



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 21, 2021

Daniel Stevens
Plainview Assisted Living, LLC
202 Plainview Drive
Auburn, MI 48611

RE: License #:	AL090311311 Plainview Assisted Living 202 Plainview Drive Auburn, MI 48611
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Dear Mr. Stevens:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care large group home license is renewed. The license 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 (906) 226-4171.

Sincerely,

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48607
989-395-6853

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

I. IDENTIFYING INFORMATION

License #:	AL090311311
Licensee Name:	Plainview Assisted Living, LLC
Licensee Address:	202 Plainview Drive Auburn, MI 48611
Licensee Telephone #:	(989) 662-7202
Licensee Designee:	Daniel Stevens
Administrator:	Daniel Stevens
Name of Facility:	Plainview Assisted Living
Facility Address:	202 Plainview Drive Auburn, MI 48611
Facility Telephone #:	(989) 662-7202
Original Issuance Date:	07/11/2011
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/16/2021

Date of Bureau of Fire Services Inspection if applicable: 05/06/2021

Date of Health Authority Inspection if applicable:

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 17
No. of others interviewed N/A Role: [REDACTED]

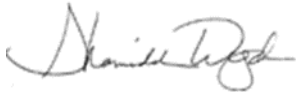
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
This inspection was not completed during a meal time.
- 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.
There were no recent incident reports requiring follow-up.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
12/18/19 R401(2) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A
Exemption granted 1/11/2018, R410(5)

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This inspection was completed virtually due to the COVID-19 pandemic. This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

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



12/21/2021

Shamidah Wyden
Licensing Consultant

Date