



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 4, 2026

Ms. Rood  
Bay Human Services, Inc.  
P O Box 741  
Standish, MI 48658

RE: License #: AS170410110  
**Pine Creek**  
**8264 S Mackinaw Trl**  
**Sault Ste. Marie, MI 49783**

Dear Ms. Rood:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification is renewed. It is valid only at your present address and is nontransferable.

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 stylized flourish at the end.

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 #:** AS170410110

**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:** Ms. Rood

**Name of Facility:** Pine Creek

**Facility Address:** 8264 S Mackinaw Trl  
Sault Ste. Marie, MI 49783

**Facility Telephone #:** (989) 846-9631

**Original Issuance Date:** 12/01/2021

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 04/30/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: ongoing

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 2

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.
- 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 determined to be in substantial compliance with rules and requirements.

**IV. RECOMMENDATION**

I recommend issuance of a 2 year regular adult foster care license.



5/4/26

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Garrett Peters  
Licensing Consultant

Date