



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

February 5, 2024

Midland Co Dept of Human Services Board  
Po Box1609  
1509 Washington  
Midland, MI 48640

RE: License #: A1560000004  
**Pinecrest Farms**  
**413 N. Homer Road**  
**Midland, MI 48640**

Dear Midland Co Dept of Human Services Board:

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. If 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 "Rodney Gill".

Rodney Gill, 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>	AI560000004
<b>Licensee Name:</b>	Midland Co Dept of Human Services Board
<b>Licensee Address:</b>	Po Box1609 1509 Washington Midland, MI 48640
<b>Licensee Telephone #:</b>	(989) 835-7040
<b>Licensee Designee:</b>	Kory Priest
<b>Administrator:</b>	Kory Priest
<b>Name of Facility:</b>	Pinecrest Farms
<b>Facility Address:</b>	413 N. Homer Road Midland, MI 48640
<b>Facility Telephone #:</b>	(989) 832-6634
<b>Original Issuance Date:</b>	11/15/1976
<b>Capacity:</b>	60
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/22/2024

Date of Bureau of Fire Services Inspection if applicable: 01/30/2023

Date of Health Authority Inspection if applicable: 01/30/2024

No. of staff interviewed and/or observed 21

No. of residents interviewed and/or observed 7

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.
- 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.



**02/05/2024**

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Rodney Gill  
Licensing Consultant

Date