



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 8, 2022

Shayne Vanblargan  
Twin Lake Assisted Living  
3790 E. McMillan Rd.  
Twin Lake, MI 49457

RE: License #:	AS610387285 Twin Lake Assisted Living 3790 E. McMillan Rd. Twin Lake, MI 49457
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Dear Mr. Vanblargan:

Attached is the Licensing Study Report for the above referenced facility. The study has determined 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 (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 901-0585

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS610387285
<b>Licensee Name:</b>	Twin Lake Assisted Living
<b>Licensee Address:</b>	3790 E. McMillan Rd. Twin Lake, MI 49457
<b>Licensee Telephone #:</b>	(231) 788-8609
<b>Licensee/Licensee Designee:</b>	Shayne Vanblargan, Designee
<b>Administrator:</b>	Lynn Vanblargan
<b>Name of Facility:</b>	Twin Lake Assisted Living
<b>Facility Address:</b>	3790 E. McMillan Rd. Twin Lake, MI 49457
<b>Facility Telephone #:</b>	(231) 788-8609
<b>Original Issuance Date:</b>	09/18/2017
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 03/02/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 12/07/2021

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 5  
No. of others interviewed 2 Role: LD&Admin.

- 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

This facility was determined to be in compliance with rules and requirements.

### IV. RECOMMENDATION

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



03/08/2022

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Elizabeth Elliott  
Licensing Consultant

Date