



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 19, 2024

Ahmad Foster
First Class Healthcare Staffing LLC
1006 Brockway St.
Saginaw, MI 48602

RE: License #: AS730416510
First Class Healthcare Staffing AFC Home
1006 Brockway St.
Saginaw, MI 48602

Dear Ahmad Foster:

Attached is the Licensing Study Report for the facility referenced above.

MCL 400.713(3) of Act 218 Public Acts of 1979, as amended, the Adult Foster Care Facility Licensing Act, requires:

(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following:

(b)The applicant's compliance with this act and rules promulgated under this act.

Since the issuance of a temporary license to you on 3/27/24, no residents have been admitted to this licensed adult foster care facility. As a result of there being no residents admitted to your adult foster care facility during the temporary license period, the department is not able to determine your compliance with Act 218 or the adult foster care rules related to resident care and services.

Therefore, issuance of a provisional license is recommended in accordance with MCL 400.717(1) which provides:

(1) A provisional license may be issued to an adult foster care facility that has previously held a temporary or regular license under this act or an act repealed by this act. A provisional license may be issued for 6 months if an adult foster care facility is temporarily unable to conform to the requirements of this act for a regular license and may be renewed not more than 2 consecutive times as provided in subsections (2) and

(4). The issuance of a provisional license shall be contingent upon the submission to the department of an acceptable plan of correction for the adult foster care facility within the time limitations of the provisional period.

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.

It is expected that the corrective action plan will be implemented within the time frames as outlined in your plan.

Please note that in accordance to MCL 400.717(3) when a provisional license is issued because of deficiencies in "quality-of-care" the provisional license is not renewable.

The Bureau provides technical assistance to meet the licensing requirements and consultation to improve services. Please feel free to 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,



9/19/24

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 931-1092

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

I. IDENTIFYING INFORMATION

| | |
|--------------------------------|--|
| License #: | AS730416510 |
| Licensee Name: | First Class Healthcare Staffing LLC |
| Licensee Address: | 1006 Brockway St. Saginaw, MI 48602 |
| Licensee Telephone #: | (989) 249-3677 |
| Licensee Designee: | Ahmad Foster |
| Administrator: | Ahmad Foster |
| Name of Facility: | First Class Healthcare Staffing AFC Home |
| Facility Address: | 1006 Brockway St. Saginaw, MI 48602 |
| Facility Telephone #: | (989) 249-3677 |
| Original Issuance Date: | 03/27/2024 |
| Capacity: | 3 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/19/2024

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 2

No. of residents interviewed and/or observed 0

No. of others interviewed 0 Role: N/A

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
No Residents have been admitted since the original license was issued on 3/27/24.
- Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain.
No Residents have been admitted since the original license was issued on 3/27/24.
- Resident funds and associated documents reviewed for at least one resident?
Yes ☐ No ☒ If no, explain. No Residents have been admitted since the original license was issued on 3/27/24.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
No Residents have been admitted since the original license was issued on 3/27/24.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
No Residents have been admitted since the original license was issued on 3/27/24.
- Fire safety equipment and practices observed? Yes ☐ No ☒ If no, explain.
No Residents have been admitted since the original license was issued on 3/27/24.
- 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 found to be in non-compliance with the following rules:

MCL 400.717 Provisional license

(1) A provisional license may be issued to an adult foster care facility that has previously held a temporary or regular license under this act or an act repealed by this act. A provisional license may be issued for 6 months if an adult foster care facility is temporarily unable to conform to the requirements of this act for a regular license and may be renewed not more than 2 consecutive times as provided in subsections (2) and (4). The issuance of a provisional license shall be contingent upon the submission to the department of an acceptable plan of correction for the adult foster care facility within the time limitations of the provisional period.

No Residents have been admitted since the original license was issued on 3/27/24, so compliance with this rule could not be determined.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



9/19/2024

Kent W Gieselman
Licensing Consultant

Date

Approved:



9/19/2024

Mary Holton
Area Manager

Date