



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

August 4, 2023

Lura Butler-Engel
Premier Operating Goodrich AL, LLC
8111 S State Road
Goodrich, MI 48438

RE: License #: AL250382795
The Pines Of Goodrich
8111 S State Road
Goodrich, MI 48438

Dear Ms. Butler-Engel:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care large group home will be renewed upon approval from the State Fire Marshal. The regular license will be 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) 643-7960

Sincerely,

A handwritten signature in blue ink that reads 'Kathryn Huber'.

Kathryn Huber, Licensing Consultant
Bureau of Community and Health Systems
411 E. Genesee
PO Box 5070
Saginaw, MI 48607
(989) 293-3234

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

I. IDENTIFYING INFORMATION

License #:	AL250382795
Licensee Name:	Premier Operating Goodrich AL, LLC
Licensee Address:	299 Park Ave - 6 Fl New York, NY 10171
Licensee Telephone #:	(419) 429-9984
Licensee Designee:	Lura Butler-Engel
Administrator:	Ruby Mogensen
Name of Facility:	The Pines Of Goodrich
Facility Address:	8111 S State Road Goodrich, MI 48438
Facility Telephone #:	(810) 636-7070
Original Issuance Date:	02/10/2017
Capacity:	20
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/02/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: 05/03/2023

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role:

- 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.
Lunch was served after the inspection was complete
- 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:
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 substantial compliance with rules and requirements.

IV. RECOMMENDATION

Upon receipt from the State Fire Marshal, I recommend issuance of a regular license to this AFC adult large group home (capacity 13-20).

Kathryn Huber

08/04/2023

Kathryn Huber
Licensing Consultant

Date