

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

October 5, 2021

Paula Martinez Autumn Ridge Gardens, LLC 5351 Three Mile Rd. Bay City, MI 48706

RE: License #:	AS090396835
	Autumn Ridge Gardens
	5351 Three Mile Rd
	Bay City, MI 48706

Dear Ms. Martinez:

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. 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,

ill life

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

License#:	AS090396835
Licensee Name:	Autumn Ridge Gardens, LLC
Licensee Address:	5351 Three Mile Rd.
	Bay City, MI 48706
T . I . I . I . I . I . I .	
Licensee Telephone #:	(989) 284-8142
Licensee Designee:	Paula Martinez
Licensee Designee.	
Administrator:	Paula Martinez
Name of Facility:	Autumn Ridge Gardens
Facility Address:	5351 Three Mile Rd
	Bay City, MI 48706
Facility Telephone #:	(989) 284-8142
Original Issuance Date:	04/15/2019
Original issuance Date.	
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED
	MENTALLY ILL
	ALZHEIMERS
	TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	09/30/2021			
Date of Bureau of Fire Services Inspection if applicable: N/A				
Date of Health Authority Inspection if applicable: 06/24/2021				
Inspection Type: Interview ar	nd Observation 🔀 Worksheet n 🛛 🗌 Full Fire Safety			
No. of staff interviewed and/or observed2No. of residents interviewed and/or observed6No. of others interviewedN/A Role:				
Medication pass / simulated pass observation	rved? 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 X No I If no, explain. Meal preparation / service observed? Yes X No I If no, explain. 				
● Fire drills reviewed? Yes ⊠ No □ If no, explain.				
• Fire safety equipment and practices observed? Yes \boxtimes No \square If no, explain.				
 E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain. 				
● Water temperatures checked? Yes ⊠				
 Incident report follow-up? Yes No There were no incident reports requiring 				
 Corrective action plan compliance verifination N/A 	ied? Yes CAP date/s and rule/s:			
Number of excluded employees follower	ed-up? N/A 🖂			
• Variances? Yes 🗌 (please explain) N	lo 🗌 N/A 🖂			

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:		
R 400.14402	Food service.	
	 (3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers. 	
At the time of ins	spection, the kitchen freezer was not equipped with a thermometer.	

IV. RECOMMENDATION

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

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10/05/2021

Shamidah Wyden Licensing Consultant

Date