



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 2, 2024

Patricia Matuszewski
Red Oaks AFC, FSM, LLC
3597 Wheeler Road
Bay City, MI 48706

RE: License #: AM090358418
Red Oaks AFC, FSM, LLC
3597 Wheeler Road
Bay City, MI 48706

Dear Ms. Matuszewski:

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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Humphrey".

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 280-7718

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

I. IDENTIFYING INFORMATION

License #:	AM090358418
Licensee Name:	Red Oaks AFC, FSM, LLC
Licensee Address:	3597 Wheeler Road Bay City, MI 48706
Licensee Telephone #:	(989) 686-5173
Licensee/Licensee Designee:	Patricia Matuszewski
Administrator:	Patricia Matuszewski
Name of Facility:	Red Oaks AFC, FSM, LLC
Facility Address:	3597 Wheeler Road Bay City, MI 48706
Facility Telephone #:	(989) 686-5173
Original Issuance Date:	04/24/2014
Capacity:	11
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/01/2024

Date of Bureau of Fire Services Inspection if applicable: 12/08/2023

Date of Health Authority Inspection if applicable: 10/01/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 10

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.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license, pending the receipt of the Application and the Application Fee.

A handwritten signature in black ink, appearing to read "Anthony Humphrey", with a large, stylized loop at the end.

10/02/2024

Anthony Humphrey
Licensing Consultant

Date