



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 21, 2022

Autumn Taylor
1016 Ralston Road
Sherwood, MI 49089

RE: License #: AS750378264
Pleasant Acres
31055 M-60
Leonidas, MI 49066

Dear Ms. Taylor:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

Please submit verification that the mirrors have been placed in the resident bedrooms.

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) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Nile Khabeiry, LMSW".

Nile Khabeiry, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #:	AS750378264
Licensee Name:	Autumn Taylor
Licensee Address:	1016 Ralston Road Sherwood, MI 49089
Licensee Telephone #:	(269) 503-4235
Licensee/Licensee Designee:	Autumn Taylor
Administrator:	Autumn Taylor
Name of Facility:	Pleasant Acres
Facility Address:	31055 M-60 Leonidas, MI 49066
Facility Telephone #:	(269) 496-9055
Original Issuance Date:	11/18/2015
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/18/2022

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 6
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.
Inspection occurred after meal was served.
- 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

This facility was determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

R 400.14410

Bedroom furnishing.

Rule 410. (1) The bedroom furnishings in each bedroom shall include all of the following:

(2) A resident bedroom shall be equipped with a mirror that is appropriate for grooming.

R 400.14508

Means of egress; sleeping areas.

(2) A window shall be openable from the inside without the use of tools or special knowledge.

IV. RECOMMENDATION

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

Nile Khabeiry, LMSW

3/21/2022

Nile Khabeiry
Licensing Consultant

Date

