



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 25, 2023

Karen Barry
Bay Valley Adult Foster Care Inc.
5113 Reinhardt Lane
Bay City, MI 48706

RE: License #:	AL090084487 Bay Valley AFC Inc. 5113 Reinhardt Lane Bay City, MI 48706
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Dear Ms. Barry:

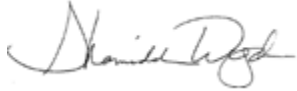
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged, authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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, appearing to read "Shamidah Wyden".

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48607
989-395-6853

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

I. IDENTIFYING INFORMATION

License #:	AL090084487
Licensee Name:	Bay Valley Adult Foster Care Inc.
Licensee Address:	5113 Reinhardt Lane Bay City, MI 48706
Licensee Telephone #:	(989) 450-8769
Licensee Designee:	Karen Barry
Administrator:	Karen Barry
Name of Facility:	Bay Valley AFC Inc.
Facility Address:	5113 Reinhardt Lane Bay City, MI 48706
Facility Telephone #:	(989) 450-8769
Original Issuance Date:	01/07/1999
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/18/2023

Date of Bureau of Fire Services Inspection if applicable: 01/24/23

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 17

No. of others interviewed 1 Role: Licensee Designee

- 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.
There were no incident reports requiring follow-up.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
12/02/2022 R 206(2); 4/17/21 R403(1), R402(3), R401(2), R306(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 found to be in non-compliance with the following rules:	
R 400.15205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.
At the time of inspection, staff Diane Pabalis did not have an up-to-date TB test on file.	
R 400.734b	Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.
	(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this

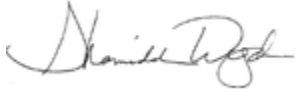
	<p>subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.</p>
<p>At the time of inspection, the licensee designee did not have a criminal background check completed and on file for staff Lisa Bowyer.</p>	
<p>R 400.15208</p>	<p>Direct care staff and employee records.</p>
	<p>(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:</p> <ul style="list-style-type: none"> (a) Name, address, telephone number, and social security number. (b) The professional or vocational license, certification, or registration number, if applicable. (c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents. (d) Verification of the age requirement. (e) Verification of experience, education, and training. (f) Verification of reference checks. (g) Beginning and ending dates of employment. (h) Medical information, as required. (i) Required verification of the receipt of personnel policies and job descriptions.
<p>At the time of inspection, the licensee designee did not have a record on file with all of the required documentation for staff Lisa Bowyer.</p>	
<p>R 400.15306</p>	<p>Use of assistive devices.</p>
	<p>(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.</p>

At the time of inspection, there was no physician authorization on file for Resident B or Resident C's assistive devices.	
REPEAT VIOLATION ESTABLISHED, LSR date: 04/15/21 CAP date: 04/17/2021	
R 400.15316	Resident records.
	(1)(a) Identifying information, including, at a minimum, all of the following: (viii) Funeral provisions and preferences.
At the time of inspection, there were no burial provisions noted for Resident A or Resident C.	
R 400.15401	Environmental health.
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.
At the time of inspection, water temperatures throughout the facility in all bathrooms, the kitchen, and personal resident sinks had temperature readings above 120 degrees Fahrenheit.	
REPEAT VIOLATION ESTABLISHED, LSR date: 04/15/21 CAP date: 04/17/2021	
R 400.15402	Food service.
	(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.
At the time of inspection, the smaller freezer in the pantry was not equipped with a thermometer.	
REPEAT VIOLATION ESTABLISHED, LSR date: 04/15/21 CAP date: 04/17/2021	
R 400.15408	Bedrooms generally.
	(7) Bedrooms shall have at least 1 easily openable window.
At the time of inspection, a resident bedroom facing the kitchen area/hallway of the home was observed to not have a bedroom window.	
R 400.15410	Bedroom furnishings.
	(1)(a) An adequate closet or wardrobe.

At the time of inspection, one resident bedroom did not contain a closet or a wardrobe.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



04/25/2023

Shamidah Wyden
Licensing Consultant

Date