



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 22, 2025

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

RE: License #:	AS730396181 A Place Called Home 440 S. 10th Street Saginaw, MI 48601
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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 dark ink, appearing to read "Martin Gonzales". The signature is fluid and cursive, with the first name "Martin" and last name "Gonzales" clearly distinguishable.

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

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

I. IDENTIFYING INFORMATION

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

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/19/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role:

- 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: N/A ☒
- Number of excluded employees followed-up? 0 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:

R 400.627	Licensee and administrator training requirements.
	<p>(1) A licensee and administrator shall complete annual training based on the license issue date, the educational requirements specified in subdivision (a) or (b) of this subrule, or a combination that totals 16 hours:</p> <p>(a) 16 hours of training accepted by the department that is relevant to the licensee's admission policy and program statement.</p>
At the time of inspection, Licensee Fatima Mayo did not have 16 hours of annual training completed.	
R 400.629	Direct care staff; qualifications and training.
	<p>(5) 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 trained and competent in all of the following areas before performing assigned tasks independently:</p> <p>(a) Reporting requirements.</p> <p>(b) First aid.</p> <p>(c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.</p> <p>(d) Personal care, supervision, and protection.</p> <p>(e) Resident rights.</p> <p>(f) Safety and fire prevention.</p> <p>(g) Prevention and containment of communicable diseases including recognizing signs of illness.</p> <p>(h) Food safety, which includes food storage, preparation, distribution, and serving in a safe manner.</p> <p>(i) Nutrition and special diets.</p>
At the time of inspection, the direct care staff did not have training hours completed. The direct care staff had only completed the First Aid and CPR training.	
R 400.639	Staff records.
	<p>(1) A licensee shall maintain a record for each staff that contains all of the following:</p> <p>(e) Verification of experience, highest level of education completed, and training.</p>

At the time of inspection, the direct care staff did not have verification of education in her file.	
R 400.639	Staff records.
	(1) A licensee shall maintain a record for each staff that contains all of the following: (f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.
At the time of inspection, the direct care staff did not have verification of 2 reference check in her file.	
R 400.647	Safety and maintenance of premises.
	(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
At the time of inspection, the dryer did not have a metal duct attached.	
R 400.723	Fire extinguishers.
	(2) Fire extinguishers must be examined and maintained as recommended by the manufacturer.
At the time of inspection, the fire extinguisher located in the kitchen was empty and maintained as recommended by the manufacturer.	

IV. RECOMMENDATION

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



12/22/2025

Martin Gonzales Licensing Consultant	Date
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