



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 24, 2021

James Pilot  
Bay Human Services, Inc.  
P O Box 741  
Standish, MI 48658

RE: License #:	AS090064224 Georgetown 4784 Zielinski Lane Auburn, MI 48611
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Dear Mr. Pilot:

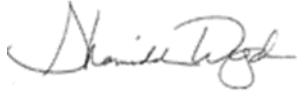
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 and special certification 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 (906) 226-4171.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shamidah Wyden".

Shamidah Wyden, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48607

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS090064224
<b>Licensee Name:</b>	Bay Human Services, Inc.
<b>Licensee Address:</b>	PO Box 741 3463 Deep River Rd Standish, MI 48658
<b>Licensee Telephone #:</b>	(989) 846-9631
<b>Licensee Designee:</b>	James Pilot
<b>Administrator:</b>	Tammy Unger
<b>Name of Facility:</b>	Georgetown
<b>Facility Address:</b>	4784 Zielinski Lane Auburn, MI 48611
<b>Facility Telephone #:</b>	(989) 662-7047
<b>Original Issuance Date:</b>	07/11/1995
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 11/18/2021

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 5  
No. of others interviewed [redacted] Role: [redacted]

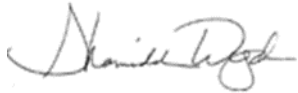
- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, 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.  
There were no recent incident reports requiring follow-up.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
11/13/2019 R401(2) 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:	
<b>R 400.14316</b>	<b>Resident records.</b>
	<p><b>(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:</b></p> <ul style="list-style-type: none"> <li><b>(a) Identifying information, including, at a minimum, all of the following:</b> <ul style="list-style-type: none"> <li><b>(i) Name.</b></li> <li><b>(ii) Social security number, date of birth, case number, and marital status.</b></li> <li><b>(iii) Former address.</b></li> <li><b>(iv) Name, address, and telephone number of the next of kin or the designated representative.</b></li> <li><b>(v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.</b></li> <li><b>(vi) Name, address, and telephone number of the preferred physician and hospital.</b></li> <li><b>(vii) Medical insurance.</b></li> <li><b>(viii) Funeral provisions and preferences.</b></li> <li><b>(ix) Resident's religious preference information.</b></li> </ul> </li> </ul>
At the time of inspection, there were no funeral provisions noted in the resident files for Resident A, Resident B, and Resident C. This was corrected on-site for Resident A and Resident B.	
<b>R 400.14318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	<p><b>(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.</b></p>
At the time of inspection, there was a missing daytime fourth quarter fire drill for the year 2020.	

#### IV. RECOMMENDATION

Contingent upon approval of an acceptable corrective action plan, renewal of the license is recommended. Contingent upon receipt of approval from the Office of Recipient Rights, issuance of the special certification is recommended.



11/24/2021

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Shamidah Wyden  
Licensing Consultant

Date