



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

June 8, 2018

Jenel Stoinski
Leisure Living Management of Lansing, Inc.
Homestead Management Group, LLC
21800 Haggerty Road
Suite 115
Northville, MI 48167

RE: License #: AL190083017
**Prestige Pines Freedom Lane
Suite 3
1177 West Solon Road
Dewitt, MI 48820**

Dear Ms. Stoinski:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit additional documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license 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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Barner".

Leslie Barner, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

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

I. IDENTIFYING INFORMATION

License #: AL190083017

Licensee Name: Leisure Living Management of Lansing, Inc.

Licensee Address: 21800 Haggerty Road, Ste 115
Northville, MI 48167

Licensee Telephone #: (616) 464-6122

Licensee Designee: Jenel Stoinski

Administrator: Jenna McBride

Name of Facility: Prestige Pines Freedom Lane

Facility Address: Suite 3
1177 West Solon Road
Dewitt, MI 48820

Facility Telephone #: (517) 484-6980

Original Issuance Date: 11/30/1998

Capacity: 20

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/07/2018

Date of Bureau of Fire Services Inspection if applicable: 10/23/2017

Date of Health Authority Inspection if applicable: Not applicable

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 17

No. of others interviewed 1 Role: Administrator Jenna McBride

- 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.
On-site inspection did not occur at meal time. Menus were reviewed, kitchen inspected, and kitchen staff interviewed.
- 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:
6/9/16 for rule 318 (4), 3/23/17 for rule 312 (4)(d), and 4/19/17 for rule 206 (2)
N/A
- Number of excluded employees followed-up? 2 N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in non-compliance with the following rules:

R 400.15403 Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

At the time of the on-site inspection the flooring in the dining room and foyer was severely peeling and warped in several areas and needs repair. Administrator Jenna McBride produced documentation that new flooring was ordered on 6/5/18 and will be replaced by 7/7/18.

A corrective action plan was requested and approved on 06/08/2018. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



06/08/18

Leslie Barner
Licensing Consultant

Date