

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

May 31, 2024

Mickey Bauchan Michigan Community Services, Inc. PO Box 317 Swartz Creek, MI 48473

RE: License #:	AS250010703
	Berneda Home
	5142 Berneda Drive
	Flint, MI 48506

Dear Mickey Bauchan:

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,

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 #:	AS250010703
Licensee Name:	Michigan Community Services, Inc.
Licensee Address:	5239 Morrish Rd.
	Swartz Creek, MI 48473
Licensee Telephone #:	(810) 635-4407
Licensee Designee:	Mickey Bauchan
Administrator:	Sarah Burns
Name of Facility:	Berneda Home
Facility Address:	5142 Berneda Drive
Tuomity Address.	Flint, MI 48506
Facility Telephone #:	(810) 736-5841
Original Issuance Date:	11/02/1983
Consolituu	
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	05/24/2	024
Date	e of Bureau of Fire Services Inspection if appl	licable:	N/A
Date	e of Environmental/Health Inspection if applica	able:	02/13/2024
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Administration	trator	3 6
•	Medication pass / simulated pass observed?	Yes 🖂	No 🗌 If no, explain.
•	Medication(s) and medication record(s) review	wed? Y	es 🗵 No 🗌 If no, explain.
•	Resident funds and associated documents re Yes No I If no, explain. Meal preparation / service observed? Yes		
•	Fire drills reviewed? Yes ⊠ No ☐ If no, ex	xplain.	
•	Fire safety equipment and practices observe	d? Yes	⊠ No □ If no, explain.
•	E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes ⊠ No [
•	Incident report follow-up? Yes No If There were no recent incident reports require Corrective action plan compliance verified? 9/15/2023 R310(4), R207(1)(b), R306(2); 06/2001 Number of excluded employees followed-up?	ng follow Yes ⊠ /06/2022	<i>ı-</i> up. CAP date/s and rule/s:
•	Variances? Yes ☐ (please explain) No ☐	N/A 🖂	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

R 400.14401	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.
	pection, the water temperature in the facility's bathroom and in the within the 105-120-degrees Fahrenheit range.
	within the 100 120 degrees ramemon range.
R 400.14410	Bedroom furnishings.

IV. RECOMMENDATION

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

Shamidah Wyden Date Licensing Consultant