

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

August 2, 2023

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

RE: License #:	AS090287270
	Baxwood
	5428 Baxman Road
	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 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 #:	AS090287270
Licensee Name:	Riversbend Rehabilitation Inc
Licensee Address:	3707 Katalin Ct.
	Bay City, MI 48706
	(000) 004 7007
Licensee Telephone #:	(989) 284-7267
Licensee Designee:	Daniel Sherman
Licensee Designee.	Daniel Glieffian
Administrator:	Daniel Sherman
Name of Facility:	Baxwood
Facility Address:	5428 Baxman Road
	Bay City, MI 48706
Facility Talankana #	(000) 674 0000
Facility Telephone #:	(989) 671-0866
Original Issuance Date:	02/09/2007
Original localinee Bate.	02/03/2307
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED
	TRAUMATICALLY BRAIN INJURED

### **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):	07/28/2	023
Date	e of Bureau of Fire Services Inspection if appl	licable:	N/A
Date	e of Health Authority Inspection if applicable:	N/A	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Licensee	e Design	2 3 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 refer Yes No I If no, explain.  Meal preparation / service observed? Yes This inspection was not conducted during a Fire drills reviewed? Yes No I If no, explains the service observed.	] No ⊠ mealtime	If no, explain.
•	Fire safety equipment and practices observe	d? Yes	⊠ No  If no, explain.
•	E-scores reviewed? (Special Certification Or If no, explain.  Water temperatures checked? Yes ⊠ No [	•	
•	Incident report follow-up? Yes \( \subseteq \text{No } \otimes \) If There were no incident reports requiring follow-up? Corrective action plan compliance verified?  N/A \( \otimes \)	ow-up. Yes 🔲 (	CAP date/s and rule/s:
•	Number of excluded employees followed-up' Variances? Yes [ (please explain) No [		N/A 🖂
•	variations: Too [ (picase expiairi) No [		

#### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was	found to be in non-compliance with the following rules:
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.
	pection, the eaves trough on the outside of the home appeared to illed with vegetation that needs to be cleaned out.
R 400.14408	Bedrooms generally.
	(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.
At the time of inspection, a resident's bedroom door (first bedroom on the right of the hallway) was equipped with hardware that was not non-locking-against egress.	

### IV. RECOMMENDATION

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

Shamidah Wyden Date Licensing Consultant