

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

August 4, 2023

Daniel Sherman Riversbend Rehabilitation Inc 3707 Katalin Ct. Bay City, MI 48706

RE: License #:	AS090094443
	Wildwood
	3238 Wilder Rd
	Bay City, MI 48706

Dear Mr. Sherman:

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 (517) 643-7960.

Sincerely,

Shamidah Wyden, Licensing Consultant

Bureau of Community and Health Systems

411 Genesee P.O. Box 5070

Saginaw, MI 48607

989-395-6853

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

I. IDENTIFYING INFORMATION

License #:	AS090094443
Licensee Name:	Riversbend Rehabilitation Inc
Licensee Address:	3707 Katalin Ct.
	Bay City, MI 48706
Licensee Telephone #:	(989) 284-7267
Licensee relephone #.	(909) 204-7207
Licensee/Licensee Designee:	Daniel Sherman
Administrator:	Daniel Sherman
Administrator.	Daniel Sherman
Name of Facility:	Wildwood
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Facility Address:	3238 Wilder Rd
	Bay City, MI 48706
Facility Telephone #:	(989) 671-0866
1 acmity Telephone #.	(903) 071-0000
Original Issuance Date:	12/20/2000
Capacity:	6
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Program Type:	PHYSICALLY HANDICAPPED
	MENTALLY ILL
	TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Dat	e of On-site Inspection(s):	07/28/2	023
Dat	e of Bureau of Fire Services Inspection if appl	licable:	N/A
Dat	e of Environmental/Health Inspection if applic	able:	N/A
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Licensee	e Design	4 6 ee
•	Medication pass / simulated pass observed?	Yes ⊠	No 🗌 If no, explain.
•	Medication(s) and medication record(s) review	ewed? Y	es ⊠ No □ If no, explain.
•	Resident funds and associated documents re Yes ⊠ No ☐ If no, explain. Meal preparation / service observed? Yes ∑		
•	Fire drills reviewed? Yes ⊠ No ☐ If no, ex	xplain.	
•	Fire safety equipment and practices observe	d? Yes	⊠ No If no, explain.
•	E-scores reviewed? (Special Certification Or If no, explain. At the time of inspection, the fa acheiveing compliance with special certificat been completed yet. Water temperatures checked? Yes No	acility wa ion requi	is still working through irements. E-scores had not
•			·
•	Incident report follow-up? Yes ☐ No ☒ If	no, expla	ain.
•	Corrective action plan compliance verified? N/A ⊠	Yes 🗌	CAP date/s and rule/s:
•	Number of excluded employees followed-up	?	N/A ⊠
	Variances? Ves ☐ (please explain) No ☐	N/A 🔀	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:			
R 330.1806	Staffing levels and qualifications.		
	(3) Training shall be obtained from individuals or training organizations that use a curriculum that has been reviewed and approved by the department.		
At the time of inspection, the staff have not fully completed the required special certification trainings.			
R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.		
	(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.		
At the time of inspection, the facility did not have on a daytime fire drill on file for the			
first quarter of 2022	۷.		

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and issuance of the special certification is recommended.

O8/04/2023

Shamidah Wyden
Licensing Consultant