



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 9, 2026

Daniel Sherman  
Riversbend Rehabilitation Inc  
3707 Katalin Ct.  
Bay City, MI 48706

RE: License #:	AS090257885 Baywood 4202 Arctic Drive Bay City, MI 48706
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Dear Daniel Sherman:

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 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,

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**

<b>License #:</b>	AS090257885
<b>Licensee Name:</b>	Riversbend Rehabilitation Inc
<b>Licensee Address:</b>	3707 Katalin Ct. Bay City, MI 48706
<b>Licensee Telephone #:</b>	(989) 284-7267
<b>Licensee Designee:</b>	Daniel Sherman
<b>Administrator:</b>	Daniel Sherman
<b>Name of Facility:</b>	Baywood
<b>Facility Address:</b>	4202 Arctic Drive Bay City, MI 48706
<b>Facility Telephone #:</b>	(989) 671-3540
<b>Original Issuance Date:</b>	09/23/2003
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/05/2026

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 3

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Licensee Designee

- 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:  
N/A
- Number of excluded employees followed-up? 1 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:	
<b>R 400.647</b>	<b>Safety and maintenance of premises.</b>
	<b>(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b>
At the time of inspection, there was a hole in the soffit on the left front exterior of the home.	
<b>R 400.647</b>	<b>Safety and maintenance of premises.</b>
	<b>(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.</b>
At the time of inspection, a hole in the drywall was observed in the back of the bathroom door.	
<b>R 400.665</b>	<b>Food service.</b>
	<b>(5) Refrigerators and freezers must be equipped with thermometers.</b>
At the time of the inspection there were two mini refrigerators that were not equipped with thermometers.	
<b>R 400.691</b>	<b>Resident records.</b>
	<b>(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following: (a) Personal information including all of the following: (x) Funeral provisions, preferences, and contact information.</b>
At the time of inspection, Resident A's resident record did not have any funeral provisions specified.	

#### IV. RECOMMENDATION

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



02/09/2026

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Shamidah Wyden  
Licensing Consultant

Date