



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 21, 2025

Cindy Whaley
Liberty Living Inc.
P O Box 1273
Bay City, MI 48706

| | |
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| RE: License #: | AS090086238 Liberty House 1116 24th Street Bay City, MI 48708 |
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Dear Cindy Whaley:

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 and special certification 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,

A handwritten signature in cursive script, appearing to read "Shamidah Wyden".

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48607
989-395-6853

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

I. IDENTIFYING INFORMATION

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|--------------------------------|--|
| License #: | AS090086238 |
| Licensee Name: | Liberty Living Inc. |
| Licensee Address: | P O Box 1273 Bay City, MI 48706 |
| Licensee Telephone #: | (989) 892-0247 |
| Licensee Designee: | Cindy Whaley |
| Administrator: | Cindy Whaley |
| Name of Facility: | Liberty House |
| Facility Address: | 1116 24th Street Bay City, MI 48708 |
| Facility Telephone #: | (989) 892-4243 |
| Original Issuance Date: | 06/14/1999 |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/16/2025

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed [redacted] Role: [redacted]

- 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.
This inspection was not completed during a mealtime.
- 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:
11/22/2023 R318(5) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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|---|--|
| This facility was found to be in non-compliance with the following rules: | |
| R 400.14316 | Resident records. |
| | <p>(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:</p> <p style="padding-left: 40px;">(a) Identifying information, including, at a minimum, all of the following:</p> <p style="padding-left: 80px;">(viii) Funeral provisions and preferences.</p> |
| At the time of inspection, there were no burial provisions noted for Resident A and Resident B. | |
| R 400.14509 | Means of egress; wheelchairs. |
| | <p>(2) The slope of the ramp shall not be more than 1 foot of rise in 12 feet of run and shall terminate on a firm surface or solid unobstructed ground which will allow the wheelchair occupant to move a safe distance away from the building. Ramps shall have handrails on the open sides and be constructed in accordance with the requirements specified in Section 816.0 of the BOCA National Building Code, 1990, eleventh edition.</p> |
| At the time of inspection, the wheelchair ramps did not have non-skid surfacing. | |

IV. RECOMMENDATION

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



10/21/2025

Shamidah Wyden
Licensing Consultant

Date