



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 1, 2024

James Pilot  
Bay Human Services, Inc.  
P O Box 741  
Standish, MI 48658

RE: License #:	AS090084054 Brookwood CLF 909 Murphy St. Bay City, MI 48706
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Dear James Pilot:

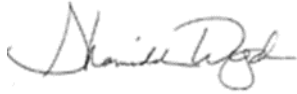
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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,

A handwritten signature in cursive script, appearing to read "Shamidah Wyden".

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**

<b>License #:</b>	AS090084054
<b>Licensee Name:</b>	Bay Human Services, Inc.
<b>Licensee Address:</b>	PO Box 741 3463 Deep River Rd Standish, MI 48658
<b>Licensee Telephone #:</b>	(989) 846-9631
<b>Licensee Designee:</b>	James Pilot
<b>Administrator:</b>	Tammy Unger
<b>Name of Facility:</b>	Brookwood CLF
<b>Facility Address:</b>	909 Murphy St. Bay City, MI 48706
<b>Facility Telephone #:</b>	(989) 686-1999
<b>Original Issuance Date:</b>	12/01/1998
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/30/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed N/A Role: [REDACTED]

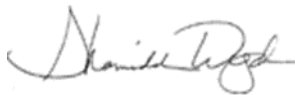
- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, 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.  
There were no recent incident reports requiring follow-up.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
06/22/2023 R305(3), R306(2); 05/10/2022 R511(2), R205(5) N/A
- Number of excluded employees followed-up? 2 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:	
<b>R 400.14507</b>	<b>Means of egress generally.</b>
	<b>(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.</b>
At the time of inspection, the exit door at the end of the back hallway to the home did not appear to be equipped with a positive-latching, non-locking-against-egress hardware.	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<b>(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b>
At the time of inspection, the dryer vent had both metal and non-metal duct work affixed.	

**IV. RECOMMENDATION**

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



05/01/2024

Shamidah Wyden  
Licensing Consultant

Date