



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 <b>The Pines Of Lapeer- Memory Care</b> <b>1446 Suncrest Drive</b> <b>Lapeer, MI 48446</b>
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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**

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