



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

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

November 20, 2025

RE: License #: AL170399127 - **Meridian Heights**
1105 Meridian, Sault Ste. Marie, MI 49783

Dear Mr. 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 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 (616) 356-0100.

Sincerely,

A handwritten signature in black ink, appearing to read "Garrett Peters", with a long horizontal line extending to the right.

Garrett Peters, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(906) 250-9318

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #: AL170399127

Licensee Name: Bay Human Services, Inc.

Licensee Address: PO Box 741
3463 Deep River Rd
Standish, MI 48658

Licensee Telephone #: (989) 846-9631

Licensee Designee: James Pilot

Name of Facility: Meridian Heights

Facility Address: 1105 Meridian
Sault Ste. Marie, MI 49783

Facility Telephone #: (906) 635-8806

Original Issuance Date: 06/01/2019

Capacity: 18

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/13/2025

Date of Bureau of Fire Services Inspection if applicable: 1/13/25

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 6

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.
Not there during meal time.
- 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 found to be in non-compliance with the following rules:

R 400.645 Environmental health.

(9) Hand-washing fixtures must be provided in both the kitchen and bathroom areas and include hot and cold water, soap, and individual towels.

During my on-site inspection I observed several resident bathroom's electronic paper towel dispensers were not working or dispensing paper towels.

IV. RECOMMENDATION

Contingent upon receipt of an appropriate corrective action plan, I recommend issuance of a 2 year regular adult foster care license.



11/20/25

Garrett Peters
Licensing Consultant

Date