



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 27, 2021

Mark Walker  
Premier Operating Goodrich MC, LLC  
8119 S State Road  
Goodrich, MI 48438

RE: License #: AL250382983  
**The Pines of Goodrich Memory**  
**8119 S State Road**  
**Goodrich, MI 48438**

Dear Mr. Walker:

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. If I am not available, and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Derrick L. Britton".

Derrick Britton, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 284-9721

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL250382983
<b>Licensee Name:</b>	Premier Operating Goodrich MC, LLC
<b>Licensee Address:</b>	299 Park Ave - 6 Fl New York, NY 10171
<b>Licensee Telephone #:</b>	(419) 429-9984
<b>Licensee/Licensee Designee:</b>	Jayne Glaza, Designee
<b>Administrator:</b>	Ruby Mogensen
<b>Name of Facility:</b>	The Pines of Goodrich Memory
<b>Facility Address:</b>	8119 S State Road Goodrich, MI 48438
<b>Facility Telephone #:</b>	(810) 244-0694
<b>Original Issuance Date:</b>	02/09/2017
<b>Capacity:</b>	20
<b>Program Type:</b>	ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection: 08/05/2021 (Virtual inspection due to positive COVID-19)

Date of Bureau of Fire Services Inspection: 08/30/2021

Date of Health Authority Inspection: 09/13/2021

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 9  
No. of others interviewed N/A Role:

- 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.  
Inspection did not occur during meal preparation/service.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☐ No ☒ If no, explain.  
BFS completed inspection.
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☒  
If no, explain.
- Water temperatures checked? Yes ☐ No ☒ If no, explain.  
Virtual inspection due to positive COVID-19 cases at facility.
- 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 determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult large group home (capacity 13-20).



09/27/2021

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Derrick Britton  
Licensing Consultant

Date