

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

February 15, 2024

Mark Walker/Marie Lynn Wieland Premier Operating Clarkston MC, LLC 7570 Dixie Hwy Clarkston, MI 48346

RE: License #: AL630382793

The Pines Of Clarkston Memory Care

7570 Dixie Hwy Clarkston, MI 48346

Dear Mark Walker/Marie Lynn Wieland:

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 (248) 975-5053.

Sincerely,

Kristen Donnay, Licensing Consultant

Bureau of Community and Health Systems

Cadillac Place

3026 W. Grand Blvd. Ste 9-100

Detroit, MI 48202 (248) 296-2783

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

I. IDENTIFYING INFORMATION

License #:	AL630382793	
Licensee Name:	Premier Operating Clarkston MC, LLC	
Licensee Address:	299 Park Ave - 6 Fl	
	New York, NY 10171	
Licensee Telephone #:	(989) 534-1772	
Licensee Designee:	Mark Walker	
N 6= 111	TI D: Of OL I (M	
Name of Facility:	The Pines Of Clarkston Memory Care	
Essility Address:	7570 Divio Hung	
Facility Address:	7570 Dixie Hwy Clarkston, MI 48346	
	ClarkStori, IVII 40340	
Facility Telephone #:	(248) 625-3400	
	(2.0) 020 0.00	
Original Issuance Date:	03/22/2017	
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Capacity:	20	
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Program Type:	ALZHEIMERS	

II. METHODS OF INSPECTION

Date	of On-site Inspection(s): 02/01/2024	
Date	of Bureau of Fire Services Inspection if applicable: 07	/14/2023
Date	of Health Authority Inspection if applicable: N/A	
No. o	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 2 Role: Admin.	1 0
١	Medication pass / simulated pass observed? Yes Delay No residents in care during renewal inspection/reviewed Medication(s) and medication record(s) reviewed? Yes	ed records
• N	Resident funds and associated documents reviewed for Yes No I If no, explain. Meal preparation / service observed? Yes No No No residents in care during renewal inspection Fire drills reviewed? Yes No I If no, explain.	
• F	Fire safety equipment and practices observed? Yes $igtriangle$	☑ No ☐ If no, explain.
li	E-scores reviewed? (Special Certification Only) Yes ☐ If no, explain. Water temperatures checked? Yes ☒ No ☐ If no, e	
• I	Incident report follow-up? Yes ⊠ No □ If no, explair	า.
	Corrective action plan compliance verified? Yes 🖂 C N/A 🗌 Number of excluded employees followed-up? N	AP date/s and rule/s: /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

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

02/15/2024

Kristen Donnay Licensing Consultant

Kisten Donnay

Date