

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

March 21, 2025

Colleen Greenwood Rachel Sovereign Memorial Home 1014 Center Ave. Bay City, MI 48708

> RE: License #: AH090236871 Rachel Sovereign Memorial Home 1014 Center Ave. Bay City, MI 48708

Dear Ms. Greenwood:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. 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,

Jaron 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 #:	AH090236871
Licensee Name:	Rachel Sovereign Memorial Home
	-
Licensee Address:	1014 Center Ave.
	Bay City, MI 48708
Licensee Telephone #:	(989) 894-0611
Administrator/Authorized	Colleen Greenwood
Representative:	
Nome of Eacility	Deebel Sovereign Memorial Home
Name of Facility:	Rachel Sovereign Memorial Home
Facility Address:	1014 Center Ave.
Tacinty Address.	Bay City, MI 48708
Facility Telephone #:	(989) 892-8493
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Original Issuance Date:	07/01/1999
Capacity:	23
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 3/21/2025

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

Inspection Type:	Interview and Observation	Worksheet

Date of Exit Conference: 3/21/2025

No. of staff interviewed and/	or observed	5
No. of residents interviewed	and/or observed	12
No. of others interviewed	N/A Role	

- Medication pass / simulated pass observed? Yes \boxtimes No \square If no, explain.
- Medication(s) and medication records(s) reviewed? Yes ⊠ No □ If no, explain.
- Meal preparation / service observed? Yes 🛛 No 🗌 If no, explain.
- Fire drills reviewed? Yes ⊠ No □ If no, explain.
- Water temperatures checked? Yes \boxtimes No \square 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? 1 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.

Jaron L. Clum

3/21/2025

Date

Licensing Consultant