



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 18, 2025

Michael Kirby  
Kirby's Adult Foster Care Services Inc.  
2285 E. Lily Lake  
Harrison, MI 48625

RE: License #: AS370407797  
**Pleasant Acres**  
**9318 E Pickard, Mount Pleasant, MI 48858**

Dear Mr. Kirby:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee and a date.

Upon receipt of an acceptable corrective plan and an approved environmental health inspection, a regular license and special certification will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 (517) 335-5985.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Browning".

Jennifer Browning, Licensing Consultant  
Bureau of Community and Health Systems  
browningj1@michigan.gov - 989-444-9614

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

**I. IDENTIFYING INFORMATION**

|                                |  |
|--------------------------------|--|
| <b>License #:</b>              | AS370407797                                |
| <b>Licensee Name:</b>          | Kirby's Adult Foster Care Services Inc.    |
| <b>Licensee Address:</b>       | 2285 E. Lily Lake<br>Harrison, MI 48625    |
| <b>Licensee Telephone #:</b>   | (989) 539-7365                             |
| <b>Licensee Designee:</b>      | Michael Kirby                              |
| <b>Administrator:</b>          | Michael Kirby                              |
| <b>Name of Facility:</b>       | Pleasant Acres                             |
| <b>Facility Address:</b>       | 9318 E Pickard<br>Mount Pleasant, MI 48858 |
| <b>Facility Telephone #:</b>   | (989) 317-3948                             |
| <b>Original Issuance Date:</b> | 07/14/2021                                 |
| <b>Capacity:</b>               | 6  |
| <b>Program Type:</b>           | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL   |
| <b>Certified Programs:</b>     | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL   |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/17/2025

Date of Bureau of Fire Services Inspection if applicable: Not applicable.

Date of Health Authority Inspection if applicable: Requested on 9/3/2025, waiting on report.

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Matthew Hopper

- 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. There were no personal funds on-site.
- 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 found to be in non-compliance with the following rules:

|  |   |
|--|---|
| R 400.629  | <b>Direct care staff qualifications and training.</b>   |
|  | <p><b>(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:</b></p> <p><b>b) First Aid</b></p> <p><b>c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.</b></p> |
| <p>Direct care staff member Camdyn Desgranges did not have verification showing they were competent in First Aid and CPR in their employee record.</p> |   |
| R 400.647  | <b>Safety and maintenance of premises.</b>  |
|  | <p><b>(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.</b></p>  |
| <p>There was a hole in the wall in Resident A's bedroom near his bed.</p>  |   |
| R 400.647  | <b>Safety and maintenance of premises.</b>  |
|  | <p><b>(6) Plumbing fixtures and water and waste pipes must be properly installed and maintained in good working condition.</b></p>  |
| <p>The kitchen faucet was loose and needed to be tightened.</p>  |   |
| R 400.661  | <b>Bedroom furnishings.</b>   |
|  | <p><b>(4) Resident bedrooms must have lighting for reading and other activities, equipped with an accessible mirror appropriate for grooming, and provisions to allow a resident to mount pictures or decorative items on walls.</b></p>  |
| <p>Resident A did not have a mirror for grooming available in his bedroom.</p>   |   |

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and an approved environmental health inspection, renewal of the license and special certification is recommended.

*Jennifer Browning*

Jennifer Browning  
Licensing Consultant

12/18/2025

Date