



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

September 1, 2023

Angela Smith
5012 Palisade
Lansing, MI 48917

RE: License #: AF230393320
Peaceful Assisted Living
5012 Palisade
Lansing, MI 48917

Dear Ms. Smith:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. 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) 284-9730.

Sincerely,

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

Leslie Herrguth, 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 #:	AF230393320
Licensee Name:	Angela Smith
Licensee Address:	5012 Palisade Lansing, MI 48917
Licensee Telephone #:	(517) 927-3507
Name of Facility:	Peaceful Assisted Living
Facility Address:	5012 Palisade Lansing, MI 48917
Facility Telephone #:	(517) 927-3507
Original Issuance Date:	03/04/2019
Capacity:	1
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/23/2023

Date of Bureau of Fire Services Inspection if applicable: Not applicable

Date of Health Authority Inspection if applicable: Not applicable

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 0

No. of others interviewed [redacted] 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. Resident manages his own funds.
- Meal preparation / service observed? Yes No If no, explain.
Inspection did not occur at meal time. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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.
No reportable incidents
- 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

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

IV. RECOMMENDATION

I recommend issuance of a regular two – year adult foster care license.



09/01/2023

Leslie Herrguth
Licensing Consultant

Date