



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 10, 2024

Cindy Whaley  
Liberty Living Inc.  
P O Box 1273  
Bay City, MI 48706

RE: License #:	AS090238876 Jefferson House 1700 S Jefferson Bay City, MI 48708
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Dear Cindy Whaley:

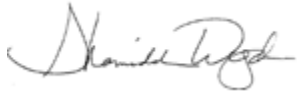
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 and special certification 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**

<b>License #:</b>	AS090238876
<b>Licensee Name:</b>	Liberty Living Inc.
<b>Licensee Address:</b>	P O Box 1273 Bay City, MI 48706
<b>Licensee Telephone #:</b>	(989) 892-0247
<b>Licensee Designee:</b>	Cindy Whaley
<b>Administrator:</b>	Cindy Whaley
<b>Name of Facility:</b>	Jefferson House
<b>Facility Address:</b>	1700 S Jefferson Bay City, MI 48708
<b>Facility Telephone #:</b>	(989) 895-3809
<b>Original Issuance Date:</b>	12/01/2001
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/09/2024

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Licensee Designee

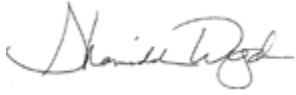
- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, 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 recent incident reports requiring follow-up.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
05/16/2022, R 401(2) N/A
- Number of excluded employees followed-up? 1 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:	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<p><b>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</b></p> <p><b>(b) Complete an individual medication log that contains all of the following information:</b></p> <ul style="list-style-type: none"> <li><b>(i) The medication.</b></li> <li><b>(ii) The dosage.</b></li> <li><b>(iii) Label instructions for use.</b></li> <li><b>(iv) Time to be administered.</b></li> <li><b>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</b></li> <li><b>(vi) A resident's refusal to accept prescribed medication or procedures.</b></li> </ul>
At the time of inspection, there were staff initials missing on 2/10/24, 1/25/24, and 1/28/24 of Resident A's medication administration records.	
<b>R 400.14401</b>	<b>Environmental health.</b>
	<p><b>(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.</b></p>
At the time of inspection, the water temperature was above 120 degrees Fahrenheit in the facility's bathrooms.	
<b>REPEAT VIOLATION ESTABLISHED, LSR DATE 05/13/2022 CAP DATE: 05/16/2022</b>	

#### IV. RECOMMENDATION

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



05/10/2024

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Shamidah Wyden  
Licensing Consultant

Date