



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 31, 2024

Lauren Gowman  
Bay Ridge Assisted Living  
3825 Scenic Ridge  
Traverse City, MI 49684-3900

RE: License #:	AH280318130 <b>Bay Ridge Assisted Living</b> <b>3825 Scenic Ridge</b> <b>Traverse City, MI 49684-3900</b>
----------------	--

Dear Lauren Gowman:

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 home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. Please review the enclosed documentation for accuracy and contact me with any questions. In the event that 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,

Kimberly Horst, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH280318130
<b>Licensee Name:</b>	Bay Ridge Assisted Living Ctr, LLC
<b>Licensee Address:</b>	950 Taylor Ave Grand Haven, MI 49417
<b>Licensee Telephone #:</b>	(231) 932-9757
<b>Authorized Representative:</b>	Lauren Gowman
<b>Administrator:</b>	Brian Church
<b>Name of Facility:</b>	Bay Ridge Assisted Living
<b>Facility Address:</b>	3825 Scenic Ridge Traverse City, MI 49684-3900
<b>Facility Telephone #:</b>	(231) 932-9757
<b>Original Issuance Date:</b>	05/15/2012
<b>Capacity:</b>	64
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/29/2024

Date of Bureau of Fire Services Inspection if applicable: 10/29/2024

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination

Date of Exit Conference: 10/31/2024

No. of staff interviewed and/or observed 5  
No. of residents interviewed and/or observed 15  
No. of others interviewed 0 Role N/A

- 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. Resident funds not kept in trust.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.  
Disaster plans reviewed and staff interviewed.
- 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:
- Number of excluded employees followed up? 1 N/A ☐

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
<b>R 325.1921</b>	<b>Governing bodies, administrators, and supervisors.</b>
	<p><b>(1) The owner, operator, and governing body of a home shall do all of the following:</b></p> <p><b>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</b></p>
<b>For Reference: R 325.1901</b>	<b>Definitions.</b>
	<p><b>p) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.</b></p>
<p>Review of Resident A's medication administration record (MAR) revealed Resident A was prescribed Haloperidol Tab 2mg with instruction to give 0.5mg by mouth every six hours as needed for agitation. Review of Resident A's service plan lacked detailed information on how the resident demonstrates agitation and what behaviors require the administration of the medication or if staff can use nonpharmaceutical interventions. Similar findings were noted with Resident C and Resident D.</p>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<p><b>(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.</b></p>
<p>Review of Resident B's service plan revealed lack of detail regarding her specific needs. For instance, her plan identified she was active with a hospice agency, but it did not specify which agency company and the role of the agency company in Resident B's care. In addition, the service plan identified she required assistance with oxygen but it did not define the type of assistance.</p>	

<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<p><b>(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:</b></p> <ul style="list-style-type: none"> <li><b>(a) Reporting requirements and documentation.</b></li> <li><b>(b) First aid and/or medication, if any.</b></li> <li><b>(c) Personal care.</b></li> <li><b>(d) Resident rights and responsibilities.</b></li> <li><b>(e) Safety and fire prevention.</b></li> <li><b>(f) Containment of infectious disease and standard precautions.</b></li> <li><b>(g) Medication administration, if applicable.</b></li> </ul>
Review of staff person 1 (SP1) employee record revealed there was no record of staff training for SP1.	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<p><b>(1) A home shall have a kitchen and dietary area of adequate size to meet food service needs of residents. It shall be arranged and equipped for the refrigeration, storage, preparation, and serving of food, as well as for dish and utensil cleaning and refuse storage and removal.</b></p>
Inspection of the facility kitchen revealed the dishwasher sanitized with a heat cycle. The kitchen manager had no record of last testing the heat sanitation and reported routine checks are not completed. The lack of routine checks does not reasonably protect residents from infection should the machine malfunction.	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<p><b>(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.</b></p>
Inspection of the facility kitchen revealed that the dry storage area contained items that were opened, unsealed and were not dated (including cereal, brown sugar, and nuts).	

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

*Kimberly Host*

10/31/2024

---

Date

Licensing Consultant