



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 17, 2024

Julie Brooks
Pleasant View Manor, Inc.
16000 Pine Lake Ave.
Sand Lake, MI 49343

RE: License #: AM410377803
Pleasant View Manor
16000 Pine Lake Ave.
Sand Lake, MI 49343

Dear Julie Brooks:

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 (616) 356-0100.

Sincerely,

A handwritten signature in black ink, appearing to read "Ian Tschirhart".

Ian Tschirhart, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

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

I. IDENTIFYING INFORMATION

License #: AM410377803

Licensee Name: Pleasant View Manor, Inc.

Licensee Address: 16000 Pine Lake Ave.
Sand Lake, MI 49343

Licensee Telephone #: (616) 696-2400

Licensee/Licensee Designee: Julie Brooks

Administrator: Julie Brooks

Name of Facility: Pleasant View Manor

Facility Address: 16000 Pine Lake Ave.
Sand Lake, MI 49343

Facility Telephone #: (616) 696-2400

Original Issuance Date: 11/17/2015

Capacity: 12

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/16/2024

Date of Bureau of Fire Services Inspection if applicable: 09/11/2023

Date of Health Authority Inspection if applicable: 01/11/2024

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 8

No. of others interviewed 1 Role: Licensee Designee

- 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.
Not mealtime. Consultant asked questions, inspected kitchen.
- 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

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

IV. RECOMMENDATION

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



May 17, 2024

Ian Tschirhart
Licensing Consultant

Date