



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

October 16, 2023

Stephanie Riley  
Valley Residential Serv Inc.  
P O Box 186  
St Charles, MI 486550186

RE: License #: AS540074861  
**Pineport Home**  
**915 North DeKraft**  
**Big Rapids, MI 49307**

Dear Ms. Riley:

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 black ink that reads "Johnnie Daniels".

Johnnie Daniels, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS540074861
<b>Licensee Name:</b>	Valley Residential Serv Inc.
<b>Licensee Address:</b>	300 S Saginaw St. Charles, MI 48655
<b>Licensee Telephone #:</b>	(231) 580-5204
<b>Licensee Designee:</b>	Stephanie Riley, Designee
<b>Administrator:</b>	Lynn Dennert
<b>Name of Facility:</b>	Pineport Home
<b>Facility Address:</b>	915 North DeKraft Big Rapids, MI 49307
<b>Facility Telephone #:</b>	(231) 796-3993
<b>Original Issuance Date:</b>	02/12/1997
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/13/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role:

- 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.  
Meals were not being consumed at the time of the inspection.
- 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? 0 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.



10/16/2023

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Johnnie Daniels  
Licensing Consultant

Date