

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 12, 2022

Amber Hernandez-Bunce Hernandez Home LLC P.O. Box 277 Bloomingdale, MI 49026

RE: License #: AS800316739

Baseline Home

44409 Baseline Road Bloomingdale, MI 49026

Dear Ms. Hernandez-Bunce:

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,

Kristy Duda, Licensing Consultant

Bureau of Community and Health Systems

Unit 13, 7th Floor 350 Ottawa, N.W.

Grand Rapids, MI 49503

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

#### I. IDENTIFYING INFORMATION

**License #:** AS800316739

Licensee Name: Hernandez Home LLC

**Licensee Address:** 44409 Baseline Road

Bloomingdale, MI 49026

**Licensee Telephone #:** (269) 521-4130

**Licensee/Licensee Designee:** Amber Hernandez-Bunce

Administrator: Karmen Ball

Name of Facility: Baseline Home

Facility Address: 44409 Baseline Road

Bloomingdale, MI 49026

**Facility Telephone #:** (269) 521-4130

Original Issuance Date: 04/23/2012

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

TRAUMATICALLY BRAIN INJURED

## **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 8/26/2022			
Date of Bureau of Fire Service		vices Inspection if applicable:	N/A
Date of Health Authority Inspection if applicable: 6/13/2022 – A Rating			
Insp	ection Type:	☐ Interview and Observation☐ Combination	n ⊠ Worksheet □ Full Fire Safety
No. of staff interviewed and/o No. of residents interviewed a No. of others interviewed			2 0
•	Medication pass / simulated pass observed? Yes $oximes$ No $oximes$ If no, explain.		
•	Medication(s) and medication record(s) reviewed? Yes $\boxtimes$ No $\square$ 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 $igtimes$ No $igcup$ If no, explain.		
•	E-scores reviewed? (Special Certification Only) Yes \( \subseteq \ No \) \( \subseteq \ N/A \) \( \subseteq \ \subseteq \ No \) \( \subseteq \ N/A \) \( \subseteq \ No \) \( \subseteq \ N/A \)		
•	Variances? Yes ☐ (p	lease 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.

9/12/22

Kristy Duda Date

Licensing Consultant