



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 10, 2025

Magline Whitley  
914 Lapeer Ave.  
Saginaw, MI 48607

RE: License #: AM730347313  
Investigation #: 2025A0572037  
Whitley AFC I

Dear Magline Whitley:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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, reading "Anthony Humphrey". The signature is written in a cursive style with a large, looping "H" and a long, sweeping underline that extends to the right.

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  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM730347313
<b>Investigation #:</b>	2025A0572037
<b>Complaint Receipt Date:</b>	05/16/2025
<b>Investigation Initiation Date:</b>	05/20/2025
<b>Report Due Date:</b>	07/15/2025
<b>Licensee Name:</b>	Magline Whitley
<b>Licensee Address:</b>	914 Lapeer Ave. Saginaw, MI 48607
<b>Licensee Telephone #:</b>	(989) 280-8341
<b>Administrator:</b>	Magline Whitley
<b>Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Whitley AFC I
<b>Facility Address:</b>	215 S. 3rd. Saginaw, MI 48607
<b>Facility Telephone #:</b>	(989) 752-0056
<b>Original Issuance Date:</b>	03/24/2015
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	09/24/2023
<b>Expiration Date:</b>	09/23/2025
<b>Capacity:</b>	12
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. ALLEGATION(S)

	Violation Established?
Resident A has not showered in a week as there is no hot water in the bathroom.	No
On 5/16/2025, Resident A's medication was not given to Resident A as Resident A was upstairs and did not get downstairs in time.	No
It is unknown if Resident A is eating in the home.	No
Marijuana use in the home.	No
Cannot open the window for fresh air because of holes in the screen.	Yes
Additional Findings	Yes

## III. METHODOLOGY

05/16/2025	Special Investigation Intake 2025A0572037
05/16/2025	APS Referral APS made referral.
05/20/2025	Special Investigation Initiated - Telephone Complainant.
05/20/2024	Contact – Telephone call made Resident A.
05/28/2025	Inspection Completed On-site Staff, Linda Bradley.
07/09/2025	Contact - Face to Face Resident A, Licensee Magline Whitley, Home Manager, Wayne Whitley.
07/09/2025	Exit Conference Licensee, Magline Whitley.
07/10/2025	Contact – Telephone call made Home Manager, Wayne Whitley.
07/10/2025	Contact – Document Received Home Manager, Wayne Whitley.

**ALLEGATION:**

Resident A has not showered in a week as there is no hot water in the bathroom.

**INVESTIGATION:**

On 05/16/2025, the local licensing office received a complaint for investigation. Adult Protective Services (APS) denied the complaint. Contact will be made with the home within the week.

On 05/20/2025, contact was made with the Complainant. The Complainant confirmed the allegations were true and had nothing else to add to the allegations.

On 05/20/2025, contact was made with Resident A regarding the allegation. Resident A informed that the home has hot water but believes that something is wrong with the bathtub because they can't use the hot water. Hot water works well in the other parts of the home. Resident A told the Home Manager, Wayne Whitley; and he said to let the water run for a minute. When it did not get hot, they went to go fix it. Resident A believes that the valve was turned off for some reason.

On 05/28/2025, I made an unannounced onsite to Whitley AFC I. I spoke with Staff, Linda Bradley regarding the allegation. As far as Linda Bradley knows, the hot water works fine. Linda Bradley turned on the hot water in various parts of the home and it worked well. Linda Bradley showed me the upstairs bathroom and said that the shower head needs to be fixed, which is why it is off, so the residents have to take baths until the shower head is replaced.

On 07/09/2025, I spoke with Resident A at the Whitley AFC I. Resident A informed that the hot water has been working in the home and Resident A is getting showers now. Resident A believed that the hot water was off because it was being repaired. Resident A appeared to be neat and clean, wearing a Redwings t-shirt with some black jeans.

On 07/09/2025, I spoke with Licensee, Magline Whitley regarding the allegation. She was not aware of the hot water being out. She does not believe that this allegation is true.

On 07/09/2025, I spoke with Home Manager, Wayne Whitley regarding the allegation. Wayne Whitley informed that the valve was shut off to the hot water in the upstairs bathroom. Resident A mentioned to him that the hot water was out, when he checked on it, he realized that the valve was shut off by one of the staff and he turned it back on. This was explained to Resident A.

