



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 6, 2024

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 Dean Bonesteel:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH240389978
<b>Licensee Name:</b>	Pineview Cottage, LLC
<b>Licensee Address:</b>	8121 Broken Ridge East Harbor Springs, MI 49740
<b>Licensee Telephone #:</b>	(810) 516-8928
<b>Authorized Representative/Administrator</b>	Dean Bonesteel
<b>Name of Facility:</b>	Pineview Cottage
<b>Facility Address:</b>	3498 Harbor-Petoskey Rd Harbor Springs, MI 49740
<b>Facility Telephone #:</b>	(231) 412-6069
<b>Original Issuance Date:</b>	08/03/2018
<b>Capacity:</b>	40
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 3/5/2024

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

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 3/5/2024

No. of staff interviewed and/or observed 11  
No. of residents interviewed and/or observed 23  
No. of others interviewed 0 Role N/A

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication records(s) reviewed? Yes  No  If no, explain.
- 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.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Reviewed disaster plans along with interviewed staff on policies and procedures.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: 8/1/2023; 10/31/2023 N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: 8/1/2023 - 2023A1021066; 10/31/2023 - 2023A1021076
- Number of excluded employees followed up? Yes - 1 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<b>(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority.</b>
<b>ANALYSIS:</b>	Review of five resident files revealed Resident A's TB screen was completed after admittance to the facility. Resident A was admitted to the facility on 1/11/2023 and the TB screen was not completed until 1/17/2023. A TB screen must be completed within 12 months before admission.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>R 325.1923</b>	<b>Employee's health.</b>
	<b>(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure.</b>
<b>ANALYSIS:</b>	Review of eight employee files revealed Employee A did not have evidence of TB screen completed within the 10 days of hire and prior to occupational exposure.
<b>CONCLUSION:</b>	<b>VIOLATON ESTABLISHED</b>

### IV. RECOMMENDATION

An acceptable corrective action plan is requested and due by 3/21/2024.

*Julie Hinds*

3/6/2024

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Date

Licensing Consultant