



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 22, 2026

Mickey Bauchan
Michigan Community Services, Inc.
PO Box 317
Swartz Creek, MI 48473

| | |
|----------------|--|
| RE: License #: | AS250010703 Berneda Home 5142 Berneda Drive Flint, MI 48506 |
|----------------|--|

Dear Mickey Bauchan:

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 and special certification 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,

A handwritten signature in cursive script, appearing to read "Shamidah Wyden".

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

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|--------------------------------|--|
| License #: | AS250010703 |
| Licensee Name: | Michigan Community Services, Inc. |
| Licensee Address: | 5239 Morrish Rd. Swartz Creek, MI 48473 |
| Licensee Telephone #: | (810) 635-4407 |
| Licensee Designee: | Mickey Bauchan |
| Administrator: | Sarah Brackin |
| Name of Facility: | Berneda Home |
| Facility Address: | 5142 Berneda Drive Flint, MI 48506 |
| Facility Telephone #: | (810) 736-5841 |
| Original Issuance Date: | 11/02/1983 |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED |
| Certified Programs: | DEVELOPMENTALLY DISABLED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/20/2026

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: 02/11/2026

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 6

No. of others interviewed 1 Role: Administrator

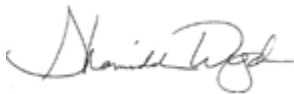
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- 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: 06/04/2024 R410(2) and R401(2); 02/28/2025 R305(3) N/A
- Number of excluded employees followed-up? 1 N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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| This facility was found to be in non-compliance with the following rules: | |
| R 400.729 | Heating equipment. |
| | (2) A furnace, water heater, heating appliances, pipes, wood-burning stoves and furnaces, and other flame- or heat-producing equipment must be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and maintained in a safe condition. Clothes dryers must be properly vented to the outside using permanent metal duct work. |
| At the time of inspection, the facility's clothes dryer was not vented with metal duct work. | |

IV. RECOMMENDATION

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



05/22/2026

Shamidah Wyden
Licensing Consultant

Date