



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 15, 2026

Julie Brooks
Pleasant View Manor, Inc.
16000 Pine Lake Ave.
Sand Lake, MI 49343

RE: License #: AM410377803
Pleasant View Manor
16000 Pine Lake Ave.
Sand Lake, MI 49343

Dear Ms. Brooks:

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 and special certification are 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,
Megan Leavitt, LMSW
Megan Leavitt, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 438-3036

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

I. IDENTIFYING INFORMATION

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|------------------------------------|--|
| License #: | AM410377803 |
| Licensee Name: | Pleasant View Manor, Inc. |
| Licensee Address: | 16000 Pine Lake Ave. Sand Lake, MI 49343 |
| Licensee Telephone #: | (616) 696-2400 |
| Licensee/Licensee Designee: | Julie Brooks |
| Administrator: | Julie Brooks |
| Name of Facility: | Pleasant View Manor |
| Facility Address: | 16000 Pine Lake Ave. Sand Lake, MI 49343 |
| Facility Telephone #: | (616) 696-2400 |
| Original Issuance Date: | 11/17/2015 |
| Capacity: | 12 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL AGED |
| Certified Programs: | DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/13/2026

Date of Bureau of Fire Services Inspection if applicable: 08/26/2025

Date of Health Authority Inspection if applicable: 01/14/2026

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed [redacted] Role: [redacted]

- 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

On 05/13/2026, an onsite inspection was completed at the facility. An exit conference was conducted and the facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult medium group home (capacity 12).

Megan Leavitt, LMSW

05/15/2026

Megan Leavitt
Licensing Consultant

Date