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## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

February 9, 2022

Dean Bonesteel Pineview Cottage, LLC 8121 Broken Ridge East Harbor Springs, MI 49740

RE: License #: AH240389978

Pineview Cottage

3498 Harbor-Petoskey Rd Harbor Springs, MI 49740

Dear Mr. Bonesteel:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. The license is renewed until 2/2/2023. It is valid only at your present address and is nontransferable.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100.

Sincerely,

Julie Viviano, Licensing Staff Bureau of Community and Health Systems

Unit 13, 7th Floor 350 Ottawa, N.W. Grand Rapids, MI 49503

Cell (616) 204-4300

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

#### I. IDENTIFYING INFORMATION

License #:	AH240389978		
LICEIISE #.	A11240303310		
Licensee Name:	Pineview Cottage, LLC		
Licensee Address:	8121 Broken Ridge East		
	Harbor Springs, MI 49740		
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Licensee Telephone #:	(810) 516-8928		
Authorized			
Representative/Administrator:	Dean Bonesteel		
	Dodn Donosco.		
Name of Facility:	Pineview Cottage		
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Facility Address:	3498 Harbor-Petoskey Rd		
,	Harbor Springs, MI 49740		
	Transcr opinigo, wii 107 10		
Facility Telephone #:	(231) 412-6069		
Original Issuance Date:	08/03/2018		
Capacity:	40		
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Program Type:	AGED		
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### **II. METHODS OF INSPECTION**

Date of On-site Inspection	n(s): 2/07/2022			
Date of Bureau of Fire Services Inspection if applicable: BFS – A 12/28/2021				
Inspection Type:	☐Interview and Observation☐Combination	⊠Worksheet		
Date of Exit Conference: 2/7/2022				
No. of staff interviewed ar No. of residents interviewed No. of others interviewed	ed and/or observed	9 16		
Medication pass / sim	nulated pass observed? Yes 🏻	No ☐ If no, explain.		
Medication(s) and medication records(s) reviewed? Yes ⊠ No ☐ If no,     overlain.				
<ul> <li>explain.</li> <li>Resident funds and associated documents reviewed for at least one resident? Yes □ No ☒ If no, explain. The home does not hold resident funds in trust.</li> <li>Meal preparation / service observed? Yes ☒ No □ If no, explain.</li> </ul>				
● Fire drills reviewed? Yes ⊠ No □ If no, explain.				
● Water temperatures checked? Yes ⊠ No □ If no, explain.				
<ul> <li>Incident report follow-up? Yes ⋈ IR date/s: N/A □</li> <li>Corrective action plan compliance verified? Yes □ CAP date/s and rule/s: N/A</li> <li>Number of excluded employees followed up? 0 N/A ⋈</li> </ul>				

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The facility is in compliance with all applicable rules and statutes.

#### IV. RECOMMENDATION

Renewal of the license is recommended.

Julie hinano	2/9/2022
Licensing Consultant	 Date