GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 26, 2026

Paula Danville
515 N Brennan
Hemlock, MI 48626

RE: License #: AL730398402
Pine Haven Assisted Living LLC, AFC
515 N Brennan
Hemlock, MI 48626

Dear Paula Danville:

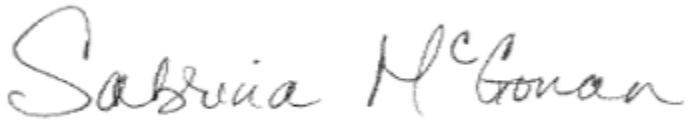
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 643-7960.

Sincerely,



Sabrina McGowan, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 835-1019

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

I. IDENTIFYING INFORMATION

License #:	AL730398402
Licensee Name:	Paula Danville
Licensee Address:	1383 E. Pine River Rd. Midland, MI 48640
Licensee Telephone #:	(989) 295-6632
Licensee/Licensee Designee:	Paula Danville
Administrator:	Paula Danville
Name of Facility:	Pine Haven Assisted Living LLC, AFC
Facility Address:	515 N Brennan Hemlock, MI 48626
Facility Telephone #:	(989) 642-5761
Original Issuance Date:	03/04/2020
Capacity:	18
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/19/2026

Date of Bureau of Fire Services Inspection if applicable: 10/01/2025

Date of Health Authority Inspection if applicable: 08/06/2026

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 8
No. of others interviewed 1 Role: Licensee

- 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. No IR's to review.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s: 02/23/2023- ASEC734b(2), 641(5). 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 found to be in non-compliance with the following rules:

MCL 400.734b **Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.**

(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or

she is no longer exempt and shall be terminated from employment or denied employment.

Staff hired in March 2026 did not obtain fingerprints until August 2026.

REPEAT VIOLATION. SIR2026A0580011, dated 02/10/2026.

Special Investigation Report #2026A0580011, dated February 10, 2026, cited MCL 400.734b due to staff members not having been fingerprinted. The corrective action plan dated 02/23/2026 and signed by the licensee designee, Paula Danville, states that all current staff, even if already fingerprinted, will be fingerprinted again. Paper copies will be kept in employee file with current and future staff. Compliance to be achieved by 04/01/2026.

R 400.629 **Direct care staff; qualifications and training.**

(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:
(a) Reporting requirements.
(b) First aid.
(c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.
(d) Personal care, supervision, and protection.
(e) Resident rights.
(f) Safety and fire prevention.
(g) Prevention and containment of communicable diseases including recognizing signs of illness.
(h) Food safety, which includes food storage, preparation, distribution, and serving in a safe manner.
(i) Nutrition and special diets.

Staff hired in March 2026 did not have a verification of completion of the required trainings in the employee file.

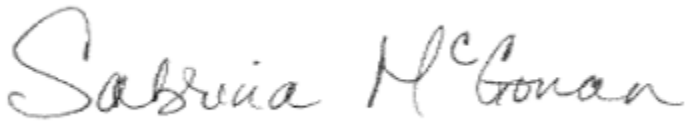
R 400.639 **Staff records.**

(3) A licensee shall maintain for 90 days a daily work schedule and assignments that includes all of the following:
(b) Job titles.

Staff schedule did not contain any job titles.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



August 26, 2026

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Sabrina McGowan Date
Licensing Consultant