



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 18, 2019

Jayne Glaza
Premier Operating Lapeer MC, LLC
1446 Suncrest Drive
Lapeer, MI 48446

RE: License #:	AL440382836 The Pines Of Lapeer- Memory Care 1446 Suncrest Drive Lapeer, MI 48446
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Dear Ms. Glaza:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Providing the facility receives an acceptable rating from the Bureau of Fire Services, your license will be renewed on November 19, 2019. 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) 284-9720.

Sincerely,

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(989) 293-5222

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

I. IDENTIFYING INFORMATION

License #:	AL440382836
Licensee Name:	Premier Operating Lapeer MC, LLC
Licensee Address:	299 Park Ave - 6 Fl New York, NY 10171
Licensee Telephone #:	(419) 429-9984
Licensee/Licensee Designee:	Jayne Glaza
Administrator:	Aimee Smith
Name of Facility:	The Pines of Lapeer- Memory Care
Facility Address:	1446 Suncrest Drive Lapeer, MI 48446
Facility Telephone #:	(810) 660-8008
Original Issuance Date:	05/19/2017
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/17/2019

Date of Bureau of Fire Services Inspection if applicable: TBD

Date of Health Authority Inspection if applicable: 09/17/2019

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 6
No. of others interviewed 0 Role: N/A

- 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.
- 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.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license effective November 19, 2019.

Susan Hutchinson, MA, LRC

September 18, 2019

Susan Hutchinson Licensing Consultant	Date
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