



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 31, 2025

Dianne Schmiede  
400 S Walnut St  
Bay City, MI 48706

RE: License #: AM090278806  
Pine Ridge AFC Home  
1672 Ridge Rd  
Bay City, MI 48708

Dear Mrs. Schmiede:

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, reading "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**

|                                    |                                       |
|------------------------------------|---------------------------------------|
| <b>License #:</b>                  | AM090278806                           |
| <b>Licensee Name:</b>              | Dianne Schmiede                       |
| <b>Licensee Address:</b>           | 400 S Walnut St<br>Bay City, MI 48706 |
| <b>Licensee Telephone #:</b>       | (989) 892-7210                        |
| <b>Licensee/Licensee Designee:</b> | N/A                                   |
| <b>Administrator:</b>              | Kayla Schmiede                        |
| <b>Name of Facility:</b>           | Pine Ridge AFC Home                   |
| <b>Facility Address:</b>           | 1672 Ridge Rd<br>Bay City, MI 48708   |
| <b>Facility Telephone #:</b>       | (989) 892-3438                        |
| <b>Original Issuance Date:</b>     | 05/13/2006                            |
| <b>Capacity:</b>                   | 12                                    |
| <b>Program Type:</b>               | MENTALLY ILL<br>AGED                  |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/21/2025

Date of Bureau of Fire Services Inspection if applicable: 07/30/2024

Date of Health Authority Inspection if applicable: 02/21/2025

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:  
as312(2) 01/09/2024 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 determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.

A handwritten signature in cursive script that reads "Anthony Humphrey". The signature is written in black ink and is positioned to the left of the date.

03/31/2025

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Anthony Humphrey  
Licensing Consultant

Date