

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 19, 2023

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 Kristi 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

Brene O Messen

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) 775-5847

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	e of On-site Inspection(s):	06/30/2	2023
Date of Bureau of Fire Services Inspection if applicable: 08/25/2022			
Date	e of Health Authority Inspection if applicable:		06/20/2023
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role:		3 12
•	Medication pass / simulated pass observed?	Yes ∑	〗No □ If no, explain.
•	Medication(s) and medication record(s) review	wed? \	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, ex	kplain.	
•	Fire safety equipment and practices observe	d? Yes	No ☐ If no, explain.
•	E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes ⊠ No [
•	Incident report follow-up? Yes ⊠ No ☐ If	no, expl	ain.
•	Corrective action plan compliance verified? 1/23/23 R310 and R312 N/A Number of excluded employees followed-up		CAP date/s and rule/s: 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 June 30, 2023, I provided Licensee Designee Kristi Fleischfresser with an exit conference. I explained my finding as noted above and informed Ms. Fleischfresser that the license would be changed to Regular status. She had no questions pertaining to this renewal inspection.

IV. RECOMMENDATION

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

Brene O / Sasier July 19, 2023

Bruce A. Messer Date

Licensing Consultant