



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

December 26, 2023

Fatima Mayo  
813 S. Bond St.  
Saginaw, MI 48601

RE: License #:	AS730396181 <b>A Place Called Home</b> <b>440 S. 10th Street</b> <b>Saginaw, MI 48601</b>
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Dear Fatima Mayo:

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, appearing to read "Martin Gonzales".

Martin Gonzales, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS730396181
<b>Licensee Name:</b>	Fatima Mayo
<b>Licensee Address:</b>	813 S. Bond St. Saginaw, MI 48601
<b>Licensee Telephone #:</b>	(989) 482-8989
<b>Licensee/Licensee Designee:</b>	Fatima Mayo
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	A Place Called Home
<b>Facility Address:</b>	440 S. 10th Street Saginaw, MI 48601
<b>Facility Telephone #:</b>	(989) 482-8989
<b>Original Issuance Date:</b>	07/09/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/17/2023

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 5

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:  
11/17/2023 - R 400.14210, R 400.14301, R 400.14316
- 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:	
<b>R 400.14203</b>	<b>Licensee and administrator training requirements.</b>
	<p><b>(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:</b></p> <p style="padding-left: 40px;"><b>(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.</b></p> <p style="padding-left: 40px;"><b>(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.</b></p>
There were no training hours available to meet requirements of this rule.	
<b>R 400.14206</b>	<b>Staffing requirements.</b>
	<p><b>(1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 12 residents and children who are under the age of 12 years.</b></p>
There were no reported staff employed to meet this requirement.	
<b>R 400.14208</b>	<b>Direct care staff and employee records.</b>
	<p><b>(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:</b></p> <p style="padding-left: 40px;"><b>(a) Name, address, telephone number, and social security number.</b></p> <p style="padding-left: 40px;"><b>(b) The professional or vocational license, certification, or registration number, if applicable.</b></p> <p style="padding-left: 40px;"><b>(c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.</b></p> <p style="padding-left: 40px;"><b>(d) Verification of the age requirement.</b></p>

	(e) Verification of experience, education, and training. (f) Verification of reference checks. (g) Beginning and ending dates of employment. (h) Medical information, as required. (i) Required verification of the receipt of personnel policies and job descriptions.
There were no direct care staff or employee records to meet this requirement.	

**IV. RECOMMENDATION**

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



12/26/2023

\_\_\_\_\_  
 Martin Gonzales  
 Licensing Consultant

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 Date