



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 18, 2025

Kristi Tucker-Fleischfresser
Pleasant Lake Lodge, Inc.
2085 S. 33 1/2 Mile Rd.
Cadillac, MI 49601

RE: License #: AL830300832
Pleasant Lake Lodge South
2085 S 33 1/2 Mile Road
Cadillac, MI 49601

Dear Kristi Tucker-Fleischfresser:

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

License #:	AL830300832
Licensee Name:	Pleasant Lake Lodge, Inc.
Licensee Address:	2085 S. 33 1/2 Mile Rd. Cadillac, MI 49601
Licensee Telephone #:	(231) 920-9993
Licensee Designee:	Kristi Tucker-Fleischfresser
Administrator:	Kristi Tucker-Fleischfresser
Name of Facility:	Pleasant Lake Lodge South
Facility Address:	2085 S 33 1/2 Mile Road Cadillac, MI 49601
Facility Telephone #:	(231) 775-5847
Original Issuance Date:	11/06/2009
Capacity:	20
Program Type:	MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/17/2025

Date of Bureau of Fire Services Inspection if applicable: 07/08/2025

Date of Health Authority Inspection if applicable: 03/12/2025

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 9

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 July 17, 2025, I conducted an exit conference with Licensee Designee Kristi Tucker-Fleischfresser. I explained my findings as noted above. Ms. Tucker-Fleischfresser noted she understood the findings, that she had no further information to provide concerning this renewal inspection, and that she had no additional questions to ask.

IV. RECOMMENDATION

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

 July 18, 2025

Bruce A. Messer
Licensing Consultant

Date