



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 2, 2024

Patricia Matuszewski
Red Oaks AFC, FSM, LLC
3597 Wheeler Road
Bay City, MI 48706

RE: License #: AM090358418
Red Oaks AFC, FSM, LLC
3597 Wheeler Road
Bay City, MI 48706

Dear Ms. Matuszewski:

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 #: AM090358418

Licensee Name: Red Oaks AFC, FSM, LLC

Licensee Address: 3597 Wheeler Road
Bay City, MI 48706

Licensee Telephone #: (989) 686-5173

Licensee/Licensee Designee: Patricia Matuszewski

Administrator: Patricia Matuszewski

Name of Facility: Red Oaks AFC, FSM, LLC

Facility Address: 3597 Wheeler Road
Bay City, MI 48706

Facility Telephone #: (989) 686-5173

Original Issuance Date: 04/24/2014

Capacity: 11

Program Type: AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/01/2024

Date of Bureau of Fire Services Inspection if applicable: 12/08/2023

Date of Health Authority Inspection if applicable: 10/01/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 10

No. of others interviewed [redacted] Role: [redacted]

- 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:
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, pending the receipt of the Application and the Application Fee.



10/02/2024

Anthony Humphrey
Licensing Consultant

Date