



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 13, 2021

Jamika Bain
18880 30th Ave
Marion, MI 49665

RE: License #: AM670344560
Pleasant Ridge Manor
18880 30th Ave
Marion, MI 49665

Dear Ms. Bain:

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 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 (616) 356-0183.

Sincerely,

A handwritten signature in blue ink, reading "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4939

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

I. IDENTIFYING INFORMATION

| | |
|--------------------------------|------------------------------------|
| License #: | AM670344560 |
| Licensee Name: | Jamika Bain |
| Licensee Address: | 18880 30th Ave Marion, MI 49665 |
| Licensee Telephone #: | (231) 580-3518 |
| Name of Facility: | Pleasant Ridge Manor |
| Facility Address: | 18880 30th Ave Marion, MI 49665 |
| Facility Telephone #: | (231) 743-6922 |
| Original Issuance Date: | 11/21/2014 |
| Capacity: | 9 |
| Program Type: | PHYSICALLY HANDICAPPED AGED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/07/2021

Date of Bureau of Fire Services Inspection if applicable: 09/29/2020

Date of Health Authority Inspection if applicable: 01/20/2021

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

No. of others interviewed 0 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: CAP dated 5-7-2019 R301.4, 312.1, 401.2 N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

On May 7, 2021, I conducted an exit conference with Licensee Jamie Bain. I explained my finding as noted above. Ms. Bain stated she understood and had no further questions pertaining to this renewal inspection.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.

 May 13, 2021

Bruce A. Messer
Licensing Consultant

Date