

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

October 3, 2024

James Pilot Bay Human Services, Inc. P O Box 741 Standish, MI 48658

RE: License #:	AS090016193
	Kasemeyer
	5181 Kasemeyer
	Bay City, MI 48706

Dear James Pilot:

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#:	AS090016193			
Licensee Name:	Bay Human Services, Inc.			
Licensee Address:	PO Box 741			
	3463 Deep River Rd Standish, MI 48658			
	33.73.73.7, 7.7.			
Licensee Telephone #:	(989) 846-9631			
Licensee Designee:	James Pilot			
Administrator:	Tammy Unger			
Name of Facility:	Kasemeyer			
Facility Address:	5181 Kasemeyer Bay City, MI 48706			
Facility Telephone #:	(989) 667-0470			
Original Issuance Date:	02/01/1995			
Capacity:	6			
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL			

II. METHODS OF INSPECTION

Date o	of On-site Inspection(s):	09/2	27/20	24
Date o	of Bureau of Fire Services Inspection	if applicabl	le:	N/A
Date o	of Health Authority Inspection if applic	able: N/A		
No. of	staff interviewed and/or observed residents interviewed and/or observe others interviewed N/A Role:	ed		3 4
• M	edication pass / simulated pass obse	rved? Yes	s 🖂	No ☐ If no, explain.
• M	edication(s) and medication record(s) reviewed'	? Ye	s 🛭 No 🗌 If no, explain.
Υe	esident funds and associated documes Signatures No Signatures If no, explain.			
• Fi	ire drills reviewed? Yes $oxtimes$ No $oxtimes$ If	no, explair	n.	
• Fi	re safety equipment and practices ob	served? Y	∕es ∑	☑ No ☐ If no, explain.
lf	-scores reviewed? (Special Certificati no, explain. /ater temperatures checked? Yes ⊠	• ,	_	
• In	cident report follow-up? Yes ⊠ No	☐ If no, e	xplaiı	n.
	orrective action plan compliance verit N/A ⊠ umber of excluded employees followe			AP date/s and rule/s: /A ⊠
• Va	ariances? Yes 🗌 (please explain) N	lo 🗌 N/A		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was	found to be in non-compliance with the following rules:					
R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.					
	(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.					
	spection, there were no updated annual health reviews on file for on and staff Chieko Thomas.					
R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.					
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.					
At the time of ins year 2024.	spection, there was no second quarter evening drill on file for the					
R 400.14403	Maintenance of premises.					
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.					
At the time of ins clothes dryer.	spection, the dryer vent was not securely attached to the back of the					
R 400.14403	Maintenance of premises.					
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.					
	spection, the bathroom on the right side of the hallway's wall next to ed to have layers of the paint and drywall missing. The wall is in					

IV. RECOMMENDATION

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

10/03/2024

Shamidah Wyden Licensing Consultant

Date