



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 18, 2021

Jamie Rytlewski
Sheffield Bay
4471 Sheffield Place
Bay City, MI 48706

RE: License #: AH090236892
Sheffield Bay
4471 Sheffield Place
Bay City, MI 48706

Dear Ms. Rytlewski:

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.

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 feel free to contact the local office at (810) 787-7031.

Sincerely,

A handwritten signature in cursive script that reads "Aaron L. Clum".

Aaron Clum, Licensing Staff
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(517) 230-2778

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH090236892
Licensee Name:	Sheffield Bay LLC
Licensee Address:	4471 Sheffield Place Bay City, MI 48706
Licensee Telephone #:	(989) 684-6800
Authorized Representative:	Jamie Rytlewski
Administrator:	Kimberly Morris
Name of Facility:	Sheffield Bay
Facility Address:	4471 Sheffield Place Bay City, MI 48706
Facility Telephone #:	(989) 684-6800
Original Issuance Date:	08/12/1999
Capacity:	86
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/18/2021

Date of Bureau of Fire Services Inspection if applicable: 6/9/21

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 6/18/21

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 15
No. of others interviewed 2 Role Family

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. Facility does not maintain resident funds
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
SIR#2020A0784054/20201(1),1924(3):
SIR#2021A1019007/1922(5),1931(5),1931(6),1932(1)(3):
SIR#2021A1019027/1921(1)(b),1922(5),1932(1),1931(5),1932(3)(a),1932(3)(b)(v),1931(7),1932(6),1944(2)
- Number of excluded employees followed up? 3 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<p>This facility was found to be in non-compliance with the following rules:</p>	
<p>R 325.1921</p>	<p>Governing bodies, administrators, and supervisors.</p>
	<p>(1) The owner, operator, and governing body of a home shall do all of the following: (b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>
<p>Procedures for narcotic and/or controlled substance counts were not being followed by staff regarding the confirmation of the presence of a witness as evidenced by several missing <i>verification</i> signatures on the facilities <i>INDIVIDUAL NARCOTIC COUNT SHEET</i> dated between 6/1/21 and 6/18/21.</p>	
<p>Violation Established</p>	
<p>R 325.1922</p>	<p>Admission and retention of residents.</p>
	<p>(7) An individual admitted to residence in the home shall have evidence of initial tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR “Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005” (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not have to conduct annual TB testing for residents.</p>

Upon request, facility administration was unable to provide an annual risk assessment as described in the 2005 MMWR "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005".	
Violation Established	
R 325.1923	Employee's health.
	(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005? (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.
Upon request, facility administration was unable to provide an annual risk assessment as described in the 2005 MMWR "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005".	
Violation Established	

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and an approved Bureau of Fire Services inspection, Renewal of the license is recommended.

Aaron L. Clum

6/18/21

Date

Licensing Consultant