



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 26, 2026

Patti Holland  
801 W Geneva Dr.  
Dewitt, MI 48820

RE: License #: AM330008452  
**Pleasant View AFC**  
**3016 Risdale**  
**Lansing, MI 48911**

Dear Patti Holland:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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 (517) 335-5985.

Sincerely,

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

Ondrea Johnson, Licensing Consultant  
Bureau of Community and Health Systems

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM330008452
<b>Licensee Name:</b>	Patti Holland
<b>Licensee Address:</b>	801 W Geneva Dr. Dewitt, MI 48820
<b>Licensee Telephone #:</b>	(517) 669-8457
<b>Licensee Designee:</b>	Patti Holland
<b>Administrator:</b>	Patti Holland
<b>Name of Facility:</b>	Pleasant View AFC
<b>Facility Address:</b>	3016 Risdale Lansing, MI 48911
<b>Facility Telephone #:</b>	(517) 394-6748
<b>Original Issuance Date:</b>	12/12/1992
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/12/2026

Date of Bureau of Fire Services Inspection if applicable: 9/10/25

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 6

No. of others interviewed 0 Role: 0

- 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 found to be in non-compliance with the following rules:

**R 400.629                      Direct care staff; qualifications and training.**

**(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) First aid.**

**(c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.**

**(h) Food safety, which includes food storage, preparation, distribution, and serving in a safe manner.**

**(i) Nutrition and special diets.**

FINDINGS: Employee Delisa Kirk did not have verification of training in First, CPR, food safety, nutrition and special diets.

**R 400.637                      Handling of resident funds and valuables.**

**(15) A licensee shall have a written refund agreement with a resident or a resident's designated representative. The agreement must state under what conditions a refund of the unused portion of the monthly charge that is paid to the facility is returned to the resident or resident's designated representative.**

FINDINGS: A written refund agreement was not available for the department to review for Resident A.

**R 400.681                      Resident rights; licensee responsibilities.**

**(4) A licensee shall provide to a resident or resident's designated representative a copy of the resident's rights at time of admission.**

FINDINGS: Resident rights policy was not in Resident A's record to show that it was provided to them.

**R 400.687                      Resident admission and discharge policy; house rules; change of residency; provision of resident records.**

(1) A licensee shall have a written admission and discharge policy and shall make it available to a resident and resident's designated representative.

FINDINGS: A written admission and discharge policy was not maintained in Resident A's record to show that it was provided to them.

**R 400.701                      Required personnel policies.**

(1) A licensee shall have all the following written policies and procedures:

- (a) Mandatory reporting.
- (b) Resident care related prohibited practices.
- (c) Confidentiality requirements in accordance with section 12(3) of the act, MCL 400.712.
- (d) Training requirements, including understanding the act and these rules.
- (e) Resident rights in accordance with R 400.681.
- (f) The process for reviewing the licensing statute and administrative rules with adult foster care staff.

FINDINGS: No required policies were maintained in Delisa Kirk's employee record to verify that the policies were given to her.

A corrective action plan was requested and approved on 02/26/2026. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

**IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Ondrea Johnson

Ondrea Johnson  
Licensing Consultant

2/26/2025  
Date