

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

November 13, 2023

Cindy Whaley Liberty Living Inc. P O Box 1273 Bay City, MI 48706

RE: License #:	AS090086238
	Liberty House
	1116 24th Street
	Bay City, MI 48708

Dear Cindy Whaley:

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 #:	AS090086238
Licensee Name:	Liberty Living Inc.
Licensee Address:	P O Box 1273
	Bay City, MI 48706
Licensee Telephone #:	(989) 892-0247
Licensee relephone #.	(300) 002-0241
Licensee Designee:	Cindy Whaley
Administrator:	Cindy Whaley
Name of Facility:	Liberty House
Facility Address:	1116 24th Street
Facility Address.	Bay City, MI 48708
	Bay Oity, Will 40700
Facility Telephone #:	(989) 892-4243
Original Issuance Date:	06/14/1999
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED
Program Type:	DEVELOPMENTALLY DISABLED
	MENTALLY ILL
	AGED
	ALZHEIMERS
Certified Programs:	DEVELOPMENTALLY DISABLED
	MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	11/07/2023
Date of Bureau of Fire Services Inspection if app	olicable: N/A
Date of Health Authority Inspection if applicable:	N/A
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 1 Role: License	1 2 ee Designee
Medication pass / simulated pass observed?	? Yes ⊠ No □ If no, explain.
Medication(s) and medication record(s) reviews	ewed? Yes 🗵 No 🗌 If no, explain.
 Resident funds and associated documents review No ☐ If no, explain. Meal preparation / service observed? Yes ☐ This inspection was not conducted during means. Fire drills reviewed? Yes ☒ No ☐ If no, explain. 	☐ No ⊠ If no, explain. nealtime.
Fire safety equipment and practices observe	ed? Yes ⊠ No □ If no, explain.
 E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes ⊠ No [
 Incident report follow-up? Yes ☐ No ☒ If There were no recent incident reports require Corrective action plan compliance verified? N/A ☒ 	ring follow-up. Yes CAP date/s and rule/s:
 Number of excluded employees followed-up 	o? N/A ⊠
• Variances? Yes [(please explain) No [N/A 🖂

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
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, there was no documented 2nd quarter evening drill for 2023. Also, the total time of evacuation was not noted for drills conducted on 04/02/2022, 02/16/2022, and 01/03/2022.

IV. RECOMMENDATION

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

Shamidah Wyden Date Licensing Consultant