<b>APPLICABLE RULE</b>	
<b>R 400.14314</b>	<b>Resident hygiene.</b>
	<b>(1) A licensee shall afford a resident the opportunity, and instructions when necessary, for daily bathing and oral and personal hygiene. A licensee shall ensure that a resident bathes at least weekly and more often if necessary.</b>
<b>ANALYSIS:</b>	Based on my interviews with Staff and Resident A, there is not enough evidence to establish a violation of licensing rules. The hot water was working in the home. Repairs were being made and the hot water was temporarily shut off in the upstairs bathroom. The hot water was working when I made my unannounced visit.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

On 5/16/2025 his medication was not given to Resident A as Resident A was upstairs and did not get downstairs in time.

**INVESTIGATION:**

On 05/28/2025, I interviewed Staff, Linda Bradley regarding the allegation. Linda Bradley informed that Resident A always gets medications. Resident A may have not gotten medication when the other residents got theirs because Resident A may have been the last person to come downstairs to get them. Resident A was administered Resident A's medications on 05/16/2025 and it was timely.

On 05/28/2025, Staff, Linda Bradley attempted to show me the Medication Administration Record on the laptop, but the power cord was broken and the laptop battery had died. Linda Bradley contacted the pharmacy for a replacement while I was there. I will come back at a later date to review the Medication Administration Records.

On 07/09/2025, I interviewed Resident A regarding the allegation. Resident A informed that Resident A receives medications on time. Resident A does not remember a time when medications were missed.

On 07/09/2025, I interviewed Licensee, Magline Whitley regarding the allegation. Magline Whitley denied that the allegation is true and informed that all the residents are administered their medications timely.

On 07/09/2025, I interviewed Home Manager, Wayne Whitley regarding the allegation. Wayne Whitley informed that the allegation is not true. Resident A gets medications timely. Wayne Whitley told me that they are still waiting for the pharmacy to send them over a new laptop because they had a shortage in the

power cord. They are now back to using Medication Administration Record sheets and handwriting their initials. I was able to review all the residents' current Medication Administration Records and they appear to be accurate.

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.</b>
<b>ANALYSIS:</b>	Based on my interviews with Staff and Resident A, there is not enough evidence to establish a violation of licensing rules. Resident A and staff denied any missed medications.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

It is unknown if Resident A is eating in the home.

**INVESTIGATION:**

On 05/28/2025, I interviewed Staff, Linda Bradley regarding the allegation. Linda Bradley informed that this allegation is not true as Resident A eats all the time. Resident A even takes a lunch to program. Resident A eats plenty of food.

On 05/28/2025, I observed the home to have plenty of food in refrigerator and in other storage areas.

On 07/09/2025, I interviewed Resident A regarding the allegation. Resident A stated, "The food is immaculate. I always get 3 wonderful, restaurant quality meals here. The pork chops are the best."

On 07/09/2025, I interviewed Licensee, Magline Whitley regarding the allegation. Magline Whitley denied that allegation and informed that the residents eat plenty of food.

On 07/09/2025, I interviewed Home Manager, Wayne Whitley regarding the allegation. Wayne Whitley informed that this is not true.

On 07/10/2025, contact was made with Home Manager, Wayne Whitley. He was asked to send me a copy of the resident's menu. A picture of the menu was taken and sent to me via text message. It appears the home is providing nutritional meals for breakfast, lunch and dinner as fruits, vegetables and liquids are provided with the main courses.

<b>APPLICABLE RULE</b>	
<b>R 400.14313</b>	<b>Resident nutrition.</b>
	<b>(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.</b>
<b>ANALYSIS:</b>	Based on my interviews with Staff and Resident A, there is not enough evidence to establish a violation of licensing rules. Resident A and staff denied that Resident A is not getting meals in the home.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

Marijuana use in the home.

**INVESTIGATION:**

On 05/28/2025, I interviewed Linda Bradley regarding the allegation. Linda Bradley informed that residents do not smoke marijuana in the home as it is not allowed on their property. If marijuana is being used, it's outside and not on the property.

On 05/28/2025, during my walkthrough of the home, I did not notice any evidence of marijuana smoke in the home. There is a 'No Smoking' sign in the home.

