



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 22, 2025

Patti Holland
801 W Geneva Dr.
Dewitt, MI 48820

RE: License #: AM330008452
Investigation #: 2025A1024054
Pleasant View AFC

Dear Patti Holland:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan was required. On October 16, 2025, you submitted an acceptable written corrective action plan.

It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AM330008452
Investigation #:	2025A1024054
Complaint Receipt Date:	09/04/2025
Investigation Initiation Date:	09/04/2025
Report Due Date:	11/03/2025
Licensee Name:	Patti Holland
LicenseeAddress:	801 W Geneva Dr. Dewitt, MI 48820
Licensee Telephone #:	(517) 669-8457
Administrator:	Patti Holland
Licensee Designee:	Patti Holland
Name of Facility:	Pleasant View AFC
Facility Address:	3016 Risdale Lansing, MI 48911
Facility Telephone #:	(517) 394-6748
Original Issuance Date:	12/12/1992
License Status:	REGULAR
Effective Date:	01/22/2024
Expiration Date:	01/21/2026
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

	AGED ALZHEIMERS
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II. ALLEGATION(S)

	Violation Established?
Facility received a disapproved fire safety inspection report.	Yes

III. METHODOLOGY

09/04/2025	Special Investigation Intake 2025A1024054
09/04/2025	APS Referral not warranted
09/04/2025	Special Investigation Initiated – Letter review of <i>Bureau of Fire Services (BFS) Annual Inspection Report</i>
09/04/2025	Contact - Telephone call made with BFS Inspector Mauricio Barrera
09/24/2025	Contact - Face to Face-with BFS Inspector Mauricio Barrera
09/29/2025	Contact - Document Received-email correspondence with Patti Holland
10/08/2025	Inspection Completed On-site with direct care staff member Delisa Kirk
10/08/2025	Inspection Completed-BCAL Sub. Compliance
10/15/2025	Exit Conference-with licensee designee Patti Holland
10/15/2025	Corrective Action Plan Requested and Due on 10/25/2025
10/16/2025	Corrective Action Plan Received
10/21/2025	Corrective Action Plan Approved

ALLEGATION: Facility received a disapproved fire safety inspection report.

INVESTIGATION:

On 9/4/2025, I received notice that the facility received a disapproved fire safety inspection report. On 9/4/2025, I reviewed the facility's *Bureau of Fire Services Annual Inspection Report* dated 8/27/2025 which stated a re-inspection was completed, and multiple deficiencies were found therefore the facility's fire safety certification is

disapproved. The *Bureau of Fire Services Annual Inspection Report* noted that extension cords need to be removed, drywall holes found in resident bedrooms, and oxygen not stored properly in the facility.

On 9/04/2025, I conducted an interview with BFS Inspector Mauricio Barrera who stated that he conducted an inspection at the facility and gave the licensee an opportunity to correct deficiencies found, however, there were no corrections made. Mauricio Barrera stated he is scheduled to re-inspect the facility on 9/10/2025.

On 9/24/2025, I conducted an interview with BFS Inspector Mauricio Barrera who stated that all necessary corrections have been completed, and the facility now has an approved fire safety rating.

On 9/29/2025, I reviewed email correspondence from licensee designee Patti Holland who stated that she never received an email regarding corrections that were needed after the initial BFS inspection was completed. Patti Holland stated after she received a disapproved fire safety rating, she immediately arranged for all deficiencies noted in the inspection report to be corrected and the facility is now in compliance with all BFS administrative rules and regulations.

On 10/08/2025, I conducted an onsite investigation at the facility with direct care staff member Delisa Kirk who stated that maintenance recently made repairs to the facility premises which included patching up holes in the drywall observed in some resident bedrooms and removing multiple extension cords. Delisa Kirk stated after the corrections were made, the facility received an approved fire safety rating.

I inspected the facility and found no concerns with the maintenance of premises and the deficiencies noted in the BFS inspection report were observed to be corrected.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

ANALYSIS:	Based on my investigation which included interviews with BFS Inspector Mauricio Barrera, direct care staff member Delisa Kirk, review of email correspondence with licensee designee Patti Holland, inspection of the facility and review of the facility's <i>BFS Annual Inspection Report</i> there is evidence that the facility received a disapproved fire safety report. I reviewed the facility's <i>Bureau of Fire Services Annual Inspection Report</i> dated 8/27/2025 which stated a re-inspection was completed, and multiple deficiencies were found which included holes in the drywall of the home, improper oxygen storage and multiple use of extension cords, therefore the facility's fire safety certification was disapproved. According to BFS Inspector Mauricio Barrera there were no corrections made by the licensee after his initial inspection was completed however after his reinspection at the facility on 9/10/2025, all deficiencies were corrected, and the facility currently has an approved fire safety rating. I inspected the facility and found the deficiencies listed on the BFS report to be corrected and no concerns with the maintenance of premises of the home. The home was not adequately maintained for the health, safety and well-being of the residents due to deficiencies found at the facility by BFS and not corrected which led to a disapproved fire safety rating.
CONCLUSION:	VIOLATION ESTABLISHED

On 10/15/2025, I conducted an exit conference with licensee designee Patti Holland. I informed Patti Holland of my findings and allowed her an opportunity to ask questions and make comments.

IV. RECOMMENDATION

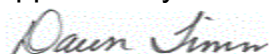
An acceptable corrective action plan was received therefore I recommend the current license status remain unchanged.



Ondrea Johnson
Licensing Consultant

10/22/2025
Date

Approved By:



10/22/2025

Dawn N. Timm
Area Manager

Date