



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

May 18, 2018

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

RE: License #:	AS090238876 Jefferson House 1700 S Jefferson Bay City, MI 48708
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Dear Mrs. Whaley:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license and special certification are renewed. The regular license and special certification 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 (810) 787-7031.

Sincerely,

Shamidah Wyden, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS090238876
<b>Licensee Name:</b>	Liberty Living Inc.
<b>Licensee Address:</b>	P O Box 1273 Bay City, MI 48706
<b>Licensee Telephone #:</b>	(989) 892-0247
<b>Licensee Designee:</b>	Cindy Whaley
<b>Administrator:</b>	Cindy Whaley
<b>Name of Facility:</b>	Jefferson House
<b>Facility Address:</b>	1700 S Jefferson Bay City, MI 48708
<b>Facility Telephone #:</b>	(989) 895-3809
<b>Original Issuance Date:</b>	12/01/2001
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/16/2018

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

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 5

No. of others interviewed N/A Role: [REDACTED]

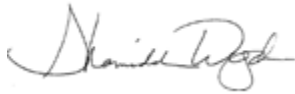
- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.  
The inspection was not conducted during a meal time.
- 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:  
AS305(3), AS204(2)(a) 10/26/2017; AS206(2), 02/13/2018 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 and special certification to this AFC small group home (capacity 1-6).



05/18/2018

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Shamidah Wyden  
Licensing Consultant

Date