



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 17, 2025

Sara Fredricks  
Howell's Adult Foster Care, Inc.  
506 S 29th  
Saginaw, MI 48601

RE: Application #: AM730419063  
Howell's Group Home  
3106 Walters Dr.  
Saginaw, MI 48601

Dear Ms. Fredricks:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 12 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 643-7960.

Sincerely,

A handwritten signature in black ink that reads "Anthony Humphrey". The signature is stylized with a large, sweeping loop at the end.

Anthony Humphrey, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(810) 280-7718

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM730419063
<b>Applicant Name:</b>	Howell's Adult Foster Care, Inc.
<b>Applicant Address:</b>	506 S 29th Saginaw, MI 48601
<b>Applicant Telephone #:</b>	(989) 332-2291
<b>Administrator/Licensee Designee:</b>	Sara Fredricks, Designee
<b>Name of Facility:</b>	Howell's Group Home
<b>Facility Address:</b>	3106 Walters Dr. Saginaw, MI 48601
<b>Facility Telephone #:</b>	(989) 332-2291 12/18/2024
<b>Application Date:</b>	
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

03/01/2024	Inspection Completed-Env. Health : A
04/09/2024	Inspection Completed-Fire Safety : A
12/18/2024	Enrollment
12/18/2024	Comment Sara is moving a facility from under her individual to corp.
12/18/2024	PSOR on Address Completed
12/18/2024	File Transferred To Field Office
01/17/2025	Application Incomplete Letter Sent
01/17/2025	Application Complete/On-site Needed
01/17/2025	Inspection Completed On-site
01/17/2025	Inspection Completed-BCAL Full Compliance
01/17/2025	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This medium-sized facility is a large, two-story, aluminum sided home located in a semi-rural residential setting in Buena Vista Township and is owned by Sara Fredricks, the Licensee Designee for Howell's Group Home. The main floor of the facility has a large family room, a formal living room, kitchen-dining room combination, and 6 single resident bedrooms. There are two full bathrooms on the main floor, one of which has a shower and the other a bathtub. There is also a utility room which houses the heating plant as well as the laundry facility. There are three useable means of egress in the

home. The second floor consists of four residents' bedrooms, two of which are double occupancy, and one full bathroom with a shower.

This home municipal water and sewer system. A two-car garage and features a fenced in backyard, with plenty of parking for visitors and/or emergency vehicles.

Full fire safety approval was granted on 04/09/2024, by the Bureau of Fire Safety. The facility has six exits and is wheelchair accessible.

The furnace and hot water heater are located in the utility room with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware located.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom # Main Floor	Room Dimensions	Total Square Footage	Total Resident Beds
1	8'9" x 11'7"	101.35	1
2	9'10" x 10'5"	102.43	1
3	9'1" x 8'8"	78.72	1
4	9'1" x 8'8"	78.72	1
5	9'7" x 11'7"	100.39	1
6	9'7" x 11'7"	100.39	1
Bedroom # 2 <sup>nd</sup> Floor			
7	10'7" x 10'2"	107.60	1
8	9'1 x 11'2"	101.43	1
9	10' x 24'3"	242.50	2
10	9'5" x 14'9"	138.90	2

The living room, dining room, and kitchen areas measure a total of 747.72 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate ten residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to twelve male and/or female adults whose population is Aged, Developmentally Disabled and/or Mentally Ill, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A

personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from clinics and hospitals, medical care facilities, commissions on aging, waiver programs and the general public.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will arrange or provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

### **C. Applicant and Administrator Qualifications**

The applicant is Howell's Adult Foster Care, Inc.. The licensee submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Sara Fredricks is the designated licensee designee and administrator of this facility. A licensing record clearance request was completed with no lein convictions and was approved. Sara Fredricks submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Sara Fredricks provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 12-bed facility is adequate and includes a minimum of two staff for 12 residents per shift. At least one staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)), and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, this applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, this applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. This applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. This applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, this applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

#### IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 7-12).



01/17/2025

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Anthony Humphrey  
Licensing Consultant

Date

Approved By:



01/17/2025

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Mary E. Holton  
Area Manager

Date