

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

May 5, 2022

Kristi Fleischfresser Pleasant Lake Lodge, Inc. 2085 S. 33 1/2 Mile Rd. Cadillac, MI 49601

RE: License #: AL830300832

Pleasant Lake Lodge South 2085 S 33 1/2 Mile Road Cadillac, MI 49601

Dear Ms. Fleischfresser:

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,

Bruce A. Messer, Licensing Consultant

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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 #: AL830300832

Licensee Name: Pleasant Lake Lodge, Inc.

Licensee Address: 2085 S. 33 1/2 Mile Rd.

Cadillac, MI 49601

Licensee Telephone #: (231) 920-9993

Licensee Designee: Kristi Fleischfresser

Administrator: Kristi Fleischfresser

Name of Facility: Pleasant Lake Lodge South

Facility Address: 2085 S 33 1/2 Mile Road

Cadillac, MI 49601

Facility Telephone #: (231) 775-5847

Original Issuance Date: 11/06/2009

Capacity: 20

Program Type: MENTALLY ILL

AGED

II. METHODS OF INSPECTION

Date	Date of On-site Inspection(s):		05/03/2022	
Date of Bureau of Fire Services Inspection if applicable: 10/06/2021				
Date of Health Authority Inspection if applicable: 04/25/2022			04/25/2022	
Inspection Type: Interview and Ob Combination		erview and Observat mbination	ion ⊠ Worksheet □ Full Fire Safety	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 0 Role:			4 14	
•	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 \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.			
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.			
•	Fire safety equipment and practices observed? Yes $oximes$ No $oximes$ If no, explain.			
•	E-scores reviewed? (Special Certification Only) Yes No N/A 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 evoluted employees followed up? 2 N/A			
•	Number of excluded employees followed-up? 2 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 3, 2022, I conduced an exit conference with Licensee Designee Kristi Fleischfresser. I explained my findings as noted above. Ms. Fleischfresser 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.

Brene Of Hasser May 5, 2022

Bruce A. Messer Date

Licensing Consultant