



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 31, 2021

Jamie Beson  
Close To Home Assisted Living Riegel II, LLC  
1805 Raymond Street  
Bay City, MI 48706

RE: License #:	AL090382071 Close To Home Assisted Living Riegel II 1805 Raymond Street Bay City, MI 48706
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Dear Ms. Beson:

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 large group home license is renewed. The license 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 (906) 226-4171.

Sincerely,

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>	AL090382071
<b>Licensee Name:</b>	Close To Home Assisted Living Riegel II, LLC
<b>Licensee Address:</b>	1805 Raymond Street Bay City, MI 48706
<b>Licensee Telephone #:</b>	(989) 778-2575
<b>Licensee Designee:</b>	Jamie Beson
<b>Administrator:</b>	Jamie Beson
<b>Name of Facility:</b>	Close To Home Assisted Living Riegel II
<b>Facility Address:</b>	1805 Raymond Street Bay City, MI 48706
<b>Facility Telephone #:</b>	(989) 778-2575
<b>Original Issuance Date:</b>	03/23/2017
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/26/2021

Date of Bureau of Fire Services Inspection if applicable: 04/09/2021

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 2  
No. of residents interviewed and/or observed 14  
No. of others interviewed 1 Role: Licensee Designee

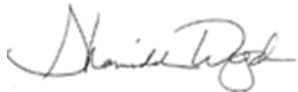
- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, 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.  
There were no recent incident reports requiring follow-up.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? 5 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 regular license to this AFC large group home (capacity 20).



08/31/2021

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Shamidah Wyden  
Licensing Consultant

Date