



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 3, 2022

LaTonia Metcalf and Latoyia White  
5400 Bermuda Lane  
Flint, MI 48505

RE: License #: AS250402472  
Bermudawood  
5400 Bermuda Ln  
Flint, MI 48505

Dear LaTonia Metcalf and Latoyia White:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: *(choose one or more)*

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.
- An on-site inspection will be conducted.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 899-5659

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

**I. IDENTIFYING INFORMATION**

**License #:** AS250402472

**Licensee Name:** LaTonia Metcalf and Latoyia White

**Licensee Address:** 5400 Bermuda Lane  
Flint, MI 48505

**Licensee Telephone #:** (810) 787-3262

**Licensee/Licensee Designee:** N/A

**Administrator:** LaTonia Metcalf

**Name of Facility:** Bermudawood

**Facility Address:** 5400 Bermuda Ln  
Flint, MI 48505

**Facility Telephone #:** (810) 787-3262

**Original Issuance Date:** 11/24/2021

**Capacity:** 5

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 05/02/2022

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

Date of Health Authority Inspection if applicable: 05/02/2022

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 0  
No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Home has not yet accepted any residents for care.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.  
Home has not yet accepted any residents for care.
- 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.  
Home has not yet accepted any residents for care.
- Fire drills reviewed? Yes  No  If no, explain.  
Home has not yet accepted any residents for care.
- 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.  
Home has not yet accepted any residents for care.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
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:

**MCL 400.717          Provisional license.**

**(1) A provisional license may be issued to an adult foster care facility that has previously held a temporary or regular license under this act or an act repealed by this act. A provisional license may be issued for 6 months if an adult foster care facility is temporarily unable to conform to the requirements of this act for a regular license and may be renewed not more than 2 consecutive times as provided in subsections (2) and (4). The issuance of a provisional license shall be contingent upon the submission to the department of an acceptable plan of correction for the adult foster care facility within the time limitations of the provisional period.**

This home has not yet accepted any residents for care. Due to this home not having any residents and/or resident records to review, quality of care was not able to be determined.

A corrective action plan was requested and approved on 05/02/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

**IV. RECOMMENDATION**

An acceptable corrective action plan has been received. I recommend modification of the current status of the license to provisional.

*Christopher A. Holvey*

5/3/2022

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Christopher Holvey  
Licensing Consultant

Date

Approved by:

*Mary Holton*

5/3/2022

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Mary E. Holton  
Area Manager

Date