

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

October 3, 2022

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

> RE: License #: AM730268783 Cambridge CLF 3363 Hospital Road Saginaw, MI 48603

Dear Mr. Pilot:

Attached is the Renewal Licensing Study Report for the facility referenced above. Your license and special certification is renewed. It is valid only at your present address and is nontransferable.

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

• You are to submit documentation of compliance.

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) 643-7690.

Sincerely,

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Sabrina McGowan, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (810) 835-1019

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

I. IDENTIFYING INFORMATION

License #:	AM730268783	
Licensee Name:	Bay Human Services, Inc.	
Licensee Address:	PO Box 741 3463 Deep River Rd Standish, MI 48658	
Licensee Telephone #:	(989) 846-9631	
Licensee/Licensee Designee:	James Pilot	
Administrator:	Tammy Unger	
Name of Facility:	Cambridge CLF	
Facility Address:	3363 Hospital Road Saginaw, MI 48603	
Facility Telephone #:	(989) 792-4278	
Original Issuance Date:	03/09/2006	
Capacity:	8	
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL	
Certified Programs:	DEVELOPMENTALLY DISABLED	

MENTALLY ILL

II. METHODS OF INSPECTION

Date of O	n-site Inspection(s):	09/29/2	2022	
Date of Bureau of Fire Services Inspection if applicable:				
Date of H	ealth Authority Inspection if appli	cable:	09/29/2022	
No. of res	ff interviewed and/or observed idents interviewed and/or observ ers interviewed 1 Role: P		4 7	
Media	cation pass / simulated pass obs	erved? 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 X No I If no, explain. Meal preparation / service observed? Yes X No I If no, explain. 				
● Fire drills reviewed? Yes ⊠ No □ If no, explain.				
• Fire s	afety equipment and practices o	bserved? Yes	s 🖂 No 🗌 If no, explain.	
 E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain. Water temperatures checked? Yes No I If no, explain. 				
 Incident report follow-up? Yes No X If no, explain. NO IR's to review 				
-	ective action plan compliance ver	ified? Yes 🗌	CAP date/s and rule/s:	
Numb	per of excluded employees follow	/ed-up? 1-T. J	ohnson-6/21/21 N/A 🗌	
• Varia	nces? 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 400.14402 Food service.

(1) All food shall be from sources that are approved or considered satisfactory by the department and shall be safe for human consumption, clean, wholesome and free from spoilage, adulteration, and misbranding.

Expired foods were found in the Frigidaire and kitchen cabinet.

R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

Toilet handle in 1 of the 2 bathrooms is broken.

A corrective action plan was requested and approved on 09/29/2022. 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 and special certification.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. I recommend issuance of a regular license and special certification to this AFC adult medium group home (capacity 7-12).

Sabria McGonan October 3, 2022

Sabrina McGowan **Licensing Consultant** Date