menus of resident meals. Menus for breakfast, lunch, and dinner must be posted in the facility at least one week in advance.	
R 400.14315	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.
At the time of my inspection, I noted that the licensee did not have a Resident Funds Part I form in Resident A's file. A Resident Funds Part I form shall be completed for each resident upon their admission to the facility.	

IV. RECOMMENDATION

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

Susan Hutchinson

September 19, 2023

Susan Hutchinson Licensing Consultant	Date
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