

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

August 25, 2025

Paula Martinez Autumn Ridge Gardens, LLC 5351 Three Mile Rd. Bay City, MI 48706

RE: License #:	AS090396835
	Autumn Ridge Gardens
	5351 Three Mile Rd
	Bay City, MI 48706

Dear Paula Martinez:

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,

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 #:	AS090396835		
Licensee Name:	Autumn Ridge Gardens, LLC		
Licensee Address:	5351 Three Mile Rd.		
Licensee Address.	Bay City, MI 48706		
	Day Gray, IIII 10100		
Licensee Telephone #:	(989) 284-8142		
Licensee Designee:	Paula Martinez		
A directories for a con-	Davida Mantina -		
Administrator:	Paula Martinez		
Name of Facility:	Autumn Ridge Gardens		
Traine or Facility:	/ tatamin range caraone		
Facility Address:	5351 Three Mile Rd		
	Bay City, MI 48706		
Facility Talankana #	(000) 004 0440		
Facility Telephone #:	(989) 284-8142		
Original Issuance Date:	04/15/2019		
Capacity:	6		
Program Type:	PHYSICALLY HANDICAPPED		
	DEVELOPMENTALLY DISABLED MENTALLY ILL		
	AGED		
	TRAUMATICALLY BRAIN INJURED		
	ALZHEIMERS		

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	08/21/2	025		
Date	e of Bureau of Fire Services Inspection if appl	licable:	N/A		
Date	e of Health Authority Inspection if applicable:		06/26/2025		
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Licensee	e Design	2 6 nee		
•	Medication pass / simulated pass observed?	Yes 🗵	No ☐ If no, explain.		
•	Medication(s) and medication record(s) revie	wed? Y	′es ⊠ No □ If no, explain.		
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.				
•	Fire drills reviewed? Yes ⊠ No ☐ If no, ex	xplain.			
•	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 ☐ No ☒ If incident reports requiring Corrective action plan compliance verified? N/A ☒	ng follov	v-up.		
•	Number of excluded employees followed-up?	?	N/A 🖂		
•	Variances? Yes ☐ (please explain) No ☐	N/A 🖂			

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was	found to be in non-compliance with the following rules:		
R 400.14403	Maintenance of premises.		
	(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.		
At the time of ins nonskid surfacing	spection, one of the bathroom showers was not equipped with g.		
R 400.14410	Bedroom furnishings.		
	(1) The bedroom furnishings in each bedroom shall include all of the following: (d) At least 1 chair.		
At the time of ins	spection, Resident A and Resident B's bedroom did not have a chair.		
R 400.14510	Heating equipment generally.		
	(2) A furnace, water heater, heating appliances, pipes, wood-burning stoves and furnaces, and other flame- or heat-producing equipment shall be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and shall be maintained in a safe condition.		
At the time of ins	spection, the clothes dryer was not equipped with a solid metal vent.		

IV. RECOMMENDATION

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

Shamile Troop	08/25/2025
Shamidah Wyden Licensing Consultant	Date