



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

October 31, 2023

Larry Nelson Miles and Renee Miles
3941 Lippincott
Lapeer, MI 48446

RE: License #: AL440015852
Whispering Pines Afc
3941 Lippincott Rd
Lapeer, MI 48446

Dear Larry and Renee Miles:

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 blue ink that reads "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 931-1092

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

I. IDENTIFYING INFORMATION

License #:	AL440015852
Licensee Name:	Larry Nelson Miles and Renee Miles
Licensee Address:	3941 Lippincott Lapeer, MI 48446
Licensee Telephone #:	(810) 664-6276
Name of Facility:	Whispering Pines Afc
Facility Address:	3941 Lippincott Rd Lapeer, MI 48446
Facility Telephone #:	(810) 664-9970
Original Issuance Date:	05/01/1994
Capacity:	19
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/31/2023

Date of Bureau of Fire Services Inspection if applicable: 01/09/2023

Date of Health Authority Inspection if applicable: 08/16/2023

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 7

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

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.



10/31/2023

Kent W Gieselman
Licensing Consultant

Date