

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

MARLON I. BROWN, DPA DIRECTOR

January 22, 2025

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

RE: License #:	AL090393451
	Charter Senior Living at Bay City 1
	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,

Kamile appl

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 #:	AL090393451
Licensee Name:	KJB TENANT BAY CITY LLC
Licensee Address:	Suite K
	1584 Charlotte Circle
	Naperville, IL 60564
T b b b b b b b b b b	(000) 770 1710
Licensee Telephone #:	(989) 778-1713
Licensee Designee:	Sondra Yantz
Administrator:	Sondra Yantz
Name of Facility:	Charter Senior Living at Bay City 1
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
	AGED

II. METHODS OF INSPECTION

Dat	e of On-site Inspection(s):	01/16/2	025			
Dat	Date of Bureau of Fire Services Inspection if applicable: 11/19/2024					
Dat	Date of Health Authority Inspection if applicable: N/A					
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:		4 14			
•	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 X No I If no, explain. Meal preparation / service observed? Yes X No I If no, explain. 					
•	● Fire drills reviewed? Yes ⊠ No □ If no, explain.					
•	Fire safety equipment and practices observe	d? 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 $oxtimes$ No $oxtimes$ If	no, expla	ain.			
•	Corrective action plan compliance verified? Yes ⊠ CAP date/s and rule/s: 02/10/2023- R315(8), R401(2), R402(3), R204(3)(c) N/A □ Number of excluded employees followed-up? 1 N/A □					
		. —				

• Variances? Yes ⊠ (please explain) No □ N/A □ R410(5)- 07/26/2018, R410(5) 2/2/2024, R410(5)01/12/2024

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was	found to be in non-compliance with the following rules:		
R 400.15205	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 annual health reviews on file for review for and Amber Wilson.		
R 400.15208	Direct care staff and employee records.		
	(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: (f) Verification of reference checks.		
At the time of ins review for staff C	pection, there were no verification of reference checks on file for		
R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.		
	(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.		
	pection, there was no verification on file that resident care been annually reviewed for Resident A, Resident B, or Resident C.		
R 400.15401	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		

At the time of inspection, the water temperature readings at multiple kitchenette sinks in resident bedrooms were above 120 degrees Fahrenheit.

REPEAT VIOLATION ESTABLISHED, LSR DATE 01/27/2023, CAP DATE 02/10/2023

R 400.15402	Food service.
	(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are
	necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.
At the time of inspection, there were three freezers in the basement of the facility	

At the time of inspection, there were three freezers in the basement of the facility that were not equipped with thermometers.

IV. RECOMMENDATION

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

in has

01/22/2025

Shamidah Wyden Licensing Consultant

Date