

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

January 27, 2025

Sondra Yantz KJB TENANT BAY CITY LLC Suite K 1584 Charlotte Circle Naperville, IL 60564

RE: License #:	AL090393313
	Charter Senior Living at Bay City 2
	568 North Pine Road
	Bay City, MI 48708

Dear Sondra Yantz:

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 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,

and and

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 #:	AL090393313
Licensee Name:	KJB TENANT BAY CITY LLC
Licensee Address:	Suite K
	1584 Charlotte Circle
	Naperville, IL 60564
Licensee Telephone #:	(989) 778-1713
Licensee Designee:	Sondra Yantz
Administrator:	June Nadolny
Name of Facility:	Charter Senior Living at Bay City 2
Facility Address:	568 North Pine Road
	Bay City, MI 48708
Facility Telephone #:	(989) 778-1713
Original Issuance Date:	08/02/2018
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED
	MENTALLY ILL
	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	01/24/2025
Date of Bureau of Fire Services Inspection if app	licable: 11/08/2024
Date of Health Authority Inspection if applicable:	N/A
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 1 Role: Adminis	2 17 strator
Medication pass / simulated pass observed?	? Yes 🖂 No 🗌 If no, explain.
Medication(s) and medication record(s) revie	ewed? Yes 🛛 No 🗌 If no, explain.
 Resident funds and associated documents r Yes X No I If no, explain. Meal preparation / service observed? Yes X 	
● Fire drills reviewed? Yes ⊠ No □ If no, e	xplain.
• Fire safety equipment and practices observe	ed? Yes 🖂 No 🗌 If no, explain.
 E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes X No [
 Incident report follow-up? Yes No If There were no recent incident reports requir Corrective action plan compliance verified? 2/10/2023, R402(3), R410(5), R401(2), R30 R318(5) N/A 	ing follow-up. Yes ⊠ CAP date/s and rule/s: 1(9), R301(4), R306(3), R204(3)(c),
 Number of excluded employees followed-up Variances? Yes (please explain) No R410(5) 2/14/2023, R410(5) 01/14/2019, R7 	N/A 🗌

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

R 400.15310	Resident health care.
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.
At the time of ins 2024 and Septer	pection, a weight record was not recorded for Resident A in May mber 2024.
R 400.15402	Food service.

IV. RECOMMENDATION

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

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01/27/2025

Shamidah Wyden Licensing Consultant

Date