On 07/09/2025, I interviewed Resident A regarding the allegation. Resident A informed that residents are smoking marijuana in the home. When asked how does Resident A know this to be true, Resident A stated that Resident A can smell it. Resident A was asked if Resident A has ever observed anyone smoking marijuana inside the home, and Resident A stated, "No. I can just smell it." During our interview, a resident walked past us to go outside to smoke. Resident A stated, "Oh, that looks like a cigarette."

On 07/09/2025, I interviewed Licensee, Magline Whitley regarding the allegation. Magline Whitley denied the allegation.

On 07/09/2025, I interviewed Home Manager, Wayne Whitley regarding the allegation. Wayne Whitley denied that residents smoke marijuana in the home.



On 07/09/2025, I noticed a Non-Smoking sign in the home. The sign is located upon entrance into the home.

<b>APPLICABLE RULE</b>	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<b>(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b>
<b>ANALYSIS:</b>	Based on my interviews with Staff and Resident A, there is not enough evidence to establish a violation of licensing rules. There is no evidence that residents are using marijuana in the home. Both times I been to the home, I did not smell any marijuana. Staff informed that it is not allowed. I also observed a 'No Smoking' sign in the home. Resident A says that Resident A smells marijuana in the home but had not actually witnessed anyone smoking it inside the home. One of the residents was observed having a cigarette, and smoked it outside
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

Cannot open the window for fresh air because of holes in the screen.

**INVESTIGATION:**

On 05/28/2025, I interviewed Staff, Linda Bradley regarding the allegation. Linda Bradley was not aware of any issues with the screen in the window.

On 05/28/2025, I observed the screen in an upstairs window to be torn and in need of replacement.

On 07/09/2025, I interviewed Resident A regarding the allegation. Resident A informed that the screen in the window has a hole in it.

On 07/09/2025, I interviewed Home Manager, Wayne Whitley regarding the allegation. Wayne Whitley informed that the residents often poke at the screens and puncture holes in them, so he has to constantly fix them. Wayne Whitley indicated that he would fix it by tomorrow and send me a picture once it's done.

<b>APPLICABLE RULE</b>	
<b>R 400.14401</b>	<b>Environmental health.</b>
	<b>(7) Each habitable room shall have direct outside ventilation by means of windows, louvers, air-conditioning,</b>

	<b>or mechanical ventilation. During fly season, from April to November, each door, openable window, or other opening to the outside that is used for ventilation purposes shall be supplied with a standard screen of not less than 16 mesh.</b>
<b>ANALYSIS:</b>	Based on my interviews with Staff and Resident A, there is enough evidence to establish a violation of licensing rules. Resident A informed that there is a hole in the upstairs window screen. I confirmed this during my onsite on 05/28/2025. Home Manager, Wayne Whitley informed me that he will fix it by tomorrow.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### **ADDITIONAL FINDINGS:**

#### **INVESTIGATION:**

On 05/28/2025, I made an unannounced onsite to Whitley AFC I. I spoke with Staff, Linda Bradley regarding the allegation. As far as Linda Bradley knows, the hot water works fine. Linda Bradley turned on the hot water in various parts of the home and it worked well. Linda Bradley showed me the upstairs bathroom and said that the shower head needs to be fixed, which is why it is off, so the residents have to take baths until the shower head is replaced.

<b>APPLICABLE RULE</b>	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<b>(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.</b>
<b>ANALYSIS:</b>	Based on my interviews with Staff and observation during onsite, there is enough evidence to establish a violation of licensing rules. The shower head was off at the time of my onsite.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On 07/09/2025, I held an exit conference with Licensee Magline Whitley regarding the results of the special investigation. Licensee Whitley informed that the Home Manager will fix the physical plant issues noted in the home.

#### IV. RECOMMENDATION

I recommend that no changes be made to the licensing status of this medium Adult Foster Care group home, pending the receipt of an acceptable corrective action plan (capacity 7-12).



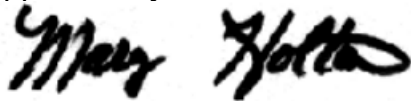
07/10/2025

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Anthony Humphrey  
Licensing Consultant

Date

Approved By:



07/10/2025

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Mary E. Holton  
Area Manager

Date