



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

November 7, 2023

Leticia King  
Trinity Blessings LLC  
PO Box 3605  
Saginaw, MI 48605

RE: License #: AS730403466  
**Trinity Blessings**  
**650 Weadock**  
**Saginaw, MI 48607**

Dear Leticia King:

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 and receipt of a licensing renewal application, 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 "C. 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 #:** AS730403466

**Licensee Name:** Trinity Blessings LLC

**Licensee Address:** 3084 Janes St  
Saginaw, MI 48601

**Licensee Telephone #:** (989) 270-1250

**Licensee/Licensee Designee:** Leticia King

**Administrator:** Aba Hayford

**Name of Facility:** Trinity Blessings

**Facility Address:** 650 Weadock  
Saginaw, MI 48607

**Facility Telephone #:** (989) 501-3882

**Original Issuance Date:** 11/06/2020

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/02/2023

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 1

No. of others interviewed 0 Role: N/A

- 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:  
7/5/23 AS305(3) 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:

**MCL 400.734b**      **Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.**

**(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.**

At time of inspection, there was no verification of criminal history check for staff prior to employment.

**R 400.14204            Direct care staff; qualifications and training.**

**(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:**

**(b) First aid.**

At time of inspection, there was no verification of staff being competent in first aid.

**R 400.14204            Direct care staff; qualifications and training.**

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:

(c) Cardiopulmonary resuscitation.

At time of inspection, there was no verification of staff being competent in CPR.

**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, there was no verification of staff being tested for communicable tuberculosis.

**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:
  - (c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.

At time of inspection, there was no copy of driver license for staff who provides transportation to residents.

**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:
  - (e) Verification of experience, education, and training.

At time of inspection, there was no verification of staff experience, education, and training.

**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, there was no verification of reference checks.

**R 400.14316          Resident records.**

- (1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:
  - (i) Resident funds and valuables record and resident refund agreement.

At time of inspection, at least one resident (Resident A) did not have a resident funds I sheet on file.

**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, evacuation procedures were not completed during daytime, evening, and sleeping hours at least once per quarter.

**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.

At time of inspection, bathroom ceiling on main floor was damaged and in need of repair. The light was inoperable and in need of repair.

**R 400.14403      Maintenance of premises.**

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

At time of inspection, kitchen cabinets, floor, walls, and appliances (refrigerator and stove) were not clean and orderly in appearance.

**R 400.14410      Bedroom furnishings.**

(2) A resident bedroom shall be equipped with a mirror that is appropriate for grooming.

At time of inspection, resident bedroom on second floor was not equipped with a mirror.



**R 400.14505**      **Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.**

(4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.

At time of inspection, there was no verification that smoke detectors have been tested or examined as recommended by manufacturer. Several detectors were beeping and in need of examination.

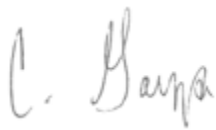
**R 400.14507**      **Means of egress generally.**

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

At time of inspection, front door is equipped with dead bolt that is not positive-latching, non-locking-against-egress hardware.

#### **IV. RECOMMENDATION**

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



11/7/2023

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Christina Garza  
Licensing Consultant

Date