

Bayside Village

Report ID: CCN 235144
Generated: 2026-07-23T18:51:13.909Z

§ 1 Facility Identity

Facility	Bayside Village
CCN	235144
Location	832 Sicotte Street, L' Anse, MI, 49946
Ownership type	Non profit - Corporation
Certified beds	59

§ 2 CMS Federal Record

Civil money penalties on file	\$176,157
Deficiency citations — current cycle	19 (533% vs prior 24 months (3))
Deficiency citations — prior 24 months	3
Immediate Jeopardy — current cycle	1
Actual-harm (G+) citations — current cycle	1
Special Focus Facility status	SFF candidate
Abuse icon	No

§ 3 Federal Penalties in Context

This facility — penalties on file	\$176,157
MI state average	\$33,031 (this facility is 5.3× the MI average)
National average	\$31,239 (this facility is 5.6× the national average)

Averages are CMS-published per-facility fine amounts for the same snapshot. Figures and multiples are stated as published; no inference is drawn here.

§ 4 Current-Cycle Deficiencies

The current survey cycle records the following 19 federal deficiency citations (CMS F-tags). Scope/severity is CMS's own A–L grade; "Immediate Jeopardy" is CMS's most serious classification.

F-TAG	FINDING (CMS)	SCOPE/SEV.	SOURCE
F689	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.	J • Immediate Jeopardy	Complaint
F689	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.	G	Standard survey
F727	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.	F	Standard survey
F730	Observe each nurse aide's job performance and give regular training.	F	Standard survey
F756	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.	F	Standard survey
F867	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.	F	Standard survey
F868	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly	F	Standard survey
F947	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.	F	Standard survey
F584	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.	E	Standard survey
F628	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.	E	Standard survey
F761	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals	E	Standard survey

must be stored in locked compartments, separately locked, compartments for controlled drugs.

F605	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.	D	Standard survey
F645	PASARR screening for Mental disorders or Intellectual Disabilities	D	Standard survey
F695	Provide safe and appropriate respiratory care for a resident when needed.	D	Standard survey
F711	Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit.	D	Standard survey
F712	Ensure that the resident and his/her doctor meet face-to-face at all required visits.	D	Standard survey
F757	Ensure each resident's drug regimen must be free from unnecessary drugs.	D	Standard survey
F657	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.	D	Complaint
F760	Ensure that residents are free from significant medication errors.	D	Complaint

§ 5 Ownership

Ownership record	Owner on file: BARAGA COUNTY MEMORIAL HOSPITAL (organization)
------------------	---

§ 6 CMS Care Compare Star Ratings

Overall	1 / 5 (state avg 3.2 · US avg 3)
Health inspection	1 / 5 (state avg 2.8 · US avg 2.8)
Staffing	3 / 5 (state avg 3.5 · US avg 2.9)
Quality measures (QM)	1 / 5 (state avg 4 · US avg 3.7)

§ 7 **Record Provenance**

CMS data as of	Jun 2026
Independent verification	https://www.medicare.gov/care-compare/details/nursing-home/235144
Snapshot SHA-256	9ae9aac0306d7420a9d768089879b4a9cd19f35460b83ea670fb0282926bf608
Methodology & version	v1.0 — https://www.caregiverhelpnow.com/methodology

§ 8 **For Your Attorney**

1. The full survey file (Form 2567) for each inspection cited above is available from the state survey agency or by FOIA request.
 2. Quarterly staffing data: CMS Payroll-Based Journal (PBJ) public use files, CCN 235144.
 3. Cite this snapshot as “CMS Care Compare, as of Jun 2026” — integrity hash 9ae9aac0306d.
 4. Deficiency F-tags cited above are searchable in CMS QCOR (qcor.cms.gov).
-

This snapshot is a frozen record of CMS Care Compare data as of Jun 2026. Independently verifiable at the URL above. Generated by CareSentinel under Nodal Logics LLC. Compiled under CareSentinel methodology v1.0, documented at <https://www.caregiverhelpnow.com/methodology>; the Snapshot SHA-256 above pins this record to that methodology version.

CareSentinel operates as an independent legal-advertising service, not a law firm, and does not recommend, endorse, or vouch for any attorney (ABA Model Rule 5.4). This document restates the public federal record only; it is not legal advice and forms no attorney-client relationship. Inspection findings are point-in-time CMS survey results, not a determination that any specific resident was harmed.