



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

October 17, 2023

Jamie-Jo Rytlewski  
Sheffield Bay  
4471 Sheffield Place  
Bay City, MI 48706

RE: License #: AH090236892  
Sheffield Bay  
4471 Sheffield Place  
Bay City, MI 48706

Dear Jamie-Jo Rytlewski :

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.

Sincerely,

A handwritten signature in cursive script that reads "Aaron L. Clum".

Aaron Clum, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 230-2778

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH090236892
<b>Licensee Name:</b>	Sheffield Bay LLC
<b>Licensee Address:</b>	4471 Sheffield Place Bay City, MI 48706
<b>Licensee Telephone #:</b>	(989) 684-6800
<b>Authorized Representative:</b>	Jamie-Jo Rytlewski
<b>Administrator:</b>	Kimberly Morris
<b>Name of Facility:</b>	Sheffield Bay
<b>Facility Address:</b>	4471 Sheffield Place Bay City, MI 48706
<b>Facility Telephone #:</b>	(989) 684-6800
<b>Original Issuance Date:</b>	08/12/1999
<b>Capacity:</b>	86
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/17/2023

Date of Bureau of Fire Services Inspection if applicable: 3/23/2023

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 10/17/2023

No. of staff interviewed and/or observed 12

No. of residents interviewed and/or observed 30

No. of others interviewed N/A Role

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication records(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain. Facility does not maintain resident funds
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: SI#2023A1027010/1922(5)
- Number of excluded employees followed up? 7 N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

**IV. RECOMMENDATION**

Renewal of the license is recommended.

*Aaron L. Clum*

10/17/2023

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Licensing Consultant

Date