



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 18, 2024

Donna Hall
580 Cumings Court
Sparta, MI 49345

RE: License #: AF410003376
Pineview AFC Home
580 Cumings Court
Sparta, MI 49345

Dear Mrs. Hall:

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) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

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

I. IDENTIFYING INFORMATION

License #:	AF410003376
Licensee Name:	Donna Hall
Licensee Address:	580 Cumings Court Sparta, MI 49345
Licensee Telephone #:	(616) 887-7136
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Pineview AFC Home
Facility Address:	580 Cumings Court Sparta, MI 49345
Facility Telephone #:	(616) 887-7136
Original Issuance Date:	01/14/1986
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/15/2024

Date of Bureau of Fire Services Inspection if applicable: 07/15/2024

Date of Health Authority Inspection if applicable: 03/12/2024

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

No. of others interviewed N/A 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.
- Meal preparation / service observed? Yes No If no, explain.
- 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.

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

Exit Conference completed onsite 7.15.24 with licensee Donna Hall.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult family home (capacity 1-6).



07/18/2024

Toya Zylstra
Licensing Consultant

Date