



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 3, 2022

LaTonia Metcalf and Latoyia White
5400 Bermuda Lane
Flint, MI 48505

RE: License #: AS250402472
Bermudawood
5400 Bermuda Ln
Flint, MI 48505

Dear LaTonia Metcalf and Latoyia White:

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: *(choose one or more)*

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.
- An on-site inspection will be conducted.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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,

A handwritten signature in dark ink, reading "Christopher A. Holvey". The signature is written in a cursive style with a large, stylized 'C' and 'H'.

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
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**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS250402472
Licensee Name:	LaTonia Metcalf and Latoyia White
Licensee Address:	5400 Bermuda Lane Flint, MI 48505
Licensee Telephone #:	(810) 787-3262
Licensee/Licensee Designee:	N/A
Administrator:	LaTonia Metcalf
Name of Facility:	Bermudawood
Facility Address:	5400 Bermuda Ln Flint, MI 48505
Facility Telephone #:	(810) 787-3262
Original Issuance Date:	11/24/2021
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/02/2022

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

Date of Health Authority Inspection if applicable: 05/02/2022

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 0

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
Home has not yet accepted any residents for care.
- Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain.
Home has not yet accepted any residents for care.
- 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.
Home has not yet accepted any residents for care.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
Home has not yet accepted any residents for care.
- 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.
Home has not yet accepted any residents for care.
- 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 ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

MCL 400.717 Provisional license.

(1) A provisional license may be issued to an adult foster care facility that has previously held a temporary or regular license under this act or an act repealed by this act. A provisional license may be issued for 6 months if an adult foster care facility is temporarily unable to conform to the requirements of this act for a regular license and may be renewed not more than 2 consecutive times as provided in subsections (2) and (4). The issuance of a provisional license shall be contingent upon the submission to the department of an acceptable plan of correction for the adult foster care facility within the time limitations of the provisional period.

This home has not yet accepted any residents for care. Due to this home not having any residents and/or resident records to review, quality of care was not able to be determined.

A corrective action plan was requested and approved on 05/02/2022. 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 recommend modification of the current status of the license to provisional.



5/3/2022

Christopher Holvey
Licensing Consultant

Date

Approved by:



5/3/2022

Mary E. Holton
Area Manager

Date