



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

August 17, 2023

Bobi Kaszubowski
Bobi Sue, Inc.
740 St. Onge
Alpena, MI 49707

RE: License #: AL040293493
Sally's Care Home I
740 St. Onge
Alpena, MI 49707

Dear Bobi Sue Kaszubowski:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It 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 (616) 356-0183.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
Ste 3
931 S Otsego Ave
Gaylord, MI 49735
(989) 370-8320

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

I. IDENTIFYING INFORMATION

License #:	AL040293493
Licensee Name:	Bob Sue, Inc.
Licensee Address:	740 St. Onge Alpena, MI 49707
Licensee Telephone #:	(989) 354-2401
Licensee/Licensee Designee:	Bob Kaszubowski, Designee
Administrator:	Shirley Dingman
Name of Facility:	Sally's Care Home I
Facility Address:	740 St. Onge Alpena, MI 49707
Facility Telephone #:	(989) 354-2401
Original Issuance Date:	11/02/2012
Capacity:	20
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/16/2023

Date of Bureau of Fire Services Inspection if applicable: 06/14/2023

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 8

No. of others interviewed Role:

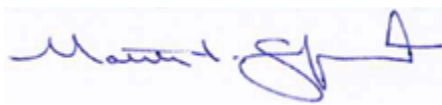
- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- 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? 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. On 8/16/2023 I conducted an exit conference with the administrator Shirley Dingman. Ms. Dingman concurred with the findings of the inspection.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



8/17/2023

Matthew Soderquist
Licensing Consultant

Date