



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 2, 2022

Laura Kelling  
American House Wyoming  
5812 Village Dr SW  
Wyoming, MI 48519

RE: License #: AH410402896  
American House Wyoming  
5812 Village Dr SW  
Wyoming, MI 48519

Dear Ms. Kelling:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. The license will be renewed once an approved fire safety rating is received. The current fire safety rating is C (3/28/22). (Once the license is renewed, it is valid only at your present address and is nontransferable).

Please review the enclosed documentation for accuracy and contact me with any questions. In the event I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Julie Viviano".

Julie Viviano, Licensing Staff  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
Cell (616) 204-4300

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH410402896
<b>Licensee Name:</b>	AH Wyoming Subtenant LLC
<b>Licensee Address:</b>	STE 1600 One Towne Square Southfield, MI 48076
<b>Licensee Telephone #:</b>	(248) 827-1700
<b>Authorized Representative/Administrator:</b>	Laura Kelling
<b>Name of Facility:</b>	American House Wyoming
<b>Facility Address:</b>	5812 Village Dr SW Wyoming, MI 48519
<b>Facility Telephone #:</b>	(616) 622-2420
<b>Original Issuance Date:</b>	11/05/2020
<b>Capacity:</b>	166
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/28/2022

Date of Bureau of Fire Services Inspection if applicable: BFS – C 3/28/22

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 4/28/22

No. of staff interviewed and/or observed 11

No. of residents interviewed and/or observed 32

No. of others interviewed 0 Role N/A

- 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. The home does not hold resident funds in trust.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Reviewed disaster plans along with interviewed staff on policies and procedures.
- 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: 2022A1028002 - 12/27/21
- Number of excluded employees followed up? 0 N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

**IV. RECOMMENDATION**

Upon receipt of an approved BFS fire safety rating, I recommend issuance of a regular license to this AFC homes for the aged.

*Julie Marino*

5/2/2022

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Licensing Consultant Date