



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 30, 2021

Kristi Fleischfresser
Pleasant Lake Lodge, Inc.
2085 S. 33 1/2 Mile Rd.
Cadillac, MI 49601

RE: License #: AL830309090
Pleasant Lake Lodge North
2035 S. 33 1/2 Mile Road
Cadillac, MI 49601

Dear Ms. Fleischfresser:

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: *(choose one or more)*

- You are to submit documentation of compliance. Please email me photos of completed health statements for all employees.

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 (616) 356-0183.

Sincerely,

Bruce A. Messer, Licensing Consultant
Bureau of Community and Health Systems
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4939

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

I. IDENTIFYING INFORMATION

License #:	AL830309090
Licensee Name:	Pleasant Lake Lodge, Inc.
Licensee Address:	2085 S. 33 1/2 Mile Rd. Cadillac, MI 49601
Licensee Telephone #:	(231) 775-0522
Licensee Designee:	Kristi Fleischfresser
Administrator:	Kristi Fleischfresser
Name of Facility:	Pleasant Lake Lodge North
Facility Address:	2035 S. 33 1/2 Mile Road Cadillac, MI 49601
Facility Telephone #:	(231) 775-7366
Original Issuance Date:	06/30/2011
Capacity:	20
Program Type:	MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/29/2021

Date of Bureau of Fire Services Inspection if applicable: 10/06/2021

Date of Health Authority Inspection if applicable: 08/23/2021

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 12
No. of others interviewed 0 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:
R312.4b CAP dated 12/3/2019 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 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

During the course of this on-site renewal inspection, it was noted that the licensee failed to obtain a statement, signed by a licensed physician, as to the physician's knowledge of the physical health of three direct care staff members.

A corrective action plan was requested and approved on 11/29/2021. 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.

An exit conference was completed with Licensee Designee Kristi Fleischfresser on November 29, 2021. I explained the above noted violation. Ms. Fleischfresser stated she understood and submitted a corrective action plan that day. She noted she had no further questions pertaining to this renewal inspection.

IV. RECOMMENDATION

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



November 30, 2021

Bruce A. Messer
Licensing Consultant

Date