



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 7, 2022

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

RE: License #: AS520281606  
**Lakeside**  
**49 Airfield Road**  
**Gwinn, MI 49841-9097**

Dear Mr. Pilot:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license and special certification are renewed. The regular license and special certification is valid only at your present address and is nontransferable.

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 black ink, appearing to read "Garrett Peters", with a stylized flourish at the end.

Garrett Peters, Licensing Consultant  
Bureau of Community and Health Systems  
234 W. Baraga Ave.  
Marquette, MI 49855  
(906) 250-9318

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

**I. IDENTIFYING INFORMATION**

|                                |  |
|--------------------------------|--|
| <b>License #:</b>              | AS520281606  |
| <b>Licensee Name:</b>          | Bay Human Services, Inc.                               |
| <b>Licensee Address:</b>       | PO Box 741<br>3463 Deep River Rd<br>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>       | Lakeside   |
| <b>Facility Address:</b>       | 49 Airfield Road<br>Gwinn, MI 49841-9097               |
| <b>Facility Telephone #:</b>   | (906) 346-6235   |
| <b>Original Issuance Date:</b> | 05/05/2006   |
| <b>Capacity:</b>               | 6  |
| <b>Program Type:</b>           | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL               |
| <b>Certified Programs:</b>     | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL               |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/01/2022

Date of Bureau of Fire Services Inspection if applicable:

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Date of Health Authority Inspection if applicable: 8/15/2022

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 4

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.  
I was not there at that time
- 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? 1 N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements

### IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult small group home (capacity 1-6).



11/7/2022

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Garrett Peters  
Licensing Consultant

Date