



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 4, 2025

Rachel Bartlett
Pioneer Golden Estates Inc
312 McGuirk Dr.
Clare, MI 48617

RE: License #: AL180391857
Pioneer Golden Estates Memory Care
312 McGuirk Dr
Clare, MI 48617

Dear Mrs. Bartlett:

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) 356-0100.

Sincerely,

A handwritten signature in black ink that reads "Johnnie Daniels".

Johnnie Daniels, Licensing Consultant
Bureau of Community and Health Systems
1999 Walden Dr.
Gaylord, MI 49735

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

I. IDENTIFYING INFORMATION

| | |
|--------------------------------|--|
| License #: | AL180391857 |
| Licensee Name: | Pioneer Golden Estates Inc |
| Licensee Address: | 312 McGuirk Dr. Clare, MI 48617 |
| Licensee Telephone #: | (989) 339-0402 |
| Licensee Designee: | Rachel Bartlett |
| Name of Facility: | Pioneer Golden Estates Memory Care |
| Facility Address: | 312 McGuirk Dr Clare, MI 48617 |
| Facility Telephone #: | (989) 339-0402 |
| Original Issuance Date: | 08/30/2018 |
| Capacity: | 20 |
| Program Type: | PHYSICALLY HANDICAPPED ALZHEIMERS AGED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/03/2025

Date of Bureau of Fire Services Inspection if applicable: 8/27/24

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 10
No. of others interviewed [redacted] 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.
Meals were not being served 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? 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.



2/4/25

Johnnie Daniels
Licensing Consultant

Date