



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

March 5, 2024

Khurram Shahzad
New Hope Bay West
668 N. Pine Road
Bay City, MI 48708

RE: License #: AH090389444
New Hope Bay West
668 N. Pine Road
Bay City, MI 48708

Dear Khurram Shahzad:

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 review the enclosed documentation for accuracy and contact me with any questions. If I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (517) 284-9730.

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

License #:	AH090389444
Licensee Name:	New Hope Bay West, LLC
Licensee Address:	668 N. Pine Road Bay City, MI 48708
Licensee Telephone #:	(989) 414-2273
Authorized Representative:	Khurram Shahzad
Administrator:	Kim Killey
Name of Facility:	New Hope Bay West
Facility Address:	668 N. Pine Road Bay City, MI 48708
Facility Telephone #:	(989) 414-2273
Original Issuance Date:	09/20/2018
Capacity:	50
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 3/01/2024

Date of Bureau of Fire Services Inspection if applicable: 8/07/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 3/01/2024

No. of staff interviewed and/or observed 7
No. of residents interviewed and/or observed 25
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: N/A
- Number of excluded employees followed up? 4 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

3/05/2024

Licensing Consultant

Date