



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 9, 2022

Daryl Miron
Lakeview Assisted Living, LLC
1100 N Lake Shore Dr
Gladstone, MI 49837

RE: License #: AL210386348
Lakeview Assisted Living IV, LLC
1100 N. Lake Shore Drive
Gladstone, MI 49837

Dear Mr. Miron:

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Maria DeBacker".

Maria DeBacker, Licensing Consultant
Bureau of Community and Health Systems
305 Ludington St
Escanaba, MI 49829
(906) 280-8531

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

I. IDENTIFYING INFORMATION

License #: AL210386348

Licensee Name: Lakeview Assisted Living, LLC

Licensee Address: 1100 N Lake Shore Dr
Gladstone, MI 49837

Licensee Telephone #: (906) 428-7000

Licensee Designee: Daryl Miron

Administrator: Daryl Miron

Name of Facility: Lakeview Assisted Living IV, LLC

Facility Address: 1100 N. Lake Shore Drive
Gladstone, MI 49837

Facility Telephone #: (906) 428-7000

Original Issuance Date: 12/21/2017

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
AGED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/07/2022

Date of Bureau of Fire Services Inspection if applicable: 04/07/2022

Date of Health Authority Inspection if applicable: 06/07/2022

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 16
No. of others interviewed NA 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. NA
- Meal preparation / service observed? Yes No If no, explain.
Time did not permit
- 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.
None available
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
4/11/22; R 400.15318(5) N/A
- Number of excluded employees followed-up? 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.

IV. RECOMMENDATION

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

Maria Debacker

6/9/22

Maria Debacker
Licensing Consultant

Date