

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

January 31, 2025

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

RE: License #: AS730394416

Slatestone

101 Slatestone Drive Saginaw, MI 48603

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 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,

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Christina Garza, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (810) 240-2478

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

I. IDENTIFYING INFORMATION

License #: AS730394416

Licensee Name: Bay Human Services, Inc.

Licensee Address: PO Box 741

3463 Deep River Rd Standish, MI 48658

Licensee Telephone #: (989) 846-9631

Licensee/Licensee Designee: James Pilot

Administrator: Tammy Unger

Name of Facility: Slatestone

Facility Address: 101 Slatestone Drive

Saginaw, MI 48603

Facility Telephone #: (989) 846-9631

Original Issuance Date: 08/24/2018

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	01/28/2025
Date	e of Bureau of Fire Services Inspection if applicable:	N/A
Date	e of Health Authority Inspection if applicable:	N/A
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Manager	2 5
•	Medication pass / simulated pass observed? Yes \boxtimes	No 🗌 If no, explain.
•	Medication(s) and medication record(s) reviewed? Ye	es 🗵 No 🗌 If no, explain.
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.	
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.	
•	Fire safety equipment and practices observed? Yes	⊠ No lf no, explain.
•	E-scores reviewed? (Special Certification Only) Yes [If no, explain. Water temperatures checked? Yes ⊠ No ☐ If no, €	
•	Incident report follow-up? Yes ⊠ No ☐ If no, explain	in.
•	Corrective action plan compliance verified? Yes ☐ C N/A ☒ Number of excluded employees followed-up?	CAP date/s and rule/s: 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 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

At time of inspection, hot water temperature was measured in excess of 120 degrees Fahrenheit.

IV. RECOMMENDATION

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

1. Barna	1/31/2025
Christina Garza Licensing Consultant	 Date