



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 30, 2025

Jamika Bain  
18880 30th Ave  
Marion, MI 49665

RE: License #: AM670344560  
**Pleasant Ridge Manor**  
**18880 30th Ave**  
**Marion, MI 49665**

Dear Jamika. Bain:

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 blue ink, reading "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4939

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM670344560
<b>Licensee Name:</b>	Jamika Bain
<b>Licensee Address:</b>	18880 30th Ave Marion, MI 49665
<b>Licensee Telephone #:</b>	(231) 743-6922
<b>Name of Facility:</b>	Pleasant Ridge Manor
<b>Facility Address:</b>	18880 30th Ave Marion, MI 49665
<b>Facility Telephone #:</b>	(231) 743-6922
<b>Original Issuance Date:</b>	11/21/2014
<b>Capacity:</b>	9
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/29/2025

Date of Bureau of Fire Services Inspection if applicable: 08/23/2024

Date of Health Authority Inspection if applicable: 01/22/2025

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

No. of others interviewed 0 Role:

- 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

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

On April 29, 2025, I completed an exit conference with Licensee Jamika Bain. I explained my finding as noted above. Ms. Bain stated she understood the finding and had no further information to provide, nor questions to ask, concerning this renewal inspection.

#### **IV. RECOMMENDATION**

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



April 30, 2025

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Bruce A. Messer  
Licensing Consultant

Date