



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 1, 2022

Alison Freed  
Senior Living Hathaway Hills, LLC  
7927 Nemco Way, Ste 200  
Brighton, MI 48116

RE: License #: AH590406531  
**Hathaway Hills Assisted Living & Memory Care**  
**1515 Meijer Drive**  
**Greenville, MI 48838**

Dear Ms. Freed:

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.

**OR**

An administrative review of your licensing activity for the past year has revealed substantial compliance with the public health code and administrative rules regulating home for the aged facilities. Therefore, in accordance with MCL 333.20155(1) yHome for the Aged license has been renewed. Your 12 month license is effective DATE. It is valid only at the address listed and is not transferable.

**OR**

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: *(choose one or more)*

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.
- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

**OR**

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and

administrative rules. Therefore, refusal to renew the license is recommended. You will be notified in writing of the Department's intention and your options for resolution of this matter.

**OR**

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

**OR**

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 284-9730.

Sincerely,

Lauren Wohlfert, Licensing Staff  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 260-7781

enclosure



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

**I. IDENTIFYING INFORMATION**

<b>License</b>	<b>License #:</b>	AH590406531
<b>Licensee Name:</b>	Senior Living Hathaway Hills, LLC	
<b>Licensee Address:</b>	7927 Nemco Way, Ste 200 Brighton, MI 48116	
<b>Licensee Telephone #:</b>	(810) 220-0200	
<b>Authorized Representative/</b>	Alison Freed, Authorized Repr.	
<b>Administrator/Licensee Designee:</b>		
<b>Name of Facility:</b>	Hathaway Hills Assisted Living & Memory Care	
<b>Facility Address:</b>	1515 Meijer Drive Greenville, MI 48838	
<b>Facility Telephone #:</b>	(616) 225-1132	
<b>Original Issuance Date:</b>	07/29/2021	
<b>Capacity:</b>	50	
<b>Program Type:</b>	ALZHEIMERS AGED	

## II. METHODS OF INSPECTION

Date of On-site Inspection(s):

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type: ☐ Interview and Observation ☐ Worksheet  
☐ Combination

Date of Exit Conference:

No. of staff interviewed and/or observed

No. of residents interviewed and/or observed

No. of others interviewed  Role

- Medication pass / simulated pass observed? Yes ☐ No ☐ If no, explain.
- Medication(s) and medication records(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.
- Water temperatures checked? Yes ☐ No ☐ If no, explain.
- Incident report follow-up? Yes ☐ IR date/s: N/A ☐
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:
- Number of excluded employees followed up? N/A ☐

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

The facility is in compliance with all applicable rules and statutes.

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

#### **IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Renewal of the license is recommended.

**OR**

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

**OR**

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

**OR**

A Correction Order is recommended. See attached.

**OR**

An Emergency Order is recommended. See attached.

**OR**

Refusal to renew the license is recommended.

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Licensing Consultant Date