



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 18, 2024

Patty Williams
711 Main St.
Omer, MI 48749

RE: License #: AS090291142
Guardian Angels
611 Litchfield Rd
Bay City, MI 48706

Dear Mrs. Williams:

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 #: | AS090291142 |
| Licensee Name: | Patty Williams |
| Licensee Address: | 711 Main St. Omer, MI 48749 |
| Licensee Telephone #: | (989) 415-6174 |
| Licensee/Licensee Designee: | N/A |
| Administrator: | Patty Williams |
| Name of Facility: | Guardian Angels |
| Facility Address: | 611 Litchfield Rd Bay City, MI 48706 |
| Facility Telephone #: | (989) 316-2205 |
| Original Issuance Date: | 09/10/2007 |
| Capacity: | 6 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL AGED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/27/2024

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 4

No. of others interviewed Role:

- 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:
04/17/2024 as409(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.

A handwritten signature in black ink that reads "Anthony Humphrey". The signature is written in a cursive style with a large, looping "H" and a long, sweeping underline.

04/18/2024

Anthony Humphrey
Licensing Consultant

Date