



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 11, 2022

Kathleen Swantek  
Blue Water Developmental Housing, Inc.  
1600 Gratiot, Ste 1  
Marysville, MI 48040

RE: License #: AS500012004  
**Pam Mcdonald Home**  
**77175 Capac Road**  
**Armada, MI 48005**

Dear Mrs. Swantek:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 285-1703



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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500012004
<b>Licensee Name:</b>	Blue Water Developmental Housing, Inc.
<b>Licensee Address:</b>	Ste 1 1600 Gratiot Marysville, MI 48040
<b>Licensee Telephone #:</b>	(810) 388-1200
<b>Licensee/Licensee Designee:</b>	Kathleen Swantek
<b>Administrator:</b>	Kathleen Swantek
<b>Name of Facility:</b>	Pam Mcdonald Home
<b>Facility Address:</b>	77175 Capac Road Armada, MI 48005
<b>Facility Telephone #:</b>	(586) 784-8174
<b>Original Issuance Date:</b>	05/07/1991
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 01/10/2022- Virtual Inspection

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

Date of Environmental/Health Inspection if applicable: 09/27/2021

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 0  
No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Reviewed medication passing procedures with Home Manager via Zoom.  
Completed virtual inspection due to COVID-19.
- 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.  
Inspection did not occur during a meal preparation.
- 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.  
Completed virtual inspection due to COVID-19. Home Manager reported water temperature is between 105-120 degrees Fahrenheit.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
CAP date 01/22/2020- AS313(4), AS403(1), AS403(5), AS403(6), AS507(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 determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



01/11/2022

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Kristine Cilluffo  
Licensing Consultant

Date