



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 9, 2023

Dianne Schmiede
400 S Walnut St
Bay City, MI 48706

RE: License #: AM090278806
Pine Ridge AFC Home
1672 Ridge Rd
Bay City, MI 48708

Dear Mrs. Schmiede:

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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Humphrey".

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 280-7718

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

I. IDENTIFYING INFORMATION

License #:	AM090278806
Licensee Name:	Dianne Schmiede
Licensee Address:	400 S Walnut St Bay City, MI 48706
Licensee Telephone #:	(989) 892-7210
Licensee/Licensee Designee:	N/A
Administrator:	Kayla Schmiede
Name of Facility:	Pine Ridge AFC Home
Facility Address:	1672 Ridge Rd Bay City, MI 48708
Facility Telephone #:	(989) 892-3438
Original Issuance Date:	05/13/2006
Capacity:	12
Program Type:	MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/02/2023

Date of Bureau of Fire Services Inspection if applicable: 08/03/2022

Date of Health Authority Inspection if applicable: 03/02/2023

No. of staff interviewed and/or observed 2

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 No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- 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.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
08/03/2021 as305(3) 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.

Handwritten signature of Anthony Humphrey in black ink.

03/09/2023

Anthony Humphrey
Licensing Consultant

Date