

GRETCHEN WHITMER **GOVERNOR**

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 20, 2022

Sybil Bodley 4970 Deerwood Trail Stevensville, MI 49127

RE: License #: AS110314668

Petrona's Country Home 8948 2nd Street

Baroda, MI 49101

Dear Ms. Bodley:

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 (517) 284-9730.

Sincerely,

Cassandra Duursma, Licensing Consultant Bureau of Community and Health Systems 350 Ottawa Ave NW, 7th Floor- Unit 13

Grand Rapids, MI 49503

Cassardra Dunsono

(269) 615-5050

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

I. IDENTIFYING INFORMATION

License #: AS110314668

Licensee Name: Sybil Bodley

Licensee Address: 4970 Deerwood Trail

Stevensville, MI 49127

Licensee Telephone #: (269) 429-7539

Licensee Designee: Sybil Bodley

Administrator: Sybil Bodley

Name of Facility: Petrona's Country Home

Facility Address: 8948 2nd Street

Baroda, MI 49101

Facility Telephone #: (269) 422-1905

Original Issuance Date: 12/22/2011

Capacity: 6

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 6/20/22			
Date of Bureau of Fire Services Inspection if applicable: N/A			
Date of Health Authority Inspection if applicable: N/A			
Insp	Dection Type: ☐ Interview and Observation ☐ Worksheet ☐ Combination ☐ Full Fire Safety		
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 1 Role: Licensee			
•	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 \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square 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 ☐ 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 ☒		

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 adult small group home (capacity 1-6).

Cassardia Dunsomo	6/20/22
Cassandra Duursma	Date
Licensing Consultant	