



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 9, 2023

Leah English
Pleasant Pines AFC LLC
15063 180th Ave
Big Rapids, MI 49307

RE: License #: AM540413911
Pleasant Pines AFC
15063 180th Ave
Big Rapids, MI 49307

Dear Ms. English:

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 and special certification 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 "Bridget Vermeesch".

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0561

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

I. IDENTIFYING INFORMATION

License #:	AM540413911
Licensee Name:	Pleasant Pines AFC LLC
Licensee Address:	15063 180th Ave Big Rapids, MI 49307
Licensee Telephone #:	(231) 796-4757
Licensee Designee:	Leah English
Administrator:	Elijah English
Name of Facility:	Pleasant Pines AFC
Facility Address:	15063 180th Ave Big Rapids, MI 49307
Facility Telephone #:	(231) 796-4757
Original Issuance Date:	12/29/2022
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/09/2023
Date of Bureau of Fire Services Inspection if applicable: 10/06/2022
Date of Health Authority Inspection if applicable: 10/24/2023
No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 4
No. of others interviewed 2 Role: Administrator/Licensee Designee

- 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

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 and special certification for capacity of 12.

Bridget Vermeesch

05/09/2023

Bridget Vermeesch
Licensing Consultant

Date