



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 7, 2023

Kristi Fleischfresser
Pleasant Lake Lodge, Inc.
2085 S. 33 1/2 Mile Rd.
Cadillac, MI 49601

RE: License #: AL830309090
Pleasant Lake Lodge North
2035 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,

A handwritten signature in blue ink that reads "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant
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 #:	AL830309090
Licensee Name:	Pleasant Lake Lodge, Inc.
Licensee Address:	2085 S. 33 1/2 Mile Rd. Cadillac, MI 49601
Licensee Telephone #:	(231) 920-9993
Licensee Designee:	Kristi Fleischfresser
Administrator:	Kristi Fleischfresser
Name of Facility:	Pleasant Lake Lodge North
Facility Address:	2035 S. 33 1/2 Mile Road Cadillac, MI 49601
Facility Telephone #:	(231) 775-7366
Original Issuance Date:	06/30/2011
Capacity:	20
Program Type:	MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/05/2023
Date of Bureau of Fire Services Inspection if applicable: 09/20/2023
Date of Health Authority Inspection if applicable: 08/09/2023
No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 9
No. of others interviewed 0 Role: [REDACTED]

- 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:
R205.3 CAP date 11/29/21. 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.

On December 5, 2023, I conducted an exit conference with Licensee Designee Kristi Fleischfresser. I explained my findings as noted above. Ms. Fleischfresser stated she understood and had no further questions, or information to provide, concerning this renewal inspection.

IV. RECOMMENDATION

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

 December 7, 2023

Bruce A. Messer
Licensing Consultant

Date