



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 3, 2022

Midland Co Dept of Human Services Board
Po Box1609
1509 Washington
Midland, MI 48640

RE: License #:	A1560000004 Pinecrest Farms 413 N. Homer Road Midland, MI 48640
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Dear Midland Co Dept of Human Services Board:

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 (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 #:	AI560000004
Licensee Name:	Midland Co Dept of Human Services Board
Licensee Address:	Po Box1609 1509 Washington Midland, MI 48640
Licensee Telephone #:	(989) 835-7040
Licensee Designee:	Midland Co Dept. of Human Services Board
Administrator:	Kory Priest
Name of Facility:	Pinecrest Farms
Facility Address:	413 N. Homer Road Midland, MI 48640
Facility Telephone #:	(989) 832-6634
Original Issuance Date:	11/15/1976
Capacity:	60
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/28/2022

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 9
No. of residents interviewed and/or observed 40
No. of others interviewed [redacted] Role: [redacted]

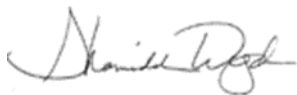
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
The facility is not required to practice fire drills, and had none on record.
- 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:
08/04/2020 R54(2), 10/30/2019 R54(2) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A
AI52(4)

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

IV. RECOMMENDATION

Contingent upon receipt of an acceptable Fire Safety inspection report, and an acceptable Environmental Health rating, I recommend issuance of a two-year regular adult foster care license.



02/03/2022

Shamidah Wyden
Licensing Consultant

Date