



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 22, 2026

Cynthia Fox
2145 Baker Street
Muskegon Height, MI 49444

RE: License #:	AS610012250 Baker Haven Home 2145 Baker Street Muskegon Heights, MI 49444
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Dear Mrs. Fox:

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. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Elliott". The signature is written in black ink and is positioned below the word "Sincerely,".

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

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

I. IDENTIFYING INFORMATION

License #:	AS610012250
Licensee Name:	Cynthia Fox
Licensee Address:	2145 Baker Street Muskegon Height, MI 49444
Licensee Telephone #:	(231) 760-6222
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Baker Haven Home
Facility Address:	2145 Baker Street Muskegon Heights, MI 49444
Facility Telephone #:	(231) 760-6222
Original Issuance Date:	06/01/1989
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/18/2026

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

Date of Health Authority Inspection if applicable: 05/18/2026

No. of staff interviewed and/or observed 0
No. of residents interviewed and/or observed 1
No. of others interviewed 2 Role: C. & D. Fox

- Medication pass / simulated pass observed? Yes No If no, explain. At the time of the inspection, resident medications were not being passed. A review of the resident MARs was conducted.
- 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: 401.2,407.3,403.11,507.5 N/A
- Number of excluded employees followed-up? 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 400.619	Emergency preparedness plan.
	(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.
<p>Finding: A review of the 2025 drills did not show any drills practiced from January 2025-July 2025.</p> <p>A review of the 2026 drills did not show a date that March 2026 was conducted and no other information was included on the fire drill record such as the time it took to evacuate residents or the time of day/night the drill was conducted.</p> <p>Licensee Response: Ms. Fox acknowledged the errors in her paperwork and stated things have slipped in this area due to Mr. Fox's illness.</p>	
R 400.647	Safety and maintenance of premises.
	(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
<p>Finding: The ceiling in the upstairs porch area has fallen in. The room is not leaking nor is the ceiling open to the outside.</p> <p>Licensee Response: Ms. Fox stated during a rough storm, the ceiling fell in and she had the roof fixed but the people that fixed the roof never returned to fix the ceiling. Ms. Fox stated they will get the ceiling repaired.</p>	
R 400.675	Resident medications.
	(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident: (v) Initials of the individual who administered the medication at the time given.

Finding: The resident's, B and C, have medications on the MARs that are not signed as administered for the month of May 2026 to date.

Resident B: Linzess 72 MCG Cap, take one capsule by mouth one time each day, 9:00a.m., Prednisone 20MG tab, take 1 tablet by mouth daily, 9:00a.m., Benztropine 1MG tab, take 1 tablet by mouth twice daily, 9:00a.m., 9:00p.m., Clearlax Powder, take 1 capful as directed mixed in liquid by mouth two times daily, 9:00a.m., 9:00p.m.,

Resident C: Incruse Ellipta 62.5 MCG, inhale 1 puff by mouth once daily, 9:00a.m. Isosorbide MN ER 30MG TA, take 1 tablet by mouth once daily, do not crush or chew, 9:00a.m., Sodium Chloride 1GM Tab, take 1 tablet by mouth 6 times a day, the times are not documented on the MAR. These medications are not signed as administered on any of the days during the month of May 2026 to date.

Licensee Response: Ms. Fox stated all resident medications are administered as prescribed, she will make sure all resident medications are documented appropriately.

R 400.685	Resident admission; resident assessment plan; resident care agreement; health care appraisal.
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	(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.
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Finding: Residents A and C do not have a health care appraisal completed and in their resident file.

Resident B has an outdated health care appraisal in his file; dated 2023.

Licensee Response: Ms. Fox acknowledged being behind in resident files and stated she will get HCA's completed, updated and in the resident files.

R 400.685	Resident admission; resident assessment plan; resident care agreement; health care appraisal.
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	(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the
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	licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.
<p>Finding: Resident B had an assessment plan that is outdated, dated 2024.</p> <p>Licensee Response: Ms. Fox acknowledged being behind in resident files and stated she will get the assessment plan completed, updated and in the residents file.</p>	
R 400.685	Resident admission; resident assessment plan; resident care agreement; health care appraisal.
	(9) A licensee shall review the written resident care agreement with the resident, resident's designated representative, or responsible agency at least annually or more often if necessary. Any changes to the resident care agreement must be re-signed by all applicable parties. If the annual review results in no changes to the resident care agreement the resident care agreement does not need to be re-signed but the licensee shall document that all applicable parties were contacted and agreed that no changes were necessary.
<p>Finding: Resident B's resident care agreement is dated 2024.</p> <p>Licensee Response: Ms. Fox acknowledged being behind in resident files and stated she will get the resident care agreement completed, updated and in the resident file.</p>	
R 400.691	Resident records.
	<p>(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:</p> <ul style="list-style-type: none"> (a) Personal information including all of the following: <ul style="list-style-type: none"> (i) Resident's full name. (ii) Social Security number. (iii) Date of birth. (iv) Marital status. (v) Veteran's status. (vi) Gender identity. (vii) Former address. (viii) Name, address, and contact information of identified contact or designated representative. (ix) Name, address, and contact information of the person and agency responsible for the resident's placement in the facility. (x) Funeral provisions, preferences, and contact information.

	<ul style="list-style-type: none"> (xi) Resident's religious preference. (b) Date of admission. (c) Date of discharge and address to where the resident moved. (d) Health care information including all of the following: <ul style="list-style-type: none"> (i) Health care appraisals. (ii) Medication administration record. (iii) Name, address, and contact information of the preferred health care professional and hospital. (iv) Medical insurance. (v) Statements and instructions for supervising prescribed medication including dietary supplements and medical procedures. (vi) Instructions for emergency care and advanced medical directives. (e) Resident care agreement. (f) Assessment plan. (g) Admission and monthly weight record. (h) Incident reports. (i) Resident funds and valuables record and resident refund agreement. (j) Resident grievances. (k) Resident discharge notice.
<p>Finding: Resident C does not have any of the BCHS-LARA required documents in his file.</p> <p>Resident's A, B and C do not have the Funds I form in their files.</p> <p>Licensee Response: Ms. Fox acknowledged being behind in resident files and stated she would get the resident files together.</p>	
R 400.725	Means of egress.
	<p>(3) Doors that form a part of a required means of egress must be equipped with positive-latching, non-locking-against-egress hardware and have a width to allow for residents requiring wheelchairs or other devices to easily navigate through doorways.</p>

Finding: The two means of egress, the side door and the front door of the facility are equipped with dead bolts, and the doors are not equipped with door locks that unlock with the twist of the doorknob.

Licensee Response: Ms. Fox acknowledged this stated they will work on getting the doors to be non-locking against egress per this rule.

On 05/18/2026, I conducted a review of the workforce background check site with Ms. Fox and there are no employees on the WFBC site. Ms. Fox stated she and Mr. David Fox are the sole workers at the facility as the licensee and administrator.

On 05/18/2026, I conducted an exit conference with Ms. Fox, we reviewed the findings.

Update: On 05/29/2026, I conducted an onsite conference with Ms. Fox, and she completed and submitted a corrective action plan.

IV. RECOMMENDATION

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

An acceptable corrective action plan was received on 05/29/2026 and the license renewed.



05/22/2026

Elizabeth Elliott
Licensing Consultant

Date