



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 22, 2019

Lori Labrie  
KJB TENANT BAY CITY LLC  
1584 CHARLOTTE CIR STE K  
Naperville, IL 60564

RE: License #:	AL090393451 Charter Senior Living at Bay City 1 568 North Pine Road Bay City, MI 48708
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Dear Ms. Labrie:

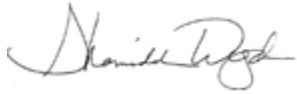
Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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 (810) 787-7031.

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 48605  
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>	AL090393451
<b>Licensee Name:</b>	KJB TENANT BAY CITY LLC
<b>Licensee Address:</b>	1584 CHARLOTTE CIR STE K Naperville, IL 60564
<b>Licensee Telephone #:</b>	(312) 401-2188
<b>Licensee Designee:</b>	Lori Labrie
<b>Administrator:</b>	Lori Labrie
<b>Name of Facility:</b>	Charter Senior Living at Bay City 1
<b>Facility Address:</b>	568 North Pine Road Bay City, MI 48708
<b>Facility Telephone #:</b>	(989) 778-1713
<b>Original Issuance Date:</b>	08/02/2018
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 01/17/2019

Date of Bureau of Fire Services Inspection if applicable: 12/03/2018

Date of Health Authority Inspection if applicable: 06/13/2018

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 6  
No. of residents interviewed and/or observed 14  
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? N/A
- Variances? Yes  (please explain) No  N/A   
AL410(5) approved 07/26/2018

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

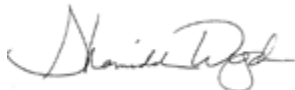
This facility was determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:	
<b>R 400.15401</b>	<b>Environmental health.</b>
	<b>(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.</b>
At the time of inspection, water temperatures at Resident A, Resident B, Resident C, and Resident D's kitchenette sinks were above 120 degrees Fahrenheit. Resident E's bathroom sink temperature was below 105 degrees.	

A corrective action plan was requested and approved on 01/17/2019. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

### IV. RECOMMENDATION

An acceptable corrective action plan has been received. I recommended issuance of a 2-year regular license to this AFC large group home (capacity 1-20).



01/22/2019

Shamidah Wyden  
Licensing Consultant

Date