



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 21, 2026

Neil Wright
A Trusted Friend Residential Services
114 Bank Street
Lansing, MI 48910

RE: License #: AS330418195
Pine Home
514 N. Pine
Lansing, MI 48933

Dear Mr. Wright:

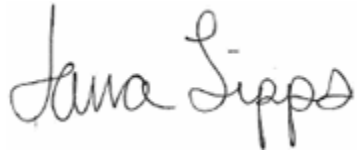
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 or home for the aged authorized representative and a date.

A six-month provisional license is recommended due to no residents in care to assess quality of care at the facility. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 "Jana Lipps". The signature is written in black ink on a white background.

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909
www.michigan.gov/lara • 517-335-1980

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

I. IDENTIFYING INFORMATION

License #: AS330418195

Licensee Name: A Trusted Friend Residential Services

Licensee Address: 114 Bank Street
Lansing, MI 48910

Licensee Telephone #: (517) 749-6215

Licensee/Licensee Designee: Neil Wright, Designee

Administrator: Neil Wright

Name of Facility: Pine Home

Facility Address: 514 N. Pine
Lansing, MI 48933

Facility Telephone #: (517) 580-3761

Original Issuance Date: 10/28/2025

Capacity: 3

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): On-site for original LSR completed 10/23/25. No residents have been in care since the issuance of temporary license.

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: licensee designee

- Medication pass / simulated pass observed? Yes No If no, explain.
There have been no residents in care since the issuance of the temporary license.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
There have been no residents in care since the issuance of the temporary license.
- Resident funds and associated documents reviewed for at least one resident?
Yes No If no, explain. There have been no residents in care since the issuance of the temporary license.
- Meal preparation / service observed? Yes No If no, explain.
There have been no residents in care since the issuance of the temporary license.
- Fire drills reviewed? Yes No If no, explain.
There have been no residents in care since the issuance of the temporary license.
- Fire safety equipment and practices observed? Yes No If no, explain.
There have been no residents in care since the issuance of the temporary license.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
10/23/25
- Incident report follow-up? Yes No If no, explain.
There have been no residents in care since the issuance of the temporary license.
- 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:

MCL 400.713 License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.

(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and(11), the department shall issue or renew a license if satisfied as to all of the following:

(b) The applicant's compliance with this act and rules promulgated under this act.

There has not been a resident admitted to this facility since the issuance of the temporary license on 10/28/25, therefore the quality-of-care cannot be assessed for renewal.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended, due to the inability to assess quality-of-care at this time.



4/21/26

Jana Lipps
Licensing Consultant

Date

Approved:



04/22/2026

Dawn Timm
Area Manager

Date