



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 10, 2022

Debra Westerhof
Pine Ridge Adult Care Home LLC
15467 Port Sheldon Street
West Olive, MI 49460

RE: License #:	AL700079149 Pine Ridge Assisted Living Fac 15467 Port Sheldon West Olive, MI 49460
----------------	---

Dear Ms Westerhof:

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

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
 BUREAU OF COMMUNITY AND HEALTH SYSTEMS
 RENEWAL INSPECTION REPORT
 VIRTUAL INSPECTION DUE TO COVID 19 ACTIVE CASES IN HOME**

I. IDENTIFYING INFORMATION

License #:	AL700079149
Licensee Name:	Pine Ridge Adult Care Home LLC
Licensee Address:	15467 Port Sheldon Street West Olive, MI 49460
Licensee Telephone #:	(161) 639-9177
Licensee/Licensee Designee:	Debra Westerhof, Designee
Administrator:	Debra Westerhof, Administrator
Name of Facility:	Pine Ridge Assisted Living Fac
Facility Address:	15467 Port Sheldon West Olive, MI 49460
Facility Telephone #:	(616) 399-1774
Original Issuance Date:	03/01/1998
Capacity:	19
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/28/2022

Date of Bureau of Fire Services Inspection if applicable: 07/07/2022, 08/01/2022

Date of Health Authority Inspection if applicable: 03/15/2022

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 12
No. of others interviewed 1 Role: LD/Admin. D. Westerhof

- Medication pass / simulated pass observed? Yes No If no, explain.
This inspection completed virtually due to COVID 19 cases within the facility. An inspection of the MAR and resident medications was completed.
- 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.
This inspection was complete virtually due to active COVID 19 within the facility.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
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 determined to be in compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license with special certification.



08/10/2022

Elizabeth Elliott
Licensing Consultant

Date